

UNFPA SUDAN COUNTRY OFFICE ANNUAL REPORT NARRATIVE ON PROGRAM PERFORMANCE

1. NATIONAL CONTEXT

As 2004 ends, the Sudan is challenged between the hope of a long lasting peace between the North and South and the fear of existing and potential new conflicts. While the comprehensive peace agreement between the GoS and the SPLM/A has finally been signed and brings to an end a 21 year civil war, the conflict in Darfur continues and is further being characterized by an increase of insecurity that has seen the loss of lives of the Sudanese people, aid workers, and human rights abuses against civilians.

The Darfur crisis has had a devastating impact on the people of Sudan, displacing about 2 million people in Darfur, with 200,000 refugees sheltering in Chad, and rendering severe hardships in the lives of several hundreds of thousand conflict-affected people. Despite the large humanitarian effort to date, an average of 30% to 40% of the affected population do not yet have access to assistance. Meanwhile humanitarian needs elsewhere remain high as a result of localized conflicts, prolonged displacement and crop failure. Overall the Sudan continues to suffer from widespread poverty and inequitable economic development.

The recent breakthrough of the peace agreement has posed new challenges to the Country as well as to the UNFPA Sudan CO. It has already activated unprecedented level of support to the Central Bureau of Statistics in terms of capacity building activities to enable it to conduct the fifth national census for one united country. The latter requires additional efforts in supporting all the relevant authorities in the preparatory phase of the census.

Although still low compared to neighboring countries, HIV/AIDS prevalence rate in Sudan is the highest among Middle East countries. Rates of HIV infection have been estimated by SNAP¹ to be at 1.6 % nationwide. The prevalence is expected to increase with the return of refugees from neighboring countries. HIV/AIDS prevalence rate in South Sudan varies from 1% to 7.2%. The recent HIV/AIDS study tour to Uganda, jointly organized and financed by the CO in collaboration with UNDP and UNHCR, witnessed the participation of several Sudanese policy makers including the Federal Minister of Health and created a conducive environment for further political recognition of the problem. It also paved the way for best practices and recommendations to be followed-up and incorporated in the HIV/AIDS national policies and strategies.

Despite the remarkable efforts made to reduce the high Maternal Mortality Ratio (MMR), the figure continues to stand at high levels, accounting to 509 per 100,000 live births². Evidences to support reduction are not existence³. The instability of the security situation in Darfur coupled with the displacement of a large number of people from Eastern, Southern and Western Sudan in addition to the limited resources emerge as the main constraint towards achieving remarkable results in reducing the current status of maternal mortality.

The increasing number of reported GBV cases in Greater Darfur drew the attention of the international community and media. Women in Greater Darfur are highly affected by the ongoing-armed conflict and became easy targets for all conflicting parties. Although the Government has not yet signed the Convention to End Discrimination Against Women, further political discussions among different levels of leadership is occurring, paving the way for further progress toward the official signature and future endorsement of the Convention.

The National Population Policy, which was endorsed in 2002, has been subjected to some criticism in its contents and application. The policy has not addressed ICPD PoA adequately. In its endorsement the government called for revising the document, which implies the need for substantial revisions.

2. PROGRAM PERFORMANCE ANALYSIS

2.1 Country Program

The current Country Program (CP) cycle (4th CP) covers 2002-2006. The reporting period, 2004, represents the mid-term of the program cycle. The CO in 2004 managed to streamline the CP in order to be more responsive to the current and future reproductive health (RH) and population related priorities in Sudan. The CP scope for 2004 increased by 130% from the previous year and rated as the highest in the region.

¹ SNAP is the Sudan National Aids Program.

² Safe Motherhood Survey, 1999.

³ Federal Ministry of Health, 2004 report.

The CO strengthened its relationship with both Federal and States Governments and managed to increase its implementation rate from 36% in 2003 to over 90% in 2004. The CO extended humanitarian relief assistance to vulnerable war and drought-affected people in seven new States. Recognizing the potentials of UNFPA Sudan CO, as well as its effective advocacy and prevention interventions in HIV/AIDS, the CO was selected as the lead UN agency to coordinate GBV response in Darfur and as the new Chair of the HIV/AIDS Country Thematic Group (CTG).

