



2005 Country Office Annual Report

Sudan

2005 COAR submission in the i-Track Remote Data Entry Facility (RDEF)

09-Feb-06

Narrative

The narrative section is a succinct, analytical, and focused assessment of major factors in the countries' development environment that have strategic implications for positioning UNFPA and for influencing the role it plays in the country. It should not exceed five (5) pages in total length.

This section aims to:

- a. provide significant and relevant information on country-specific processes that have implication for UNFPA's work,
- b. highlight strategic opportunities for UNFPA to better position itself for contributing to ICPD goals and MDGs,
- c. present lessons learned and good practices in strategic positioning of UNFPA in the country of your assignment.



1. National Context

2. Partnerships in development

3. Issues of special concern

Narrative > 1. National Context

1.1 Situation assessment

Analyze key population, reproductive health, and gender equality and women's empowerment trends and issues in the country.

Population issues: The Republic of Sudan has an estimated population of about 36 million, with the surface area of approximately 2.5 million square kilometers. Southern Sudan is about 640,000 square kilometers (1), with an estimated population ranging between 7.5 and 9.7 million. This population is expected to grow as much as 3 million in the next six years as a result of natural increase in population and the return of refugees and internally displaced people (IDPs) (2). Less than 8% of the populations are nomadic, about 29% live in urban areas and 63% in scattered rural localities. Population under 15 years of age constitutes 45% of the total population signifying a built-in growth momentum. Women in reproductive age constitute more than 20% of the total population. The annual population growth rate is high at 2.6%. The total fertility rate ranges from 5.9 in the North to 6.7 in the South, which accounts for the expanding population growth. Signing the Comprehensive Peace Agreement between North and South has ended more than two decades of civil war. South Sudan now has entered the recovery and development, with an expectation of mass return of huge number of IDPs and refugees to the South. The civil unrest in the three states of Darfur region alone has resulted in the displacement of over 2 million people with 200,000 refugees sheltering in Chad. RH issues: The health sector in Sudan is heavily skewed towards the tertiary level of care. The health infrastructure in most areas of the country, particularly in the South, is characterized by sub-standard quality of services, small coverage of health facilities vis-à-vis number of population, and unequal distribution. Official data estimate maternal mortality ratio (MMR) at 509 deaths per 100,000 live births (3). However, MMR varies both between and within states. It should be noted that MMR in South Sudan is estimated at 1,700 (4), the fifth highest MMR globally after Sierra Leone, Afghanistan, Malawi and Angola. High levels of maternal mortality are linked to the poor access to quality reproductive health services, including family planning. The percentage of deliveries attended by trained birth attendants (not necessarily skilled) is 56 in the North, but only 5 in the South. According to the official statistics, the contraceptive prevalence rates are low, at 7% in the North and 1% in the South. Fistula is a priority for national programmes and majority of cases are found in the deprived and remote rural areas of Darfur and Kordofan States. However, there are no prevention programmes and repair is not available in hospitals in Darfur. HIV/AIDS prevalence, based on scarce epidemiological and behavioral information, is estimated by UNAIDS to be around 2.3% in adult population. Rates of HIV infection have been estimated by Sudan National AIDS Control Programme (SNAP) to be at 1.6% nationwide. For Southern Sudan, estimates vary from 1% to 7.2% with alarming rates among certain population. Gender issues: The state of women's empowerment in Sudan varies across regions. Female-headed households account for 11.7%, and 60% among the IDPs. In North, the average age of first marriage increased from 17.5 to 19.9 years though it varies across the country, from 17 years in Southern Darfur to 21 years in Khartoum. There is no estimated data for South Sudan but traditionally arranged marriage during childhood is common and the estimated adolescent fertility rate (15-19 years old) is at least 200 per 1000. There is a big discrepancy in literacy rates in the North (49.9%) and the South Sudan (24%), and the gender discrepancies are most pronounced in South Sudan (71% and 52% literacy rates for male and female in North Sudan, 37% and 12% literacy rate for males and females in South Sudan). Similarly, the most prevalent forms of gender-based violence in different regions of Sudan also differ. In the conflict areas in Darfur, sexual assaults such as rape are widespread and used as a weapon of war. In North Sudan, female genital mutilation is persistent with the overall prevalence in the northern states of Sudan has stayed unchanged at around 90% and exceeds 300,000 cases annually. In South Sudan, there has not been a systematic and comprehensive assessment on prevalence and forms of gender-based violence. The assessments, however, indicate that the forms of SGBV depend on the socio-cultural characteristics of respective community ethnic groups (there are about 64 ethnic groups). Nevertheless, the war has led to a widespread of a new form of violence such as gang rape. Women's lack of access to justice for cases of violations of sexual and reproductive rights (e.g. divorce, access to child custody) is particularly emphasized by the assessments. Over 90% of day-to-day criminal and civil cases are executed under customary law, which is largely not only inconsistent with international human rights laws, but also favour men (5). It is unusual that this result in incarceration of women and their children. 1- UNDESA Population projections, 2004 2- UNOCHA Starbase, April 2004 3- Safe Motherhood Survey 4- New Sudan Center for Statistics and Evaluation,

Towards A Baseline: Best estimates of social indicators for Southern Sudan, UNICEF, May 2004 5- World Vision International and The South Sudan Secretariat of Legal and Constitutional Affairs. A Study of Customary Law in Contemporary Southern Sudan. March 2004.

1.2 Strategic issues

Analyze the external environment that affects UNFPA's role and performance in the country. Please provide a brief assessment of the major processes related to development aid and their implications for UNFPA, including trends related to donors, religious and political groups, the government and the UN reform. In particular you may analyze and report on the following issues, if applicable to your country context:

1.2.1 Implications for UN, and UNFPA Country Office in particular, of new development aid funding modalities such as direct budget support and basket funding; strategic opportunities for UNFPA to ensure that ICPD priorities are addressed through increased funding and new modalities

1.2.2 Major constraining factors in the external environment that impede or slow down UNFPA's progress towards the set results, and the CO's strategy to mitigate and/or overcome these factors.

On 9 January 2005, the Comprehensive Peace Agreement (CPA) was signed by the Government of Sudan (GoS) and Sudan Peoples Liberation Movement/Army (SPLM/A) that will help the country move towards much-needed recovery and development activities. However, humanitarian needs continue in many regions. There was a clear recognition by the UN of the need to further enhance recovery and development, including strengthening coordination between relief and recovery activities. Joint Assessment Mission (JAM) is an assessment of rehabilitation and transitional recovery needs focused on 2005-2007 and outlines a framework for reconstruction and recovery from 2008 through 2011. The JAM has estimated the total financial needs for 2005-2007 as US \$7.9 billion dollars and over US \$10.2 billion for 2008-2011. The process underpinning the Sudan JAM has in many ways been unique among post-conflict assessments. Out of total pledges of \$ 4.5 billion made at the Oslo Donors Conference (April 2005) for 2005-2007 for Sudan, \$500 million was committed to the Multi-Donor Trust Funds (MDTF) administered by the World Bank. UN can be a recipient of MDTF allocations. For example, 5th population census in Sudan will be funded partly through MDTF and the proposal is to be streamlined in terms of technical soundness and in line with the procedural requirements. There is a potential to leverage additional programme funds through the MDTF. However, resource mobilization in the highly competitive environment requires additional capacity for maintaining organizational visibility, management of donor relations through increased communication, producing results, and equally important, documenting and demonstrating them, as well as drawing up proposals. Additional core resources at a higher budget ceiling could allow for a sustainable funding base to keep the staff on board in the field to efficiently respond to all emerging needs and issues. In summer 2004, Sudan UN Country Team (UNCT) embarked on an orchestrated exercise to develop Consolidated Appeal Proposal (CAP) for 2005. At the very early stages, UNCT noted that this exercise should be coordinated with the JAM and noticed that JAM will not be functional until mid/late 2005 and therefore decided to include in addition to humanitarian and emergency operations the recovery and development interventions of all UN agencies and partners in the CAP. Accordingly the name was also changed from CAP to UN Sudan Work Plan 2005 (UN WP05). UNFPA was represented in UNWP05 with 30 projects, with a total amount of \$47,745,600, out of which \$26,787,000 was for preparatory phase of the population census project. UNWP05 proved to be an effective tool for planning and resources mobilization, as a result of which UNFPA received over \$5.2 million allocation from donors during 2005. Based on the experience of UNWP05 and under the leadership of RC/HC, UNCT developed the UNWP06 in a more elaborated and thorough process, coupled with an innovative idea to establish a Common Humanitarian Fund (CHF), which will be managed by the RC/HC in consultation with UNCT and all donors will pool in it their allocations for humanitarian interventions in 2006. According to the CPA the notion of one country two systems is the basic principle and power and wealth will be shared between the Government of National Unity (GNU) and the Government of South Sudan (GoSS). It should be pointed out that 5th population census has been perceived by the peacemaking partners in Sudan as an indispensable means for power and wealth sharing principles of the CPA. UNFPA, as the lead partner with the national entities for conducting the census mandated by the CPA, has positioned itself to play an active role, not only in the provision of technical and coordination support to the census, but also in supporting the resource mobilization efforts. Successful implementation of Sudan 5th population census will surely further raise the UNFPA image in the countrys development arena and

certainly contribute to the peace building processes in Sudan. The leadership of the GoSS faces the enormous task of managing its own transition as well as establishing functional structures and functions of the federal and state governance institutions, including the central administrative bodies in Juba, which will require sometime to be actualized. This may affect stronger programme coordination and consultation with the respective national counterparts and more efficient programme interventions in South Sudan. However, the CO secured its full presence in South Sudan through having established the office in Juba and deploying qualified international staff supported by consultants and now the office is focused on strengthening relationships with the key decision makers of the GoSS to secure their commitment to support the UNFPA mandated areas, particularly with respect to upgrading SRH information and services and 5th population census. The ongoing conflict in three Darfur States in the West and signs of possible serious conflict brewing in the East can be considered as factors, which may make it difficult to reach out those vulnerable and in real needs. For instance, the recent deterioration of the security situation in and around Geneina town has led to reassignment of some of the UNFPA technical staff to other Darfur states or elsewhere, thereby putting them on hold. However, in such circumstances UNFPA can take advantage of its comparative advantage in emergency coordination and its lead coordination agency role in tackling Gender Based Violence (GBV) in the country. UNFPA leads inter-agency efforts to design GBV prevention and response strategies in Darfur. Thus, UNFPA is in the position to play a pivotal role in setting in motion the initiatives aimed at addressing gender issues from a broader perspective and promoting Security Council resolution 1325 in the context of Darfur and South Sudan in cooperation with UNMIS and the other UN sister agencies. UNFPA anticipates that it will continue to respond to emergency needs as well as responding with further comprehensive RH services and support in Darfur. Several national and sub-national policy frameworks related to the UNFPA mandated areas came into existence in 2005 due to the CO efforts and the challenge in 2006 will be further building on the progress on the policy front-line and supporting effective implementation of the endorsed policies, including through rallying UN sister agencies and NGOs around strengthening policy implementation and interventions. The national key stakeholders are deeply interested in developing sustainable Reproductive Health Commodity Security (RHCS) at the national and local levels. The CO expects to have an exploratory mission to Sudan on RHCS and this is an opportunity of taking advantage of the corporate comparative advantage in the context of Sudan.

Narrative > 2. Partnership in development

2.1 Partnerships

Report on progress regarding UNFPA's involvement in partnerships to promote ICPD PoA and MDGs within national development frameworks, including PRS, SWAps, Health Sector Reform. Assess if UNFPA is positioned adequately to contribute to elaboration and implementation of major national development frameworks and/or humanitarian interventions. What support do COs need from the CSTs and HQs to better position themselves in pursuing ICPD Goals and MDGs in the country. Highlight lessons learned, including facilitating and constraining factors. Comment on new opportunities for partnerships with private sector and other non-traditional partners.

The JAM was carried out jointly by the National counterparts, the World Bank and the United Nations, and looked at eight thematic areas, namely institutional development, rule of law, economic policy, productive sectors, basic social services, infrastructure, livelihoods and social protection, and information and media. Several cross-cutting issues such as gender, HIV/AIDS, environment, conflict, and human rights were also analyzed. The JAM has led to a Framework for Sustained Peace, Development and Poverty Eradication, which will be supported by domestic efforts and resources, as well as development partners, in addressing underlying structural causes of conflict and under-development in Sudan. The Framework focuses on key themes that are integral to consolidating the peace and facilitating broad-based human and economic development. It is an ambitious but realistic plan to address the urgent task of meeting the basic aspirations of the people and accelerating progress towards meeting the MDGs. The UNFPA Sudan CO and CST-Amman have been actively involved during the JAM development process to promote ICPD principles. In particular, UNFPA CO was an active member of cluster 5 related to basic social services, including RH issues, and of cluster 8 related to information and communication, embracing Sudan 5th population census. UNFPA Sudan CO played an active role in the revision of the National Population Policy and helped the Government to develop National Reproductive Health Policy and National Gender Policy.

2.2 UN initiatives

Analyze UNFPA's involvement in UN system initiatives (CCA/UNDAF, Consolidated Appeals Process (CAP), Common Humanitarian Action Plan (CHAP), and MDG reporting) and assess significant experiences towards common programming and streamlining programme and financial procedures (OECD/DAC), including achievements and constraints.

As mentioned above, UNFPA Sudan CO actively participated in the development of the UNWP05 and UNWP06 for Sudan. In this context, humanitarian, recovery and development priorities have been identified and classified into sectors. For 2006, the CO has developed 19 concept papers, which are incorporated in the UNWP06. The total requirements for the UN Work Plan now stand at US \$1.97 billion. It should be noted that UNFPA has been endowed the lead coordination agency role in responding Gender Based Violence in Darfur. The HIV/AIDS Theme Group is also currently chaired by UNFPA. The JAM is seen to serve as the basis for UNDAF and to replace CCA process. In line with the recent developments in the area of simplification and harmonization, this could serve as an example when the CCA could be replaced by the nationally-led analysis, which is expected to cover all areas of the UN mandate, including UNFPA areas of work. The UN Country Team in Sudan decided that the present UNDAF be extended to cover 2007 and a new UNDAF be prepared for the four years; from 2008 to 2011. The extension of the current UNDAF (2002-2006) to 2007 will demonstrate a flexible UN framework that will remain in line with the national processes. In this connection, the one-year extension of the UNFPA country programme for Sudan has been requested. Sudan MDGs Interim Unified Report (MDGIUR) was issued in December 2004. The Ministry of Health led the work on MDGs 4, 5 and 6 in the collaboration with UNFPA, WHO and UNICEF. In line with the spirit and principle of ensuring that linkages between ICPD and the MDGs are well reflected in the national MDG reports, ICPD recommendations are mentioned in the Sudan MDGIUR. UNFPA in partnership with UNDP and UNHCR implemented STI/HIV/AIDS Awareness and Prevention project in line with the division of labour principle. In partnership with UNHCR the UNFPA CO continued the implementation of a SRH project aimed at ensuring access to SRH, including HIV/AIDS education and services for nearly 100,000 Eritrean refugees in camps in the East Sudan. The project serves an excellent example of interagency partnership on SRH and HIV

prevention and can be seen as a visible message of support for the UNFPA-UNHCR global MOU.

Narrative > 3. Issues of special concern

3.1. Integration of RH services

Report one significant experience supported by UNFPA to integrate, at the programme level, SRH with HIV/AIDS services, if applicable in your country. Describe the challenges that this integration poses to UNFPA. Please comment on UNFPA support to implementing "Three Ones" ¹ principles for coordinating national level HIV/AIDS response.

The UNFPA CO implemented several projects aimed at enhancing integrated RH information and services. The project activities included building capacity of service providers on RH/RR issues, research on HIV/AIDS awareness and attitude among youth in IDPs to feed into the related BCC materials, provision of essential RH related equipment and supplies (including condoms) as well as supporting local NGOs to carry out services to those in need. For example, Refugees RH/RR in Eastern Sudan project activities aimed at ensuring availability of RH/HIV/AIDS information and services through enhancing capacity of the IDPs clinics and local NGOs. Sudan National AIDS Program (SNAP) as the entity in charge of coordinating national level HIV/AIDS response, set up HIV/AIDS M&E Reference Group involving UN agencies representatives, the main role of which is to provide technical support for having one agreed M&E system. The work of the group is focused on surveillance, operational research, surveys and reviews and programmatic monitoring, including resource tracking. UNFPA is an active member of this group.

3.2. Adolescent SRH

Report on UNFPA's interventions to increase access of adolescents and young people to SRH information and services, including HIV/AIDS. Please describe one good practice by your country office in expanding access of adolescents and young people to these services. Describe the challenges that increasing youth's access poses to UNFPA.

Sudan National RH policy (SNRHP) that is recently developed with the support from UNFPA, emphasizes the rights of the young people to lead a healthy and productive life through access to appropriate information, counseling and services, as well as the importance of developing their decision-making and interpersonal skills. The SNRHP aims to address the young peoples SRH/RRs needs through increased coverage and improved quality of services, particularly school and university-based services. With respect to interventions aimed at increasing access of adolescents and young people to SRH information and services, including HIV/AIDS it is worth mentioning that in South Darfur, UNFPA in collaboration with UNMIS HIV/AIDS Unit conducted training of trainers (TOTs) for youth HIV/AIDS peer educators and supported the formation of youth group in Nyala that then were engaged in further training initiatives among their peers. In North Darfur, UNFPA had rendered support in establishing the University Students Association the members of which were trained on SRH issues, including HIV infection prevention. The young trainees carried out further awareness raising sessions among IDPS youth in the IDP camps.

3.3. South-South Cooperation

Has your office participated and/or facilitated South-South cooperation? If so, briefly please explain the activities carried out and assess their impact, particularly on national capacity development through sharing experiences and lessons learned in population, reproductive health, gender, and HIV/AIDS. Please comment on the strategies and the modalities used to facilitate South-South cooperation.

