



2012 Country Office Annual Report

Sudan

FINALIZED OFFICIAL REPORT

Finalized on: 19 December 2012

SECTION I. Strategic Plan Development Results Framework

OUTCOME 1. Population dynamics and its inter-linkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies

A: NARRATIVES:

1. Has the UNFPA country office achieved in 2012 results regarding the areas listed below? If yes, please provide narratives (maximum 300 words each) specifying in each case the results achieved and any major factors that enabled/constrained this achievement. If no, please explain why.

During the year, the UNFPA country office achieved results regarding:

- | | Yes | No |
|--|-----|-----|
| a. National capacity development to address population dynamics issues in relevant national plans and programmes
<i>Financial and technical support by CO resulted in: 1) The approval of the revised NPP, which focuses on main strategic priorities/themes for integrating population dynamics, e.g. demographic transformation, special population groups, marriage, poverty, environment, migration, displacement and urban sprawl. The NPP background papers have been analyzed and packaged into two policy-oriented publications (Arabic & English) entitled "Sudan Population and Future Challenges". Preparatory work for developing the NPP-PoA has already started and will continue in 2013. The NPC had led the process and involved line ministries and CSOs. 2) The CO supported FMoY in development and finalization of the National Youth Strategy (NYS) its translation into English, dissemination to stakeholders and advocacy to officials, youth groups and the public. Two State Youth Strategies (Kassala & Gadarif) produced through series of participatory dialogues, advocacy, and capacity building in strategic planning. 3) With the support of ASRO, the CO facilitated workshop - attended by all youth partners - on discussion of the framework of the regional youth strategy on special emphasis on civic participation, employability and RH 4) Sudan completed two major global/regional reviews: (i) completion of ICPD beyond 2014 global questionnaire together with production of Sudan ICPD beyond 2014 report. A national consultant had been recruited to facilitate process, compile final filled in questionnaire, prepare report, undertake interviews with partners, and organize thematic and findings' validation meetings; and (ii) in conjunction with the ICPD beyond 2014 review, Sudan has become part of the regional review of the Madrid International Plan of Action on Aging (MIPAA) led by the American University in Beirut. A national consultant has been recruited to fill in and submit mapping toolkit on aging issues in Sudan. 5) These processes involved a series of capacity development and advocacy, training of IPs (inside/outside Sudan) and formation of forums/joint working groups.</i> | (X) | () |
| b. Advocacy and policy dialogue for the incorporation of population dynamics issues in relevant national plans and programmes
<i>Support provided to a series of advocacy and sensitization workshops and meetings, especially in the process of approving the revised NPP and integration of population issues in the national strategy plan (2012-2016), UNDAF, sectorial plans in line ministries (e.g. ministries of health, education, agriculture, finance, labour and environment) and state development plans. Special thematic groups have been formed for such a purpose and had involved participation of a wide range of politicians, parliamentarians, civil society organizations, academics and the media. These processes and the associated platforms created had at a later stage facilitated the national acceptance to participation in the Global Review of the ICPD beyond 2014. In addition, the momentum accompanied the finalization of the NYS has also facilitated the identification and integration of youth priorities into plans at national and state levels. In addition, the CO has fully engaged in the post 2015 Global Development Agenda consultation at country level to ensure incorporation of population dynamics issues.</i> | (X) | () |
| c. National capacity for development of national health policies and plans with integrated sexual and reproductive health services (including family planning) | (X) | () |

The CO contributed to the development of the National Health Strategy (2012 - 2016) and provided technical support in costing of the National Health Strategy and the Joint Assessment of the National Strategy (JANS) Mission as UNFPA was a member of the JANS organizing committee. The CO also provided technical and financial support to the development of the National RHCS strategy.

- | | | |
|---|-----|-----|
| d. National capacity of young people (including adolescents) for participation in policy dialogue and programming | (X) | () |
|---|-----|-----|

The support by the CO has resulted in: (i) training of 723 young people in leadership, management, advocacy, education using Y-peer methodology (advanced and basic), strategic planning, wide range of RH issues (including FGM/C, early marriage, FP, rape, STIs and HIV) and on the same issues reached out about 1,600 community members through campaigns; (ii) 10 youth centres are currently equipped and 4 youth centres are now under rehabilitation and equipping to deliver youth friendly and integrated services and information at state and locality levels; (iii) increased networking of youth associations and sensitizing them on civic participation and voluntary work; (iv) increase awareness through TV/Radio (campaigns and air messages) on youth issues; (v) facilitated cultural events at youth centres with officials to voice out their issues; (vi) supported state policy dialogues with politicians, legislators, CSOs and youth leaders on youth empowerment and civic engagement at state and locality levels where UNFPA program has been implemented; and (vii) provided funding for 17 youth representatives to participate in regional and global youths events. This momentum have created a critical mass of young people with knowledge and skills necessary for their participation in policy dialogues and programming with relevant stakeholders. UNFPA support has resulted in the inclusion of youth concerns into National Strategy Plan, NPP and national and state youth strategies. Youth issues are currently receiving political and programmatic support of the national and state authorities, which has already started to be translated into youth-focused projects, e.g. for employment. The main constraint is that youth groups are not well organized and have limited co-ordination between agencies with youth mandates and/or practical work.

2. During 2012, has your country office identified any good practice(s) related to the achievement of results within this UNFPA strategic plan outcome?
(X) Yes () No

Please provide a brief narrative (maximum 300 words) about the good practice(s) that your country office has identified highlighting its relevance, impact and potential of replicability within UNFPA.

1) This time, Sudan has accepted to be part of the ICPD from the onset and at the early stage of preparations for the ICDP beyond 2014 without sensitivity to any of the issues raised so far in the review process. The government has authorized lead technical institution on population issues, the National Population Council, to be on top of the process and work hand-in-hand with UNFPA. 2) The government of Sudan has put the issue of young people into its policy frameworks and the agenda of policy-makers. A full-fledged federal ministry for youth, which has been formed by a presidential decree, is now on top of the issues of young people supported by high council for youth in each state.

3. Assess, using a scale of 1 to 10, whether the country has capacity in terms of availability of resources, institutions and policy and legal frameworks to: (For this question the following definitions apply: resources = human and financial resources; institutions = entities capable of elaborating/implementing programmes and with monitoring systems in place; policy and legal frameworks = availability of policies, laws and regulations; 1= No capacity and 10= Full capacity)

- | | | |
|--|---|--|
| a. Incorporate population dynamics and its interlinkages with the needs of young people (including adolescents), SRH (including family planning), gender equality and poverty reduction in NDPs, PRSs and other relevant national plans and programmes | | |
| a.1. Resources | 5 | |
| a.2. Institutions | 4 | |
| a.3. Policy and legal frameworks | 7 | |
| b. Develop national health policies and plans with integrated SRH services (including family planning) | | |

b.1. Resources	6
b.2. Institutions	7
b.3. Policy and legal frameworks	5
c. Engage young people (including adolescents) for participation in policy dialogue and programming	
c.1. Resources	5
c.2. Institutions	4
c.3. Policy and legal frameworks	7

B: INDICATORS

Outcome indicator - Number of countries that have national development plans and poverty reduction strategies that address population dynamics and its interlinkages with the multisectoral needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and sustainable development and poverty reduction

Please report the following information about the National Development Plan/Policy (NDP) and Poverty Reduction Strategy (PRS) currently approved in the country:

1. Does the country have a NDP/PRS currently approved?

(X) Yes () No

REF# 44638

Type: (X) NDP () PRS
Name: *Five Year National development Plan, including sectoral plans*
Year approved: 2011 Effective From: 2012 Effective To: 2016
Is the NDP/PRS implemented? (X) Yes () No
Did UNFPA participate in any Committees (Steering, management, technical, etc) related to the development of this NDP (PRS)? (X) Yes () No
No
Please specify the role UNFPA played or activities UNFPA engaged (select all that apply):

[X] Advocacy for including population and development, reproductive health and gender equality issues.
[] Participated in Working Groups for drafting the NDP (PRS).
[] Provided technical assistance.
[] Provided financial resources.
[] Other, please specify:
Is an electronic version of the NDP (PRS) available?
() Yes (X) No
Please provide a brief description of the NDP (PRS):

Key elements	Inclusion in NDP/PRS					
	Situation analysis	Policy document	M&E plan	Resources allocated	Are there time-bound targets in relation to the key element?	Is the country monitoring these time-bound targets?
Population Dynamics and its inter-linkage with poverty						
Population size/growth/age structure/distribution	Yes	Yes	No	No	No	No
Fertility	No	No	No	No	No	No
Mortality	No	No	No	No	No	No
Migration	Yes	Yes	No	No	Yes	No
Population and poverty links	No	No	No	No	No	No
Reproductive Health, including HIV/AIDS						
Universal access to reproductive health	Yes	Yes	Yes	Yes	Yes	Yes
Family planning	Yes	Yes	Yes	No	Yes	Yes
Maternal health	Yes	Yes	Yes	Yes	Yes	Yes
HIV prevention	Yes	Yes	Yes	Yes	Yes	Yes
Availability of reproductive health indicators	Yes	Yes	Yes	Yes	Yes	Yes
Obstetric fistula	Yes	Yes	No	No	No	No
Gender equality						
Gender and poverty links	Yes	Yes	No	No	No	No
Gender and reprod. health links	Yes	No	No	No	No	No
Gender-based violence	Yes	Yes	No	No	No	No
Availability of sex-disaggregated indicators	Yes	Yes	No	No	No	No
Young people's multi-sectoral needs						
Adolescent reproductive health	No	No	No	No	No	No
HIV prevention	Yes	Yes	Yes	Yes	Yes	Yes
Gender-based violence prevention	Yes	No	No	No	Yes	No
Education, including vocational training	Yes	Yes	Yes	Yes	No	No
Employment and other income-generating opportunities	Yes	Yes	Yes	No	No	No
Emerging population issues						
Population ageing	No	No	No	No	No	No
Population decline/ low fertility	No	No	No	No	No	No
International migration	Yes	Yes	No	Yes	Yes	Yes
Internal Migration/ Urbanisation	Yes	Yes	No	No	No	No
Environment/Climate Change	Yes	Yes	Yes	Yes	Yes	Yes

Comments:

REF# 44639

Type: () NDP (X) PRS

Name: *Interim PRSP*

Year approved: 2012 Effective From: 2012 Effective To: 2016

Is the NDP/PRS implemented? () Yes (X) No

Please explain why not: *Just approved by Parliament in November 2012*

Did UNFPA participate in any Committees (Steering, management, technical, etc) related to the development of this NDP (PRS)? (X) Yes ()

No

Please specify the role UNFPA played or activities UNFPA engaged (select all that apply):

[X] Advocacy for including population and development, reproductive health and gender equality issues.

