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UNFPA – Country programmes and related matters

UNITED NATIONS POPULATION FUND

Draft country programme document for Sudan

Proposed indicative UNFPA assistance: \$33 million: \$20 million from regular resources and \$13 million through co-financing modalities and/or other, including regular, resources

Programme period: Four years (2009-2012)

Cycle of assistance: Fifth

Category per decision 2007/42: A

Proposed indicative assistance by core programme area (in millions of \$):

	Regular resources	Other	Total
Reproductive health and rights	12.0	10	22.0
Population and development	4.0	1	5.0
Gender equality	3.2	2	5.2
Programme coordination and assistance	0.8	-	0.8
Total	20.0	13	33.0

I. Situation analysis

1. Sudan is the largest country in Africa. Although the economy is growing at an annual rate of 6 to 7 per cent, poverty is widespread. There are regional disparities in the poverty rate; from 50 to 90 per cent of the population lives below the poverty line. The population, which is growing at a rate of 2.5 per cent a year, is expected to reach 38.2 million in 2008. The total fertility rate is high, at 5.9 children per woman in North Sudan and 6.7 children per woman in Southern Sudan. More than 45 per cent of the population is younger than 15. There are increasing numbers of female-headed households, particularly among internally displaced populations.

2. Since 1955, conflicts have challenged the development process in Sudan. In spite of the 2005 Comprehensive Peace Agreement and the 2006 Eastern Sudan Peace agreement, conflict persists in Darfur. Recurring floods, droughts and epidemics have added to the humanitarian crisis in Sudan.

3. The maternal mortality ratio averages 1,107 deaths per 100,000 live births, with Southern Sudan having the highest maternal mortality ratio in the world (2,037 deaths per 100,000 live births). Obstetric fistula is prevalent, due to insufficient emergency obstetric care. The contraceptive prevalence rate is extremely low (8 per cent in the North and 1 per cent in South). A skilled birth attendant attends only 57 per cent of births in North Sudan and 5 per cent of births in Southern Sudan. Approximately 37 per cent of girls are married or give birth by age 18. The teenage pregnancy rate is high in Southern Sudan, where the rate is 204 pregnancies per 1,000 females aged 15-19.

4. The HIV prevalence rate varies from 1.6 per cent in Northern Sudan to 2.3 to 7 per cent in Southern Sudan. Although HIV awareness is high, knowledge of how to prevent infection is low among women and young people. The condom usage rate is only 1.6 per cent.

5. Although the Government endorsed a national policy on women's empowerment in 2006, weak institutional capacities and gender inequality constrain its implementation. Gender-based violence persists. The prevalence of female genital mutilation is 70 per cent, and early marriage is common. Only 18 per cent of parliamentarians are women, despite constitutional provisions for women's participation in the political process.

II. Past cooperation and lessons learned

6. The fourth country programme of assistance, 2002-2006, focused on reducing maternal mortality through an integrated reproductive health programme including services for emergency obstetric care, family planning, sexually transmitted infections, HIV/AIDS and female genital mutilation. The programme also sought to improve access to reproductive health services at the state level. In 2005, in view of the conflict in Darfur and the signing of the Comprehensive Peace Agreement, the programme shifted its focus to accommodate the emerging reproductive health needs of displaced women and families.

7. Programme achievements included: (a) the development of population policies and strategies; (b) the conducting of national surveys and studies on population issues; (c) the strengthened capacity of the National Population Council; (d) the enhanced

coordination capacity of the Sudan National AIDS Control Programme; and (e) resource mobilization to prevent HIV, improve reproductive health, prevent gender-based violence in emergency settings, and conduct the census.

8. In the area of reproductive health, the programme made progress in providing basic reproductive health services and funding for contraceptives and equipment. In emergencies requiring humanitarian assistance, the programme: (a) offered support for protocols and guidelines to reduce gender-based violence; (b) provided reproductive health supplies and kits; and (c) strengthened the capacity of civil society organizations to respond to emergencies.

9. Challenges to programme implementation included: (a) weak managerial structures among partners; (b) limited technical skills for planning, implementing, coordinating and monitoring population- and development-related programmes; and (c) high staff turnover at the state level. More efforts are needed to: (a) reinforce the institutional and technical capacity to integrate population and development dimensions into policies; (b) minimize information gaps; and (c) improve knowledge of socio-cultural barriers.