2.2. Key Outputs

The major achievements of the CO during the reporting period are:

1. The rapid relief response to the humanitarian crises in Greater Darfur through the provision of technical, logistical and material support to partner NGOs and government departments. The aim was to ensure integration of RH services in health service package and sensitization of government official and decision makers to address the RH needs of IDPs and host communities.
2. The establishment of a strategic partnerships with sister UN agencies and NGOs to extend RH services and information to the needy people in war and drought affected areas in North and South Sudan.
3. The initiation of discussions with SPLM/A leadership to secure their concurrence to establish a UNFPA sub-office in Rumbek and to ensure that they are fully aware of the UNFPA mandate and commitment to support sustainability of the peace according to its mandated areas, particularly with respect to RH services and census.
4. The technical and financial contributions to the development of the national policies including national RH, Advocacy and Gender policies.
5. The strengthening and expansion of technical and financial contributions to the national RH program (including ending fistula campaign), as well as HIV/AIDS program response. The aim was to strive to reduce maternal mortality and morbidity and to maintain the current HIV/AIDS prevalence rate.

2.3. Analysis of the Strategies and Lessons Learned

2.3.1. MYFF SRF Outcome (i) Policy Environment promotes Reproductive Health and right increased

The progress achieved in 2004 against what was planned in the reporting period is 90%, while the overall progress since beginning of the current CP cycle is 40%.

Despite its location along the African AIDS belt, Sudan is still maintaining a relatively low HIV/AIDS prevalence rate compared to neighboring countries. The last HIV/AIDS countrywide prevalence rate presented by the Sudan National AIDS Control Program SNAP (2002) estimated it at 1.6%, the highest among the Middle East Countries (according to UNAIDS). The prevalence among the adult population appears to be at 2.6%. However the low HIV/AIDS prevalence rate may be attributed to under-reporting. HIV/AIDS countrywide prevalence rate is expected to increase dramatically with the expected return of many refugees from high-prevalence neighboring countries.

During the reporting period, the CO – in partnership with Ministry of Information and Communication (Sudan Academy for Communication Sciences) – succeeded to enhance advocacy capacity of 150 National and States media and press personnel through series of short and long term training workshops and courses; draft the National Advocacy Strategy for Reproductive Health and Rights and Population; ssensitize and train 500 community and religious leaders, humanitarian workers, public authorities, and civil society groups to raise people awareness of RH issues including HIV/AIDS and to mobilize local resources for HIV/AIDS prevention program; expose 23 policy- and decision-makers, program planners and humanitarian workers to the reputable experience of Uganda in combating HIV/AIDS; and establish the HIV/AIDS coordination mechanism to ensure effective utilization of the available resources and address the priority areas that are identified jointly by all partners

The results achieved by the CP activities are reflected in the increased level of awareness and commitment among national press and media personnel, community and religious leaders, public and private sector to effectively advocate against HIV/AIDS.

However, the CO experienced some difficulties in scaling up the level of HIV/AIDS awareness among local people using press and media, because of high cultural sensitivity around HIV/AIDS and stigma attached to it among all sections of the population and the widespread popular reluctance to openly discuss about the pandemic and of its preventive methods.

People living with HIV/AIDS in Sudan are experiencing hard living conditions due to the lack of proper legislation and support systems aimed at protecting them and defending their basic human rights. Some cases were reported in the daily

newspapers about violation of their rights including access to medical treatment, education, job opportunity and social stigma.

In Sudan, the prevalence of FGM/C is very high. It is estimated at 90% of ever-married women of 15-45 years old in the Northern Sudan as indicated in the Safe Motherhood Survey (SMS) report in 1999. The age at which the circumcision is carried out in Sudan varies according to the culture and traditions of the different tribes.

UNFPA Sudan CO, in collaboration with line ministries, academic institutions and partner organizations, has implemented comprehensive advocacy program against FGM/C targeting religious and community leaders, civil society groups and local communities. Information about the implication of the FGM/C and reproductive rights of women was conveyed to parents and to influential members of the communities involved through seminars, orientation workshops, IEC materials, radio and TV programs, jingles and spots, reports and interviews included in the daily newspapers.

Despite the tremendous efforts exerted by UNFPA, sister UN agencies, international NGOs and civil society organizations to control the practice FGM/C, the prevalence rate still remain very high. The limited effects and impacts of the advocacy program implemented by the CO and its partners can be attributed to the low political commitment and the social and cultural environment of the Country. In this respect, Government commitment has to be encouraged to allow more publicity and space among media to raise additional awareness and to issue firm measures against community members that practice FGM/C and to implement the National Strategy for abolition of FGM, which was produced by MOH in collaboration with other organizations

Although the number of Sudanese women living with fistula⁴ is unknown, hospital records show that a considerable number of cases exist. Since March 2004, when UNFPA Sudan CO launched the campaign against fistula, a baseline assessment was conducted in 16 States and is on the verge of being finalized. However, lack of proper follow up and commitment by the MOH substantially delayed the finalization of the assessment, causing constraints in proper program planning, which in turn affected the campaign exposure to further donor funding.