[X] Participated in Working Groups for drafting the NDP (PRS).

[] Provided technical assistance.

[] Provided financial resources.

[] Other, please specify:

Is an electronic version of the NDP (PRS) available?

() Yes (X) No

Please provide a brief description of the NDP (PRS):

Interim PRSP approved November 2012

Key elements	Inclusion in NDP/PRS					
	Situation analysis	Policy document	M&E plan	Resources allocated	Are there time-bound targets in relation to the key element?	Is the country monitoring these time-bound targets?
Population Dynamics and its inter-linkage with poverty						
Population size/growth/age structure/distribution	Yes	Yes	No	No	No	No
Fertility	Yes	No	No	No	No	No
Mortality	Yes	Yes	No	No	No	No
Migration	Yes	Yes	No	No	No	No
Population and poverty links	Yes	No	No	No	No	No
Reproductive Health, including HIV/AIDS						
Universal access to reproductive health	No	No	No	No	No	No
Family planning	No	No	No	No	No	No
Maternal health	Yes	Yes	Yes	Yes	Yes	Yes
HIV prevention	Yes	Yes	Yes	Yes	No	No
Availability of reproductive health indicators	Yes	No	No	No	No	No
Obstetric fistula	No	No	No	No	No	No
Gender equality						
Gender and poverty links	Yes	Yes	No	No	No	No
Gender and reprod. health links	No	No	Yes	No	No	No
Gender-based violence	Yes	No	No	No	No	No
Availability of sex-disaggregated indicators	Yes	Yes	No	No	No	No
Young people's multi-sectoral needs						
Adolescent reproductive health	No	No	No	No	No	No
HIV prevention	Yes	Yes	No	No	No	No
Gender-based violence prevention	No	No	No	No	No	No
Education, including vocational training	Yes	Yes	Yes	Yes	Yes	Yes
Employment and other income-generating opportunities	Yes	Yes	Yes	Yes	Yes	Yes
Emerging population issues						
Population ageing	No	No	No	No	No	No
Population decline/ low fertility	No	No	No	No	No	No
International migration	Yes	Yes	No	No	No	No
Internal Migration/ Urbanisation	Yes	Yes	No	No	No	No
Environment/Climate Change	Yes	Yes	No	No	No	Yes

Comments:

INDICATOR 1.1 : Number (and percentage) of countries where UNFPA has supported capacity development initiatives to incorporate population dynamics issues in relevant national plans and programmes

1. During 2012, has the UNFPA country office specifically contributed to strengthen national capacity to incorporate population issues in relevant national public policies, plans and expenditure frameworks

(X) Yes () No

key initiative/activity 1 (Maximum 300 words)

UNFPA has technically and financially supported the development and endorsement of the National Population Policy in a series of processes and stages that involved all relevant line ministries, CSOs, Media, the Cabinet and Parliamentarians. The endorsement and issues in the NPP have been highly valued by the Counsel of Ministers and publicized in the National Media and daily press. The Cabinet made a strong recommendation that the NPC should closely work with the National Counsel for Strategic Planning to use the revised NPP as umbrella policy to guide the strategic planning processes of all relevant national and sectorial plans.

key initiative/activity 2 (Maximum 300 words)

The CO utilized the opportunities in the approved National Youth Strategy, resulted from UNFPA support during this cycle, as a framework to develop State Youth Strategies in Kassala and Gadarif States. The work done has materialized the development of two strategies in these states, which have been valued by state authorities and base for integrating youth issues in their development and action plans at state and locality levels.

key initiative/activity 3 (Maximum 300 words)

The monitoring and evaluation of population dynamics issues is not yet incorporated in the National Development plans. This is anticipated to be further strengthened after the recent endorsement of the revised NPP which will be the framework for strategic planning processes that address the development of national development plans.

INDICATOR 1.2 : Number of persons trained on how to incorporate population dynamics issues in national plans and programmes

1. During 2012, have any personnel of national counterparts been trained (through direct training or technical assistance) in the incorporation of population dynamics issues in national plans and programmes with support from UNFPA (country, sub-regional, regional office and/or headquarters)?

() Yes (X) No

INDICATOR 2.1 : Number (and percentage) of countries where UNFPA has supported the development of national health policies and plans with integrated SRH services, (including family planning)

1. Is the country elaborating a new national health policy and/or plan?

(X) Yes () No

REF# 598
Name: National Health Sector Strategic Plan
From: 2012 To: 2016

REF# 599
Name: National RHCS Strategy
From: 2012 To: 2015

b. In 2012, has the UNFPA country office engaged with and provided technical, financial and/or material support to the elaboration process of a new national health policy and/or plan?

(X) Yes () No

INDICATOR 3.1 : Number (and percentage) of countries supported by UNFPA that have institutional mechanisms to partner with young people (including adolescents) in policy dialogue and programming

1. Does the country have institutional mechanisms to partner with young people (including adolescents) in policy dialogue and programming?

(X)Yes ()No

please specify (select all that apply):

- a. Youth advisory panels
- b. Special youth fellows
- c. Youth-led networks
- d. Coordination groups (such as: Working group on youth, Task force, National youth council or equivalent)
- e. Others (please specify): Youth parliaments, Y-Peer fellow

2. During 2011, did the country office support young people to participate in policy dialogue and programming?

(X)Yes ()No

Please provide the following information:

(a) What type of support did the UNFPA country office provide? (select all that apply)

- 1. Financial
- 2. Technical assistance directly provided by UNFPA (developing content, facilitating trainings, etc.)
- 3. Hiring of consultant to support/facilitate training
- 4. Provision of training materials/toolkits/guidelines
- 5. Advocacy with government and civil society organizations/networks to include young people in policy dialogue and programming; and/or to establish coordination mechanisms for youth
- 6. Any other (please specify):

(b) Who participated in the policy dialogue and programming? (select all that apply)

- 1. National youth councils
- 2. Youth-led organizations/networks
- 3. Government

[] 4. Other (please specify):

(c) Please describe what was the outcome of youth participation in the policy dialogue and/or programming (e.g.: incorporation of youth issues in the national development plans/frameworks, budget allocation for youth issues, policy change to remove legal barriers for young people to access services, youth representation in policy making mechanisms, etc.)?

The UNFPA's efforts have resulted in development of a critical mass of young people with necessary knowledge and skills for participation in policy dialogues and programming with relevant state- and non-state actors. Issues of young people are now put into policy frameworks and national plans, such as the National Strategy Plan (2012-2016), the revised NPP (2012), 5-year Action Plan of the NYS (2012-2016), UNDAF (2013-2016), and state youth strategies. Youth issues are currently receiving political and programmatic support of the national and state authorities, which has already started to be translated into youth-focused projects, e.g. the national project for youth employment opportunities, which is co-funded by the Government of Sudan and a consortium of 8 agencies/donors. It is worth mentioning that young people together their structures have been directly represented in these processes and in implementation of youth-focused projects. However, the main constrain is that youths and their groups are not yet well organized, and there is limited co-ordination between agencies working on youth issues.

OUTCOME 2. Increased access to and utilization of quality maternal and newborn health services

A: NARRATIVES:

1. Has the UNFPA country office achieved in 2012 results regarding the areas listed below? If yes, please provide narratives (maximum 300 words each) specifying in each case the results achieved and any major factors that enabled/constrained this achievement. If no, please explain why.

During the year, the UNFPA country office achieved results regarding:

a. National capacity development to implement comprehensive midwifery programmes Yes (X) No ()

In an effort to strengthen midwifery in Sudan, the CO supported: i) scholarship for 520 VMWs (1 year curriculum) and 75 midwifery technicians (2 year curriculum); ii) to strengthen midwifery education, UNFPA supported Sudan Academy of Health Sciences to educate three cohorts of B.Sc. students (140); iii) assessment and update of the midwifery curricula; iv) the Nursing and Midwifery Directorate to constitute a technical committee to provide policy direction in midwifery education and practice; v) Sudan Midwifery Association in developing a constitution and a network of midwives in the country; vi) rehabilitation and equipping of two midwifery schools in White Nile and equipment for the National Academy of Health Sciences in Khartoum; vii) procurement and distribution of VMWs kits to graduated MWs; viii) advocacy and sensitization sessions targeting decision makers at national and state levels on Sudan Midwifery Scale-up Strategy; ix) organization of media campaigns – using Radio and TV - to educate people on the role of MWs;

b. National capacity development for Emergency Obstetric and Newborn Care (EmONC) Yes (X) No ()

In its efforts to enhance the national capacity for EmONC, the CO achieved the following: i) UNFPA supported training of 30 trainers at national level and 331 health care providers at states level for provision of life saving obstetric skills including PAC services and infection prevention; ii) provided technical and financial support to develop national guidelines and case management protocols which was printed and will be distributed to SDPs; iii) supported rehabilitation and equipping of four referral rural hospitals to provide comprehensive (3) and basic (1) EmOC; iv) supported conduct of two blood donation campaigns in White Nile and Blue Nile states; v) supported an assessment of the EmONC in-service training courses (effectiveness of the content and methodology) for service providers; v) supported conduct of supportive supervisory field visits to EmOC facilities in rural areas by senior obstetricians in White Nile State;

c. National capacity for prevention, treatment and social reintegration for obstetric fistula Yes (X) No ()