Sudan CO facilitated a study tour to Tunisia organized for the staff of MWSD with the purpose of learning best practices and experiential knowledge of Tunisian organizations dealing with gender and women issues. The study tour was organized in cooperation with Center for Arab Women Training and Research possessing vast

experience in national capacity building, formulation of policies and strategies and their tracking. The study group captured a great deal of information and experiential knowledge related to gender policy and analysis and women empowerment issues. In the same period, another study tour to Jordan was undertaken by the National Population Council staff with the support from the CO. The purpose of the study tour was to capture Jordanian experience related to developing and implementation of population policies. The study group visited Jordanian Fund for Human Development, High Population Council, Statistics Department and Woman and Child Care Center. The deployment of the national programme officer from Tajikistan CO from October through January and finance/administrative associate Assistant from CST/Amman in July and November was congruous with the spirit of the South-South cooperation initiatives falling within the framework of technical cooperation and cross-country knowledge sharing. It is also in line with the recent commitment made at the regional meeting for mutual support within DASECA.

3.4. Response to humanitarian, emergency and post-conflict situations, if applicable

Assess UNFPA's involvement in humanitarian, emergency and post-conflict situations, emergency preparedness, long-term recovery and reconstruction; refer to key achievements, constraints and lessons learned

It is worth mentioning that due to the persistent civil unrest in Darfur, and a possible crisis in the East, though was not planned for, a sizeable amount of funds was mobilized under other resources to respond to the evolving needs being in the framework of the UNFPA mandate and certain amount of the CP regular resources was reallocated for addressing the emerging recovery issues in South Sudan in line with the UNFPAs areas of work. In South Sudan, UNFPA has taken the lead in establishing solid foundation for contributing to reduction of maternal mortality in South Sudan by providing technical and financial support for development of the policy and standards on community midwifery training. The policy document was agreed at a consultative workshop with key stakeholders and endorsed by the MOH-GoSS. Other follow-up activities, such as development of midwifery curriculum, training modules, and training of trainers are underway to ensure rapid expansion of the CMT in the near future. UNFPA has also been participating in a large survey on the South IDPs return intentions, living conditions and access to health care in partnership with OCHA, IOM, UNHCR and NRC. It should be noted that before the escalation of the conflict in Darfur, UNFPA was supporting the work of the midwifery schools in the region as well as EmOC initiatives. As the crisis evolved, humanitarian response included provision of modern contraceptives and various RH kits, including basic supplies for clean delivery and for clinical care through NGOs and to government facilities. Over the reporting year, UNFPA has supported various types of trainings of medical staff, including on SRH in emergencies, EmOC, clinical management of rape, and psychosocial support to survivors. It should be pointed out that UNFPA has been the lead in promoting an effective Minimum Initial Service Package as an emergency reproductive health response to the Darfur crisis. In Darfur, some displaced women who are now in camp situations, are having access to RH information and services for the first time in their lives. Thus, in spite of the humanitarian circumstances, it is also a good opportunity to raise awareness about RH issues, including HIV/AIDS among couples, women, and young people. As these populations may remain in camps for some time, it is the right time to put a greater focus on establishing solid peer education programmes, which can help to improve knowledge and change behaviors. Gender based violence (GBV) issues in Darfur have been extremely challenging to deal with, given the nature of the conflict, the sensitivities of the authorities, and the inability to ensure basic security, either for beneficiaries or for humanitarian staff. It has taken over a year for the humanitarian community to establish basic access to the great majority of the affected and displaced. The significant levels of sexual violence which have occurred in the Darfur conflicts, understandably led to tremendous frustration among many humanitarian workers and this contributed to unconstructive interactions among participants in coordination meetings at the Darfur and Khartoum levels for some period. However, coordination of GBV issues by the UNFPA CO is starting to see results, strategic relations among agencies have improved and the UNFPA CO credibility as the lead coordination agency has significantly increased. UNFPA has played the important role of chairing weekly and bi-weekly meetings at the federal and state levels respectively, to ensure quality of care, sharing of information, standardization of services where appropriate and feasible, as well as ensuring non-duplication of efforts and wider coverage of services. The coordination mechanism has brought all implementing partners together recognizing that prevention of and response to sexual violence transcends the mandate of individual agencies and stake holders. An important exercise UNFPA has undertaken is the mapping of GBV activities in Darfur, which has helped to clarify which groups are involved in specific activities, to identify gaps in response and to provide the more efficient use of the limited resources available. Opportunities need be

explored on carrying out strengthened awareness raising initiatives and policy dialogue to ensure involvement of women and womens groups in the peace negotiations organized by the UN between the various factions in Darfur. An important impediment to the effective prosecution of perpetrators was a mandatory form, known as the Form 8, which women were required to fill out in the event of a rape before being attended to by police or medical personnel. Over the last year, significant time and attention of UNFPA and other international agencies were focused on medical support for survivors, including protracted discussions and negotiation on the Form 8 issue, which resulted in amended Circular-Rule of Application of Criminal Circular No.2 (signed in October 2005). Following advocacy by UNFPA and the GBV coordination committee, the governor of South Darfur issued "Wali's Decree Number 17" signed on 6 March 2005 (stating that women should have access to medical attention without having to fill out the Form 8) and pioneered establishment of a State Committee on combating GBV which includes representatives from the health, social services, security and justice sectors. It had served as a good example for West Darfur, which launched the process of establishing a State Committee, mandated to tackle violence against women. The good role of NGOs in pushing for measures to eliminate gender-based violence can not be underestimated. In May 2005, UNFPA and UNICEF conducted a qualitative study of the situation of women and girls, who have raised a number of important issues on the impact of conflict on health and wellbeing of women and such initiatives are necessary in the future and their results could be utilized in humanitarian and recovery programming processes. Gender focus in Darfur has been on GBV issues, but there are many other gender issues which deserve attention and additional resources are needed to broaden the scope of the current initiatives. UNFPA has also provided or facilitated a variety of training programmes for government and international and local NGOs staff in the three States help strengthen the prevention and response capacities of implementing partners. The 16 Days of Activism has been celebrated by UNFPA, other UN agencies and women's organizations across Sudan from 25 November to 10 December under the theme of "Together to End Violence against Women". Various educational and advocacy activities such as debates, drama, writing and sports competitions were organized. Of particular interest is the committed involvement of many Sudans renowned artists and musicians in raising awareness of the problems of violence against women and promote peace and national reconciliation.

1- "Three Ones" key principles for national-level coordination of HIV/AIDS response were agreed upon at the International Conference on AIDS and STIs in Africa (ICASA) held in Nairobi, Kenya in September 2003, and attended by governments, NGOs, bilateral and multilateral organizations and donors. The three principles are as follows:

- One agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners
- One National AIDS Coordinating Authority with a broad based multi-sector mandate
- One agreed country level Monitoring and Evaluation System

Table 1
Programme performance and achieving country outputs

T1 - Programme performance and achieving country outputs

All country offices must complete Table 1. Please note that in the 2005 COAR, the programme performance assessment in the Narrative section has been discontinued, therefore COs are requested to report on the programme performance in full, using this Table.

Table 1 collects information on progress in:

- achieving CP outputs (or project outputs in the case of countries with no CP)
- contributing to MYFF SRF results
- implementing the MYFF strategies

1. Assessment of progress in achieving the CP or project outputs

2. Assessment of overall contribution to the MYFF SRF Outcomes

T1 > Section 1. Assessment of progress in achieving the CP or project outputs

Reporting requirements for this section are similar to last year.

For each output, COs should specify the output name and Atlas code to which the output is linked, then supply the information outlined below:

- Assessment of progress in the output in terms of (a) actual progress made in 2005 against what was planned, and (b) overall progress in the output since beginning of CP (or project). The self-assessment of progress should be based on regular monitoring and evaluation information for determining CP (or project) progress and on CO's best judgment.
- Key activities undertaken in 2005: 3 key activities carried out in 2005 to achieve the output.
- Constraints: 2 key constraints in achieving the output.
- Contribution to national capacity development: 2 key contributions to the development of national capacity in the area covered by the output.

If an output contributes to more than one MYFF outcome, please report on this output under the outcome to which it mostly contributes (in terms of results and/or resources). Then, please check the boxes against any other MYFF outcomes to which the output contributes. You will have an opportunity to specify the contributions to the other outcomes in Section 2 of this table, which concerns to the overall assessment of COs contributions to each MYFF outcome.

PROGRESS IN ACHIEVING PROG/PROJ OUTPUTS

Policy environment promotes reproductive health and rights

[R102 | Capacity Building to Promote RH -SUD02P01](#)

Access to comprehensive reproductive health services is increased

[R206 | Contribution to the reduction in maternal morbidity and mortality \(MMM\) among conflict affected women in greater Darfur region in 2005- SUD6R005](#)

[R208 | HIV/AIDS Awareness and Prevention Project - SUD6R208](#)

[R209 | OPEC HIV/AIDS Prevention - SUD03P10](#)

[R202 | Capacity Building to end Obstetric Fistula - SUD04P14](#)

[R201 | Integrated Advocacy and RH at Elgedarif State - SUD6R4](#)

[R201 | Integrated RH project in Hag Yousif in Khartoum -SUD6R201](#)

[R203 | Integrated Advocacy and RH at Kassala State - SUD6R203](#)

[R206 | Refugees RH and Rights in Eastern Sudan - SUD6R206](#)

[R209 | National STIs/HIV/AIDS Prevention - SUD02P05](#)

Demand for reproductive health is strengthened

[R301 | Advocacy for Reproductive Health and Population Issues -SUD02P02](#)

Utilization of age- and sex-disaggregated population-related data is improved

[P101 | National Integrated Information System \(NIIS\) Maintenance and Support to 5th Population Census in Sudan - SUD02P03](#)

[P103 | Population Training and Research at PSC - SUD02P07](#)

National, sub-national and sectoral policies, plans and strategies take into account population and development linkages

[P203 | Institutional Framework for the Implementation, M&E of the National Population Policy - SUD02P09](#)

Institutional mechanisms and socio-cultural practices promote and protect the rights of women and girls and advance gender equity

[G103 | Women Empowerment and Gender mainstreaming - SUD02P08](#)

[G102 | Integrated RH, Gender, Equity, Equality and Women - SUD02P06](#)

MYFF SRF outcome:

1. Policy environment promotes reproductive health and rights

Programme or project output:

Capacity Building to Promote RH -SUD02P01

Atlas output code:

R102 | RH and RR Policy Implementation

Other MYFF outcomes to which this output relates:

2. Access to comprehensive reproductive health services is increased
4. Utilization of age- and sex-disaggregated population-related data is improved

CO's assessment of progress achieved in this output		
Annual progress achieved <i>Progress achieved in 2005 against what was planned</i>	<input type="checkbox"/> 100% <input checked="" type="checkbox"/> 75-99% <input type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i>
Cumulative progress achieved <i>Overall progress since beginning of CP</i>	<input type="checkbox"/> 100% <input type="checkbox"/> 75-99% <input checked="" type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i>

Key activities undertaken	<p>Highlight the 3 most important activities undertaken to achieve the output and contribute to MYFF SRF outcome</p> <p>1. Sudan National RH Policy document updating: UNFPA assisted the Federal Ministry of Health to develop a national RH policy. The process of consultations continued in 2005 with additional partners including NGOs and academic institutions. CST Amman assisted the process. Following signing the CPA, the MOH has decided to postpone the endorsement of the Policy until further consultation with Southern counterparts.</p> <p>2. Introducing community midwifery training policy for South Sudan: In early 2005 and after several policy dialogue and consultations, Sudan CO commissioned Africa Medical and Research Foundation (AMREF) to conduct rapid situation analysis for community midwifery training in South Sudan. The main recommendations of the assessment reinforced the need for such training to avail skilled attendants at birth and to equip them with necessary kits for performing their tasks. UNFPA CO team, CST, WHO-Geneva, NGOs, AMREF and South Sudan Ministry of Health attended the workshop for dissemination of results and agreed on strategies and policies for implementation of a community midwifery training programme. The final curriculum is being developed and training will start in early 2006.</p> <p>3. Updating village midwifery basic training curriculum: This is a process rather than one activity in which UNFPA provided technical support (CO and CST) and assistance to MOH. As a result, gaps in village midwives competencies were identified as compared to recent WHO criteria for skilled birth attendants. A new curriculum was adopted and tutors trained in 2005. Training of village midwives based on the new curriculum will start in 2006. Competencies added are related to basic emergency obstetric care and initiation of pre-referral management for emergency obstetric cases.</p>
Constraints	<p>Highlight the 2 most important constraints in achieving the output</p> <p>1. Political instability and conflicts delayed the process of policy endorsement and implementation.</p> <p>2. Active and vocal strong opposition groups to some of RH components (such as combating FGM and condom promotion).</p>
Contribution to national capacity development	<p>Highlight the 2 key contributions made to national capacity development in the process of achieving the output</p> <p>1. As a result of capacity building initiatives and Sudan CO assistance, a consensus has been reached on RH as a country priority and all stakeholders agreed to standardize policies and strategies for achieving the goals.</p> <p>2. Skilled birth attendance is recognized as a pillar in reducing maternal mortality in Sudan. Policies and strategies to avail skilled attendants at birth are in place, which will contribute to achieving MDG # 5.</p>

MYFF SRF outcome:

2. Access to comprehensive reproductive health services is increased

Programme or project output:

Contribution to the reduction in maternal morbidity and mortality (MMM) among conflict affected women in greater Darfur region in 2005- SUD6R005

Atlas output code:

R206 | RH in Emergency/Post Conflict

Other MYFF outcomes to which this output relates:

1. Policy environment promotes reproductive health and rights
3. Demand for reproductive health is strengthened
6. Institutional mechanisms and socio-cultural practices promote and protect the rights of women and girls and advance gender equity

CO's assessment of progress achieved in this output		
Annual progress achieved <i>Progress achieved in 2005 against what was planned</i>	<input type="checkbox"/> 100% <input checked="" type="checkbox"/> 75-99% <input type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i>
Cumulative progress achieved <i>Overall progress since beginning of CP</i>	<input type="checkbox"/> 100% <input type="checkbox"/> 75-99% <input checked="" type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i>

Key activities undertaken	Highlight the 3 most important activities undertaken to achieve the output and contribute to MYFF SRF outcome <ol style="list-style-type: none"> 1. Conducted several training courses on RH services to ensure quality service provision by well trained and competent service providers assigned to IDPs in greater Darfur region. 2. Provided RH emergency kits and commodities to primary and secondary health facilities in timely and continuous basis to improve access and use of RH services. 3. Conducted several training courses on rights, clinical management, psychosocial support services and legal aid for rape survivors.
Constraints	Highlight the 2 most important constraints in achieving the output <ol style="list-style-type: none"> 1. Insecurity and ongoing conflict in the region 2. High turn over of staff among NGOs, MOH and UN agencies that necessitated repetition of training activities to ensure sustainable level of knowledge and services.
Contribution to national capacity development	Highlight the 2 key contributions made to national capacity development in the process of achieving the output <ol style="list-style-type: none"> 1. In collaboration with other partners, 2352 service providers from MOH, NGOs, police and security forces, religious leaders, community workers, and others were trained on UNFPA mandated areas, including HIV/AIDS prevention and care and clinical management of rape survivors. 2. Emergency RH kits and commodities were procured and distributed among over 70% of service delivery points in the camps and referral sites, in which service providers have already been trained.

MYFF SRF outcome:

2. Access to comprehensive reproductive health services is increased

Programme or project output:

HIV/AIDS Awareness and Prevention Project - SUD6R208

Atlas output code:

R208 | STI/HIV/AIDS Information/Services

Other MYFF outcomes to which this output relates:

CO's assessment of progress achieved in this output		
Annual progress achieved <i>Progress achieved in 2005 against what was planned</i>	<input type="checkbox"/> 100% <input type="checkbox"/> 75-99% <input type="checkbox"/> 50-74% <input checked="" type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i> Implementation was delayed to allow for identification of local partners. UNFPA worked with UNDP and UNHCR and used a sub-contract modality to implement the project activities in high risk areas of the country. The national counterparts, namely SNAP and local CBOs were involved in strategic planning and project development, and their capacity was built in order for them to participate in implementation. In addition, the release of funds from UNFPA was delayed.
Cumulative progress achieved <i>Overall progress since beginning of CP</i>	<input type="checkbox"/> 100% <input type="checkbox"/> 75-99% <input type="checkbox"/> 50-74% <input checked="" type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i> Lack of experience and qualified staff in HIV/AIDS among implementing agencies, and high turn over of focal HIV/AIDS persons delayed project implementation.

Key activities undertaken	Highlight the 3 most important activities undertaken to achieve the output and contribute to MYFF SRF outcome <ol style="list-style-type: none"> 1. Conducted public awareness sessions on HIV/AIDS prevention and services in collaboration with specialized CBOs using mobile theatre to target vulnerable and high-risk groups (women, IDPs and youth); 2. Promoted greater access to condoms for Ministry of Education personnel and police reserve forces; 3. Organized seminars on HIV/AIDS to sensitize policy-level decision makers and religious groups;
Constraints	Highlight the 2 most important constraints in achieving the output <ol style="list-style-type: none"> 1. Limited technical resources and capacity in National and State Government structures to implement HIV/AIDS activities; 2. Delayed release of funds to implementing partners.
Contribution to national capacity development	Highlight the 2 key contributions made to national capacity development in the process of achieving the output <ol style="list-style-type: none"> 1. Advocated with key religious leaders and members of the police forces to recognize HIV/AIDS as a priority area in their programs; 2. Support to national and state media and press in developing coherent messages on HIV/AIDS;

MYFF SRF outcome:

2. Access to comprehensive reproductive health services is increased

Programme or project output:

OPEC HIV/AIDS Prevention - SUD03P10

Atlas output code:

R209 | Scaling-up for HIV prevention

Other MYFF outcomes to which this output relates:

3. Demand for reproductive health is strengthened

CO's assessment of progress achieved in this output		
Annual progress achieved <i>Progress achieved in 2005 against what was planned</i>	<input type="checkbox"/> 100% <input checked="" type="checkbox"/> 75-99% <input type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i>
Cumulative progress achieved <i>Overall progress since beginning of CP</i>	<input type="checkbox"/> 100% <input checked="" type="checkbox"/> 75-99% <input type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i>

Key activities undertaken	Highlight the 3 most important activities undertaken to achieve the output and contribute to MYFF SRF outcome 1. One National Symposium on HIV/AIDS and Religion was carried out and involved prominent members of both the Muslim and Christian communities in Sudan. 2. Developed, printed and distributed advocacy and education materials on HIV/AIDS 3. Supported TV and Radio specials on HIV/AIDS and Religion
Constraints	Highlight the 2 most important constraints in achieving the output 1. Active and vocal opposition to HIV/AIDS prevention measures such as condom promotion by pressure groups. 2. Limited human resources to build on training and procurement initiatives begun in 2004 in order to ensure expansion of services at national and sub-national levels.
Contribution to national capacity development	Highlight the 2 key contributions made to national capacity development in the process of achieving the output 1. Strengthened institutional capacity of Sudan National AIDS Programme (SNAP) through increased training for service providers at sub-national levels to better address HIV/AIDS 2. Development and publication of national guidelines for Prevention of Mother to Child Transmission (PMCT).