UNFPA appointed Dr. Abdul Kareem Al Kabli as UNFPA Honorary Ambassador for Sudan on October 7th 2004. His deep interest and concern about women empowerment and rights and for the well being of all Sudanese made him the perfect candidate to advocate on behalf of UNFPA, for which he already produced a wonderful jingle advocating for a behavioral change in the practices causing Fistula. As UNFPA Honorary Ambassador, Dr. Al Kabli will continue advocating against FGM/FGC, STIs and HIV/AIDS, raising awareness on the underlying causes leading to the problem of Fistula in Sudan, women empowerment and girls' education and, in general, further reduction of the very high Maternal Mortality in Sudan

Establishment of new office in separate premises in 2004 provided more visibility for CO, similarly opening of three project offices in the capital of the three states of Darfur further increased UNFPA visibility in Greater Darfur

2.3.2. MYFF SRF Outcome (ii) Access to comprehensive reproductive health services increased

The progress achieved in 2004 against the planned goals in the reporting period is 90%, whereas the overall progress since beginning of the current CP cycle is 55%.

Over the years the country program in Sudan has made some progress towards achieving the reduction of maternal mortality and morbidity and several important ICPD goals. However, Maternal Mortality Ratio (MMR) remains high, with an overall nationwide average of 509 per 100,000 live births as estimated by SMS in 1999, which is well above the MDG-5 level (138) to be reached by 2015.

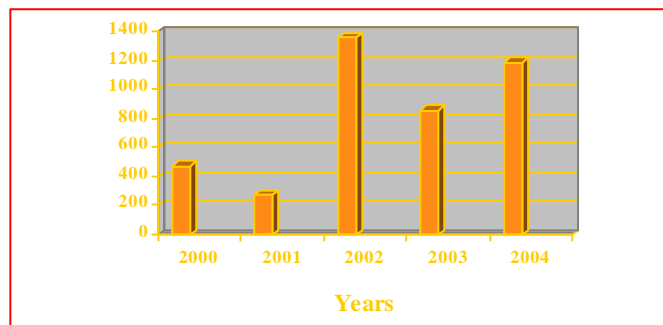
In 2004, UNFPA Sudan CO continued its contribution to the reduction of maternal mortality and morbidity based on progressive policies and strategies adopted by GoS. According to these policies, the maternity care would be addressed, at the community level, through the Village Midwife with 12 month training, national examination and national certification. Also training of TBAs has been stopped, as they are not considered to be skilled birth attendant. GoS strategies intends to reform the health system to envisage basic and comprehensive obstetric equipment and supplies and expand of accessibility; to train health service providers on standard case management and to strengthen maternal and child health information systems; and to increase awareness of communities and families about pregnancy, childbirth and their complications. As these strategies are envisaged as turning points in maternal care in Sudan, UNFPA played a key role in supporting the training of Village Midwives, as well as provision of training materials and kits. In 2004, the CO support was extended to 702 candidates and their supervisors, reflecting an increase of 30% from 2003.

⁴ Fistula occurs mainly as a result of obstructed labour and primarily among young women/girls in their first pregnancy

During the reporting period, CO organized series of training courses, sessions and orientation workshop to enhance the capacity of health service providers and raise people awareness of RH related issues, as per the following table:

Type of training courses and sessions	No. of Courses	Beneficiaries	No. of Participants
Health service providers training in RH related issues including HIV/AIDS, STDs, prevention of MTCT, VCT, EmOC, post-abortion care package, safety procedures and infection control, and data management and record keeping	109	Health service providers	1940
Orientation and public sessions on STIs and HIV/AIDS, harmful traditional practices including FGM, EmOC, FP, and communication skills	141	Local communities, IDPs / Refugees	6244

Village Midwives graduates 2000 - 2004



UNFPA succeeded in supporting the recruitment of 702 new candidates to be trained for 12 months as Village Midwives and Assistant Health Visitor. Most of candidates were selected from RH high-risk areas like Darfur with the intention to increase accessibility to skilled birth attendant in those areas. Furthermore, the CO has also provided training opportunities for 30 candidates from Chad to be trained as Midwives in West Darfur Midwifery School, to address the needs of Darfur refugee population in Chad.