UNFPA supported the national capacity for obstetric fistula management through: i) support to in-country training courses for 35 HCPs and participation in international conferences and fora for 5 fistula surgeons; ii) supported three fistula treatment campaigns were conducted in the states targeted 96 cases in addition to the provision of medical equipment and supply to states Fistula units; iii) the CO supported an annual meeting for the active fistula surgeons in the country on reviewing current status and challenges; iv) supported life skills training and social rehabilitation for fistula patients in Khartoum.

d. National capacity development to implement the Minimum Initial Service Package (MISP) in humanitarian settings Yes (X) No ()

1- In an attempt to enhance coordination, the CO supported: i) coordination of the RH Sub cluster meetings in Darfur, which helped identifying RH service challenges and presented analysed RH data; ii) training of 64 health service providers on MISP. 2- In an attempt to reducing the transmission of HIV/STI in humanitarian settings, UNFPA supported: i) HIV campaign targeted 50 students in Zalingy University; ii) awareness sessions on HIV/ STI targeted 2845 community leaders and youth in SD, ND and CD; iii) training of 255 HPs on Infection Prevention; training of 170 HPs on STIs Management; iv) blood donation units in North Darfur, East Darfur and Central Darfur with supplies and equipment. 3. To prevent EXCESS maternal & neonatal mortality & morbidity, UNFPA: i) provided scholarship for 66 VMWs from rural and nomadic population; ii) supported RH units in Belil and Sakali camps in South Darfur with equipment and minor renovation; iii) trained 40 Midwives and Medical Doctors on PMTCT. 4. the CO supported comprehensive RH services through: i) rehabilitation and equipping of health facilities in Elgenina, Aldaein, Umdafog, Buram, Morni, Kutum, Kabbabya and Zalingy Hospitals; ii) 80 Medical Doctors trained on EMONC, 80 Midwives on SOC, 150 on HIMS, 60 on IPC and 45 on PAC; iii) printing and distribution of RH registration books for health facilities in WD & CD States. 5. To ensure the availability of RH emergency supplies and equipment, the CO procured and distributed 780 RH Kits and equipment to serve 109,538 beneficiaries in emergency-affected states. 6. To improve awareness, UNFPA supported: i) development and distribution of 4000 posters on fistula and ANC; ii) transmission of RH messages through local media. 7. To respond to needs of young people in Humanitarian settings, Y Peer education targeted 60 and 50 peers from South and Central Darfur respectively.

2. During 2012, has your country office identified any good practice(s) related to the achievement of results within this UNFPA strategic plan outcome?

(X) Yes () No

Please provide a brief narrative (maximum 300 words) about the good practice(s) that your country office has identified highlighting its relevance, impact and potential of replicability within UNFPA.1. Sudan has severe shortage of professional midwives. The Academy of Health Sciences established an education programme on midwifery at Bachelor's degree level. However, the programme faced with a problem of in-adequate number of qualified and competent teaching staff (tutors). UNFPA supported recruitment of professional midwives in the health system where some of them are now responsible for the programme. The availability of professional competent midwives in charge of the programme provided an opportunity for the country to have competent Midwives, capable of providing life-obstetric saving skills which is in line with WHO and International Confederation of Midwives standards. 2. Peer education among the youth is effective and efficient in the provision of health information to large number of people within short period of time. For example, in collaboration with CSOs (CAFA, SOSO), the program covered more than 10,000 university students in Khartoum and the states. It is the first time that a senior government official – commissioner of Elfao Locality of Gedarif State to request implementation of the peer education program for young people especially in the highly populated villages.

3. Assess, using a scale of 1 to 10, whether the country has capacity in terms of availability of resources, institutions and policy and legal frameworks to: (For this question the following definitions apply: resources = human and financial resources; institutions = entities capable of elaborating/implementing programmes and with monitoring systems in place; policy and legal frameworks = availability of policies, laws and regulations; 1= No capacity and 10= Full capacity)

a. Implement comprehensive midwifery programmes

a.1. Resources	4
a.2. Institutions	5

a.3. Policy and legal frameworks	5
b. Provide emergency obstetric and newborn care (EmONC)	
b.1. Resources	5
b.2. Institutions	5
b.3. Policy and legal frameworks	8
c. Prevent and treat obstetric fistula and socially reintegrate women affected	
c.1. Resources	4
c.2. Institutions	6
c.3. Policy and legal frameworks	7
d. Implement the Minimum Initial Service Package (MISP) in humanitarian settings	
d.1. Resources	6
d.2. Institutions	7
d.3. Policy and legal frameworks	7

B: INDICATORS

INDICATOR 4.1 : Number (and percentage) of countries where UNFPA has developed capacity for management of midwifery workforce policies

In 2012, has the UNFPA country office provided technical, financial and/or material support for:

1. Development/revision/review of midwifery workforce policies (X)Yes ()No

please specify (select all that apply):

- a. Training policies
- b. Recruitment policies
- c. Deployment policies
- d. Career development policies
- e. Supervision and continuous education policies

2. Strengthening legislation to govern quality of midwifery services

()Yes (X)No

3. Strengthening midwifery education (such as revision of curricula, in-service trainings, effective teaching skills, etc.)

(X)Yes ()No

4. Creation/Strengthening of the national midwifery association

(X)Yes ()No

INDICATOR 5.1 : Number (and percentage) of countries where UNFPA has developed capacity for the upgrade of EmONC in sub-national health plans

In 2012, has the UNFPA country office developed capacity for the upgrade of EmONC through:

1. Planning (with establishment of a steering committee and identification of a national institution to carry out the survey), conduct and dissemination of the EmONC needs assessment

(X)Yes ()No

2. Generation of sub national fact sheets

()Yes (X)No

3. Use of data for planning and programming for scaling up EmONC services

(X)Yes ()No

INDICATOR 6.1 : Number of women treated for obstetric fistula with support from UNFPA

1. In 2012, did the UNFPA country office provide support to treat women surgically for obstetric fistula?

(X)Yes ()No

a. how many women were surgically treated for obstetric fistula with direct support from UNFPA?

96

2. Please report whether the country has the following:

- a. A routine data collection mechanism that includes indicators on obstetric fistula
- b. A functioning mechanism for the national coordination of obstetric fistula activities
- c. A strategy to prevent, treat and provide reintegration services for obstetric fistula
- d. Health care workers' training curricula that includes prevention and treatment/management of obstetric fistula

Yes	No
(X)	()
(X)	()
(X)	()
(X)	()

INDICATOR 7.1 : Number of personnel trained on MISP through UNFPA support

1. Have any personnel from implementing partners or from the country office attended in-person trainings and were certified on MISP in Reproductive Health in 2012 with support from UNFPA?

(X)Yes ()No

REF# 1949

Type of training () Comprehensive MISP training course (5 days)
() Training of RH coordinators (3 days)
(X) Adolescent sexual and reproductive health training (3 days)

Number of trainees certified on MISP in RH:
1. RH personnel from national implementing partners: 20
2. RH personnel from regional/global implementing partners: 0
3. UNFPA personnel: 0

c. Type of support provided by your country office (select all that apply):
[X] 1. Financial
[X] 2. Technical guidance
[X] 3. Training materials
[] 4. RH commodities (RH kits) to facilitate work of trainees
[] 5. Selection of candidates only (for regional and global trainings)

Dates: From: 10/23/2012
To: 10/25/2012

Location: (X) In the country
() Outside the country (please specify city and country):

REF# 1950

Type of training () Comprehensive MISP training course (5 days)
() Training of RH coordinators (3 days)
(X) Adolescent sexual and reproductive health training (3 days)

Number of trainees certified on MISP in RH:
1. RH personnel from national implementing partners: 22
2. RH personnel from regional/global implementing partners: 0
3. UNFPA personnel: 0

c. Type of support provided by your country office (select all that apply):
[X] 1. Financial
[X] 2. Technical guidance
[X] 3. Training materials
[X] 4. RH commodities (RH kits) to facilitate work of trainees
[] 5. Selection of candidates only (for regional and global trainings)

Dates: From: 04/17/2012
To: 04/19/2012

Location: (X) In the country
() Outside the country (please specify city and country):

REF# 1951

Type of training () Comprehensive MISP training course (5 days)
() Training of RH coordinators (3 days)
(X) Adolescent sexual and reproductive health training (3 days)

Number of trainees certified on MISP in RH:
1. RH personnel from national implementing partners: 22
2. RH personnel from regional/global implementing partners: 0
3. UNFPA personnel: 0

c. Type of support provided by your country office (select all that apply):
[X] 1. Financial
[X] 2. Technical guidance
[X] 3. Training materials
[X] 4. RH commodities (RH kits) to facilitate work of trainees
[] 5. Selection of candidates only (for regional and global trainings)

Dates: From: 11/18/2012
To: 11/20/2012

Location: (X) In the country
() Outside the country (please specify city and country):

REF# 1969

Type of training	(X) Comprehensive MISP training course (5 days) () Training of RH coordinators (3 days) () Adolescent sexual and reproductive health training (3 days)
Number of trainees certified on MISP in RH:	1. RH personnel from national implementing partners: 195 2. RH personnel from regional/global implementing partners: 0 3. UNFPA personnel: 0
c. Type of support provided by your country office (select all that apply):	[X] 1. Financial [X] 2. Technical guidance [X] 3. Training materials [X] 4. RH commodities (RH kits) to facilitate work of trainees [] 5. Selection of candidates only (for regional and global trainings)
Dates:	From: 03/01/2012 To: 12/05/2012
Location:	(X) In the country () Outside the country (please specify city and country):

2. Please provide the following information regarding the UNFPA country office preparedness for humanitarian response:

a. Has the UNFPA country office included humanitarian preparedness and response issues (such as having long term agreements-LTAs-, prepositioning of RH and dignity kits, establishing partnerships for humanitarian response, capacity building of partners in GBV, SRH, and data collection and analyses humanitarian settings) within its on-going programme?