MYFF SRF outcome:

2. Access to comprehensive reproductive health services is increased

Programme or project output:

Capacity Building to end Obstetric Fistula - SUD04P14

Atlas output code:

R202 | Quality RH

Other MYFF outcomes to which this output relates:

3. Demand for reproductive health is strengthened

CO's assessment of progress achieved in this output		
Annual progress achieved <i>Progress achieved in 2005 against what was planned</i>	<input type="checkbox"/> 100% <input checked="" type="checkbox"/> 75-99% <input type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i>
Cumulative progress achieved	<input type="checkbox"/> 100%	Comments:

Overall progress since beginning of CP	<input checked="" type="checkbox"/> 75-99% <input type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Required if you have answered < 50%, 'cannot assess' or 'not applicable'
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Key activities undertaken	Highlight the 3 most important activities undertaken to achieve the output and contribute to MYFF SRF outcome 1. Advanced training by external team of experts provided to national fistula surgeons at Abbo Fistula Repair Centre (Khartoum) on repair of difficult cases. 2. Training provided for auxiliary staff in Abbo center on pre and post-operative care of fistula patients. 3. Provision of essential equipment and supplies to the national Abbo Fistula Repair Center to allow for an increase of the number of operations from 6 to 12 per week.
Constraints	Highlight the 2 most important constraints in achieving the output 1. Weak referral system at national and sub-national level to identify and ensure transfer of cases to Abbo centre. 2. Affordability of access to care by affected women living in poor, remote rural and suburban communities.
Contribution to national capacity development	Highlight the 2 key contributions made to national capacity development in the process of achieving the output 1. Enhanced capacity of national Abbo Fistula Repair Center to provide quality training and services. 2. Fistula is now a better known and understood problem to many policy-makers and NGOs visiting the Abbo Fistula Repair Center, and there is an increase in locally-available financial and social support for patients. NGOs are increasingly undertaking advocacy on fistula and monitoring of available services in Sudan.

MYFF SRF outcome:

- 2. Access to comprehensive reproductive health services is increased

Programme or project output:

Integrated Advocacy and RH at Elgedarif State - SUD6R4

Atlas output code:

R201 | Comprehensive RH

Other MYFF outcomes to which this output relates:

- 3. Demand for reproductive health is strengthened

CO's assessment of progress achieved in this output		
Annual progress achieved <i>Progress achieved in 2005 against what was planned</i>	<input type="checkbox"/> 100% <input checked="" type="checkbox"/> 75-99% <input type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: Required if you have answered < 50%, 'cannot assess' or 'not applicable'
Cumulative progress achieved <i>Overall progress since beginning of CP</i>	<input type="checkbox"/> 100% <input checked="" type="checkbox"/> 75-99% <input type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: Required if you have answered < 50%, 'cannot assess' or 'not applicable'

Key activities undertaken	Highlight the 3 most important activities undertaken to achieve the output and contribute to MYFF SRF outcome 1. Trained 20 medical doctors in rural areas of the Gadarif State to acquire basic competencies on comprehensive FmOC.
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	<p>2. Trained 60 medical assistants of the Gadarif State on Syndromic Approach to manage STDs at PHC level.</p> <p>3. Organized 15 awareness raising sessions for youth on HIV/AIDS/STI, prevention in Gadarif State.</p>
Constraints	<p>Highlight the 2 most important constraints in achieving the output</p> <p>1. High turn over of staff at both management and service delivery points.</p> <p>2. Weak health system to support EmOC and other services required for urgent referral.</p>
Contribution to national capacity development	<p>Highlight the 2 key contributions made to national capacity development in the process of achieving the output</p> <p>1. Scaled up HIV/AIDS/STD prevention and response through improved clinical management and counseling in the Gadarif State.</p> <p>2. Medical doctors and the midwives in Gadarif State were trained to provide quality service on basic essential and comprehensive EmOC.</p>

MYFF SRF outcome:

2. Access to comprehensive reproductive health services is increased

Programme or project output:

Integrated RH project in Haj Yousif in Khartoum -SUD6R201

Atlas output code:

R201 | Comprehensive RH

Other MYFF outcomes to which this output relates:

CO's assessment of progress achieved in this output		
<p>Annual progress achieved</p> <p><i>Progress achieved in 2005 against what was planned</i></p>	<p><input type="checkbox"/> 100%</p> <p><input checked="" type="checkbox"/> 75-99%</p> <p><input type="checkbox"/> 50-74%</p> <p><input type="checkbox"/> 25-49%</p> <p><input type="checkbox"/> 0-24%</p> <p><input type="checkbox"/> Cannot assess</p> <p><input type="checkbox"/> Not applicable</p>	<p>Comments:</p> <p><i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i></p>
<p>Cumulative progress achieved</p> <p><i>Overall progress since beginning of CP</i></p>	<p><input type="checkbox"/> 100%</p> <p><input checked="" type="checkbox"/> 75-99%</p> <p><input type="checkbox"/> 50-74%</p> <p><input type="checkbox"/> 25-49%</p> <p><input type="checkbox"/> 0-24%</p> <p><input type="checkbox"/> Cannot assess</p> <p><input type="checkbox"/> Not applicable</p>	<p>Comments:</p> <p><i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i></p>

Key activities undertaken	<p>Highlight the 3 most important activities undertaken to achieve the output and contribute to MYFF SRF outcome</p> <p>1. Supported the IDP clinic in Haj Yousif area with provision of equipment, supplies and service providers.</p> <p>2. Conducted refresher training courses for IDP clinic service providers in Haj Yousif area on RH/FP.</p> <p>3. Conducted a study on HIV/AIDS awareness among youth in IDP and host communities in Haj Yousif area for development of BCC and IEC interventions.</p>
Constraints	<p>Highlight the 2 most important constraints in achieving the output</p> <p>1. Limited capacity of the clinic to provide services to the large IDP and host community population in Haj Yousif area.</p> <p>2. Weak referral system to support EmOC in the area.</p>

Contribution to national capacity development	<p>Highlight the 2 key contributions made to national capacity development in the process of achieving the output</p> <ol style="list-style-type: none"> 1. Local NGO capacity is strengthened to provide RH services for IDPs in Haj Yousif area. 2. Local capacity in conducting SRH research and studies was strengthened.
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MYFF SRF outcome:

2. Access to comprehensive reproductive health services is increased

Programme or project output:

Integrated Advocacy and RH at Kassala State - SUD6R203

Atlas output code:

R203 | Maternal Care and EOC

Other MYFF outcomes to which this output relates:

3. Demand for reproductive health is strengthened

CO's assessment of progress achieved in this output		
Annual progress achieved <i>Progress achieved in 2005 against what was planned</i>	<input type="checkbox"/> 100% <input type="checkbox"/> 75-99% <input checked="" type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i>
Cumulative progress achieved <i>Overall progress since beginning of CP</i>	<input type="checkbox"/> 100% <input checked="" type="checkbox"/> 75-99% <input type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i>

Key activities undertaken	<p>Highlight the 3 most important activities undertaken to achieve the output and contribute to MYFF SRF outcome</p> <ol style="list-style-type: none"> 1. Trained 60 medical assistants in Kassala State on Syndromic Approach to manage STDs at PHC level. 2. Trained 20 health service providers in Kassala State on HIV/AIDS universal precaution 3. Provided basic training for 60 village midwives in Kassala State.
Constraints	<p>Highlight the 2 most important constraints in achieving the output</p> <ol style="list-style-type: none"> 1. Administrative and managerial obstacles at the Kassala State. 2. Insecurity in some areas in Kassala State.
Contribution to national capacity development	<p>Highlight the 2 key contributions made to national capacity development in the process of achieving the output</p> <ol style="list-style-type: none"> 1. Scaled up HIV/AIDS/STD prevention and response through improved clinical management and counseling in the Kassala State. 2. Village midwives were trained to provide services in remote rural areas of Kassala State.

MYFF SRF outcome:

2. Access to comprehensive reproductive health services is increased

Programme or project output:

Refugees RH and Rights in Eastern Sudan - SUD6R206

Atlas output code:

R206 | RH in Emergency/Post Conflict

Other MYFF outcomes to which this output relates:

3. Demand for reproductive health is strengthened

CO's assessment of progress achieved in this output		
Annual progress achieved <i>Progress achieved in 2005 against what was planned</i>	<input type="checkbox"/> 100% <input type="checkbox"/> 75-99% <input checked="" type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i>
Cumulative progress achieved <i>Overall progress since beginning of CP</i>	<input type="checkbox"/> 100% <input type="checkbox"/> 75-99% <input checked="" type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i>

Key activities undertaken	Highlight the 3 most important activities undertaken to achieve the output and contribute to MYFF SRF outcome 1. 24 village midwives and 6 assistant health visitors received basic training to provide services to refugee community in Eastern Sudan. 2. Clinics were provided with RH commodities to provide services for refugees and host community. 3. Organized technical/coordination meetings between UNFPA, UNHCR, MOH and NGOs to improve the quality of RH services for refugees and host community in Eastern Sudan.
Constraints	Highlight the 2 most important constraints in achieving the output 1. Local cultural beliefs fueled strong community-based opposition to some aspects of RH programming. 2. Delays in international procurement.
Contribution to national capacity development	Highlight the 2 key contributions made to national capacity development in the process of achieving the output 1. Local NGOs are strengthened to provide services to refugees and host communities. 2. Village midwives were trained to provide services for refugees and host communities in Eastern Sudan.

MYFF SRF outcome:

2. Access to comprehensive reproductive health services is increased

Programme or project output:

National STIs/HIV/AIDS Prevention - SUD02P05

Atlas output code:

R209 | Scaling-up for HIV prevention

Other MYFF outcomes to which this output relates:

3. Demand for reproductive health is strengthened

CO's assessment of progress achieved in this output		
Annual progress achieved <i>Progress achieved in 2005 against what was planned</i>	<input type="checkbox"/> 100% <input checked="" type="checkbox"/> 75-99% <input type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i>
Cumulative progress achieved <i>Overall progress since beginning of CP</i>	<input type="checkbox"/> 100% <input checked="" type="checkbox"/> 75-99% <input type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i>

Key activities undertaken	Highlight the 3 most important activities undertaken to achieve the output and contribute to MYFF SRF outcome <ol style="list-style-type: none"> 1. Procurement and distribution of condoms countrywide in collaboration with Sudan National AIDS Program (SNAP) 2. Conducted awareness raising sessions for uninformed forces in 20 States. 3. Conducted training sessions for PLWA on communication and peer counseling.
Constraints	Highlight the 2 most important constraints in achieving the output <ol style="list-style-type: none"> 1. Limited political commitment for implementation of the approved policies among the policy-makers, program planners and community and religious leaders as a result of misconceptions and partial denial. 2. a) Limited transparency and accountability of SNAP and high staff turn over at national and State levels. b) Lack of a dedicated staff member for HIV/AIDS at Sudan CO.
Contribution to national capacity development	Highlight the 2 key contributions made to national capacity development in the process of achieving the output <ol style="list-style-type: none"> 1. Scaled up HIV/AIDS/STD prevention and response through improved clinical management, VCT and PMTCT. 2. Improved capacity and participation of PLWA in counseling and peer education.

MYFF SRF outcome:

3. Demand for reproductive health is strengthened

Programme or project output:

Advocacy for Reproductive Health and Population Issues -SUD02P02

Atlas output code:

R301 | Awareness about SRH/RR/Gender

Other MYFF outcomes to which this output relates:

1. Policy environment promotes reproductive health and rights
6. Institutional mechanisms and socio-cultural practices promote and protect the rights of women and girls and advance gender equity

CO's assessment of progress achieved in this output		
Annual progress achieved <i>Progress achieved in 2005 against what was planned</i>	<input type="checkbox"/> 100% <input checked="" type="checkbox"/> 75-99% <input type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i>

Cumulative progress achieved <i>Overall progress since beginning of CP</i>	<input type="checkbox"/> 100% <input checked="" type="checkbox"/> 75-99% <input type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i>
Key activities undertaken	Highlight the 3 most important activities undertaken to achieve the output and contribute to MYFF SRF outcome 1. Organized several STI/HIV/AIDS and RH awareness raising sessions for local communities. 2. Conducted 11 training workshops for media personnel and journalists in North and South Sudan. 3. Developed various IEC materials on RH and population and gender issues for press and Radio and TV at national and State levels.	
Constraints	Highlight the 2 most important constraints in achieving the output 1. Misconceptions and cultural beliefs among some media gate keepers against supporting media programs on RH and population and gender issues. 2. Limited national financial resources to supplement UNFPA funding.	
Contribution to national capacity development	Highlight the 2 key contributions made to national capacity development in the process of achieving the output 1. Capacity of media personnel and journalists were enhanced in designing and producing IEC programs on RH, HIV/AIDS, and population and gender issues. 2. Sudan Population and Communication Center was equipped for producing quality IEC material to support RH media and publicity campaigns.	

MYFF SRF outcome:

4. Utilization of age- and sex-disaggregated population-related data is improved

Programme or project output:

National Integrated Information System (NIIS) Maintenance and Support to 5th Population Census in Sudan - SUD02P03

Atlas output code:

P101 | Availability of disag Pop Data

Other MYFF outcomes to which this output relates:

CO's assessment of progress achieved in this output		
Annual progress achieved <i>Progress achieved in 2005 against what was planned</i>	<input type="checkbox"/> 100% <input checked="" type="checkbox"/> 75-99% <input type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i>
Cumulative progress achieved <i>Overall progress since beginning of CP</i>	<input type="checkbox"/> 100% <input checked="" type="checkbox"/> 75-99% <input type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i>

Key activities undertaken	Highlight the 3 most important activities undertaken to achieve the output and contribute to MYFF SRF outcome 1. Organized 6 joint technical consultative workshops between the staff of Central Bureau of Statistics and Southern Sudan
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	<p>Centre for Census, Statistics and Evaluation to ensure uniformity of census tools, methodology and procedures.</p> <p>2. Conducted several training courses for staff members of CBS and SSCCSE on census related issues.</p> <p>3. Supported establishment/enhancement of census offices in Southern and Northern Sudan.</p>
Constraints	<p>Highlight the 2 most important constraints in achieving the output</p> <p>1. Absolute lack of human resources, infrastructure and technical preparedness for the census in South Sudan, together with insecurity and logistical constraints in the South.</p> <p>2. Highly politicized environment for census preparations with several national and international stakeholders who have variety of interests and priorities.</p>
Contribution to national capacity development	<p>Highlight the 2 key contributions made to national capacity development in the process of achieving the output</p> <p>1. 104 staff members of CBS and SSCCSE were trained, nationally and internationally, on various census related technical areas.</p> <p>2. CBS and SSCCSE were equipped with necessary logistics support and developed a unified vision, tools and methodologies for census operations.</p>

MYFF SRF outcome:

4. Utilization of age- and sex-disaggregated population-related data is improved

Programme or project output:

Population Training and Research at PSC - SUD02P07

Atlas output code:

P103 | Capacity to monitor ICPD/MDGs

Other MYFF outcomes to which this output relates:

CO's assessment of progress achieved in this output		
<p>Annual progress achieved</p> <p><i>Progress achieved in 2005 against what was planned</i></p>	<p><input type="checkbox"/> 100%</p> <p><input checked="" type="checkbox"/> 75-99%</p> <p><input type="checkbox"/> 50-74%</p> <p><input type="checkbox"/> 25-49%</p> <p><input type="checkbox"/> 0-24%</p> <p><input type="checkbox"/> Cannot assess</p> <p><input type="checkbox"/> Not applicable</p>	<p>Comments:</p> <p><i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i></p>
<p>Cumulative progress achieved</p> <p><i>Overall progress since beginning of CP</i></p>	<p><input type="checkbox"/> 100%</p> <p><input checked="" type="checkbox"/> 75-99%</p> <p><input type="checkbox"/> 50-74%</p> <p><input type="checkbox"/> 25-49%</p> <p><input type="checkbox"/> 0-24%</p> <p><input type="checkbox"/> Cannot assess</p> <p><input type="checkbox"/> Not applicable</p>	<p>Comments:</p> <p><i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i></p>

Key activities undertaken	<p>Highlight the 3 most important activities undertaken to achieve the output and contribute to MYFF SRF outcome</p> <p>1. Provided fellowships to 10 MSc candidates and 8 PhD candidates in P&D and RH at Gezira university.</p> <p>2. Trained 15 students and faculty members in P&D research methodology at Gezira university.</p> <p>3. Publication of monographs on curriculum development.</p>
Constraints	<p>Highlight the 2 most important constraints in achieving the output</p> <p>1. Limited ownership of the program and heavy dependence on UNFPA assistance.</p> <p>2. Limited assigned faculty members and staff to the program.</p>
Contribution to national capacity	<p>Highlight the 2 key contributions made to national capacity development in the process of achieving the</p>