With new acquired skills on EmOC, FP, post-abortion care and standard obstetric care, health service providers are expected to improve the quality of services. Evidences presented by State officials indicate that some rural hospitals started to practice EmOC after a long period, which enhances accessibility to EmOC by rural population.

RH commodities, including contraceptive, midwifery kits and hospital equipment have been procured and distributed among service delivery points. Iron and Folic Acid supplies were also provided to assist pregnant women in overcoming anaemia during pregnancy and child birth. Furthermore, equipment and supplies for EmOC, as well as 6 vehicles for supervision of PHC service delivery points, were also procured to improve the quality of services. Total procurement in 2004 was about \$500,000.

To date the Government contribution out of its own resources in provision of FP commodities is inadequate and UNFPA still remains the main source of the supplies. To improve the services and increase accessibility, training workshops were conducted at national and sub-national levels for medical doctors and health visitors on medical illegibility, modern technology and counseling on FP. In 2004, six out of 26 States were totally covered, that is all Health Visitors and doctors working in rural hospitals were trained on these topics.

The year 2004 witnessed the introduction of post-abortion care package using MVA. Five training workshops were conducted for junior obstetrician & gynecologist and general practitioners working in rural areas.

Provision of detailed and specific information on RH for the communities and knowledge sharing at all levels have been supported. In 2004, in addition to the assistance in the developing the national Reproductive Health policy, UNFPA Sudan CO promoted the production of specific database softwares to address the MOH needs, including human resources and M&E for evidence-based planning.

The year 2004 experienced an increase in response by UNFPA to HIV/AIDS control activities in the country. Five thousand copies of the National HIV/AIDS Strategic Plan were printed with assistance from UNFPA together with a wide range of IEC materials, training manuals and posters as well as folders. As for in-service training for health care providers, for the first time in the country, a training on prevention of MTCT was conducted and related documents and materials were published and supplies were procured. A whole range of supplies was provided by UNFPA (such as drugs for opportunistic infections and for STIs, as well as testing kits) to support implementation of MTCT at PHC level and to assist VCT sites. The policy of provision of supplies along with the training is to ensure quality practice by health service providers.

Although the fistula situation analysis was not finalized by MOH, local funds were raised and a package of essential equipment was provided to the existing national Fistula Centre, in order to expand the number of referrals and surgeries.

The CO supported three Obstetricians & Gynecologists to attend advance training course in Addis Ababa Fistula Repair Center.

Despite the progress achieved, UNFPA CO also experienced some constraints, mostly linked to the scarcity of pre-qualified human resources for refreshing training, the high turn over of trained staff and the existing civil conflicts including the Darfur humanitarian crisis, which rendered the accessibility of RH services to be difficult for many communities.

2.3.3. MYFF SRF Outcome (iii) Utilization of age-and sex-and disaggregated population related data is improved

The progress achieved in 2004 against what was planned in the reporting period is 90%, while the overall progress since beginning of the current CP cycle is 50%.

The major interventions of the CO included the support to preparations for the 5th National Census. CO has made substantive contributions to build the capacity of the Central Bureau of Statistics (CBS) and other line ministries in data collection, dissemination and management. Training in cartographic mapping and GIS has been provided to CBS and related government staff. CST Amman has contributed effectively to backstop technically the process of developing a national proposal for Census upon the request of the government. The proposal, which was submitted by the focal minister to UNFPA for assistance in resource mobilization, has been adopted by JAM as the major document for Census resource mobilization. CO has also made substantive consultations with SPLM/A leadership at the highest levels to ensure that Census and other national surveys cover all parts of Sudan including SPLM/A controlled areas. As a result the GoS and SPLM both recognize UNFPA as the leader in the forthcoming 5th Population Census, which is a top post-conflict priority. CO has also contributed to the preparations of Sudan Family Health Survey (PAPFAM), a major national survey being implemented by the MOH and CBS. This survey shall fill-in a major gap in demographic and health data and information.

The CO has been actively involved, and coordinated the work of the JAM Cluster 8 (information and communication cluster) work in the north; the PDS Programme Officer participated in the JAM retreat held in Nairobi-Kenya, where GoS and SPLM/A jointly discussed different post-conflict issues along with JAM cluster team members. The CST Advisor was a key resource person in the technical workshop of JAM Cluster 8 on national information and data and presented a technical paper and Census proposal that is adopted by the Cluster as a key document for Census resource mobilization.