(X)Yes ()No

b. Does the UNFPA country office have a team tasked (even within the on-going development programme) with coordinating humanitarian preparedness and response?

(X)Yes ()No

OUTCOME 3. Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions

A: NARRATIVES:

1. Has the UNFPA country office achieved in 2012 results regarding the areas listed below? If yes, please provide narratives (maximum 300 words each) specifying in each case the results achieved and any major factors that enabled/constrained this achievement. If no, please explain why.

During the year, the UNFPA country office achieved results regarding:	Yes	No
a. National capacity development for averting stock-outs of modern contraceptives and essential life-saving maternal/RH medicines at SDPs	(X)	()

The CO strengthened SDPs capacity to averting stock-outs at national and state levels through training of 30 national and state level managers in Quantification and Forecasting, of 40 state level managers in Supply Chain Management 190 focal points in LMIS. UNFPA also established regular stock monitoring visits to facilities and warehouses which covered all focus states warehouses and 85 health facilities providing FP services.

b. Capacity development (both human and institutional) for expanding contraceptive method mix (that is making a broad range of modern methods available in more SDPs and with expanded national coverage)	(X)	()
--	-----	-----

In 2012, the CO supported the expansion of contraceptives methods mix to 5 modern methods and introduced for the first time an implant into the public sector. Also, service provision capacity has been developed through rehabilitation and equipping of 4 FP units at state level, improving the storage capacity in 2 states and building capacity of 503 health care providers to provide quality RH/FP services.

c. Implementation of key demand generation activities at the community levels (either in a specific rural settlement or a specific location in an urban area) for increased uptake of quality family planning services	(X)	()
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Demand creation interventions constituted a good portion of the programme support in 2012. Community mobilization towards FP use covered 60 rural communities in the focus states where CPR is very low. Media campaigns at national and state levels delivered 73 local radio sessions and 22 TV messages in support of FP services. At community level, VMWs - as the sole health provider - worked on creating demand and increasing FP awareness across the focus states. According to informal interviews with some health care providers, acceptance and demand for FP service has increased in the targeted areas.

d. Advocacy and policy dialogue for government budget allocation for procurement of modern contraceptives and implementation of family planning interventions	(X)	()
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Advocacy events to encourage government and partners to allocate budgets for FP services were conducted at national and state levels '10 events'. These events managed to sensitize partners to collectively support the expansion of FP services including public, NGOs, private and social marketing sectors. As a result of these interventions: i) the private sector contributed to training of health care providers on long acting FP methods (implanon); ii) Central Medical Supplies agreed to give space for FP supplies in their warehouse and distribute them to states through their channels;

2. During 2012, has your country office identified any good practice(s) related to the achievement of results within this UNFPA strategic plan outcome?
(X) Yes () No

Please provide a brief narrative (maximum 300 words) about the good practice(s) that your country office has identified highlighting its relevance, impact and potential of replicability within UNFPA. *The public-private partnership on introducing implants into the public sector was very successful in achieving good coverage within a short time. Starting April 2012 and up to date, 230 senior health care providers 'OBGYN, MDs and Sisters were trained on IMPLANON insertion and removal which covered more than 200 facilities across the country, including in rural areas. NGOs and Private Company provided financial support for training of providers and showed willingness to assist in facilitating timely distribution of RHCs. Involvement of different partners on developing the RHCS Strategic Plan sensitized partners to contribute to the role of FP in improving maternal health and averting maternal deaths in a country with a long lasting poor RH indicators and high maternal mortality.*

3. Assess, using a scale of 1 to 10, whether the country has capacity in terms of availability of resources, institutions and policy and legal frameworks to: (For this question the following definitions apply: resources = human and financial resources; institutions = entities capable of elaborating/implementing programmes and with monitoring systems in place; policy and legal frameworks = availability of policies, laws and regulations; 1= No capacity and 10= Full capacity)

- a. Maintain an efficient reproductive health commodity security system
 - a.1. Resources 5
 - a.2. Institutions 7
 - a.3. Policy and legal frameworks 7
- b. Carry out community-based interventions for family planning
 - b.1. Resources 5
 - b.2. Institutions 6
 - b.3. Policy and legal frameworks 7

B: INDICATORS

INDICATOR 8.1 : Number (and percentage) of countries supported by UNFPA with SDPs that have no stock-outs of contraceptives within last six months

1. Please provide the following information about SDPs providing family planning services in the country.

SDPs providing family planning services	Percentage of SDPs
a. SDPs that offer THREE AND MORE modern contraceptive methods	41%
b. SDPs that offer LESS THAN THREE modern contraceptive methods	59%
c. SDPs that offer family planning counselling	61%
d. SDPs that experienced 'no stock-out' in the last 6 months	80%
e. SDPs that experienced 'stock-out' in the last 6 months	20%
f. Source of information: <i>Quarter Progress reports</i>	
g. Coverage of data:	
<input type="checkbox"/> Nationally representative <input type="checkbox"/> Urban only <input checked="" type="checkbox"/> UNFPA supported SDPs <input type="checkbox"/> Other	
h. Year: 2012	

2. Comments (if any that would help clarifying the information provided):

FP service availability survey is planned to be conducted in the first quarter of 2013 to verify the accuracy of quarterly reported information.

INDICATOR 8.2 : Number of national staff trained in logistics management through UNFPA support

1. Have any personnel from implementing partners or from the country office been trained in logistics management through UNFPA support?

(X)Yes ()No

REF# 3228			
Topics covered (select all applicable):	<input checked="" type="checkbox"/> 1. Overview of RHCS and LMIS <input type="checkbox"/> 2. Logistics software such as CHANNEL <input checked="" type="checkbox"/> 3. Quantification and forecasting <input checked="" type="checkbox"/> 4. Procurement <input checked="" type="checkbox"/> 5. Inventory and warehouse management <input type="checkbox"/> 6. Any other (please specify):		
Number of persons trained:	Personnel from:	Male	Female
	1. Government	10	20
	2. Other National implementing partners	0	0
	3. Other International implementing partners	0	0
	4. UNFPA	0	0
Dates of training:	1. From: 11/06/2012		
	2. To: 11/07/2012		
Location (select one option):	<input checked="" type="checkbox"/> In the country		
	<input type="checkbox"/> Outside the country (please specify city and country):		
Type of support provided	Agency providing support		
		UNFPA	Other contributing agencies
1. Financial		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Technical assistance directly provided by		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Technical assistance provided by external consultant financed by		<input type="checkbox"/>	<input type="checkbox"/>
4. Training materials		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Any other (please specify):		<input type="checkbox"/>	<input type="checkbox"/>

REF# 3262			
Topics covered (select all applicable):	<input checked="" type="checkbox"/> 1. Overview of RHCS and LMIS <input type="checkbox"/> 2. Logistics software such as CHANNEL <input type="checkbox"/> 3. Quantification and forecasting <input type="checkbox"/> 4. Procurement <input type="checkbox"/> 5. Inventory and warehouse management <input type="checkbox"/> 6. Any other (please specify):		
Number of persons trained:	Personnel from:	Male	Female
	1. Government	105	90

	2. Other National implementing partners	0	0
	3. Other International implementing partners	0	0
	4. UNFPA	0	0
Dates of training:	1. From: 03/01/2012		
	2. To: 12/05/2012		
Location (select one option):	(X) In the country		
	() Outside the country (please specify city and country):		
Type of support provided		Agency providing support	
		UNFPA	Other contributing agencies
1. Financial		[X]	[]
2. Technical assistance directly provided by		[X]	[]
3. Technical assistance provided by external consultant financed by		[]	[]
4. Training materials		[X]	[]
5. Any other (please specify):		[]	[]

INDICATOR 9.1 : Number (and percentage) of countries where UNFPA has supported key demand generation interventions, especially for modern methods of contraception

1. Did the UNFPA country office support any four key demand generation activities (as defined above), at community level, for modern methods of contraception in 2012?

(X)Yes ()No

a. Please specify (select all that apply):

[X] a. Financial

[X] b. Technical assistance directly provided by UNFPA

[] c. Technical assistance provided by external consultant financed by UNFPA

[X] d. Training materials

[] e. Any other (please specify):

b. Key demand generation activities supported by the country office (select all that apply):

[X] 1. Development of IEC/BCC and advocacy materials for FP

[X] 2. Dissemination of appropriate messages for FP by the community level health workers

[X] 3. Advocacy on FP at the community levels to involve the formal and informal leaders

[X] 4. Sensitization and awareness creation through community radio, radio drama, television drama, etc.

[X] 5. Sensitization activities targeting special groups incl. male motivation & youth involvement in FP promotions

[X] 6. Promotion of condom use for both FP and HIV prevention

[X] 7. Training of community health/extension workers and others for promotion of FP

[] 8. Social marketing of modern contraceptives

OUTCOME 4. Increased access to and utilization of quality HIV and STI prevention services especially for young people (including adolescents) and other key populations at risk

A: NARRATIVES:

1. Has the UNFPA country office achieved in 2012 results regarding the areas listed below? If yes, please provide narratives (maximum 300 words each) specifying in each case the results achieved and any major factors that enabled/constrained this achievement. If no, please explain why.