<p>Contribution to national capacity development</p>	<p>Highlight the 3 key contributions made to national capacity development in the process of achieving the output</p> <ol style="list-style-type: none"> 1. More qualified MSc. degree holders are available to work in areas of demography, population and development and RH. 2. More information and data on P&D and RH issues is available at the State level due to research conducted by MSc students and the centre.
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MYFF SRF outcome:

5. National, sub-national and sectoral policies, plans and strategies take into account population and development linkages

Programme or project output:

Institutional Framework for the Implementation, M&E of the National Population Policy - SUD02P09

Atlas output code:

P203 | Research/Training in PopDev

Other MYFF outcomes to which this output relates:

4. Utilization of age- and sex-disaggregated population-related data is improved
6. Institutional mechanisms and socio-cultural practices promote and protect the rights of women and girls and advance gender equity

CO's assessment of progress achieved in this output		
<p>Annual progress achieved <i>Progress achieved in 2005 against what was planned</i></p>	<p><input type="radio"/> 100% <input checked="" type="radio"/> 75-99% <input type="radio"/> 50-74% <input type="radio"/> 25-49% <input type="radio"/> 0-24% <input type="radio"/> Cannot assess <input type="radio"/> Not applicable</p>	<p>Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i></p>
<p>Cumulative progress achieved <i>Overall progress since beginning of CP</i></p>	<p><input type="radio"/> 100% <input checked="" type="radio"/> 75-99% <input type="radio"/> 50-74% <input type="radio"/> 25-49% <input type="radio"/> 0-24% <input type="radio"/> Cannot assess <input type="radio"/> Not applicable</p>	<p>Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i></p>

<p>Key activities undertaken</p>	<p>Highlight the 3 most important activities undertaken to achieve the output and contribute to MYFF SRF outcome</p> <ol style="list-style-type: none"> 1. Organized quarterly NGOs fora to address key population, RH and gender issues to mainstream the ICPD/MDGs in NGOs programs. 2. Convened four policy dialogue meetings with participation of high level taskforce members to address population/RH and development dynamics and their integration, in order to affect policy changes and integration. 3. Organized 2 training workshops on issues related to ICPD on population and development integration from policy perspectives for government officials and NGOs.
<p>Constraints</p>	<p>Highlight the 2 most important constraints in achieving the output</p> <ol style="list-style-type: none"> 1. Structure of NPC is too large making it difficult to focus on key mandated areas, and respond to challenges posed by changing socio-political environment. 2. Limited national commitment in resource allocation to enable NPC to address population and development integration issues.
<p>Contribution to national capacity development</p>	<p>Highlight the 2 key contributions made to national capacity development in the process of achieving the output</p> <ol style="list-style-type: none"> 1. Increased awareness among middle-level government and NGO staff of the population/RH/Gender and development linkages and the need for integration in policies and strategies. 2. NGOs are becoming part and parcel of NPP development and implementation.

MYFF SRF outcome:

6. Institutional mechanisms and socio-cultural practices promote and protect the rights of women and girls and advance gender equity

Programme or project output:

Women Empowerment and Gender mainstreaming - SUD02P08

Atlas output code:

G103 | Resource Planning for Gender

Other MYFF outcomes to which this output relates:

5. National, sub-national and sectoral policies, plans and strategies take into account population and development linkages

CO's assessment of progress achieved in this output		
Annual progress achieved <i>Progress achieved in 2005 against what was planned</i>	<input type="checkbox"/> 100% <input checked="" type="checkbox"/> 75-99% <input type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i>
Cumulative progress achieved <i>Overall progress since beginning of CP</i>	<input type="checkbox"/> 100% <input checked="" type="checkbox"/> 75-99% <input type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i>

Key activities undertaken	Highlight the 3 most important activities undertaken to achieve the output and contribute to MYFF SRF outcome 1. Organized 10 state level workshops and 3 national seminars on gender issues, gender analysis, women empowerment and women's rights for government officials to enhance their understanding and commitment to gender issues. 2. Conducted gender situation analysis in Gezira and Khartoum states. 3. Organized one regional study tour for 2 officials from Ministry of Social Welfare and Women and Children Affairs.
Constraints	Highlight the 2 most important constraints in achieving the output 1. Limited commitment and clear understanding of the complex processes of gender policy development. 2. Changing policy environment, together with complex social, cultural and political context, mitigate against open discourse on gender policy and gender mainstreaming in policy development.
Contribution to national capacity development	Highlight the 2 key contributions made to national capacity development in the process of achieving the output 1. More government staff are aware of gender issues and analysis which is expected to result in policy changes. 2. Strengthened state level knowledge base of gender situation.

MYFF SRF outcome:

6. Institutional mechanisms and socio-cultural practices promote and protect the rights of women and girls and advance gender equity

Programme or project output:

Integrated RH, Gender, Equity, Equality and Women - SUD02P06

Atlas output code:

G102 | Women's Empowerment Advocacy

Other MYFF outcomes to which this output relates:

5. National, sub-national and sectoral policies, plans and strategies take into account population and development linkages

CO's assessment of progress achieved in this output		
Annual progress achieved <i>Progress achieved in 2005 against what was planned</i>	<input type="checkbox"/> 100% <input checked="" type="checkbox"/> 75-99% <input type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i>
Cumulative progress achieved <i>Overall progress since beginning of CP</i>	<input type="checkbox"/> 100% <input checked="" type="checkbox"/> 75-99% <input type="checkbox"/> 50-74% <input type="checkbox"/> 25-49% <input type="checkbox"/> 0-24% <input type="checkbox"/> Cannot assess <input type="checkbox"/> Not applicable	Comments: <i>Required if you have answered < 50%, 'cannot assess' or 'not applicable'</i>
Key activities undertaken	Highlight the 3 most important activities undertaken to achieve the output and contribute to MYFF SRF outcome <ol style="list-style-type: none"> 1. Conducted 4 training workshops for middle level government and CSOs staff on RH/RR and Gender issues . 2. Produced 3 training manuals on IDPs RH and RR, improved campaigning skills to combat FGM, and youth RH. 3. Conducted 18 community outreach activities on RH/RR and Gender issues by Community Animators Friendly Association (CAFA), employing drama, poems, songs and street performances. 	
Constraints	Highlight the 2 most important constraints in achieving the output <ol style="list-style-type: none"> 1. Less participation of men in gender training workshops, due to misconception that RH and Gender are women issues. 2. Limited link with other UNFPA assisted projects as identified during MTR. 	
Contribution to national capacity development	Highlight the 2 key contributions made to national capacity development in the process of achieving the output <ol style="list-style-type: none"> 1. Increased number of skilled, competent and knowledgeable persons within government institutions and local NGOs. 2. Increased knowledge base and public awareness through publications, IEC activities and training manuals. 	

T1 > Section 2. Assessment of overall contribution to the MYFF SRF Outcomes

Provide succinct analysis of overall contribution of the country office to each MYFF SRF outcome. Comment on key contributions made towards the outcomes in 2005. Comment on the MYFF strategies and/or combinations of those strategies used to contribute to the MYFF outcomes. Identify good practices and lessons learned, including major facilitating and constraining factors. Also provide an assessment of the extent to which gender issues have been mainstreamed in CP interventions under the outcomes and indicate the key contribution made by CST towards the outcomes.

Please note that Section 2 of Table I should focus on contributions to results of UNFPA interventions rather than on activities and processes.

1. Policy environment promotes reproductive health and rights
2. Access to comprehensive reproductive health services is increased
3. Demand for reproductive health is strengthened
4. Utilization of age- and sex-disaggregated population-related data is improved
5. National, sub-national and sectoral policies, plans and strategies take into account population and development linkages
6. Institutional mechanisms and socio-cultural practices promote and protect the rights of women and girls and advance gender equity

T1 > Section 2 > MYFF SRF Outcome 1. Policy environment promotes reproductive health and rights

Comment on key contributions towards achieving Outcome in 2005 (including the CO contributions that are difficult to quantify and measure):

1- UNFPA has supported the MOH and SNAP to draft a policy for post-exposure prophylaxis for rape survivors. 2- In collaboration with other stakeholders, UNFPA supported the revision of current policy on access of rape survivors to services (health and legal), which resulted in the amended criminal circular number 2 of the rules of application (Form 8). 3- In collaboration with other stakeholders, UNFPA advocated for development and implementation of National Action Plan to End Violence Against Women in Darfur, at the national and regional levels. 4- With the support of CST-Amman and in collaboration with all stakeholders, UNFPA supported development of National Advocacy and Awareness Raising Strategy for Population and RH.

Comment on the MYFF strategies and/or combinations of those strategies used to contribute to achieving this outcome. Identify and discuss good practices and lessons learned, including major facilitating and constraining factors:

MYFF strategies were utilized in the development processes of the above-mentioned policies and strategies, particularly national capacity development and partnership. In the case of revision of Form 8, UNFPA played a lead role in establishing the partnership and coordinating the interagency advocacy efforts, with the participation of all other stakeholders including NGOs, both at the State and National Levels. These efforts required sustained attention and focused negotiation with government officials, with UNFPA contributing in technical support and knowledge sharing. In this example, UN spoke with one voice under the leadership of senior UN officials in the integrated mission, which ultimately overcome the constant resistance of government officials.

Assess extent in which gender issues have been mainstreamed in CP interventions under Outcome, if applicable:

Gender sensitive considerations were part and parcel of the whole policy development processes. International human rights standards concerning women's rights were the basis for developing UNFPA positions and advocacy tools, particularly in Darfur where the resolution 1325 was instrumental. Throughout Sudan and in all programmatic aspects, UNFPA promotes the active participation and involvement of women in program design, implementation and monitoring

Assess key contribution of CST towards achieving Outcome, if applicable:

CST-Amman provided technical support to the policy dialogue and formulation processes, for example in National Gender Policy and National RH Policy, National Advocacy Strategy.

T1 > Section 2 > MYFF SRF Outcome 2. Access to comprehensive reproductive health services is increased**Comment on key contributions towards achieving Outcome in 2005 (including the CO contributions that are difficult to quantify and measure):**

1. In 2005 CO support basic training of:- 1-1 590 village midwives were trained all over the country. Support included provision of living expenses, uniform and training materials and a full midwifery kit for practice upon graduation. Students from Darfur and refugees were included. Village midwives is a system introduced in Sudan in 1921. In this system the candidate should be selected from a village and trained for 12 month. After completion of the course, the students should pass a national qualifying examination to be certified to conduct home based deliveries. One village midwife will serve 2000 population. Currently, there are 10,855 village midwives serving in 102 localities. Professional midwifery kits for new graduates were provided and old ones for practicing midwives were replaced. 1-2 130 village midwives were supported for the same period as village midwife for advance training to become assistant health visitors. The advance training includes FP service provision, child health and supervision of village midwives. A total number of 531 assistant health visitors are serving in 102 localities. 2. For the first time, the CO procured RH emergency kits for South Sudan. 3. Support for capacity building to South Sudan Ministry of health to manage and promote RH was provided. 4. Equipment for basic and comprehensive EmOC for rural hospitals was procured. 5. 100% of public sector FP commodities including IUD insertion kits were provided by UNFPA. In 2005, 63% of rural hospitals in about 75% of localities provided FP services. The package provided by UNFPA included training of service providers in FP services and counseling according to WHO eligibility criteria. 6. Training of care providers at rural hospitals in post abortion care package and provision of manual vacuum aspirators was provided.

Comment on the MYFF strategies and/or combinations of those strategies used to contribute to achieving this outcome. Identify and discuss good practices and lessons learned, including major facilitating and constraining factors:

MYFF strategies were widely used in UNFPA Sudan interventions design and implementation during 2005 and the following examples show the inter-relationship and mutually re-enforcing nature of MYFF strategies. One strategy was adopted at a certain time, which in turn enhanced the use of other strategies at another stage. MYFF strategy 1- Building and using knowledge base. 1- A rapid RH situation analysis in South Sudan was supported by UNFPA. The information included RH human resources, services, community perception and opportunities for human resources and service development. The results continue to be used to formulate the RH programs in South Sudan. (Also related to MYFF strategies 2, 3 and 4) 2- A rapid mapping of RH services in 102 localities (75%) in the North, in Darfur and part of the South, was conducted which highlighted accessibility problems. Findings continue to guide planning and availability of EmOC, FP and ANC services in relation to population size. (Also related to MYFF strategy 4) 3- UNFPA contributed to the Sudan Household Survey (SHHS). In the 2005 preparation phase, the CO and CST provided technical support to the survey by advocating for inclusion of RH indicators. A major constraint faced in the SHHS content was initial pressure to exclude RH indicators, and to keep them at a minimum. (Also related to MYFF strategy 3) 4- UNFPA and UNICEF jointly conducted a situation analysis on effects of conflict in Darfur on women and girls health. The report helped informed program design and implementation. (Also related to MYFF strategy 2 and 3) 5- UNFPA has also been participating in a large interagency survey on the South IDPs return intentions, living conditions and access to health care. The results will help all partners to design relevant programs for return and reintegration. (Also related to MYFF strategy 2 and 3) MYFF strategy 2- Advocacy and policy dialogue UNFPA continued to advocate for inclusion of RH components in emergency and recovery and development plans in Darfur and South Sudan. As a result, more donors allocated funds for RH response in emergency settings. (Also related to MYFF strategy 3 and 4) MYFF strategy 3- Promoting, strengthening and coordinating partnership. 1- UNFPA as the lead agency in coordinating GBV prevention and response activities managed to establish a strong partnership with government and UN agencies and CSOs and mobilized them to participate in the implementation of a multi-sectoral and multi-agency response. (Also related to MYFF 1, 2 and 4) 2- UNFPA in partnership with UNHCR and local NGOs continued the implementation of the joint project in Easter Sudan, as a result of which the refugees in the area have a better access to RH information and services. (Also related to MYFF strategy 4) MYFF strategy 4- Developing system for improving performance. 1- UNFPA supported several training courses for health service providers that helped improving the service delivery systems. UNFPA also helped the national counterparts in developing/adapting internationally accepted service delivery guidelines and standards. (Also related to MYFF strategy 1 and 3) 2- UNFPA continued to provide national counterparts with RH commodities and supplies for primary and secondary health care facilities. (Also related to MYFF strategy 3)

Assess extent in which gender issues have been mainstreamed in CP interventions under Outcome, if applicable:

UNFPA strategically focused on the areas where women experienced discrimination in service provision. UNFPA major focus was also to increase the number of female service providers and trainees in order to expand women's access to health services. This was done mainly through community involvement (including male community and religious leaders) in selection processes of trainees.

Assess key contribution of CST towards achieving Outcome, if applicable:

CST-Amman provided technical support to the policy dialogue and formulation processes, for example in updating the existing village midwifery curriculum, developing the community midwifery training curriculum, and conducting MTR to update CP.

T1 > Section 2 > MYFF SRF Outcome 3. Demand for reproductive health is strengthened**Comment on key contributions towards achieving Outcome in 2005 (including the CO contributions that are difficult to quantify and measure):**

1- Several public awareness raising sessions on RH, including HIV/AIDS, and GBV issues were conducted in all interventions, particularly for IDPs, community health workers, university students, police and uniformed forces, religious leaders and women community leaders. 2- Various IEC materials were developed and distributed in all interventions. 3- HIV/AIDS mobile theatre campaigns were arranged. 4- Several HIV/AIDS awareness raising sessions were conducted among the high risk groups, 5- During the 16 days of activism, various RH and gender IEC activities such as debates, drama, writing and sports competitions were organized in Khartoum and 3 Darfur States. In particular, a bold campaign was arranged in Nyala IDP camps with participation of renowned musicians and artists.

Comment on the MYFF strategies and/or combinations of those strategies used to contribute to achieving this outcome. Identify and discuss good practices and lessons learned, including major facilitating and constraining factors:

MYFF strategies were widely used in UNFPA Sudan interventions design and implementation during 2005 and the following examples show the inter-relationship and mutually re-enforcing nature of MYFF strategies. One strategy was adopted at a certain time, which in turn enhanced the use of other strategies at another stage. MYFF strategy 1- Building and using knowledge base. 1- UNFPA supported a study in Haj Yousif area on the level of awareness and needs of HIV/AIDS and STIs among the young people of IDPs and host communities. The results will be used in formulation of IEC material. (Also related to MYFF strategy 4) 2- UNFPA contributed to the Sudan Household Survey (SHHS). In the 2005 preparation phase, the CO and CST provided technical support to the survey by advocating for inclusion of RH indicators. (Also related to MYFF strategy 3) 3- UNFPA and UNICEF jointly conducted a situation analysis on effects of conflict in Darfur on women and girls health. The report helped inform program design and implementation. (Also related to MYFF strategy 2 and 3) 4- UNFPA has also been participating in a large interagency survey on the South IDPs return intentions, living conditions and access to health care. The results will help all partners to design relevant programs for return and reintegration. (Also related to MYFF strategy 2 and 3) 5- Joint UNFPA-RHRC assessment on MISP in Darfur helped increase demand for RH emergency services through identified needs and having them addressed. MYFF strategy 2- Advocacy and policy dialogue Almost all UNFPA interventions in 2005 did include IEC and advocacy components that emphasized on community outreach and involvement as the main strategy. This resulted in increased community awareness of and demand for RH services and information. (Also related to MYFF 1, 3 and 4) As an example, UNFPA supported national and local level government RH officials to conduct community dialogue with leaders and women groups to increase demand for RH services, including family planning, and to participate in the selection and support of village midwifery students. MYFF strategy 3- Promoting, strengthening and coordinating partnership. Almost all UNFPA interventions in 2005 did include partnership with government, UN agencies, and CSOs in design and implementation of IEC activities. This resulted in increased community awareness of and demand for RH services and information. (Also related to MYFF 1, 2 and 4) As an example, joint UNFPA-UNDP-UNHCR project on HIV/AIDS advocacy directly addressed the target communities and increased the demand for RH services and information. Another example is the training of community advocates on GBV prevention and care (including psychosocial support) in Darfur that was conducted jointly by UNFPA, UNICEF, NGOs, and the government. MYFF strategy 4- Developing system for improving performance. UNFPA supported improving the quality of RH services, through provision of equipment, developing/adapting and introducing the clinical guidelines, refresher trainings, and promoting community involvement and ownership. (Also related to MYFF 2 and 3) As an example, demand for RH services including family planning, have significantly increased through community outreach systems in Dafrur project, joint with provision of commodities.