Difficulties and constraints experienced by CO in achieving the targeted outputs were unstable political situation, which led to delay in some key activities such as Census and PAPFAM; issues of coordination between different partners and orchestration of efforts to maximize outputs; and reliability and validity of available data and information to track the demographic trends.

2.3.4. MYFF SRF Outcome (V) National, sub-national and sectoral policies, plans and strategies take into account population and development linkage.

The progress achieved in 2004 against what was planned in the reporting period is 80%, while the overall progress since beginning of the current CP cycle is 50%.

The President of Sudan adopted the National Population Policy (NPP) in 2002. This was a major breakthrough in ensuring political commitment to population and RH issues in Sudan. The CO has actively supported the General Secretariat of the National Population Council to adopt a framework for tracking the implementation of the NPP, and also to ensure the integration of the policy into sectoral plans and programs. In this process 10 workshops, 4 training programs and meetings were organized at national and state levels benefiting. CO staff was involved in monitoring the progress of these activities. Some observations were however, made on the extent to which the policy document addresses ICPD PoA and MDGs. This may call for more efforts in revisiting some of the aspects of the population policy.

UNFPA Sudan CO assisted the General Directorate of Women and Family at the Ministry of Welfare and Social Development in developing a national Gender Policy in collaboration with various stakeholders in the government, civil society sector and academic/research institutions. The project includes a set of interrelated activities consisting of workshops, policy dialogue, research, expert meetings, and consultations with NGOs, CSOs, and engagement of national consultants for technical backstopping. CO has also provided 23 fellowships for Diploma and Master's Degrees in Gender and Development, Population and RH, in addition to 12 PhD fellowships in Population, Demography and RH. In collaboration with Ahfad University for Women the CO has made effective contributions to enrich available educational and IEC material through production and reproduction of manuals, IEC material on gender equity and women empowerment, and reproductive health rights. A survey was conducted to identify gender gaps in civil service in two States (Khartoum and Gezira). Consultations were held with stakeholders at sub-national and local levels to enlist their contributions to the policy development to ensure bottom-top approach in developing the national gender policy. These have substantially improved the policy environment for integrating gender into national policies and programmes. Commitments to this effect have been expressed explicitly in the workshops and dialogue meetings held.

Main constraints CO faced during the reporting period include unstable political situation and lack of coordination between different partners to maximize the outputs.

2.3.5. MYFF SRF Outcome (VI) Institutional mechanism and Socio-cultural practices promote and protect the rights of women and girls and advance gender equality

The progress achieved in 2004 against what was planned in the reporting period is 90%.

The key interventions undertaken by the CO to achieve the output and contribute to MYFF outcome include:

1. Through a series of workshops and meetings , a multi-agency and stakeholders partnership framework was established, which includes all humanitarian organizations, UN agencies and GoS entities operating in IDPs camps in Darfur. The main functions of this framework were to set up community-based women and children protection mechanisms and to raise awareness on women and children rights, reproductive health and rights, and GBV.
2. Building institutional and individual capacities of service delivery points of public sector, national and international NGOs, community-based organizations, and sister UN agencies, with a particular focus of those working in IDP camps, to provide clinical treatment to GBV survivors and conduct activities to establish family protection mechanisms and GBV orientation workshops in Greater Darfur.
3. Development of policy options and related advocacy among all stakeholders, mainly government institutions; as well as implementation of policy measures to be adhered to by the established GBV task forces, with a particular focus on setting of and adherence to standards for clinical management of GBV and counseling support systems.
4. Acceptance by the Government authorities to address GBV issues from a holistic perspective. This has been attained through meetings and workshops at State and Federal levels and resulted in widespread recognition of the critical number of GBV cases reported in Greater Darfur.

The CO and partners have been constrained by the lack of proper institutional support and protection mechanisms for GBV survivors, who are often subject to discrimination. Rape, often used as a weapon of war, is particularly targeting women collecting fire wood and fodder for animals. According to existing institutional reporting procedures, GBV survivors should first report sexual abuses to police before seeking medical care. This policy discourage women from seeking psycho-social support and medical treatment. The latter is characterized by the limited and persistent restraint of GBV victims to make use of available health care and counseling services in IDP camps. UNFPA, in collaboration with partner UN agencies has successfully convinced the government to amend the existing policies to allow health service providers to provide medical treatment and counseling services prior to the mandatory reporting to police.

The CO provided technical support to the Federal Ministry of Health to develop manuals and guidelines for upgrading the capacity of health workers in this regard. Based on its comparative advantages, UNFPA has been assigned by the UNCT as the lead UN agency for coordination of GBV activities in the Darfur context.