During the year, the UNFPA country office achieved results regarding:

a. Integration of HIV and SRH (including STI prevention) services (e.g.: increased access to SRH services for people living with HIV)

Yes No
(X) ()

In follow up to RAT conducted by Health Alliance International in 2011, Jasmara Organization and in close collaboration with SNAP achieved the following results: • Enhanced coordination and collaboration through regular technical working group meetings among all relevant stakeholders from HIV and RH programmes, UN agencies, international and national NGOs at the federal and state levels. • Advocacy and sensitization sessions for senior MoH personnel at national and sub-national levels in an effort to create an enabling environment for increased access to and uptake of SRH/HIV services. As a result, UNFPA piloted an integrated SRH/HIV service package in four states (5 localities per state except for Blue Nile in which only two localities were covered due to security reasons). • Strengthened health systems, in particular PHC through enhancing capacities of 200 health care providers in both RH facilities and HIV. • Increased access to and uptake of SRH/HIV services namely family planning, voluntary counselling and testing, care and treatment and condom distribution. • Sustained capacities and quality of care through supportive supervision, monitoring, mentoring and on job trainings for all trained health service providers in 28 health facilities at the state level jointly with government counterparts. • Draft SRH/HIV integration road map and strategy developed. Constraints: - Inherent weaknesses of health system which includes high staff turnover, poor infrastructure at health facility levels, no commodity security including and shortage of consumables and supplies - Lack of consensus about scope of linkages, e.g. limited to integration. Some key policy makers and program officers are still using PITC, PMTCT, and integration interchangeably - Absence and late engagement of civil society partners and community (especially PLHIV and MARPs): barriers include stigma and oppressive legal environments - Nonexistence/poor dissemination/distribution of national policies, IEC materials, guidelines and protocols.

b. Strengthened capacity of youth-serving/youth-led or sex worker-led organizations and networks to be able to engage in the design, implementation, and monitoring of programmes addressing SRH and HIV needs

(X) ()

(For this question, strengthening capacity is defined as building the skills, competencies and abilities of community-led networks/organizations to be able to advocate for policies and services, as well as design, implement and monitor SRH and HIV interventions for young people or sex workers. This includes providing support for developing, organizational structures, and effective methods of management and revenue control.)

UNFPA in close collaboration with Blue Nile National Institute for Communicable diseases achieved the following results; • Enhanced capacities of NGOs and community-led networks/organizations through six rounds of extensive trainings for 180 staff members on Programme Cycle Management, Behaviour Change Communication interventions including management of peer education and outreach programmes. • Enhanced capacities of 62 service providers from NGOs and government counsellors through two rounds of trainings on risk reduction counselling with focus on key population at higher risk services. • Core team of mentors was formed and extensively trained on coaching and mentoring skills to provide continuous supportive supervision for the trained NGOs staff with the aim of ensuring sustained capacity development and high quality service provision. • Enhanced capacities of five youth led organisation through provision of technical support and grants to design and implement comprehensive HIV awareness package of information and services for youth in eight universities across Sudan. The NGOs managed to carry Peer education trainings for 332 students, VCT trainings and advocacy session targeting 1000 university students. Each university was supported by social worker, counsellor to provide continuous support during project implementation. VCT and resource centres were established and equipped for sustained service delivery. New modality of mobile VCT within the universities was introduced which significantly increased uptake of service by university students.

c. Increased access to quality HIV and STI prevention services for key populations (sex workers, men who have sex with men and transgender people) (X) ()

With the support of UNFPA, standardized prevention package for MARPs was developed and implemented throughout the country. The package consisted of: peer education training targeting MARPs, advocacy events targeting policy and opinion leaders and stakeholders' sensitization meetings. The Integrated Bio-behavioural survey was successfully concluded in 15 states of Sudan with findings used for informing policies and programmes and as an advocacy tool to increase the commitment and response of government and civil society. • 82,810 MARPs & VGs reached by BCC community outreach activities. • Comprehensive package of HIV services was provided to the 196,159 from community including community sensitization with emphasis on stigma and discrimination, VCT promotion, ART adherence and support to PLHIV groups at VCCT/ART Centres. • Provided income generating sub-projects for 80 Female Sex workers (FSWs). • 150 PLHIV benefited from IGAs in addition to awareness raising, English language courses, vocational and human rights trainings including influencing bodies as Judiciary people. Challenges: - Stigma and discrimination against MARPs specifically the MSM group and PLWHA - Sensitivity of condom issue among policy and decision makers - Delayed fund release from Global Fund. - Weak technical & management capacities of local NGOs. - Short term duration of projects affects the sustainability and resulted in high burden on the NGOs especially in reporting. - Shortage of HIV testing kits & condom in States AIDS Programs negatively affected the mobile VCT and MARPs outreach activities. - Monitoring of referred cases of the MARPs to the VCT centres.

d. Implementation of the 10-step strategic approach to comprehensive condom programming or explain why it is not being implemented (The 10-step strategic approach to comprehensive condom programming is available at: http://www.unfpa.org/webdav/site/global/shared/documents/publications/2011/CCP_Framework_10-Step_Approach.pdf) (X) ()

UNFPA in collaboration with the SNAP achieved the following: 1- Development of national team of experts to support the CCP process. 2- Rapid Need Assessment was conducted at both federal and state level across 15 states utilizing UNFPA generic tools on CCP to identify the priority "next steps" to improve condom programming to prevent HIV transmission. 3- CCP Strategy developed - Ensure leadership & Coordination Mechanisms for CCP in all States & Localities in Sudan through Establishing Practical Inclusive Coordination and Partnership Working Groups & Taskforces for CP, Coherent Multifaceted Advocacy in favor of CP, Development & Endorsement of Policy and Regulation in Support of CP and Expanding options and opportunities for mobilizing resources to support CP. - Create Demand and Increase Access and Utilization of Condoms through Using Culturally Acceptable Social Marketing Techniques; - Establishment of practical Supply and Commodity Security system & procedures and establishment of a Standard Warehousing and Storage System, decentralized practical distribution & supply chain and practical Logistic Management Information System (LMIS). - Establishment of a responsive support system & procedures through Advocacy at all levels including among senior policy and decision makers, Conduct Social behavioral & operational research, 4- Developed of Standard CCP Training Package in both languages taking into consideration experiences from other countries with similar context and the RNA findings. 5- Enhanced capacities of health care providers across Sudan through training of 200 staffs on CCP package. Challenges ? Absence of the enabling environment to support implementation of CCP. ? Strong resistance from religious leaders to condom use as a preventive method, ? Criminalization and discrimination of MARPs and some vulnerable groups: this influence the access of these groups to facilities that providing HIV prevention services including condoms. ? Lack of a comprehensive package of condom programming.

2. During 2012, has your country office identified any good practice(s) related to the achievement of results within this UNFPA strategic plan outcome? (X) Yes () No

Please provide a brief narrative (maximum 300 words) about the good practice(s) that your country office has identified highlighting its relevance, impact and potential of replicability within UNFPA. UNFPA introduced the umbrella NGO approach as implementation/partnership modality for implementing and supporting MARPs interventions. The modality is built on selecting NGOs with high capacity and closely supports them to manage other NGOs. The modality was evaluated and key findings of this evaluation were high level of project effectiveness. Specifically, the technical, institutional and managerial capacities of the modality have proven adequate in delivering the project interventions with good quality. In particular, the umbrella modality showed excellent practices of coordination between partners at state and federal levels, and provided validated and credible data on a large geographical area. Experience in reaching and providing prevention services to MARPs particularly sex workers showed the effectiveness of building the capacity of CSOs and involving them in programming and service delivery. In addition, advocacy efforts among key stakeholders at the federal and state levels were instrumental to facilitate the engagement of wide range of CSOs in the implementation of prevention services.

3. Assess, using a scale of 1 to 10, whether the country has capacity in terms of availability of resources, institutions and policy and legal frameworks to: (For this question the following definitions apply: resources = human and financial resources; institutions = entities capable of elaborating/implementing programmes and with monitoring systems in place; policy and legal frameworks = availability of policies, laws and regulations; 1= No capacity and 10= Full capacity)

- | | |
|--|---|
| a. Plan, implement and monitor prevention programmes to reduce sexual transmission of HIV | |
| a.1. Resources | 6 |
| a.2. Institutions | 5 |
| a.3. Policy and legal frameworks | 4 |
| b. Address the HIV and SRH-needs of young people and sex workers, including through community-led organizations and networks | |
| b.1. Resources | 4 |
| b.2. Institutions | 6 |
| b.3. Policy and legal frameworks | 4 |

B: INDICATORS

INDICATOR 10.1 : Number (and percentage) of countries that have completed an assessment of the linkages between SRH and HIV policies, systems, and service delivery with support from UNFPA

1. Did the country undertake an assessment of the linkages between SRH and HIV policies, systems, and service delivery with support from UNFPA? (X)Yes ()No

please provide the following information:

Type of engagement/support provided by the UNFPA country office (select all that apply):

a. Please specify (select all that apply):

a. Financial

b. Technical assistance directly provided by UNFPA

c. Technical assistance provided by external consultant financed by UNFPA

d. Other, please specify:

Which tool was utilized (select one option):

Rapid Assessment Tool for Sexual & Reproductive Health and HIV Linkages : A Generic Guide

Other, please specify:

When was the assessment completed: 2011

Who coordinated the assessment: INGO (HAI)

Who were involved in the process (select all the apply):

Policy decision-makers and programme planners (such as: Director-general/executive head of health, HIV & AIDS, finance, social and education services; Programme directors of various ministries, such as education, health, women, and youth; Programme managers of planning, clinical services, primary health care (PHC), nursing, SRH, STI, and HIV; Chairperson of the Country Coordinating Mechanism and National AIDS Committees; Director and deputy directors of the national HIV programme; Representatives of private sector and professional organizations; Parliamentarians)

Civil society organizations and community leaders (such as: women's groups and their leaders, faith-based organizations, networks and organizations of people living with HIV, youth groups, representatives of key vulnerable and at-risk populations, community-based organizations)

UN organizations representatives (other than UNFPA)

Other donors and development partners representatives (such as: bilateral and multilateral agencies and international and national NGOs)

Service providers in the following settings where SRH and/or HIV services are available: hospitals and PHC clinics, public and private; school-based services (schools as delivery points, e.g. referrals of orphans and vulnerable children); crisis centres; youth centres; settings relevant for key populations (e.g. prisons for incarcerated persons, refugee camps for displaced populations); other areas (such as crisis centres, where civil services/rights are accessed and/or requested)

Clients of the following services: family planning; maternal and newborn care, including antenatal care, and post-abortion care; STI prevention, treatment and care; HIV prevention, treatment, care and support; HIV counselling and testing; PMTCT services; community care and support programmes; men's services; and IDU treatment and support services