Assess extent in which gender issues have been mainstreamed in CP interventions under Outcome, if applicable:

Most of IEC activities mainly addressed the women in need of RH services and information. In order to increase the demand for services, UNFPA major focus was also to increase the number of female service providers and trainees. This was done mainly through community involvement, which ensures the utilization of the services by community members, particularly women. In case of HIV/AIDS IEC activities, target beneficiaries were partly men, to increase the demand for supplies and services.

Assess key contribution of CST towards achieving Outcome, if applicable:

CST-Amman provided technical support on Data and Information, Gender, and Advocacy.

T1 > Section 2 > MYFF SRF Outcome 4. Utilization of age- and sex-disaggregated population-related data is improved**Comment on key contributions towards achieving Outcome in 2005 (including the CO contributions that are difficult to quantify and measure):**

UNFPA CO has contributed to preparation of the Sudan Household Health Survey (SHHS) which is a key national survey, preparations are underway. The actual survey is expected in the coming months and result expected by September 2006. UNFPA supported establishment of population indicators database at National Population Council General Secretariat.

Comment on the MYFF strategies and/or combinations of those strategies used to contribute to achieving this outcome. Identify and discuss good practices and lessons learned, including major facilitating and constraining factors:

MYFF strategies were widely used in UNFPA Sudan interventions design and implementation during 2005 and the following examples show the inter-relationship and mutually re-enforcing nature of MYFF strategies. One strategy was adopted at a certain time, which in turn enhanced the use of other strategies at another stage. MYFF strategy 1- Building and using knowledge base. 1- UNFPA contributed to the Sudan Household Survey (SHHS). In the 2005 preparation phase, the CO and CST provided technical support to the survey by advocating for inclusion of RH indicators. (Also related to MYFF strategy 3) 2- UNFPA supported establishment of population indicators database at National Population Council General Secretariat. (Also related to MYFF strategy 2, 3 and 4) 3- UNFPA supported 16 MSc and 8 PhD fellowships at Population Study Center and Ahfad University. The training also includes data analysis and statistics and the fellows dissertations generate new database for further analysis and utilization. (Also related to MYFF strategy 3 and 4) MYFF strategy 2- Advocacy and policy dialogue 1- UNFPA supported NPC to write thematic papers on Population, RH and development related issues through national consultants, in order to advocate for the 5th National Population Conference. (Also related to MYFF strategy 1 and 3) MYFF strategy 3- Promoting, strengthening and coordinating partnership. Almost all UNFPA interventions in 2005 did include partnership with government and CSOs in design and implementation of activities. As an example, UNFPA supported Institute of Gender, Development and Women Studies in providing fellowships for girls from vulnerable communities for MSc programme in Gender Studies. (Also related to MYFF strategy 1) MYFF strategy 4- Developing system for improving performance. 1- According to the peace agreement between the North and South, UNFPA has been assigned as the lead technical coordinating agency in preparations and implementation of the 5th Sudan population census. As a result, UNFPA has been heavily involved in policy dialogue and meetings, technical backstopping, logistics support, resource mobilization, and capacity building activities. UNFPA has established several coordination mechanisms and tools among the national and international stakeholders and helped the national ownership of the census to establish uniform frameworks, tools, procedures and methodologies. (Also related to MYFF strategy 1, 2 and 3) 2- UNFPA supported Population Studies Centre at Gezira University in conducting a research methodology course resulting in improved capacity of young researchers in utilization of data. (Also related to MYFF strategy 1 and 3)

Assess extent in which gender issues have been mainstreamed in CP interventions under Outcome, if applicable:

UNFPA CO has contributed to preparation of the Sudan Household Health Survey which is a key national survey, preparations are underway. This will generate age and sex disaggregated data to be utilized by different users. UNFPA supported establishment of population indicators database at National Population Council General Secretariat. The database contains data disaggregated by age and sex.

Assess key contribution of CST towards achieving Outcome, if applicable:

CST Amman provided extensive and useful contributions. CST Advisor on information and data has frequently provided very good contributions, namely technical support in training, utilization of data and information, setting directions and guidance regarding SHHS and Census.

T1 > Section 2 > MYFF SRF Outcome 5. National, sub-national and sectoral policies, plans and strategies take into account population and development linkages**Comment on key contributions towards achieving Outcome in 2005 (including the CO contributions that are difficult to quantify and measure):**

UNFPA continued to support activities of national Gender Taskforce comprised of line ministries and institutions to address issues of gender and population and development linkages and ways and means to integrate them into sectoral and national policies and strategies. The quarterly meetings of the taskforce produced sectoral reports such as health, education, and labour force expected to guide formulation of policies. UNFPA supported Sudanese Population Network (SPN), Sudan Demographers Association (SUDA) and Ahfad University for Women in organizing policy dialogue forums on several topics, such as RH policy, condom promotion, and reproductive rights. UNFPA also supported SPN and SUDA in establishment and institutional capacity development.

Comment on the MYFF strategies and/or combinations of those strategies used to contribute to achieving this outcome. Identify and discuss good practices and lessons learned, including major facilitating and constraining factors:

MYFF strategies were widely used in UNFPA Sudan interventions design and implementation during 2005 and the following examples show the inter-relationship and mutually re-enforcing nature of MYFF strategies. One strategy was adopted at a certain time, which in turn enhanced the use of other strategies at another stage. MYFF strategy 1- Building and using knowledge base. 1- UNFPA supported several training workshops for government and CSOs in integration of population and development, monitoring and evaluation, research methodology, gender and reproductive rights, and women's rights. Through these trainings the national capacity has been improved. (Also related to MYFF strategy 2, 3 and 4) 2- UNFPA supported Sudanese Population Network in mapping out the NGOs and other CSOs that are active in the RH and RR fields in Khartoum State. (Also related to MYFF strategy 2 and 3) MYFF strategy 2- Advocacy and policy dialogue 1- UNFPA continued to support National Population Council to conduct regular visits to States. During these visits, NPC staff and national experts advocated for population and RH issues among the State level policy makers. (Also related to MYFF strategy 1, 3 and 4) 2- UN FPA continued to support NPC in organizing NGO fora to advocate for population and RH issues among the NGO community and to strengthen the relationship between the NGOs and government. Also related to MYFF strategy 1, 3 and 4) 3- UNFPA supported Sudanese Population Network in organizing quarterly policy dialogue forum among the academicians and CSOs. (Also related to MYFF strategy 1 and 3) MYFF strategy 3- Promoting, strengthening and coordinating partnership. UNFPA supported establishment of Sudanese Population Network, which is an umbrella organization for all academic, CSOs, and activists in the field of RH, RR and gender. (Also related to MYFF strategy 1, 2 and 4) MYFF strategy 4- Developing system for improving performance. UNFPA supported Ministry of Social Welfare, Women, and Children Affairs in conducting missions to States for integrating gender in States policy processes and structures. As a result, in each of 10 target States a gender focal point has been appointed to follow up and monitor. (Also related to MYFF strategy 1, 2 and 3)

Assess extent in which gender issues have been mainstreamed in CP interventions under Outcome, if applicable:

All activities related to this outcome have been designed with a gender perspective. In fact, one of the main achievements under this outcome is the mainstreaming of the gender in RH, population and development interventions.

Assess key contribution of CST towards achieving Outcome, if applicable:

CST Advisors on PDS and Gender have provided contributions in some of the policy-related activities, particularly with respect to mainstreaming of human right based approach.

T1 > Section 2 > MYFF SRF Outcome 6. Institutional mechanisms and socio-cultural practices promote and protect the rights of women and girls and advance gender equity**Comment on key contributions towards achieving Outcome in 2005 (including the CO contributions that are difficult to quantify and measure):**

1- UNFPA played a major role as lead agency in coordinating the UN and humanitarian organizations efforts in prevention and response to GBV in Darfur. UNFPA also supported publicity and IEC/awareness raising campaigns organized by all humanitarian organizations. 2- In collaboration with other partners, UNFPA supported the establishment of women centers in IDP camps in Darfur. The centers offer various activities, such as income generation, adult literacy, psychosocial support to rape survivors, and skills training. 3- UNFPA took the lead to advocate for women's rights during the 16 days of activism for violence against women through sensitizing stakeholders at national and State levels. UNFPA also celebrated the international woman day, in partnership with other stakeholders. 4- UNFPA supported the National Population Council in conducting several training workshops for national and State level stakeholders, which included gender as key thematic component of training.

Comment on the MYFF strategies and/or combinations of those strategies used to contribute to achieving this outcome. Identify and discuss good practices and lessons learned, including major facilitating and constraining factors:

MYFF strategies were widely used in UNFPA Sudan interventions design and implementation during 2005 and the following examples show the inter-relationship and mutually re-enforcing nature of MYFF strategies. One strategy was adopted at a certain time, which in turn enhanced the use of other strategies at another stage. MYFF strategy 1- Building and using knowledge base. 1- UNFPA and UNICEF jointly conducted a study among IDPs in Darfur on the impact of the conflict on the health of women and girls. (Also related to MYFF strategy 2 and 3) 2- UNFPA supported a gender situation analysis conducted by University of Khartoum and CBS, on behalf of the Ministry of Social Welfare, Women, and Children Affairs. The Study covered Khartoum and Gezira States. A dissemination workshop was also organized by the Ministry. (Also related to MYFF strategy 2 and 3) 3- Through UNFPA support, Ahfad University for Women conducted a training workshop on gender sensitive planning, using the already developed manual on the subject. (Also related to MYFF strategy 2, 3 and 4) MYFF strategy 2- Advocacy and policy dialogue UNFPA supported several gender sensitization sessions in various locations, implemented by different partners in some projects. Target groups included government officials, CSOs, service providers, and the communities, particularly in Darfur. (Also related to MYFF strategy 3) MYFF strategy 3- Promoting, strengthening and coordinating partnership. 1- Following coordination by and in partnership with UNFPA, over 10 national NGOs advocated for prevention and response to GBV in Darfur. (Also related to MYFF strategy 2) 2- In collaboration with other partners, UNFPA supported the establishment of women centers in IDP camps in Darfur. The centers offer various activities, such as income generation, RH education, adult literacy, psychosocial support to rape survivors, and skills training. (Also related to MYFF strategy 2 and 4) 3- UNFPA in collaboration with UNV and Ahfad University for Women launched a project to combat FGM. UNFPA provided institutional and logistics support, as well as technical and financial support to project activities. (Also related to MYFF strategy 2 and 4) MYFF strategy 4- Developing system for improving performance. 1- UNFPA supported Ministry of Social Welfare, Women, and Children Affairs in establishment of a network of gender focal points in 10 States. (Also related to MYFF strategy 3) 2- UNFPA conducted several training courses for service providers on care of rape survivors in IDP camps in Darfur. (Also related to MYFF strategy 1,2 and 3) 3- In collaboration with WHO, UNFPA adapted the clinical management guidelines for rape survivors in Darfur. The guidelines are under review by the Ministry of Health to be applied country-wide. (Also related to MYFF strategy 1 and 3) 4- UNFPA advocated for establishment of State Committee on combating GBV, the first of which was established in South Darfur. Other Darfur States are in the process of replicating the experience, as per the advice of national government. (Also related to MYFF strategy 3) 5- UNFPA as the lead agency among the UN and international organizations, has established a coordination mechanism (including Interagency Working Groups) at the national and State level to coordinate the GBV prevention and response. (Also related to MYFF strategy 1 and 3) 6- Through extensive advocacy efforts in partnership with other stakeholders, UNFPA managed to convince the policy makers to amend the Rule of Application of Form 8 under the Criminal Circular no. 2. (Also related to MYFF strategy 2 and 3)

Assess extent in which gender issues have been mainstreamed in CP interventions under Outcome, if applicable:

CO contributions to this outcome are purely related to all gender issues.

Assess key contribution of CST towards achieving Outcome, if applicable:

CST-Amman provided technical support in the National Gender policy development.

Table 2
Update on 2004-2007 MYFF results indicators

Table 2 - Update on 2004-2007 MYFF results indicators

MYFF Outcome [1] - RH

Policy environment promotes reproductive health and rights

MYFF Outcome [2] - RH

Access to comprehensive health services is increased

MYFF Outcome [3] - RH

Demand for reproductive health is strengthened

MYFF Outcome [4] - P&D

Utilization of age- and sex-disaggregated population-related data at all levels is improved

MYFF Outcome [5] - P&D

National, sub-national and sectoral policies, plans and strategies take into account population and development linkages

MYFF Outcome [6] - GENDER

Institutional mechanisms and socio-cultural practices promote and protect the rights of women and girls and advance gender equity

T2 - Update on 2004-2007 MYFF results indicators > GOAL 1, OUTCOME i

Policy environment promotes reproductive health and rights

- Reproductive health and gender incorporated into poverty reduction strategies
- Reproductive health and gender incorporated into sector-wide programmes in health
- Reproductive health and gender incorporated into Millennium Development Goal Reports
- National and sub-national policies in place to increase the access of youth to quality reproductive health information and services
- Minimum age at marriage
- National and sub-national laws and policies in place to delay the age at marriage
- Proportion of health budget allocated to contraceptives
- Reproductive health commodity security (RHCS) information

Reproductive health and gender incorporated into poverty reduction strategies

PRSP- Interim	
Type	PRSP- Interim
Cycle	
Status	Exists: currently being implemented
Validity	Approved/Adopted: 2004 Effective From: 2004 To: 2006
Description	The Interim Poverty Reduction strategy Paper was produced in 2004. This was discussed and included in the JAM process after consultations between North and Southern governments in a joint workshop held in Nairobi.
Comments	However, due to the political changes after the signing of the CPA, IPRSP was subjected to further consultations between the north and Southern Sudan. Currently, a PRSP for Southern Sudan is being developed, and the IPRSP will be revised accordingly.

I. Incorporation of Reproductive Health in the PRS

1. Inclusion of ICPD/ICPD RH goal

Reference made to achieving the ICPD goal of Universal Access to RH:

2. Inclusion of key RH issues

RH issues	Main Document		Action Plan		Comments
	Extent of discussion	Related Target	Incorporated?	Related Target	
Maternal mortality					
Modern family planning					
Emergency obstetric care					
HIV/AIDS					
Gender-based violence					
Adolescent RH					

3. Allocation and expenditures on RH in the framework of the PRS

Amount of allocations for RH (US\$)
 Amount of expenditures for RH (US\$)

4. Inclusion of disaggregated RH-related indicators

- **INC** - Indicator is included
- **A** - Inclusion is disaggregated by Age
- **I** - Inclusion is disaggregated by Income
- **U** - Inclusion is disaggregated by Urban/rural
- **E** - Inclusion is disaggregated by Ethnicity

RH indicator	Main Document					M&E Plan					Comments
	INC	A	I	U	E	INC	A	I	U	E	
Maternal Mortality Ratio											
Adolescent fertility rate											

Reproductive health and gender incorporated into sector-wide programmes in health

No Sector-wide Programme in Health has been identified and preset for this indicator.
No data has been submitted for this reporting year.

UNFPA's contribution to incorporating RH and Gender

*Please indicate whether the CO has been working towards the following aims;
if so, specify the results/progress achieved in 2005*

Aim	Scope of CO intervention	CO overall contribution in 2005
Promoting the incorporation of RH issues	Not applicable	No SWAP in Sudan
Promoting use of RH indicators	Not applicable	
Promoting use of sex-disaggregated indicators	Not applicable	
Developing and using models (costing estimates, pilot interventions etc) to advance the incorporation of RH and gender priorities	Not applicable	
Promoting the formulation of specific interventions/ programmes in RH and gender	Not applicable	
Promoting increased investment in RH and gender	Not applicable	
Building capacity of civil society groups in advocacy	Not applicable	
Partnering with civil society groups in advocacy	Not applicable	
Building capacity of civil society groups to enable their participation in M&E	Not applicable	
Partnering with civil society groups in M&E	Not applicable	
Other :		

Reproductive health and gender incorporated into Millennium Development Goal Reports

MDGR: Interim Unified Report (2004)
Developed

All required data on the incorporation of RH and Gender has been previously reported.

Update to previously reported data:

Sudan MDGs Interim Unified Report (MDGIUR) was issued in December 2004. The Ministry of Health led the work on MDGs 4, 5 and 6 in the collaboration with UNFPA, WHO and UNICEF. ICPD recommendations are mentioned under MDG 5. In line with the spirit and principle of ensuring that linkages between ICPD and the MDGs are well reflected in the national MDG reports, the Sudan MDGIUR states that "progress toward MDG 5 will be assessed by looking at improvements in the provision of reproductive health services, access to which is a development objective in its own right and is central theme of ICPD. This means assessing progress through three indicators, namely maternal mortality ratio, contraceptive prevalence rate and proportion of births assisted by skilled birth attendants". Some ICPD PoA recommendations are to some extent reflected in the report.

UNFPA's contribution to incorporating RH and Gender

Please indicate whether the CO has been working towards the following aims; if so, specify the results/progress achieved in 2005

Aim	Scope of CO intervention	CO overall contribution in 2005
Promoting the incorporation of RH issues	Major	Sudan CO has accomplished numerous UNFPA mandated areas in a complex environment that includes humanitarian, recovery and development activities all in one setting. The achievements on key intervention areas such as RH policy and information and services, HIV/AIDS prevention, combating GBV, preparation for census, addressing South Sudan RH needs, promoting skilled attendance at birth, gender mainstreaming in all policies, and response to Darfur emergency are evident in COAR.
Promoting the incorporation of gender issues	Major	
Promoting use of RH indicators	Major	
Promoting use of sex-disaggregated indicators	Major	
Building capacity of civil society groups in advocacy	Major	
Partnering with civil society groups in advocacy	Major	
Other :		

National and sub-national policies in place to increase the access of youth to quality reproductive health information and services

Are there any policies in place to increase the access of youth to RH information and services?