III. Proposed programme

10. The proposed programme reflects the analysis contained in the common country assessment, the national priorities identified in the United Nations Development Assistance Framework (UNDAF) for 2009-2011, and the UNFPA strategic plan, 2008-2011. It will contribute to government efforts that are prioritized in national development plans and the Comprehensive Peace Agreement. The programme will emphasize partnerships, coordination and joint United Nations programming. It consists of three components: reproductive health and rights;

population and development; and gender equality.

Reproductive health and rights component

11. The outcome of this component is: demand for and access to high-quality reproductive health information and services, including HIV prevention, are increased. This outcome relates to the UNDAF outcome on equitable access to, and increased use of, high-quality basic social services, with an emphasis on women, children and vulnerable groups. The programme will achieve this through three outputs.

12. Output 1: An essential and integrated reproductive health package and reproductive health commodities are available at service delivery points in selected states. This output will be achieved by: (a) supporting the Ministry of Health, state ministries and civil society to ensure the availability of a basic reproductive health-care package and its integration into the primary health-care system; (b) supporting state-led planning processes to ensure that reproductive health is a priority; (c) training service providers in essential reproductive health clinical skills in selected states, including conflict-affected areas; and (d) developing a reproductive health commodity security system and a condom programming guide.

13. Output 2: The technical and institutional capacity to provide basic and comprehensive emergency obstetric and neonatal care and to prevent obstetric fistula is strengthened, including in post-conflict situations. This will be achieved by: (a) developing a roadmap to reduce maternal mortality and prioritize initiatives to improve skilled birth attendance; (b) supporting basic and comprehensive emergency obstetric services, including equipping, upgrading and reconstructing service delivery centres; (c) strengthening referral services and community-based interventions; (d) strengthening existing obstetric facilities in post-emergency settings; and (e) advocating and supporting surgical

interventions to repair obstetric fistula and establishing a centre of excellence for this purpose.

14. Output 3: Increased awareness of reproductive health information and improved knowledge of preventing HIV/AIDS, especially among out-of-school youth. The programme will provide assistance to: (a) integrate adolescent sexual and reproductive health needs into the basic health-care package; (b) establish youth-friendly services; (c) implement the HIV/AIDS multisectoral strategic framework; (d) carry out awareness and advocacy efforts on family planning, birth preparedness, obstetric emergencies, obstetric fistula, gender-based violence and HIV/AIDS; (e) build the capacity of youth and civil society organizations, working with out-of-school youth, in emergencies requiring humanitarian assistance; and (f) carry out advocacy activities through the media, faith-based organizations, parliamentarians, policymakers and community networks.

Population and development component

15. The outcome of this component is: population, gender equality, reproductive health, HIV and youth issues are incorporated into and funded in evidence-based development plans, public policies and strategies at national and state levels. The outcome relates to the UNDAF outcome on improved democratic governance at all levels, based on human rights standards. This outcome will be achieved through three outputs.

16. Output 1: Improved national and state-level capacity to collect, analyse, disseminate and utilize quantitative and qualitative data (disaggregated by age, sex, socio-economic status and administrative unit), taking into consideration emergency settings. This output will be achieved by strengthening national institutions to: (a) produce, analyse and use disaggregated data at the state level; (b) undertake in-depth, policy-oriented studies;

(c) improve the performance of the health management information system; and (d) support joint resource mobilization efforts for large-scale population surveys, including the HIV prevalence study and the institutionalization of a monitoring database (such as *DevInfo*).

17. Output 2: Enhanced capacity to integrate population dynamics, reproductive health and gender equality concerns into development planning and monitoring processes at national and state levels. This will be achieved by building the capacity of the National Population Council in: (a) policy analysis, research and costing skills; (b) integrating population dynamics into development planning, monitoring and evaluation; and (c) building capacity in reproductive health and gender equality, especially in post-conflict settings. The programme will support the participation of national institutions and experts in government-led reviews and strategy development. It will also support efforts to ensure that population and development linkages are addressed in sector and state development planning processes. In addition, the programme will strengthen the demography curriculum in institutions of higher education to reflect a rights-based approach to population and development.