Who were the key donors: Global Fund

Estimated cost of total assessment (in US\$): 43000

As a result of the assessment, list three key actions (max. 300 words) that have been formulated to scale up/intensify linkages? (if applicable, please include concrete actions the country office has identified for follow up):

key action 1

TWG to identify priority linkages applicable to Sudan

key action 2

Selection of sites of integration and development of training package

key action 3

Training of health care providers on the developed integration package

If the key actions are already being implemented, please describe progress and/or results (max. 300 words):

• *Enhanced Coordination and collaboration through regular technical workings group meetings among all relevant stakeholders from HIV and RH programmes, UN agencies, international and national NGOs at the federal and state levels.* • *Enabling and conducive environment through advocacy and sensitization sessions on key SRH/HIV issues among government authorities at the ministries and service provision outlets.* • *Strengthening health systems, in particular PHC through enhancing capacities of 200 health care providers in both RH facilities (ANC, PNC, FP, labour rooms, Laboratory services) and HIV facilities (ART, VCT, STI management outlets, health education venues) to deliver high quality integrated SRH/HIV services.* • *Improved health and behavioral outcomes and increased access to and uptake of SRH/HIV services namely family planning, voluntary counseling and testing, care and treatment rate for PLHIV, condom distribution, STI treatment, query about CA cervix, breast and GBV cases including among key populations at higher risk, women, PLHIV in 28 health facilities in selected localities in Kassala, Gaderif, Blue Nile and Khartoum states.* • *Sustained capacities and quality of care through continuous supportive supervision, monitoring, mentoring and on job trainings for all trained providers at 28 health facilities at the state level jointly with government counterparts.* • *Draft SRH/HIV integration road map and strategy developed in close collaboration with federal MOH and other partners.*

INDICATOR 10.2 : Number (and percentage) of countries where the comprehensive condom demand generation framework is implemented, specifically targeting a) young people and b) in the context of sex work

a) Young people:

1. Has the country implemented the 2010 Condom Demand Generation Framework?

Yes No

a. Is the country planning to?

Yes No

In what year: 2014 2. Are there barriers to condom programming for young people?

Yes No

a. If yes, please select all that apply:

- Stigma
- Availability
- Access to young people
- Access for young people
- Access to condoms due to age restriction (under the age of 18 and/or age of consent)
- Other, please specify:

b) In the context of sex work:

1. In 2012, has the UNFPA country office specifically supported condom programming for sex workers?
 (X)Yes ()No

a. Type of condom that was programmed (select all that apply):

male condom female condom

b. List the key partners:

Sudan National AIDS control Programme, NGOs (JASMAR, SFPA, SFCA), Reproductive Health Directorate

c. Were sex workers-led organizations/networks involved in the design, implementation and monitoring of comprehensive condom programming in the context of sex work?

(X)Yes ()No

2. In 2012, has the country office specifically supported condom programming for clients of sex workers?

()Yes (X)No

3. Are there barriers to condom programming for sex workers and clients of sex workers?

(X)Yes ()No

a. If yes, please select all that apply:

Stigma

Availability

Access to sex workers (unable to reach sex workers)

Access for sex workers (sex workers unable to access condoms)

Demand for unprotected sex by clients (resistance to condom use by clients)

Other, please specify:

INDICATOR 11.1 : Number of community-led organizations/networks supported by UNFPA to engage in programmes addressing HIV and SRH-needs of young people and sex workers

	Youth-serving/led	Sex worker-led
In 2012, has the UNFPA country office specifically supported youth-serving/led and/or sex worker-led organizations/networks to build capacity for effective advocacy and/or to engage in the design, implementation, and monitoring of programmes addressing both SRH and HIV needs?	(X) Yes () No	() Yes (X) No
If <u>yes</u> , please provide the following information: Approximately how many of these organizations/ networks exist in the country (<i>please report a number or indicate whether data are not available</i>):	5	
Number of organizations/networks which UNFPA <u>started supporting this year</u> (please DO NOT include organizations that were supported before 2012):	[] Data not available 0	
Type of support provided by the UNFPA country office (select all that apply):	<input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Technical <input checked="" type="checkbox"/> Training please specify type of training: Results-Based Management and Risk Reduction Counselling trainings <input type="checkbox"/> Assistance with resource mobilization <input type="checkbox"/> Other, please specify:	
As a result of UNFPA support, did the community-led organizations implement advocacy activities to address SRH and HIV-needs?	(X) Yes () No	
	If <u>yes</u> , please list one activity: <i>Advocacy meetings organized in four states (Kassala, Blue Nile, Khartoum and Gedarif)with relevant key ploicy makers</i>	

As a result of UNFPA support, were community-led organizations involved in the design, implementation and monitoring of SRH and HIV interventions?

(X) Yes () No

If yes, please list one intervention:
The Women Union in the a/m states were instrumental in the implementation and monitoring activities

In 2012, has the UNFPA country office worked with sex workers through other organizations implementing programmes addressing the HIV and SRH needs of sex workers?

(X) Yes () No

OUTCOME 5. Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy

A: NARRATIVES:

1. Has the UNFPA country office achieved in 2012 results regarding the areas listed below? If yes, please provide narratives (maximum 300 words each) specifying in each case the results achieved and any major factors that enabled/constrained this achievement. If no, please explain why.

During the year, the UNFPA country office achieved results regarding:

a. National capacity development for implementation of international agreements, national legislation and policies to promote and protect human rights and gender equality and to prevent abuses and violence (can be results related to human, technical and financial resources, knowledge, authority, motivation, leadership, organizational capacities, etc.)

Yes (X) No ()

UNFPA supported the establishment and strengthening capacities of the following GBV mechanisms: i) State Joint Committees on Combating Violence against Women and children in Darfur; ii) coordinated the participation of the UN Agencies and relevant UNAMID sections in GBV coordination mechanisms; iii) during the 16 Days of Activism against GBV, a new State Committee was established in Central Darfur where the UNFPA facilitated GBV WG; iv) supported issuance of the State Wali Decree to facilitate the operationalization of the regulations and activity plans of GBV for a/committees; v) UNFPA and partners (national and international NGOs and line ministries) finalized the GBV Standard Operating Procedure (SOP) in Darfur and has been translated into Arabic for review by line Ministries and other concerned parties in West Darfur.

b. National capacity development for the implementation of programmes addressing gender-based violence (X) ()

1. In an effort to contribute to abandonment of FGM, the CO supported: i) Ministry of Health to establish a National Taskforce for coordinating and leading national effort to abandonment FGM/C; ii) training of 400 volunteers and establishment of 10 CBOs for combating child marriage and FGM/C; iii) training of 928 service providers on GBV and referral path way, clinical management of rape survivors and psychosocial support in Blue Nile state, South Kordofan, Khartoum departure points and Darfur states; iv) 98 University students in Darfur were trained on socialization of GBV and UNSCR1325; v) 100 People with disabilities trained to assist in initiatives s and services related to GBV in Darfur; vi) 26 lawyers and 28 physicians in Darfur were also trained on issues related to prosecution of GBV cases and the use of the Criminal Form (8) 2. On domestic violence and sexual exploitation for girls at schools and universities, the CO supported: i) 50 media journalists trained on messages related to GBV, HIV and reproductive health issues; ii) awareness sessions on domestic violence and human rights for women prisoners, community leaders in Darfur and Blue Nile states; iii) Through the 16 Days of Activism, awareness raising sessions on GBV prevention and response for 110 community members in South Kordofan and Darfur; iv) 11 information sessions on GBV concepts and referral pathways targeting community leaders and 705 people (436 women/269 men) in four localities of the state; v) campaign against GBV during the International Women's Day in collaboration with line Ministries including State Ministry of Social Affairs and Ministry of Culture– NGOs and other UN agencies in Darfur; vi) provision of 19915 personal hygiene kits and sanitary pads in IDPs camps and host communities in Darfur, Khartoum departure points, south Kordofan, Blue Nile, White Nile way stations.

c. Progress for the abandonment of female genital mutilation/cutting and/or other harmful practices (legislation enactment and enforcement, training of health providers, community agents, judiciary personnel, advocacy, education and community empowerment, legal and health services, referral mechanism, partnership, etc.) (X) ()

UNFPA contribution to abandonment of FGM/C and other harmful practices resulted in the following achievements: i) The National Task-force on FGM/C is becoming the national coordinating body for FGM/C interventions in the country; ii) Ministry of Guidance and Endowment held series of seminars and orientation workshops on the negative consequences and complications of FGM/C and Child Marriage; iii) 50 midwives trained and supported to lead abandonment of FGM/C at community level; iv) 400 volunteers trained and supported to establish 10 CBOs in rural communities of the five focus states; v) 12 rural communities publicly declared the abandonment of FGM practicing; vi) 1300 IDPs in North Darfur reached by sessions on maternal health issues, referral pathways, psychosocial support, sexual violence and female genital mutilation (FGM)

d. Capacity development of government and/or civil society organizations/networks engagement of men and boys for the promotion of gender equality and reproductive rights (X) ()

In 2012, UNFPA strengthened the capacity of CSOs/networks to address gender equality and RR through: i) Y Peer were trained and supported to involve men and boys in advancing women and girls RH; ii) religious and local leaders formed a platform and strategy to address maternal mortality reduction in the five focus states; iii) Ministry of Welfare supported to lead efforts of maternal mortality reduction from socio-cultural perspective (seminars, workshops, studies); iv) Federal Ministries of Finance and Education were supported to include gender planning and budgeting in their sectoral plans; v) 25 Y peer educators received ToT on GBV and Psychosocial support and 25 youth trained on GBV Prevention and response; vi) In the target States' Universities, Faculties of Community Development are instrumental in community mobilization and outreach activities.

2. During 2012, has your country office identified any good practice(s) related to the achievement of results within this UNFPA strategic plan outcome?