Being developed

Comments:

Sudan National Reproductive Health Policy is under revision and is to be endorsed soon. The Sudan National RH Policy (SNRHP) emphasizes the rights of the young people to lead a healthy and productive life through access to appropriate information, counselling and services, as well as the development of a broad range of decision-making and interpersonal skills. The SNRHP with its state units in collaboration with SNAP are targeting young people aged 15-24 to ensure their access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection (90% by 2005 and 95% by 2010). The SNRHP was envisaged to serve as a national RH policy. However, taking into account the fact that the notion "one country-two systems" is at the heart of the Comprehensive Peace Agreement, the MoH of the South Sudan may develop a separate RH policy.

Policies for increasing the access of youth to RH infoservices:

Sudan National Reproductive Health Policy (SNRHP)

Status	Under revision			
Validity				
At which level is the policy operative ?	Regional			
Description, including the way in which the policy increase youth's access to RH information and services	1) The SNRHP aims to address the young people RH/RRs needs through increased coverage and improved quality of school and university-based health services. 2) The SNRHP affirms the importance of the pre-marital care for the health and life of the family and future generations. 3) Pre-marital care has to be incorporated within the provided services based on freedom, dignity, respect and confidentiality. 4) Develop IEC strategies to motivate young couples to undergo pre-marital care examination through effective.			
Comments	The SNRHP was envisaged to serve as the national RH policy. However, taking into account the fact that the notion "one country-two systems" is at the heart of the Comprehensive Peace Agreement, the MoH of the South Sudan may develop a separate RH policy. The Sudan National RH Policy (SNRHP) emphasizes the rights of the young people to lead a healthy and productive life through access to appropriate information, counseling and services, as well as the development of a broad range of decision-making and interpersonal skills. The SNRHP with its state units in collaboration with SNAP are targeting young people aged 15-24 to ensure their access to the information, education and services necessary to develop the life skills required to reduce their vulnerability to HIV infection (90% by 2005 and 95% by 2010).			
How effective is the policy overall in increasing youths' access to RH info and services ?	Not applicable			
Does the policy cover the following areas:				
Area	Covered			Comments
	Yes	No	No data	
Modern family planning	x			UNFPA rendered significant technical and financial support in developing and streamlining the SNRHP and made sure that all the areas of concern in RH sphere are covered in a comprehensive manner.
Maternal health care	x			
HIV/AIDS prevention	x			
STIs (other than HIV/AIDS) prevention	x			
IEC on physical/emotional/social growth, puberty	x			
IEC on reproduction and childbirth, contraception	x			
IEC on RRs	x			

II. Barriers to youth's access to RH information and services:

Please give details of any legal, institutional or other defacto restrictions to youth's access to RH information and services in your country

RestrictionType	Description	Comments
In Statutory Law		Need further explorations and discussions.
In Common/Judicial Law		
In Religious Law		
In Customary Law	Traditional and customary principles based on socio-cultural misconceptions around some RH issues, including FP, HIV/AIDS, especially condom use can be seen as the main barriers to youth's access to RH information and services.	
Institutional		
Other (specify):		

UNFPA's contribution to the development and implementation of policies in 2005

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	CO overall contribution in 2005
Promoting effective design	Major	UNFPA rendered significant technical and financial support in developing and streamlining the SNRHP and made sure that all the areas of concern in RH sphere are covered in a comprehensive manner. CST Amman provided technical assistance as well.
Partnering with civil society groups in formulation/ development phase	Major	
Promoting adequate resources allocation/ expenditure	Major	
Expanding coverage of issues covered/ addressed	Major	
Promoting full implementation	Moderate	
Promoting regular monitoring with updated data	Moderate	
Other :		

Minimum Age at Marriage

There is a minimum legal age at marriage:

NO

	Indicator Value	Year of data	Source of data	Comments
Males	years old			Sudan Household Survey will be implemented in 2006 and will provide this information.
Females	years old			

Please provide details of the COs contribution in 2005 to progress in implementing or enforcing the legal minimum age at marriage, or in harmonising different marriage laws:

National and sub-national laws and policies in place to delay the age at marriage

Are there any laws or policies to delay the age at marriage ?

No

Comments:

Laws and policies to delay the age at marriage:**UNFPA's contribution to the development and implementation of laws and policies in 2005**

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	CO overall contribution in 2005
Promoting effective design		
Partnering with civil society groups in formulation/ development phase		
Promoting adequate resources allocation/ expenditure		
Promoting full implementation		
Promoting enforcement		

Promoting regular monitoring with updated data		
Other :		

Proportion of health budget allocated to contraceptives

Latest Indicator Value	= %
Year of data	
Source of data	
Comments	
<p>If you are unable to report on this indicator, please provide or update any other data on government allocations to contraceptives that you are using for monitoring purposes</p>	

Contraceptive security related questions

Is there an accurate estimation of contraceptive needs in the country?

>No

Details:

The country is currently using a projection prepared by UNFPA consultant in 2001. No update to accomodate the changing situation in the country.

If yes, please indicate whether this estimation is calculated based on:

- Demographic data
- CPR data
- Consumption data
- Distribution data
- Other, please specify:

Please estimate the amount (USD) and proportion (%) of national public sector contraceptive supplies for each of the following:

Government:

Amount USD: 0
% of total public sector supply: 0

UNFPA:

Amount USD: 685000
% of total public sector supply:

Other Donors:

Please specify up to 3 donors, if applicable

Donor name:
Amount USD:
% of total public sector supply:

Donor name:
Amount USD:
% of total public sector supply:

Donor name:
Amount USD:
% of total public sector supply:

Where contraceptive stockouts reported in 2005?

Yes

Please specify:

in 2003 no contraceptive were brought to the country by UNFPA. 2004 supplies reached the country in the last quarter of the year and early 2005. Also shortage is due to increased demand resulting from advocacy, IEC and service providers' training and distribution to sub-national level. UNFPA supply in 2005 represent less than 25% of projected need calculated in 2001.

Is there any data available on government expenditures on contraceptive?

No

Please specify:

The government is only providing life saving drugs to service delivery points. Other pharmaceuticals are being procured by the private sector.

Please specify the strategies implemented and any contribution made by the CO in 2005 to progress in increasing government allocation to contraceptives:

NA

Reproductive Health Commodity Security (RHCS) related questions**RHCS strategy is included in:**

- CCA
 UNDAF
 Country Programme
 Annual Work Plan

Are RH commodities included in:

Minimum Service Package:
Yes

Essential Drugs List:
Yes

Please specify:

RHCS Cost Recovery**Are there any RH commodity cost recovery mechanism implemented by the government?**

No

Coordination of RHCS activities**Are there any mechanism for coordination of RHCS activities?**

No

UNFPA's contribution to improved coordination, policy support and national capacity for ensuring RHCS:

Please indicate whether the CO has been working towards the following aims;
if so, specify the results/progress achieved in 2005

Aim	Scope of CO intervention	CO overall contribution in 2005
Ensuring existence and functioning of an effective multipartite coordination mechanism (e.g. national RHCS committee)	None	The national key stakeholders are highly interested in developing sustainable Reproductive Health Commodity Security (RHCS) at the national and local levels. The CO expects to have an exploratory mission to Sudan in 2006 on RHCS and this is an opportunity of taking advantage of the corporate comparative advantage in the context of Sudan.
Ensuring government capacity in assessing, forecasting and projecting population's RHC needs	Minor	
Promoting national commitment to achieving RHCS through innovative financing mechanisms	Minor	
Other :		

T2 - Update on 2004-2007 MYFF results indicators > GOAL 1, OUTCOME ii**Access to comprehensive health services is increased**

Contraceptive prevalence rate (modern methods)

Percentage of SDPs offering at least 3 modern methods of contraception

Proportion of clients with sexually transmitted infections who are appropriately diagnosed, treated and counselled

Proportion of births attended by skilled health personnel

Condom use at last high-risk sex

Caesarean sections as proportion of all births

Percentage of SDPs offering at least 3 RH services

Contraceptive prevalence rate (modern methods)

	Indicator Value	Sample	Year of data	Source of data	Comments
	%	Women who are married/in union			
Disaggregation:					
Urban	%	Women who are married/in union			
Rural	%	Women who are married/in union			
Women aged 15-24	%	Women who are married/in union			

Please provide details of the CO's contribution in 2005 to progress in increasing access to modern contraceptive methods:

1- Training of health care providers at sub-national level to provide quality services through updating their skills on eligibility criteria and counselling. 2- Provision of FP kits to implementing partners in Darfur as a result of remarkable increase in demand 3- Provision of contraceptives in the amount of \$50,000 to Sudan Family Planning Association 3- Inclusion of FP technical information in all RH trainings for health care providers 4- IEC activities

Percentage of SDPs offering at least three modern methods of contraception**At the National Level**

Latest Indicator Value	Less than or equal to 50 %
Year of data	2005
Source of data	MOH
Comments	RH mapping survey was conducted in 102 localities (districts) out of 134. 49.7% of hospitals in these localities provides FP service and 3 methods and more are available at the time of the survey.

UNFPA-Supported SDPs

Latest Indicator Value	Less than or equal to 100 %
Year of data	2005
Source of data	MOH
Comments:	Available information indicates that 49.7% of hospitals in 102 localities provide FP services. All FP commodities in these hospitals are provided by UNFPA. In 2005 UNFPA extended assistance in FP commodities to Sudan Family Planning Association and continued supporting public and NGOs SDPs in Darfur and some other parts of the country.

Please provide details of the CO's contribution in 2005 to progress in increasing the availability of modern methods of contraception:

1- Training of health care providers at sub-national level to provide quality services through updating their skills on eligibility criteria and counselling. 2- Provision of FP kits to implementing partners in Darfur as a result of remarkable increase in demand 3- Provision of contraceptives in the amount of \$50,000 to Sudan Family Planning Association 3- Inclusion of FP technical information in all RH trainings for health care providers 4- IEC activities

Proportion of clients with sexually transmitted infections who are appropriately diagnosed, treated and counselled

Appropriate diagnosis, treatment & counselling

	Indicator Value	Year of data	Source of data	Comments
Males	%			
Females	%			

Appropriate diagnosis only

	Indicator Value	Year of data	Source of data	Comments
Males	%			
Females	%			

Appropriate diagnosis & treatment only

	Indicator Value	Year of data	Source of data	Comments
Males	%			
Females	%			

Appropriate diagnosis & counselling only

	Indicator Value	Year of data	Source of data	Comments
Males	%			
Females	%			

Please provide details of the CO's contribution in 2005 to progress in increasing access to appropriate diagnosis, treatment & counselling for STIs

In 2005, STIs management continued to be priority, with the training of PHC level workers being supported at national and sub-national levels. Several training workshops for medical assistants on syndromic approach for STIs management were conducted. 3 training workshops in testing and counselling on HIV/AIDS were conducted and 50 workers acquired the skills. UNFPA supported Sudan National AIDS Program to adapt PEP policy.

Proportion of births attended by skilled health personnel

	Indicator Value	Year of data	Source of data	Comments
	%			
Disaggregation:				
Urban	%			
Rural	%			
Women aged 15-24	%			
or Women < 20 years old	%			

Please provide details of the CO's contribution in 2005 to progress in increasing access to skilled attendance at birth:

Main CO's contribution in 2005 was advocating and supporting the government in the North in revision of Village Midwifery Training curriculum to ensure that Village Midwives are skilled attendants at birth by training according to the standard definition. Also, CO advocated and supported the South officials in development and endorsement of Community Midwifery Training policy and standards. Training of Community Midwives will be started in most part of the South in 2006. In North and some parts of the South, UNFPA supported the training of 720 village midwives in 2005 (with old curriculum) and provided them with the needed kits.

Condom use at last high-risk sex

	Indicator Value	Year of data	Source of data	Comments
Males	%			
Females	%			
Disaggregation:				
Males	%			

Urban	Females	%			
Rural	Males	%			
	Females	%			

Please provide details of the CO's contribution in 2005 to progress made in increasing access to condoms by youth

Caesaraen sections as proportion of all births

	Indicator Value	Year of data	Source of data	Comments
	2.4 %	1999	Sudan Safe Motherhood Survey	The indicator is for the cohort born during the 5 years prior to the survey
Disaggregation:				
Urban	%			
Rural	%			

Please provide details of the CO's contribution in 2005 to progress in increasing access to Emergency Obstetric Care.

1- 7 training workshops for 140 care providers at rural hospital in comprehensive EmOC including C/S. 2- 8 training workshops for 120 care providers at rural hospital in post abortion care package using MVA. 3- Provision of EmOC kits to rural hospital at sub-national level 4- Updating village midwives curriculum to bridge gaps in basic EmOC competences including pre referral management 5- Continued provision of RH emergency kits to implementing partners in Darfur

Percentage of SDPs offering at least three RH services

At the National Level

Latest Indicator Value	Less than or equal to %
Year of data	
Source of data	
Comments	

UNFPA-Supported SDPs

Latest Indicator Value	Less than or equal to %
Year of data	
Source of data	
Comments:	

Please provide details of the CO's contribution in 2005 to increasing the availability of integrated RH services:

Availability and usage of protocols for RH services in your country

I. Status of the protocols for RH services - 2005

Please indicate the status of the protocols for the RH services listed

		Protocol Status
Modern methods of contraception		Being Developed
Maternal Health	Pre-natal care	Being Developed
	Obstetric care	Being Developed
	Emergency obstetric care	Being Developed
	Post-natal care	Being Developed
Management of the consequences and complications of unsafe abortion		Exists and being used at some SDPs

	HIV/AIDS	recently developed & being implemented
Prevention and management of RTIs	STIs (other than HIV/AIDS)	Exists and being used at some SDPs
	Non-sexually transmitted infections	No Protocol
Management of the consequences of gender-based violence		Exists and being used at some SDPs
Prevention and management of infertility		No Protocol
Cancers of the reproductive system		No Protocol

II. UNFPA Support to protocol development - 2005

Please provide details of the support and key contribution of the CO in 2005 to increasing the availability and usage of RH protocols:

RDC Research and/or data collection

PFO Protocols formulated (including guidelines development)

TRA Training

PPP Protocols piloting

PIM Protocols implemented/mainstreamed

PME Protocols monitored and/or evaluated

		RDC	PFO	TRA	PPP	PIM	PME	CO's Contribution for 2005
Modern methods of contraception		x						
Maternal Health	Pre-natal care	x						
	Obstetric care	x						
	Emergency obstetric care	x						
	Post-natal care	x						
Management of the consequences and complications of unsafe abortion					x			
Prevention and management of RTIs	HIV/AIDS		x	x				
	STIs (other than HIV/AIDS)				x			
	Non-sexually transmitted infections							
Management of the consequences of gender-based violence				x				
Prevention and management of infertility								
Cancers of the reproductive system								
		RDC	PFO	TRA	PPP	PIM	PME	

RDC Research and/or data collection

PFO Protocols formulated (including guidelines development)

TRA Training

PPP Protocols piloting

PIM Protocols implemented/mainstreamed

PME Protocols monitored and/or evaluated

T2 - Update on 2004-2007 MYFF results indicators > GOAL 1, OUTCOME iii**Demand for reproductive health is strengthened**

Proportion of women who have the final say in decisions about their own health care

National and sub-national mechanisms that advance civil society participation in planning and monitoring quality reproductive health services

Proportion of the population aged 15-24 with comprehensive correct knowledge of HIV/AIDS

Percentage of secondary schools that have adopted gender-sensitive RH curriculum

Proportion of women who have the final say in decisions about their own health care

This indicator has been included in some **Demographic & Health Surveys (DHS)**. If a DHS has not been conducted in your country, or did not include this indicator, please supply data for any alternative indicator on women's decision making at the household level.

Proportion of women who ALONE have the final say in decisions about their own health care

	Indicator Value	Year of data	Source of data	Comments
All Women (have final say alone)	%	>	DHS	
Women married or in union (have final say alone)	%		DHS	

Proportion of women who JOINTLY have the final say in decisions about their own health care

	Indicator Value	Year of data	Source of data	Comments
All Women (have final say jointly with husband/partner or someone else)	%		DHS	
Women married or in union (have final say jointly with husband/partner or someone else)	%		DHS	

Alternate indicator used as a proxy for monitoring (if any)

Please provide any update below:

UNFPA Contribution

Please provide details of the CO's contribution in 2005 to empowering women and increasing their capacity for decision-making about their own health, including RH:

National and sub-national mechanisms that advance civil society participation in planning and monitoring quality reproductive health services

Are there mechanisms to advance civil society participation in planning and monitoring RH services?

Yes

Comments:

In the development process of National RH Policy and PEP policy, the NGOs and academic institutions were involved in a systematic manner.

Mechanisms to advance CSO participation:**UNFPA's contribution to the development and implementation of mechanisms in 2005**

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	CO overall contribution in 2005
Promoting effective design	Major	
Promoting adequate resources allocation/ expenditure	Minor	
Expanding coverage of issues covered/ addressed	Moderate	
Promoting full implementation	Major	
Other :		

Proportion of the population aged 15-24 with comprehensive correct knowledge of HIV/AIDS

	Indicator Value	Year of data	Source of data	Comments
	%			
Disaggregation:				
Males	%			
Females	%			

Proportion of the population aged 15-24 who know that a person can protect his/herself from HIV infection by "consistent use of condom"

	Indicator Value	Year of data	Source of data	Comments
	%			
Disaggregation:				
Males	%			
Females	%			

Proportion of the population aged 15-24 who know that a healthy person can transmit HIV

	Indicator Value	Year of data	Source of data	Comments
	%			
Disaggregation:				
Males	%			
Females	%			

UNFPA Contribution

Please provide details of the CO's contribution in 2005 to increasing youth's comprehensive correct knowledge of HIV/AIDS:

UNFPA supported various IEC campaigns with the purpose of increasing awareness of adolescents of HIV/AIDS. For example, in collaboration with UNHCR, UNFPA carried out HIV/AIDS IEC activities for youth in IDP camps. In North Darfur, UNFPA had rendered support in establishing the University Students Association, the members of which were trained on SRH issues, including HIV infection prevention. The young trainees carried out further awareness raising sessions among IDPs youth in the camps. In South Darfur, UNFPA in collaboration with UNMIS HIV/AIDS Unit conducted training of trainers (TOTs) for youth HIV/AIDS peer educators and supported the formation of youth group in Nyala that then were engaged in further training initiatives among their peers.