18. Output 3: Promotion of young people's participation and empowerment in development. UNFPA will support: (a) a situation analysis on youth development challenges; (b) the mobilization of resources for youth programming; and (c) the inclusion of youth issues and youth participation in development, planning, implementation and monitoring.

Gender equality component

19. This outcome of this component is: gender equality and the empowerment of women are promoted through an enabled institutional and sociocultural environment so

as to ensure human rights and eliminate gender-based violence. The outcome relates to the UNDAF outcome on improved democratic governance at all levels, based on human rights standards. This outcome will be achieved through two outputs.

20. Output 1: Strengthened technical and institutional capacity for gender analysis, mainstreaming and budgeting at national and state levels. UNFPA will support the Government and civil society at national and state levels to operationalize the gender policy and the women's empowerment policy. The programme will support the strategic planning process to initiate, sustain and monitor gender mainstreaming through gender auditing and analysis, planning and budgeting at national and state levels.

21. Output 2: Responses to gender-based violence, including female genital mutilation and domestic and sexual violence, and to early marriage are strengthened through improved policies, security and protection systems, and community mobilization, including in emergency and post-emergency situations. Support will be provided for: (a) a situation analysis to understand the sociocultural dimensions and legal issues related to gender inequalities and gender-based violence, including early marriage, female genital mutilation, sexual and domestic violence, and the stigma and discrimination surrounding HIV/AIDS; (b) the development of a multisectoral, gender-based violence strategy; (c) community awareness and advocacy campaigns; (d) existing legal and social protection systems; and (e) joint initiatives to combat violence against women and children, particularly in conflict and post-conflict situations.

22. The country programme will, as much as possible, use the national execution and implementation modality and will coordinate with other United Nations organizations to implement a harmonized approach to cash transfers. Where the capacity for national execution modalities is limited, the programme will sub-contract to non-governmental organizations. The programme calls for annual programme reviews, midterm reviews, end-term reviews and evaluations to be conducted within the UNDAF joint monitoring and evaluation plan.

23. The country office is based in Khartoum. The UNFPA representative oversees the units dealing with emergency response and census support as well as the office for Southern Sudan. In addition to the UNFPA representative, the country office includes a deputy representative, national programme officers, and operations and administrative support staff. The Southern Sudan office consists of a head of office, an international reproductive health coordinator, national programme officers and national operations staff. Within the framework of the approved country office typology, UNFPA will earmark programme funds to upgrade existing posts and to establish new posts, including national project personnel, in order to support programme implementation at national and state levels.

IV. Programme management, monitoring and evaluation

RESULTS AND RESOURCES FRAMEWORK FOR SUDAN

<p>National priority: Reduce poverty and make progress towards achieving the Millennium Development Goals by expanding the provision of basic services in health, education, water and sanitation</p> <p>UNDAF outcomes: (a) by the end of 2012, individuals and communities have equitable access to and increased utilization of strengthened, high-quality basic social services within an enabling environment, with an emphasis on women, children and vulnerable groups; and (b) by 2012, improved democratic governance at all levels, based on human rights standards, with particular attention to women, children and other vulnerable groups, with a view towards achieving peace and development</p>				
Programme Component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health and rights	<p><u>Outcome:</u> Demand for and access to high-quality reproductive health information and services, including HIV prevention, are increased</p> <p><u>Outcome indicators:</u></p> <ul style="list-style-type: none"> Annual resource allocation for reproductive health <p><u>Source:</u> Ministry of Health budget report</p> <ul style="list-style-type: none"> Unmet need for family planning <p><u>Baseline:</u> 5.7%</p> <p><u>Source:</u> Sudan Household Health Survey</p> <ul style="list-style-type: none"> Percentage of births attended by skilled health personnel <p><u>Baseline:</u> 57%</p> <p><u>Source:</u> Sudan Household Health Survey</p>	<p><u>Output 1:</u> An essential and integrated reproductive health package and reproductive health commodities are available at service delivery points in selected states</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Percentage of health service delivery points providing an integrated, basic reproductive health package Implementation of the reproductive health commodity security plan Number of minimum essential packages of services available for emergencies Availability of operational emergency preparedness and response plans <p><u>Output 2:</u> The technical and institutional capacity to provide basic and comprehensive emergency obstetric and neonatal care and to prevent obstetric fistula prevention is strengthened, including in post-conflict situations</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Need is met for emergency obstetric and neonatal care Percentage of Caesarean sections as a proportion of all births Percentage of communities with a population of 500,000 that have at least one comprehensive and four basic emergency obstetric and neonatal care centres Percentage of communities with a population of 2,000 inhabitants covered by a village midwife or skilled birth attendant <p><u>Output 3:</u> Increased awareness of reproductive health information and improved knowledge of preventing HIV/AIDS, especially among out-of-school youth</p> <p><u>Output indicators:</u></p> <ul style="list-style-type: none"> Criteria and protocols for the provision of youth-friendly health services Percentage of clinics providing an essential service package for young people Percentage of youth aged 12-24 aware of at least five key preventive measures, including those focusing on HIV/AIDS, sexually transmitted infections and gender-based violence Percentage of women, men and vulnerable groups identifying three modern contraceptive methods 	<p>Federal and State Ministries of Health; Ministry of Social Welfare, Women and and Children's Affairs; Ministry of Youth, Culture and Sports</p> <p>United Nations Children's Fund; World Health Organization; United States Agency for International Development</p> <p>Civil society organizations; research and academic institutions</p>	\$22 million (\$12 million from regular resources and \$10 million from other resources)