3. PARTNERSHIP IN DEVELOPMENT

3.1. UNFPA involvement in partnerships to promote the ICPD PoA

With the goal to promote the integration of the ICPD PoA in the health sector and in national development strategic plans, UNFPA has established partnerships with SPLM before the signature of peace agreement and further strengthened its ties with Federal and State Ministries of Health, the Ministry of Welfare and Social Development, Sudan Demographic Association, Sudan RH Network, Central Bureau of Statistics, Ahfad University for Women, Gezira University, the National Population Council, the Family Planning Association of Sudan, the Sudan Fertility Association and other relevant Government departments and NGOs. The partners have been actively participating in the dissemination of ICPD messages, in the formulation of program documents reflecting the ICPD principles, and in the monitoring and evaluation of the country program. The new partnership approach resulted in the opening of a Sub-Office in Rumbek in Southern Sudan and in acquisition by SPLM/A leaders the UNFPA mandates and key ICPD PoA principles.

The CO experienced some difficulties in securing financial donor support to implement the new programs and render proper RH and PDS services to the needy people in Darfur, Southern Sudan and other parts of the country.

3.2. UNFPA involvement in UN system initiatives

The CO developed closer partnerships with all UN agencies in Sudan to extend its integrated programmatic approach to achieve ICPD goals and MDG 5. Partnership with UNHCR and UNDP has been established to address reproductive health and right of refugees and IDPs living in Kassala and Gadarif States, where HIV/AIDS prevention and treatment services are also provided. Two project proposals were signed and have been implemented jointly by three partners. The operational costs of the two projects are low if compared to the impact and to the other projects separately implemented by each

agency. The two projects are experiencing some difficulties in managing the financial resources, mostly due to the different financial systems in use among the participating UN agencies.

The CO has also played an active role in the UN Country Team (UNCT), especially during the period prior to the appointment of the UN SRSG, when UNFPA Representative acted as temporary UN RC/HC. Following the new structure developed under the SRSG leadership, not only has UNFPA become an important member in all inter-agency working groups, but also was recently appointed to be the lead the coordination and response to GBV and HIV/AIDS. Since the development of the Joint Assessment Mission (JAM) mechanism, UNFPA has been actively involved in the process, mainly being an active member of clusters 5 (Basic Social Services) and 8 (Information and Communication). Similarly, during the formulation process of the UN Work Plan for 2005 for the Northern and Southern Sudan (formerly called CAP 05), UNFPA CO provided its technical and policy related inputs with relevant partners in the development of the Work Plan. With active participation and follow up, UNFPA Sudan CO managed to develop and include 30 projects in UN Work Plan 05, stemming from humanitarian assistance to recovery and development, for a total funding requirement of US \$ 44 million.

4. MANAGING FOR RESULTS

4.1. Results-Based Quality Programming

The CO shared UNFPA new Program Procedures and Manual guidelines, particularly issues related to monitoring and evaluation and new financial formats of Atlas, with partner NGOs and government departments. Several orientation sessions and meetings were organized and on the job training was conducted upon project staff request.

Database system for tracking CP results was developed. Projects outputs were measured against the baseline data, annual work plan, logical framework, and progress and frequent monitoring reports. Bi-monthly trips were also organized by related CO staff members to cross check the information provided in the reports and to provide technical back up to the project staff in implementing activities and tracking the progress against baseline data.

CO conducted the 2004 annual program review meeting on December 8th and 9th. The review was organized with the support of relevant ministries, the CST group, and CO staff members. The CP review team analysed the out put indicators and strategies indicated in the sub-program documents along with the available data from sub-program projects. The CP implementation rate during the reporting period increased from 36% in 2003 to over 90% in 2004.

The low capacity of projects staff emerged as the main constraint for CO to track projects progress and provide information on project results. Special technical and computer skills required for the information management of some indicators, which are limited in most of the projects supported by CO.

4.2. Knowledge management

The UNFPA CO supported the training of partnering organization staff to build and further develop technical skills through the attendance of several trainings in foreign countries. More than 12 external staff were supported to attend ad hoc raising skills courses on disaggregated data formation and management, Fistula surgery, Reproductive Health and HIV/AIDS. The CO believes that the multiplier effect of this strategy will lead to further development of additional knowledge among functional key partners.

Through the utilization of the available Knowledge Assets produced and circulated by the HQ, the CO managed to train CO staff and partner staff on relevant programmatic issues, e.g. the correct use of ATLAS.