Percentage of SECONDARY schools that have adopted gender-sensitive RH curriculum

At the National Level

Latest Indicator Value	Less than or equal to %
Year of data	

Source of data
Comments

UNFPA-Supported programmes

Latest Indicator Value Less than or equal to %
Year of data
Source of data
Comments:

Subjects Covered

	National Level	UNFPA supported programmes
Physical, emotional and social growth; puberty		
Reproduction and childbirth; contraception		
HIV/AIDS prevention		
STIs (other than HIV/AIDS) prevention		
Gender roles, gender stereotyping		
Self-esteem building		
GBV, sexual harassment		
Abstinence, peer pressure, refusal skills		
Drugs, alcohol and tobacco use/abuse		
Human Rights		

UNFPA Contribution

Please provide details of the CO's contribution in 2005 to the adoption of a gender-sensitive RH curriculum in secondary schools:

Sudan National RH Policy developed with the support from UNFPA aims to address the young people RH/RRs needs through increased coverage and improved quality of school and university-based health education and services.

T2 - Update on 2004-2007 MYFF results indicators > GOAL 2, OUTCOME iv

Utilization of age- and sex-disaggregated population-related data at all levels is improved

Databases of population-related data

Sex and age disaggregated data from national and sub-national databases are used to monitor national development plans

Databases of population-related data

Is there a National database of sex-disaggregated population-related data?

Being developed

Comments:

Preparations for Sudan Household Health Survey were launched/under way. It will be conducted in the early 2006. Preparations for the 5th National Population Census are under way. The enumeration will be conducted in 2007.

Database in your country:

Year Established

Where is it housed?

Who is responsible for maintaining/updating the database?

How often is the database updated?

To what extent is it computerized?

Does the database include data on the following?

- Maternal health
- Modern family planning
- Abortion
- Adolescent Reproductive Health
- HIV/AIDS
- STIs (other than HIV/AIDS)
- GBV
- FGC
- Nutrition
- Infant & child health
- Population projections
- Migration
- Mortality
- Fertility
- Poverty
- Unemployment
- Education

To what extent is the data disaggregated?

- Sex
- Age
- Urban-rural
- Income
- Ethnicity
- Geographical region

What are the main sources of data?

- Demographic and Health Survey (DHS)
- Multiple Indicator Cluster Survey (MICS)
- Living Standard Measurement survey (LSMS)
- Population and Housing Census
- Vital statistics registration
- Core Welfare Indicators Questionnaire (Africa)
- Household budget survey
- Income, consumption and expenditure survey
- Behavioural surveillance survey
- Contraceptive prevalence survey
- Labour-force survey
- Informal sector survey
- MOH statistics
- Pan Arab Project for Family Health (PAPFAM)
- Pan Arab Project for Child Development (PAPCHILD)
- Agricultural Census
- Other:

Is database available:

- Upon request
- In publications

On CD-ROM
 On line

Comments**UNFPA Contribution**

Please provide details of the CO's contribution in 2005 to improving the availability of updated, functioning national population databases:

UNFPA Sudan CO is one of the key partners in the Sudan Household Health Survey. It provided financial and technical support through involvement of CST and CO technical team. UNFPA is also a member of the Technical Committee and National Steering Committee. The latter is comprised of line ministries, governmental institutions and some UN sister Agencies. UNFPA Sudan CO has been endowed by the CPA as the lead international collaborating agency to conduct the national Census. It has been supporting capacity building efforts for both CBS and SSCCE in preparation for the Census. CO also coordinated a number of meetings between the CBS and SSCCE and other stakeholders inside and outside Sudan. CST Advisor has been supporting the technical activities and standardization of tools and procedures to conduct a comprehensive Census.

Sex and age disaggregated data from national and sub-national databases are used to monitor national development plans

Selected NDPs:

PRSP- Interim	
Type	
Cycle	
Status	Exists: currently being implemented
Validity	Approved/Adopted: 2004 Effective From: 2004 To: 2006
Description	The Interim Poverty Reduction strategy Paper was produced in 2004. This was discussed and included in the JAM process after consultations between North and Southern governments in a joint workshop held in Nairobi.
Comments	However, due to the political changes after the signing of the CPA, IPRSP was subjected to further consultations between the north and Southern Sudan. Currently, a PRSP for Southern Sudan is being developed, and the IPRSP will be revised accordingly.
PRSP- Interim	
Status:	Exists: currently being implemented
Validity:	Approved/adopted: 2004 Effective From: 2004 To: 2006
What is the extent of inclusion of time-bound indicators and targets?	Partial
To what extent are these time-bound indicators and targets monitored by disaggregated data?	Sex: Some Age: Marginal Urban-rural: Some Income: Most
Which databases will supply data for the monitoring?	<input type="checkbox"/> (no name)
When is progress reviewed?	Bi-annual
If a review occurred in 2005, to what extent were indicators reviewed with updated data?	Some
However, due to the political changes after the signing of the CPA, IPRSP was subjected to further consultations	

Comments	between the north and Southern Sudan. Currently, a PRSP for Southern Sudan is being developed, and the IPRSP will be revised accordingly.
National Population Policy	
Type	
Cycle	
Status	Exists: currently being implemented
Validity	Approved/Adopted: 2002 Effective From: 2002
Description	The National Population Policy was developed by the General Secretariat of the National Population Council in collaboration with various line ministries and institutions and with technical backstopping from UNFPA CST/Amman.
Comments	Available national data is not updated. CO is supporting Census preparations and also the Sudan Family Health Survey which is underway.
National Population Policy	
Status:	Exists: currently being implemented
Validity:	Approved/adopted: 2002 Effective From: 2002 To: 0000
What is the extent of inclusion of time-bound indicators and targets?	Partial
To what extent are these time-bound indicators and targets monitored by disaggregated data?	Sex: Some Age: Some Urban-rural: Some Income: Some
Which databases will supply data for the monitoring?	[] (no name)
When is progress reviewed?	Bi-annual
If a review occurred in 2005, to what extent were indicators reviewed with updated data?	Cannot assess
Comments	Available national data is not updated. CO is supporting Census preparations and also the Sudan Family Health Survey which is underway.
National Policy for Gender & Empowerment of Women	
Type	
Cycle	
Status	Under revision
Validity	Approved/Adopted: 2005 Effective From: 2005
Description	Does not explicitly address GBV.
Comments	Sudan is a multi-cultural society. Many of the social issues related to women are either not addressed or insufficiently addressed due to various structural and practical factors.

National Policy for Gender & Empowerment of Women

Status: Under revision

Validity: Approved/adopted: 2005
Effective From: 2005
To:

What is the extent of inclusion of time-bound indicators and targets?

To what extent are these time-bound indicators and targets monitored by disaggregated data? Sex:
Age:
Urban-rural:
Income:

Which databases will supply data for the monitoring? [] (no name)

When is progress reviewed?

If a review occurred in 2005, to what extent were indicators reviewed with updated data?

Comments Sudan is a multi-cultural society. Many of the social issues related to women are either not addressed or insufficiently addressed due to various structural and practical factors.

UNFPA's contribution to improving the monitoring of key NDPs in 2005

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	CO overall contribution in 2005
Building technical capacity of national counterparts to use data, indicators and targets	Major	UNFPA CO with the support from CST Amman Advisors contributed immensely to developing national policy processes, including the review of NDPs in light of the changing socio-political situation after the signing of the Comprehensive Peace Agreement, in order to address the emerging issues.
Building commitment of national counterparts to use data, indicators and targets	Moderate	
Promoting the undertaking of scheduled surveys	Major	
Promoting the participation of civil society groups in M&E	Moderate	
Other :		

T2 - Update on 2004-2007 MYFF results indicators > GOAL 2, OUTCOME v

National, sub-national and sectoral policies, plans and strategies take into account population and development linkages

Population and poverty linkages explicit in national development policies and plans and poverty reduction strategies

Population and poverty linkages explicit in national development policies and plans and poverty reduction strategies

Selected NDPs:

PRSP- Interim					
Type	PRSP- Interim				
Cycle					
Status	Exists: currently being implemented				
Validity	Approved/Adopted: 2004 Effective From: 2004 To: 2006				
Description	The Interim Poverty Reduction strategy Paper was produced in 2004. This was discussed and included in the JAM process after consultations between North and Southern governments in a joint workshop held in Nairobi.				
Comments	However, due to the political changes after the signing of the CPA, IPRSP was subjected to further consultations between the north and Southern Sudan. Currently, a PRSP for Southern Sudan is being developed, and the IPRSP will be revised accordingly.				
Population and poverty linkages in key NDP: PRSP- Interim					
Status:	Exists: currently being implemented				
Validity:	Approved/adopted: 2004 Effective From: 2004 To: 2006				
Comments:	However, due to the political changes after the signing of the CPA, IPRSP was subjected to further consultations between the north and Southern Sudan. Currently, a PRSP for Southern Sudan is being developed, and the IPRSP will be revised accordingly.				
<i>What is the extent of the incorporation of the following population and poverty linkages in the NDP?</i>					
Population and poverty linkages	Main Document		Action Plan		Comments
	Extent of discussion	Related Target	Incorporated?	Related Target	
<i>Population dynamics & poverty:</i>					
Fertility					
Mortality					
Population growth					
Ageing					
Depopulation					
Migration - internal					
Migration - international					
Urbanisation					
Population and the environment					
<i>Gender and poverty</i>					
<i>RH and poverty</i>					

<i>Education and poverty</i>					
<i>HIV/AIDS and poverty</i>					

National Policy for Gender & Empowerment of Women

Type Gender equity and equality

Cycle

Status Under revision

Validity Approved/Adopted: 2005
Effective From: 2005

Description Does not explicitly address GBV.

Comments Sudan is a multi-cultural society. Many of the social issues related to women are either not addressed or insufficiently addressed due to various structural and practical factors.

Population and poverty linkages in key NDP: National Policy for Gender & Empowerment of Women

Status: Under revision

Validity: Approved/adopted: 2005
Effective From: 2005
To:

Comments: Sudan is a multi-cultural society. Many of the social issues related to women are either not addressed or insufficiently addressed due to various structural and practical factors.

What is the extent of the incorporation of the following population and poverty linkages in the NDP?

Population and poverty linkages	Main Document		Action Plan		Comments
	Extent of discussion	Related Target	Incorporated?	Related Target	
<i>Population dynamics & poverty:</i>					
Fertility					
Mortality					
Population growth					
Ageing					
Depopulation					
Migration - internal					
Migration - international					
Urbanisation					
Population and the environment					
<i>Gender and poverty</i>					
<i>RH and poverty</i>					
<i>Education and poverty</i>					
<i>HIV/AIDS and poverty</i>					

UNFPA's contribution to improving the incorporation of population and poverty linkages in 2005

Please indicate whether the CO has been working towards the following aims.

Aim	Scope of CO intervention	CO overall contribution in 2005
Promoting the evidence base for the incorporation of population and poverty linkages	Moderate	CO supported capacity building activities organized by the National Population Council addressing key population, RH and poverty-related issues. Thus, it made some contributions towards enhancing national capabilities.
Promoting the understanding of the implications of population and poverty linkages among national counterparts	Moderate	
Building capacity of civil society groups to advocate for population issues	Moderate	
Other :		

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Institutional mechanisms and socio-cultural practices promote and protect the rights of women and girls and advance gender equity

National and sub-national mechanisms in place to monitor and reduce gender-based violence

Discriminatory provisions against women and girls removed from national and sub-national legislation

Civil society partnerships actively promoting gender equality, women and girl's empowerment and reproductive rights

National and sub-national mechanism in place to monitor and reduce gender-based violence

Are there mechanisms to monitor and reduce GBV?

Yes

Comments:
 1) Government recognized the issue of GBV, and has formed a specialized committee appointed by the President to address the issue of GBV affiliated to the Ministry of Justice. 2) As a result of UNFPA, UN sister agencies and the other international actors' efforts, Darfur states established state committees, mandated to monitor/tackle violence against women.

Mechanisms to monitor and reduce GBV:

National Policy for Gender & Empowerment of Women

Mechanism Type Gender equity and equality

Status Under revision

Validity 2005
Effective From: 2005

At which level is the mechanism operative ? National

Description, including the way in which the mechanism monitors and/or reduces GBV Does not explicitly address GBV.

Comments Sudan is a multi-cultural society. Many of the social issues related to women are either not addressed or insufficiently addressed due to various structural and practical factors.

How effective is the mechanism overall in monitoring/reducing GBV ?

Does this mechanism address legal issues related to GBV?

Does the mechanism cover the following areas:

Area	Covered			Comments
	Yes	No	No data	
Sexual Violence				
Domestic Violence				
Trafficking				
Harmful customary or traditional practices				

Strategy and action plan to abolish FGM

Mechanism Type GBV - FGC

Status	Exists: partially implemented or functional			
Validity	Effective From: 2001			
At which level is the mechanism operative ?				
Description, including the way in which the mechanism monitors and/or reduces GBV	Has been developed and endorsed by the Federal Ministry of Health. It was developed in close collaboration with all partners in FGM abolition. Key players were identified to be policy makers, leaders, parents, circumcisers and grand parents.			
Comments	In 2004, CO was active in GBV, especially in the conflict zones in Darfur.			
How effective is the mechanism overall in monitoring/reducing GBV ?				
Does this mechanism address legal issues related to GBV?				
Does the mechanism cover the following areas:				
Area	Covered			Comments
	Yes	No	No data	
Sexual Violence				
Domestic Violence				
Trafficking				
Harmful customary or traditional practices				

State Committee for Combating Violence Against Women

Mechanism Type	GBV			
Status	Exists: implemented or functional			
Validity	Effective From: 2005 To: 0000			
At which level is the mechanism operative ?	National			
Description, including the way in which the mechanism monitors and/or reduces GBV	State Committees in 2 Darfur States are established by the Governors. The Committee consists of government, UN and local NGOs representatives and discuss various issues on prevention and response of GBV and monitor the reported rape cases. Police and judiciary are members of the Committee and act upon the decisions made in the Committee.			
Comments	The Committees needs to be strengthened and supported, both technically and financially.			
How effective is the mechanism overall in monitoring/reducing GBV ?	Marginally effective			
Does this mechanism address legal issues related to GBV?	Yes It has a mandate to follow up specific reported cases. UNFPA as a member of the Committee can also refer cases to the other UN agencies that are providing legal support to rape survivors, such as UNDP.			
Does the mechanism cover the following areas:				
Area	Covered			Comments
	Yes	No	No data	
Sexual Violence	x			
Domestic Violence	x			
Trafficking		x		
Harmful customary or traditional practices		x		

Law banning the severest form of FGM

Mechanism Type	GBV- FGC
Status	Under discussion
Validity	Effective From: 1945
At which level is the mechanism operative ?	
Description, including the way in which the mechanism monitors and/or reduces GBV	Generally, medical professionals do not practice the severest forms of FGM in Sudan. These are performed by paramedics and traditional practioners
Comments	The country is putting effort into banning all forms of FGM.
How effective is the mechanism overall in monitoring/reducing GBV ?	
Does this mechanism address legal issues related to GBV?	

Does the mechanism cover the following areas:

Area	Covered			Comments
	Yes	No	No data	
Sexual Violence				
Domestic Violence				
Trafficking				
Harmful customary or traditional practices				

UNFPA's contribution to the development and implementation of mechanisms in 2005

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	CO overall contribution in 2005
Promoting effective design	Major	UNFPA CO has been mandated by the UNCT to lead the coordination of GBV prevention efforts in Darfur. There is a forum consisting of UN Agencies and INGOs, which meets regularly to monitor GBV issues. UNFPA CO supported INGOs and local NGOs on GBV prevention/addressing activities, including advocacy, awareness raising and capacity building.
Partnering with civil society groups in formulation/ development phase	Major	
Promoting adequate resources allocation/ expenditure	Moderate	
Expanding coverage of issues covered/ addressed	Major	
Promoting full implementation	Major	
Other :		

Discriminatory provisions against women and girls removed from national and sub-national legislation

Are there discriminatory provisions against women and girls in legislation?

Yes

Comments:

There are some examples of discrimination against women in legislations. Women cannot obtain divorce without court permission but this is not required for men. Reporting on sexual violence in its various forms is discriminatory as evidence requested from a male is different from a female. Thus, it increases suppression, vulnerability and under reporting. Over the last year, significant time and attention of UNFPA and other international agencies have been focused on medical support for survivors, including protracted discussions and negotiation on the Form 8 issue, which resulted in amended Circular-Rule of Application of Criminal Circular No.2 (signed in October 2005). Following advocacy by UNFPA and the GBV coordination committee, the governor of south Darfur issued Wali's Decree Number 17 signed on 6 March 2005 (stating that women should have access to medical attention without having to fill out the Form 8) and pioneered establishment of a state committee on combating GBV which includes representatives from the health, social services, security and justice sectors.

Existing discriminatory provisions against women & girls

UNFPA's contribution to the removal of discriminatory provisions against women and girls in 2005

Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	CO overall contribution in 2005
Building capacity of civil society groups in advocacy for the removal of discriminatory provisions against women and girls	Minor	UNFPA CO led the GBV core group in amending procedures for accessing health treatment for rape victims, resulting in a new circular that allowed access to health treatment without police report, and sue the perpetrators.
Building capacity of civil society groups to monitor CEDAW	Minor	
Partnering with civil society groups in advocacy for the removal of discriminatory provisions against women and girls	Major	
Promoting the enforcement of anti-discrimination provisions within law	Minor	
Promoting the review of existing legislation that discriminates against women and girls	Minor	

Civil society partnerships actively promoting gender equality, women and girl's empowerment and reproductive rights

Are there any civil society partnerships actively promoting gender issues and RRs in your country?