(X) Yes () No

Please provide a brief narrative (maximum 300 words) about the good practice(s) that your country office has identified highlighting its relevance, impact and potential of replicability within UNFPA. *1. As a mechanism for improving women's social status, UNFPA supported women's centres in IDPs camps and other communities in Darfur. The centres offer a variety of skills training, health awareness sessions and income-generating activities as well as a meeting place for women to discuss issues of concern. In 2012, 250 women attended literacy classes, 600 women trained on food processing and 100 women trained on community leadership. This year, around 278 women graduated from UNFPA's funded adult education programme and small business projects) 2. UNFPA supported establishment and strengthening the capacity of Women Protection Networks/group at community level in South Kordofan to act as an intermediary between the community and service delivery agents. 15 women protection networks established and capacitated in 15 localities; and are currently providing awareness raising on GBV prevention and response with special emphasis on EM and FGM in their respective communities.*

3. Assess, using a scale of 1 to 10, whether the country has capacity in terms of availability of resources, institutions and policy and legal frameworks to: (For this question the following definitions apply: resources = human and financial resources; institutions = entities capable of elaborating/implementing programmes and with monitoring systems in place; policy and legal frameworks = availability of policies, laws and regulations; 1= No capacity and 10= Full capacity)

- a. Implement international agreements, national legislation and policies in support of gender equality and reproductive rights
 - a.1. Resources 6
 - a.2. Institutions 5
 - a.3. Policy and legal frameworks 7
- b. Address gender-based violence and provide quality services, including in humanitarian settings
 - b.1. Resources 7
 - b.2. Institutions 5
 - b.3. Policy and legal frameworks 7
- c. Engage community-led organizations and networks to promote gender equality and reproductive rights
 - c.1. Resources 5
 - c.2. Institutions 5
 - c.3. Policy and legal frameworks 7

B: INDICATORS

Outcome indicator : Proportion of countries that have incorporated reproductive rights into the convention on elimination of all forms of discrimination against women (CEDAW) reports

Please provide the following information about the latest CEDAW report prepared for the country:

1. Name of latest CEDAW Report: *Sudan did not ratify CEDAW*
2. Status: *Under preparation*
3. Report Date: *0000-00-00*
4. Please assess whether the following reproductive rights issues have been included in the latest CEDAW Report prepared for your country:

Reproductive rights issues included in CEDAW report	Yes	No	Not applicable
a. Policies/strategies for maternal health and family planning	()	()	(X)
b. Rights in accessing SRH information and services	()	()	(X)
c. SRH service provision for married and unmarried adolescents	()	()	(X)
d. Gender based violence	()	()	(X)
e. Harmful traditional practices, including female genital mutilation/cutting	()	()	(X)
f. Other (specify):			
g. Comments:			
5. Has the UNFPA Country Office supported implementation of the concluding observations of the CEDAW Committee?			
	()	(X)	No
6. In the last two years, was the country required to submit a National Report to the CEDAW Committee?			
	()	(X)	No

INDICATOR 12.1 : Number (and percentage) of countries supported by UNFPA to implement international agreements and national legislation for gender equality and reproductive rights

During 2012, has the UNFPA country office supported national development partners to improve the substance and scope of work on gender equality in any of the following areas:

	Yes	No
1- Advocacy and awareness on women’s empowerment, gender equality and reproductive rights (RR) to transform discriminatory social norms (for example: media and communications, working with political and civil society decision makers, gender equality organizations, and gatekeepers assigning specific budgets, etc.)	(X)	()
2- Implementation of legislation and policy through gender responsive programmes on SRH and RR (including GBV and FGM/C) related legislation and/or policy.	(X)	()
3- Participation of gender equality stakeholders in government planning processes for SRH, RR and data collection, including UNDAF.	(X)	()
4- During 2012, did the UNFPA country office provide support to enhance the capacity of the judiciary, national human rights institutions, law professionals, and civil society watchdog organizations to protect reproductive rights?	(X)	()

- a. Type of results achieved in 2012 (select all that apply):
- [] Laws and regulations on sexual and reproductive health and the status of women are brought in line with international human rights standards.
 - [] Laws, regulations and budgets expand the mandate and capacities of the judiciary and national human rights institutions to protect and enforce reproductive rights.
 - [] Regulations, protocols or guidelines on the protection of reproductive rights, and the handling of individual complaints are developed and implemented by national institutions.
 - [X] State officials and/or civil society activists have increasing knowledge and skills to monitor, protect and advocate for reproductive rights.

NGOs and public litigation groups have increased knowledge, skills and organizational capacities to monitor violations of reproductive rights, defend these rights, and produce shadow reports

Evidence-based situation analysis on reproductive rights is increasingly generated and used to advocate for legal, institutional, policy and/or behavioral changes.

Increasing public awareness on reproductive rights and the procedures for aggrieved individuals to claim these rights.

National institutions and civil society organizations have increased knowledge, skills and organizational capacities to report to international human rights mechanisms (CEDAW, CRC, ICCPR, ICESCR, Special procedures, the Universal Periodic Review, etc.)

b. Please describe in maximum 300 words UNFPA's role in achieving the above indicated results in 2012 and plans to move these efforts forward (e.g.: technical assistance, training, tools development, knowledge management, networking and partnerships including south/south cooperation, policy advice, community empowerment, research, advocacy, direct provision of human, technical and financial resources):

UNFPA supported initiation of National Taskforce on FGM/C headed by Ministry of Health and National Council of Child Rights. The Taskforce is expected to work as national coordination mechanism on the abandonment of FGM/C with membership from key government's institutions, media, legal bodies, academia and CSOs. Series of public seminars and dialogue meetings conducted by Ministry of Guidance and Endowment on Child Marriage in order to prepare for the change of law. 88 discriminatory articles against women and children of the law have been identified and are currently being revised.

INDICATOR 13.1 : Number of countries supported by UNFPA to develop GBV (including female genital mutilation/cutting) policy and programmatic responses

1. During 2012, has the UNFPA country office supported the development and/or implementation of national plans and policies to end GBV and/or to promote abandonment of FGM/C?

Yes No

Did the UNFPA country office contribute technical assistance and resources for the elaboration of the national plans and policies in any of the following areas?

- | | Yes | No |
|---|-------------------------------------|--------------------------|
| a. Development of legislation on GBV and/or abandonment of FGM/C. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. GBV policy development or revision within Ministries (such as those responsible for gender equality, health and HIV/AIDS, education, social welfare, finance, planning). | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Programme design, planning and implementation of GBV services | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| d. Implementation of GBV and FGM/C services | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Please select all that apply:

- Advocacy
- Availability of services
- Training of health providers
- Training of community and legal services agents
- Organize a referral system
- Community-based activities to raise awareness and engage dialogue

- | | | |
|---|-------------------------------------|-------------------------------------|
| e. Monitoring and evaluation of GBV and/or FGM/C services | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| f. Other (please specify): | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

INDICATOR 13.2 : Number of persons trained through UNFPA support in programming for GBV in humanitarian settings

1- Have any personnel from implementing partners or from the UNFPA country office attended in-person or online trainings in programming for GBV or inter-agency GBV coordination in humanitarian settings with support from UNFPA?

Yes No

INDICATOR 13.3 : Number of communities supported by UNFPA that declare the abandonment of female genital mutilation/cutting

1. Did the UNFPA country office provide support to reduce FGM/C?

Yes No

how many communities have made a public declaration of abandonment of FGM/C following direct support only from UNFPA in 2012 (please provide a number)?
515

INDICATOR 14.1 : Number (and percentage) of countries where UNFPA supported civil society organizations/ networks to engage men and boys in promoting gender equality

During 2012, has the UNFPA country office supported civil society organizations/networks to promote the engagement of men and boys in any of the following areas:

	Yes	No
1. Policy advocacy on engaging young men on prevention of GBV and HIV.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Community level advocacy and awareness on gender equality and reproductive rights to transform discriminatory gender norms (for example: media and communications, working with political and civil society decision makers and gatekeepers, etc.).	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Programmes that have specific objectives to engage men (including young men and boys) in SRH, care-giving and transformation of gender roles.	(X)	()
4. Has the country office provided support to <u>other national implementing partners</u> on engaging men and boys in 2012? Please report the following information about the support provided by the country office: a. Implementing partners provided with support (select all that apply): [X] Ministry of Health [X] Ministry of Gender/Women's Empowerment [X] Ministry of Youth [X] UN agencies [X] Academic institutions [X] Other implementing partners, please specify: <i>Ministry of Guidance and Endowment, Ministry of Education, Ministry of Youth</i> b. Type of support provided (select all that apply): [X] Financial [X] Policy advocacy to incorporate the engagement of men and boys in gender equality and/or sexual and reproductive health programming; [X] Technical (review of materials, developing training content, facilitating trainings, etc.) [X] Provision of training materials/toolkits/guidelines [X] Network/coalition/alliance building [X] Other, please specify: <i>Support to evidence bases intervention and M&E system</i>	(X)	()

5. Please list the thematic areas of work (for instance: *GBV, HIV, women and girls empowerment, maternal health, family planning, etc.*), strategies employed (engaging with: *uniformed services—police, military, peace keepers—; husbands/partners, gate-keepers—traditional and religious leaders, policymakers—, etc.*) and describe the main outcome(s) as a result of UNFPA support to implementing partners on engaging men and boys in promoting gender equality and reproductive rights and plans of your country office to carry these efforts forward (Max. 300 words):
Sudan CO supported both popular and official Islamic sects through Ministry of Guidance and Endowment which includes working with religious leaders, followers, men and boy. The CO established religious leader Platform and 20 CBOs including more than 500 volunteers more than half of them are men.

OUTCOME 6. Improved access to sexual and reproductive health services and sexuality education for young people, including adolescents

A: NARRATIVES:

1. Has the UNFPA country office achieved in 2012 results regarding the areas listed below? If yes, please provide narratives (maximum 300 words each) specifying in each case the results achieved and any major factors that enabled/constrained this achievement. If no, please explain why.