Through the network working system established within the CO, an extensive information sharing mechanism was developed to allow the continuous and timely internal flow of specific information related to the CO sub-programmes, MDGs and ICPD PoA.

4.3. Human Resource Excellence

Typology exercise was completed during the reporting period. Therefore, the CO managed to expand its programs to other six States, succeeding to meet the escalating programmatic and operational needs and ensuring the provision of quality services to the beneficiaries. This is reflected in the timely response to the humanitarian crises in Greater Darfur and the leading roles that CO has been requested to undertake to co-ordinate the efforts of all humanitarian organizations working in RH, GBV, and HIV/AIDS domains.

4.4 Accountability

The CO contribution to the 2004 priority pillars was remarkable and enhanced the incorporation of the ICPD agenda into the ongoing and future government plans of actions. UNFPA funds were entirely utilized to develop programmes and projects incorporating ICPD goals. All UNFPA new projects, formulated and designed to sustain the low-cost-high-impact approach, have been implemented in partnership with UN agencies, NGOs and community-based organizations. UNFPA has also developed internal mechanisms to properly and continuously monitor the correct utilization of funds. Coordination mechanisms to involve all partners have been established for RH, GBV, HIV/AIDS and PDS, which ensure the smooth implementation of projects activities.

UNFPA organizational structure was completed according to the new typology exercise, which includes CO staff acknowledgment of the organization policies, procedures and guidelines. However, lack of conducive environment, proper office space including staff security at the Country Office emerged as the major constraints for the expansion of the CO programme. Thus, a new office has been established in new premises to ensure that, more office space and healthy environment are secured to match the expansion of UNFPA programme in the Country. With the establishment of the new office MOSS compliance was ensured in the Khartoum office as well as all field offices for the protection of UNFPA staff and property. Promoted a number of best practices to make the programme delivery is most cost-efficient in 2004.

5. ISSUES OF SPECIAL CONCERN

5.1. ICPD 10th Anniversary

The CO supported Government of Sudan in conducting a survey and to finalize the report for the ICPD 10th Anniversary. UNFPA also facilitated the participation of senior Government officials to the Dakar and Beirut conferences on ICPD+10 to engage them in the ICPD 10th anniversary and to achieve the goals of its program of action.

5.2. Integration of RH services.

In 2004, UNFPA Sudan CO supported the Haj Yousif clinic, where integrated RH services are provided to IDPs living in the area of Bahari, Khartoum North. The services included ANC/PNC, delivery services, FP, STIs, HIV/AIDS and FGM, for which continuous advocacy and sensitization sessions were organized to raise the local population awareness and to promote stronger links between the community and the RH service providers.

5.3. Reproductive Health Commodity Security

UNFPA succeeded to include RH commodities in the Minimum Initial Service Package (MISP). Family planning commodities are also included in the MISP, for which UNFPA provides about 80% of the required supply.

5.4. Contribution to the Millennium Development Goals

Linked to UNFPA overall mandate and in line with the ICPD Program of Action, UNFPA is the UN lead agency for supporting Governments to achieve MDG 5, the reduction of Maternal Mortality Ratio (MMR) of 75% by 2015. As a part of the overall strategy to reduce MMR from the current national average of 509 per 100,000 live births to 138, UNFPA Sudan CO focused on training of Village Midwives and enhancing the capacity of service delivery points, with a particular attention to EmOC.

5.4. South-South Cooperation

UNFPA actively involved in the promotion of South-South Cooperation in Sudan. In 2004, the CO facilitated the participation of several Government officials and technical experts in international/regional trainings, seminars and meetings in variety of areas, such as capacity building for data collection, fistula surgical methodologies, HIV/AIDS raising awareness, women empowerment, MDGs and ICPD.

5.5. Response to humanitarian, emergency and post-conflict situations

As a result of the on-going conflict in the three Darfur States, vast communities were forced to leave their villages and were subjected to displacement. Since the early stages of the crisis, the CO responded by mobilizing interest and awareness of partners, including its own HQ units and developed a proposal resulting in the provision of a special financial and programmatic response package to address RH needs of the conflict affected populations.

UNFPA Sudan CO succeeded to supply RH Emergency Kits to 22 partner NGOs working in the 3 Darfur States covering a total targeted population of more than 700,000. Since May 2004, 22 different training sessions and seminars on MISP, RH Management, GBV, STIs including HIV/AIDS, FP and advocacy were conducted or facilitated for a total number of 1848

participants working in the health sector, from government authorities to UN agencies, NGOs and community based organizations.