Yes

Comments:

UNFPA started implementing an emergency program in partnership with civil society organizations (CBOs and NGOs). The areas of intervention are provision of RH services and SGBV to war-affected populations in the camps and host villages in the three states of Darfur.

CSO Partnerships:

GBV Coordination Groups

Partnership Type	CSO/NGO - GBV		
Status	Exists: implemented or functional		
Validity	Effective From: 2005 To: 2006		
At which level is the partnership operative ?	National		
Partnership description:	GBV Coordination mechanisms have been developed both at national and sub-national levels. The membership includes UN agencies and CSOs that meet on a regular basis to review and address the GBV response and prevention issues. Separate Groups at national and sub-national levels are also established that include government officials as well.		
Comments			
Who are the main partners?	Government, UN agencies and CSOs are the main partners.		
To what extent are the following	Partner Type	Extent	Comments

Types of partners engaged :	Women's CSOs Comprehensive engagement Youth's CSOs Not in partnership Pro-poor's CSOs Not in partnership Government Comprehensive engagement UN Agencies Comprehensive engagement Private Sector Not in partnership			
What is the role of the CO in the partnership?	UNFPA Sudan CO is the lead agency in this Coordination mechanisms.			
How effective is the partnership overall in promoting gender issues and RRs?	Effective			
Does the partnership promote the following:				
Area	Covered			Comments
	Yes	No	No data	
Gender equity, equality & women's empowerment	x			
Reproductive rights	x			
Gender analysis of budget		x		

UNFPA's contribution to promoting civil society partnerships in 2005


Please indicate whether the CO has been working towards the following aims:

Aim	Scope of CO intervention	CO overall contribution in 2005
Building capacity of civil society groups in advocacy	Moderate	
Promoting effective design	Moderate	
Promoting adequate resources allocation/ expenditure	Moderate	
Expanding coverage of issues covered/ addressed	Moderate	
Promoting full implementation	Major	
Other :		

Table 3
Management for results

T3 - Managing for Results

This table is designed to collect information and data related to the MYFF Managing for Results framework (MfRF), which are used for informing decisions of UNFPA senior management and for corporate monitoring and reporting.



Leadership in policy and programme development
Excellence in human resources
Knowledge management
Management and accountability systems
Ensured financial stability

Leadership in policy and programme development

1. For COs engaged in formulating a **new CP** in 2005, please indicate if the following strategic planning tools were used:

- Problem tree
- Causality analysis
- Stakeholder analysis
- Not engaged in new CP formulation

Please comment on your answers to question 1 by explaining the constraining and facilitating factors for use or non-use of any or all of the mentioned strategic tools:

N/A

2.a What proportion of output indicators in your logframe or RRF currently has **baseline data**?

- 0 - 24 %
- 25 - 49 %
- 50 - 74 %
- 75 - 99 %
- 100 %

2.b What proportion of output indicators in your CP (or project) logframe or RRF currently has **targets**?

- 0 - 24 %
- 25 - 49 %
- 50 - 74 %
- 75 - 99 %
- 100 %

Please comment on your answer. Indicate the factors that constrained and/or facilitated the establishment of baseline data and targets and the strategy to increase proportion of baseline data (if less than 50%)

There is no reliable data set to depict the current situation in Sudan. Latest census results in 1993 and Safe Motherhood Survey in 1999 covered part of the country and therefore can not serve as baseline data. This is for two reasons: a) its partial coverage and; b) data are not updated. However, targets were drafted based on available information.

3.a Is there a database in the CO for monitoring CP results?

- No
- Being developed
- Yes

3.b If yes or being developed, is the database established/being established in partnership with others?

- With UN Agencies (devinfo or other databases)
- With Government
- With UN Agencies and Government
- By UNFPA only

3.c If yes or being developed, what are/will be the main components of the database:

Sudan Household Survey (a merger of PAPFAM and MICS) has been planned for and will be conducted in early 2006. Preparations are underway and the results will be used for monitoring current CP and its extension, as well as next UNDAF and CP.

4.a In 2005, did the CO conduct a CP end line survey?

- Yes
- No

4.b If yes, what proportion of CP outputs was covered?

- 0 - 24%
- 25 - 49%
- 50 - 74%
- 75 - 99%
- 100%

5. Use of M&E tools:

5.a For countries that have gone through harmonized CP process, please indicate if CO Staff used the following harmonized M&E formats in 2005

- CPAP Planning and Tracking Tool
- CPAP M&E Calendar
- Annual Work Plan Monitoring Tool

- Standard Progress Report
- Field Monitoring Visit Report Format

5.b For countries that have **not** gone through harmonized CP process, please indicate if CO Staff used the following 2001 M&E formats in 2005

- Programme Management Plan
- Project Work Plan
- Annual Project Report
- Final Project Report

6.a in 2005, did the CO conduct an annual UNDAF and CP review:

- Yes, review was conducted for the CP only
- Yes, CP review was conducted as part of UNDAF review
- Yes, CP and UNDAF reviews were conducted separately
- No

6.b If yes, please indicate if the review included the following:

- General review of progress
- Analysis of output indicators and available data
- Analysis of strategies deployed

7.a In 2005, did the CO have a plan of regular field visits by programme/project managers?

- Yes
- No

7.b If yes, what was the implementation rate of the field visit plan?

- 0 - 24%
- 25 - 49%
- 50 - 74%
- 75 - 99%
- 100%
- Not Sure

If the field visit plan implementation rate is below 75%, please explain why it was not possible to fully implement it:
N/A

8. In 2005, what proportion of field visits findings did the CO take follow-up action on ?

- 0 - 24%
- 25 - 49%
- 50 - 74%
- 75 - 99%
- 100%
- Not Sure

9.a In 2005, please indicate the extent to which CO staff used the Programme Manager's Monitoring and Evaluation Tool Kit

- CO staff using Tool Kit
- CO staff familiar with, but not yet using Tool Kit
- CO staff not yet familiar with Tool Kit

9.b In 2005, please indicate the extent to which National programme counterpart staff used the Programme Manager's Monitoring and Evaluation Tool Kit

- National counterpart staff using Tool Kit
- National counterpart staff familiar with, but not yet using Tool Kit
- National counterpart staff not yet familiar with Tool Kit

10. Please provide information on all evaluations and data collection activities conducted in 2005:

Title	Type	Purpose	Evaluators				DocuShare
			Nat.	Int.	CST	Joint (partners)	
Mid-Term Review	Formative	1. Facilitate and contribute to an in-depth review of the current country programme, its three sub-programmes and component projects, and; 2. To take part in the CP MTR Meeting and assist the CO in streamlining its findings and recommendations in the CP.	3	1	3	FMoH, NPC, other relevant government institutions	

11.a Please indicate if CO supported the development of M&E systems in national counterpart organizations in 2005

- M&E systems in the MoH
- M&E systems in other line ministries

- [] M&E systems in the context of a sector wide approach (SWAp)
 [] M&E systems in the context of a poverty reduction strategy (PRS)
 [x] Other M&E systems - specify: M&E system in other government and civil society partners including counterparts in PDS and Advocacy sub-programs.

11.b If you have supported M&E systems, what was UNFPA's specific contribution?

Assisted partners in developing field monitoring plans and how to write financial and technical monitoring report. Assisted partners in developing data collection tools (format and checklist) for project activities.

12. Please provide information on UNFPA's participation in joint programmes with other UN agencies:

A joint programme is a set of activities contained in a common work plan and related budget, involving two or more UN organizations and (sub-) national partners. The work plan and budget form part of a joint programme document, which also details roles and responsibilities of partners in coordinating and managing the joint activities. The joint programme document is signed by all participating organizations and (sub-)national partners. (source: Guidance Note on Joint Programming, UNDG 2003)

CP Outcome	Title	Description	Status	Funding	Man. agent/Adm. agent	Total budget US\$	UN Agencies / donors (share)	Implementing Partners
Contribution to improved utilization of quality RH services and information with special focus in vulnerable groups such as adolescents, youth, IDPs and refugees.	RH and HIV/AIDS capacity building project	The project targets strengthening capacities of RH service providers and improving awareness on STIs/HIV/AIDS of the refugees in Eastern Sudan by 2007.	Planned	Parallel	UNHCR through its sub-office at El Showak (Eastern Sudan)	154,927	UNHCR 56.00%	- Human Appeal International - Sudanese Red Crescent Society - Global Health Foundation
	STI/HIV/AIDS Awareness and Prevention Project.	The overall goal of the project is to contribute to the national goal of enhancing and disseminating quality STI/HIV/AIDS information among youth, adolescents and other members of community in the project catchment area (refugee and IDPS camps,	Planned	Parallel		285,240	UNHCR 21.00% UNDP 27.00% UNFPA 53.00%	

Please briefly comment on the main obstacles and constraints you have faced in developing and implementing the joint programme(s):

- It is difficult to carry out monitoring visits to some of refugee camps in the rainy season. - Delay in the arrival of the internationally procured RH commodities and supplies. - Decreased budget allocation for the project by UNHCR, UNDP and UNFPA.

Excellence in human resources

13.a To what extent has the CO typology been implemented for your office? Please check all steps that have been completed to date:

- Finalization of post profiles for programme posts
 Matching exercise for core posts
 Recruitment for vacant posts

13.b If the steps above have not been fully completed, briefly explain:

Steps completed but staff turn over was high as well.

13.c How many person-months vacancy/ies in key posts (national and international professional staff in 100 and 200) did the CO have in 2005?

CO posts	Total number of vacant posts in 2005	Duration of each vacancy	No of re-advertisement per post
International staff	6	Vacancy 1: 7 months	1
		Vacancy 2: 12 months	1
National Professionals	2	Vacancy 1: 5 months	
		Vacancy 2: 4 months	
		Vacancy 3: ___ months	
		Vacancy 4: ___ months	
		Vacancy 5: ___ months	
		Vacancy 6: ___ months	

13.d Did your CO experience difficulties in filling vacant posts?

- Yes
 No

13.e If yes, please indicate the reasons below:

- Not enough applicants generated
 Candidates lacked academic and/or professional qualifications
 Candidates lacked language proficiency
 Top candidates refused the offer
 Other - specify: quality of applicants

14. Has the current post profile of your office helped in the effective implementation of your CP/projects?

Core posts:

- Yes
 No
 Not sure

Please explain:

Programmatic environment has drastically changed. Gaps in human resource were filled by recruitment of project staff, consultants, and secondment.

Programme/project posts

- Yes
 No
 Not sure

Please explain:

The same as mentioned above.

15. Has the early separation programme (ESP) helped in the implementation of the typology in your office?

- Yes
 No
 Not sure

Please explain:

The new typology helped in recruiting qualified staff to perform on operational and programmatic aspects.

16. On which elements of human resources would your office like to receive more information or have specific training to assist in the management of your staff?

- Performance management
- Coaching for managers
- Competency-based recruitment
- HR Policies and procedures
- Post management in Atlas

17.a Does the CO have any of the following:

- M&E focal point (staff time is partially dedicated to M&E)
- M&E officer (staff time is fully dedicated to M&E)
- M&E unit (entity within CO with several staff or as part of the UNCT M&E unit)
- M&E working group or task force

17.b If yes, indicate proficiency of M&E staff in evaluation methodology:

- Good
- Fair
- Poor

18.a Were the following activities related to staff development carried out in 2005 in CO?

- Need assessment for staff capacity building
- Formulation and implementation of a staff training plan

18.b Please indicate the extent to which activities in the staff training plan were completed?

Completion rate	International staff	National professional staff	General support staff
0 - 24%			
25 - 49%			x
50 - 74%	x	x	
75 - 99%			
100%			

19. Please indicate the proficiency of CO professional staff in result-based management (RBM)

- Good
- Fair
- Poor

Caring for Us - Setting Minimum Standards in all UNFPA Offices on HIV/AIDS in the Workplace

In 2003, UNFPA developed the [10 Caring for Us Minimum Standards on HIV/AIDS in the Workplace](#), which was the first step in handling HIV/AIDS in the workplace. These minimum standards are to be met by all UNFPA offices. To date, please indicate the level of implementation of these standards in your office in the table below:

The rights of staff and dependents to have:	Implementation Level
Information about UN policies, staff rights, entitlements and benefits, regarding HIV/AIDS and the workplace	<input type="checkbox"/> Not implemented <input checked="" type="checkbox"/> Partially implemented <input type="checkbox"/> Fully implemented
Information on the facts about HIV/AIDS and how to prevent it, including discussion on stigma and discrimination related to the epidemic	<input type="checkbox"/> Not implemented <input type="checkbox"/> Partially implemented <input checked="" type="checkbox"/> Fully implemented
Interactive learning/training activities conducted annually	<input type="checkbox"/> Not implemented <input checked="" type="checkbox"/> Partially implemented <input type="checkbox"/> Fully implemented
Free access to male and female condoms	<input type="checkbox"/> Not implemented <input type="checkbox"/> Partially implemented <input checked="" type="checkbox"/> Fully implemented
Access to voluntary counseling and testing (VCT)	<input checked="" type="checkbox"/> Not implemented <input type="checkbox"/> Partially implemented <input type="checkbox"/> Fully implemented
Confidentiality in the management of medical information, including HIV status, in processing of health insurance claims (MIP), improvement of reimbursement procedures	<input checked="" type="checkbox"/> Not implemented <input type="checkbox"/> Partially implemented <input type="checkbox"/> Fully implemented
Good-quality, confidential medical care, including Anti-Retroviral (ARV) and prevention of parent-to-child transmission (PPTCT) therapy, as indicated, if HIV-positive, access to vaccination as soon as it is available	<input checked="" type="checkbox"/> Not implemented <input type="checkbox"/> Partially implemented <input type="checkbox"/> Fully implemented

First aid assistance using universal precautions	<input checked="" type="checkbox"/> Not implemented <input type="checkbox"/> Partially implemented <input type="checkbox"/> Fully implemented
Rapid access to HIV Post-Exposure Prophylaxis (PEP) kits	<input type="checkbox"/> Not implemented <input checked="" type="checkbox"/> Partially implemented <input type="checkbox"/> Fully implemented
A supportive and caring office environment	<input type="checkbox"/> Not implemented <input type="checkbox"/> Partially implemented <input checked="" type="checkbox"/> Fully implemented

Comments:

The CO has no HIV/AIDS officer to deal with detailed concerned issues. It has been integrated with RH as cross-cutting theme in the health and PDS components.

Knowledge Management

20. Did the CO maintain a web page or website in 2005?

	Web page	Website
Yes		
One was being developed	x	
No		x

21.a In 2005, please indicate the CO's familiarization with UNFPA knowledge assets:

Asset	Programme staff is aware asset exists	Programme staff has accessed the asset site	Programme staff has used asset to support their functions
SWAPs	x		
Right based approach to programming		x	
Obstetric Fistula			x
Quality of SRH Care			x
EmOC			x
Cult. sensitive approach to programming	x		
RHCS			x
Pop. and housing census		x	
FGC			x
HIV/AIDS			x

21.b If programme staff have used any asset, please indicate the purpose of use:

- CP/CPAP/AWP development
 Advocacy
 Training
 M&E
 Other - specify:

21.c Please describe what you think should be done to improve Knowledge Assets:

1) Annual Report by country offices/other reporting requirements could be used as a means of enriching KAs and promoting KS within the organization. The reports should be assessed in terms of their analytical feature/value depicting not only activities and initiatives accomplished, results achieved and proven through evidences and indicators, but also in terms of generated experiential knowledge and recommended practices to feed into the KAs. The best annual reports that succeeded in this (analytical + equipped with recommended practices + newly generated experiential knowledge and etc.) could be brought to the attention of all staff for further discussions and successful offices could be marked as exemplary offices to follow up. 2) Put on the top of KAs agenda such issues as various users' perspectives, quality assurance, and practical application/viability of KAs, since some aspects that may work in one setting may not work in another. Before synthesis and analysis of all lessons learned to formulate recommended practices they should be shared and discussed broadly.

22. In 2005, please indicate the extent to which the CO used the development gateway and reproductive health portal for the following purposes:

CP activities	Frequently	Sometimes	Rarely	Never
Programme planning				x
Programme implementation			x	
Programme M&E				x
Advocacy		x		
Resource mobilisation			x	

23. Has CO designated a DocuShare focal point and alternate?

- Yes
 No

If no, please specify the reason why:

Monitoring and Evaluation Associate (Yousif Hamdean) e-mail: yousif.mutwakil@undp.org

24. What proportion of CO documents (2004 and 2005 OMPs, mission reports, consultants' reports, programme management documentation) have been uploaded into DocuShare?

- 0 - 24%
- 25 - 49%
- 50 - 74%
- 75 - 99%
- 100%

25. What proportion of CO 2004 and 2005 publications have been uploaded into DocuShare?

- 0 - 24%
- 25 - 49%
- 50 - 74%
- 75 - 99%
- 100%

26. Describe the factors contraining CO's contribution to DocuShare:

27. Describe what additional support you require from HQ to make CO's contribution to DocuShare more effective:

Management and accountability systems

28. Were the following reviews of CO's Office Management Plan (OMP) undertaken in 2005?

- Mid-year review
- Annual review

29. Please assess the proficiency level of CO staff for operating Atlas:

	Financial admin staff	Professional staff
Good	x	x
Fair		
Poor		

Ensured financial stability

30.a Did the CO have a resource mobilization plan for 2005?

- Yes
- No

30.b Please indicate the proportion of extra-budgetary resources mobilized in 2005 as per RMB plan or CP provisions

- 0 - 24%
- 25 - 49%
- 50 - 74%
- 75 - 99%
- 100%

31. Please indicate the amount of other resources mobilized in 2005

Type	Amount (US Dollars)
Cost-sharing	\$5.2 million
Trust fund	
Parallel funding	

32. What was the CP implementation rate, considering the last approved ceiling in 2005?

- 0 - 24%
- 25 - 49%
- 50 - 74%
- 75 - 99%
- 100%