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Population and development	<p>Outcome: Population, gender equality, reproductive health, HIV and youth issues are incorporated into and funded in evidence-based development plans, public policies and strategies at national and state levels</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> Percentage increase in budget allocation for data collection and analysis Poverty reduction strategy paper incorporates population dynamics and characteristics Increased availability of survey data on population dynamics 	<p>Output 1: Improved national and state-level capacity to collect, analyse, disseminate and utilize quantitative and qualitative data (disaggregated by age, sex, socio-economic status and administrative unit), taking into consideration emergency settings</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Operational set of indicators at national and state levels to monitor population and gender programmes and the Millennium Development Goals is available Percentage increase in the use of population data in programme design and service delivery <p>Output 2: Enhanced capacity to integrate population dynamics, reproductive health and gender equality concerns into development planning and monitoring processes at national and state levels</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Number of national and sectoral annual plans integrating population, reproductive health and gender Percentage increase in access to information and services across local areas by all population groups <p>Output 3: Promotion of young people's participation and empowerment in development</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Evidence-based national dialogue on investing in youth National strategy on young people submitted for approval 	<p>Central Bureau of Statistics; Ministries of: Education; Finance; Health; Social Welfare, Women and Children's Affairs; and Youth, Culture and Sports; National and Southern Sudan Population Councils</p> <p>Civil society organizations; research and academic institutions</p>	<p>\$5 million (\$4 million from regular resources and \$1 million from other resources)</p>
Gender equality	<p>Outcome: Gender equality and the empowerment of women are promoted through an enabled institutional and sociocultural environment so as to ensure human rights and eliminate gender-based violence</p> <p>Outcome indicators:</p> <ul style="list-style-type: none"> Percentage increase in national partnerships that raise awareness of gender-based violence National and subnational mechanisms in place to monitor and reduce gender-based violence Percentage increase in number of people opposing female genital mutilation Percentage decrease in gender-based violence 	<p>Output 1: Strengthened technical and institutional capacity for gender analysis, mainstreaming and budgeting at national and state levels</p> <p>Output indicators:</p> <ul style="list-style-type: none"> Percentage increase in gender focal points and units trained at national and state levels Percentage increase in project funding to support women's empowerment Percentage increase in budget to strengthen gender focal points at state level Number of sectoral plans integrating gender concerns <p>Output 2: Responses to gender-based violence, including female genital mutilation and domestic and sexual violence, and to early marriage are strengthened through improved policies, security and protection systems, and community mobilization, including in emergency and post-emergency situations</p> <p>Output indicators:</p> <ul style="list-style-type: none"> National strategy on gender-based violence submitted for approval and operationalization Number of sectoral plans addressing gender-based violence Gender-based violence information and monitoring system in place National policy on appropriate age at marriage developed 	<p>Ministries of: Education; Finance; Health (state and federal); Justice; Social Welfare, Women and Children's Affairs</p> <p>Alfad University; civil society organizations; interior police; research and academic institutions</p>	<p>\$5.2 million (\$3.2 million from regular resources and \$2 million other resources)</p> <hr/> <p>Programme coordination and assistance: \$0.8 million from regular resources</p>