Table 1: Number of Trainings by sector and participants in the 3 Darfurs since May 2004

#	Training	No. Participants
1	Management of RH during conflict situation	63
2	Family Protection and SGBV,	478
3	Family Planning	128
4	Infection Prevention and Universal Precautions	214
5	HIV/AIDS prevention and awareness	939
6	Advocacy (excluding HIV/AIDS)	62
Total		1884

The UNFPA Darfur Humanitarian Assistance Project (DAHAP) proposal was therefore developed to address RH needs of IDP communities, with a particular focus on Safe Motherhood and Family Planning, STIs and HIV/AIDS, and the clinical and psychosocial management of GBV. An RH coordination mechanism is established for all stakeholders operating in Darfur, comprising national authorities, international and national NGOs and UN agencies. The Khartoum-based coordination group met bi-weekly to ensure a cohesive, coordinated and integrated response to RH in Darfur. The Federal Ministry of Health co-chaired these meetings with UNFPA, enhancing the national ownership and sustainability of this process. At the initial stages of the crisis, a rapid assessment of the Reproductive Health situation was conducted and gathered critical information related to basic access to RH services and the reports of GBV at the time in the three Darfurs. The assessment clearly indicated a serious deficiency in the access to basic RH services and information, lack of commodities as well as a high level of reported cases of GBV. In June 2004, the CO launched its RH response in Greater Darfur ensuring access to RH services through the provision of RH medical supplies and equipment to NGO clinics working in the camps. UNFPA and partner NGOs cover 21 camps and localities in South Darfur, 11 in West Darfur, 8 in North Darfur, as well as 2 hospitals in South Darfur, 1 in West Darfur and 2 in North Darfur. The NGO clinics providing RH services and the established EmOC⁵ centers are totally reliant on UNFPA supplies. In all RH service delivery points the quality of services has been upgraded through the training of health service providers by UNFPA technical team in the field.

The lack of adequate financial resources has been a constraint and the ability to receive donor funding will be key to UNFPA ability to continue responding to this humanitarian crisis. Although, the RH needs of the conflict-affected population is advocated constantly, it still seems that there is not wide donor support for RH implemented programmes.

6. STRATEGIC ISSUES FOR THE FOLLOWING YEAR

Peace in Sudan is most likely to materialize with the signature of the Peace Protocols. Having one Sudan, comprehensive and accurate data on population distribution should facilitate sustainability of the peace, as it will foster the developmental planning capacity and will be used as a tool for power and wealth sharing across States of Sudan. This can only be met through implementation of a full-fledged national population census covering all parts of Sudan and conducted using scientific standards by all means. The CO visualizes the feasibility of supporting the upcoming population census technically and through helping resource mobilization and is ready to work with all partners in Sudan as well as international community in support of the census.

Other major areas of intervention for Sudan CO in 2005 include revising Village Midwifery Training curriculum to ensure its adherence to basic criteria for skilled birth attendant, securing country RH commodity management systems, and more focus on supporting EmOC. These interventions will specifically address the high MMR and those areas of ICPD PoA that have not been addressed thoroughly.

The opportunity to expand UNFPA interventions in the Southern States will be a priority for the CO. Given the lack of proper health infrastructure, the extremely high maternal mortality, the generalized low educational levels, and higher HIV/AIDS prevalence rates, UNFPA Sudan CO will prioritize its interventions by focusing on massive training of Community Midwives along with the provision of gender sensitive and client oriented RH services and commodities.

HIV/AIDS is a development concern with devastating social and economic consequences. Its control is complex, difficult and, by nature, in need of strong and comprehensive commitment from the Sudanese Government, international community and civil society to protect and defend the rights of the infected people. It also contains the provision of essential

⁵ EmOC clinics have been established by SC (US) in west Darfur to cover the gap for inexistent GoS run hospitals in this geographical area

HIV/AIDS services including VCT, STIs Management, Blood Safety and HIV/AIDS awareness for the risky groups, especially IDPs, returnees and youth. UNFPA Sudan, given its role as the new chair of the HIV/AIDS Country Thematic Group (CTG) and the leader for Reproductive Health issues and GBV in Sudan, will mobilize sister UN agencies, national and international NGOs and concerned GoS departments to address HIV/AIDS prevention and care with a holistic approach.

Adolescent Health is also an important strategic issue for the next year. The Government of Sudan has recognized the necessity to address adolescent health from a multi-sectoral perspective rather than from a mere medical aspect. In 2004, UNFPA Sudan CO has initiated an intervention on adolescent health and will continue it in 2005.