During the year, the UNFPA country office achieved results regarding:

	Yes	No
a. National capacity development for the provision of essential sexual and reproductive health services and information to young people	()	(X)
<i>No specific project/output is linked to this outcome (Results from Y-Peer interventions are integrated across other RH, PD and Gender outcomes)</i>		
b. National capacity development to design and implement comprehensive programmes to reach marginalized adolescent girls	()	(X)
<i>No specific project/output is linked to this outcome (Results from Y-Peer interventions are integrated across other RH, PD and Gender outcomes)</i>		
c. National capacity development for the incorporation of comprehensive age-appropriate sexuality education in policies and curricula	()	(X)
<i>No specific project/output is linked to this outcome (Results from Y-Peer interventions are integrated across other RH, PD and Gender outcomes)</i>		

2. During 2012, has your country office identified any good practice(s) related to the achievement of results within this UNFPA strategic plan outcome?
() Yes (X) No

3. Assess, using a scale of 1 to 10, whether the country has capacity in terms of availability of resources, institutions and policy and legal frameworks to: (For this question the following definitions apply: resources = human and financial resources; institutions = entities capable of elaborating/implementing programmes and with monitoring systems in place; policy and legal frameworks = availability of policies, laws and regulations; 1= No capacity and 10= Full capacity)

a. Program for essential sexual and reproductive health services to marginalized adolescents and young people	
a.1. Resources	<i>Cannot assess</i>
a.2. Institutions	<i>Cannot assess</i>
a.3. Policy and legal frameworks	<i>Cannot assess</i>
b. Design and implement comprehensive age-appropriate sexuality education in policies and curricula	
b.1. Resources	<i>Cannot assess</i>
b.2. Institutions	<i>Cannot assess</i>
b.3. Policy and legal frameworks	<i>Cannot assess</i>

B: INDICATORS

Number of countries implementing comprehensive age-appropriate sexuality education in and out of school at national scale

1. Is the country implementing comprehensive age-appropriate sexuality education programmes in out of school settings?

() Yes (X) No

2. Please describe the programmes implemented in out-of-school settings (such as peer education, outreach, mass media and other traditional methods and use of information and communication technologies) and the target groups of young people reached (*max. 300 words*):

N/A

INDICATOR 15.1 : Number (and percentage) of countries where UNFPA supported capacity development for the provision of essential SRH services to young people

1. During 2012, did the UNFPA country office support the capacity development of service providers on youth-friendly health services?

() Yes (X) No

2. During 2012, did the UNFPA country office support other efforts to provide essential SRH services to young people?

() Yes (X) No

INDICATOR 15.2 : Number (and percentage) of countries supported by UNFPA to design and implement comprehensive programmes to reach marginalized adolescent girls

1. During 2012, did the UNFPA country office provide support to design and implement comprehensive programmes to reach marginalized adolescent girls?

() Yes (X) No

INDICATOR 16.1 : Number (and percentage) of countries supported by UNFPA to design and implement comprehensive age-appropriate sexuality education programmes

1. Has the UNFPA country office provided support to the national implementing partners in the design, implementation and evaluation of comprehensive sexuality education programs in 2012?

No

INDICATOR 16.2 : Number of experts trained through UNFPA support to provide technical assistance on design, implementation, and evaluation of comprehensive sexuality education programmes

1. Have any personnel from implementing partners or from the country office attended in-person trainings on designing, implementing and evaluating comprehensive sexuality education programs in 2012 with support from UNFPA?

() Yes (X) No

OUTCOME 7. Improved data availability and analysis around population dynamics, sexual and reproductive health (including family planning), and gender equality

A: NARRATIVES:

1. Has the UNFPA country office achieved in 2012 results regarding the areas listed below? If yes, please provide narratives (maximum 300 words each) specifying in each case the results achieved and any major factors that enabled/constrained this achievement. If no, please explain why.

During the year, the UNFPA country office achieved results regarding:

	Yes	No
a. National capacity development for the production, utilization and dissemination of quality statistical data on population dynamics, youth, gender equality and sexual and reproductive health, including in humanitarian settings	(X)	()

With the support of UNFPA, the Central Bureau of Statistics (CBS) carried out disaggregated population projections based on 2008 census data and uploaded results to its website, which are currently available for data users across the country. To date, CO together with the Central Bureau of Statistics have accomplished analysis and dissemination of 2008 census data, and spent great effort in terms of data utilization and use. This year also, the CP supported training of 100 staff from state line ministries in DevInfo (SudanInfo) to which state census statistics have been uploaded in each line ministry. With support from UNDP, the CBS has produced a National Strategy for Development of Statistics in which UNFPA is a key member. CO supported implementation of some activities of this NSDS, particularly advocacy with media and data producers and users. A national consultant had been recruited to work with Paris 21 and produced advocacy materials and action plan for the NSDS. These efforts were contribution to establishing a National Statistical System (NSS) 2013-onwards and position the CBS as the country's leading statistical organ. Media is currently involved raising awareness on the importance of statistics. And co-ordination mechanisms and technical statistical committees are currently in place at national and state levels. All these efforts have been crucial in preparing ground for the establishment of the NSS through the on-going NSDS the momentum of which was a key facilitating factor. However, lack of co-ordination and overlapping mandates and statistical methods between the various institutions were the key constrains.

b. National capacity development for data analysis to inform decision making and policy formulation around population dynamics, youth, gender equality and sexual and reproductive health (X) ()

75 staff members from line ministries have been trained in survey design and data analysis at state level. In addition to their state role in data collection, trainees represent core teams to participate in the CBS-led surveys and upcoming national census and surveys. These teams are also important in collecting humanitarian data. Some 4 staff of implementing partners (1 government, 2 academics and 1 CSO) have received 3-month training course in research methodology at the American University in Cairo, with special focus on reproductive health. Through the Population Studies Centre at the University of Gazira, we also supported 5 fellowships on demography and reproductive health to the master's degree. Some 6 CBS staff also supported to represent Sudan and participate in key regional and global statistics events. The disaggregated analysis and projections made using the 2008 census data and the Sudan Household Health Survey II (2010) have been significant in the preparation of the National Population Policy (referenced in Outcome 1 above) under the leadership of the National Population Council and advocacy for its approval. The NPP has just been approved by the Cabinet in December 2012. UFPA also completed a joint project with UNEP and in partnerships with government technical organs on the linkages between environmental changes and population dynamics. Findings and analyses made are currently informing the two agencies' future programming cycles and joint work with partners on issues of environment and population vis-à-vis the current context of Sudan especially in the post-cessation. These efforts altogether are envisaged to enhance the national and state capacities (state and non-state actors) in collection of reliable data, analysis, dissemination and utilisation. The issues of statistics and information are currently thought of in terms of agreed nationally standardised statistical methods, guidelines and indicators as part of the NSS.

2. During 2012, has your country office identified any good practice(s) related to the achievement of results within this UNFPA strategic plan outcome? () Yes (X) No

3. Assess, using a scale of 1 to 10, whether the country has capacity in terms of availability of resources, institutions and policy and legal frameworks to: (For this question the following definitions apply: resources = human and financial resources; institutions = entities capable of elaborating/implementing programmes and with monitoring systems in place; policy and legal frameworks = availability of policies, laws and regulations; 1= No capacity and 10= Full capacity)

- a. Produce, utilize and disseminate quality statistical data on population dynamics, youth, gender equality and SRH, including in humanitarian settings
 - a.1. Resources 7
 - a.2. Institutions 6
 - a.3. Policy and legal frameworks 5
- b. Analyse data to inform decision making and policy formulation around population dynamics, youth, gender equality and SRH
 - b.1. Resources 7
 - b.2. Institutions 6
 - b.3. Policy and legal frameworks 5

B: INDICATORS

Outcome indicators:

Number of countries that have completed their 2010 round of population and housing censuses

Number of countries that have conducted (in the last five years) a national household survey that allows for the estimation of all MDG 5B indicators

1- Is there a 2010 round of population and housing census? () Yes (X) No

2- For each major new survey, please supply the following information (surveys reported in 2011 by the country office will be preloaded for review. Please make necessary updates and focus on the new survey):

REF# 8552					
Name:		Sudan Household Health Survey			
Status of the survey:		Completed, data fully disseminated			
Year conducted:		2006			
Survey reference period from:		2007		Survey reference period to: 2006	
Geographical coverage:		National			
Brief description of the linkages between the survey and ICPD related issues:		The survey generated comprehensive health indicators that feed into the ICPD related issues especially RH; In particular the data provided information on maternal mortality, prevalence of FGM, and other key reproductive health indicators for both northern and southern Sudan and provided a national average.			
Who are the main administrators of the survey:		Sudan Federal Ministry of Health and Ministry of Health - Government of Southern Sudan			
Were the following topics included in the survey:					
Topics	Included?	Topics	Included?	Topics	Included?
Maternal health	Yes	Internal migration	Yes	Gender based violence	Yes
Morbidity	Yes	Adolescent reproductive health	Yes	Women's status/gender equality	Yes
Infant and child health	Yes	International migration	Yes	Female genital cutting/mutilation	Yes
Fertility	Yes	HIV/AIDS	Yes	Poverty	Yes
Family planning	Yes	Urbanization	Yes	Mortality	Yes
Others (such as ethnicity, disability, etc.), please specify:					
Who are the key donors for survey, if any:		UNFPA, UNICEF, WHO, WFP, League of Arab States, DFID, Government			

Estimated cost of conducting the survey (in USD):

Comments:

Despite the efforts exerted by national governments and concerned UN agencies, the survey findings showed increased MMR, stagnant CPR and low reduction in FGC practices. This posed questions on the need for further research to explain the socio-cultural factors behind this distorted situation of key RH indicators;

REF# 9209

Name: *Reproductive health quality of care in White and Blue Nile States*

Status of the survey: *Completed, data fully disseminated*

Year conducted: *2008*

Survey reference period from: *2009* Survey reference period to: *2008*

Geographical coverage: *Regional*

Brief description of the linkages between the survey and ICPD related issues: *The survey covered key areas of ICPD and MDG issue and was planned to provide information on ICPD indicators to inform policy and programme development for UNFPA and partners.*

Who are the main administrators of the survey: *Population Council International in collaboration with federal and state ministries of health*

Were the following topics included in the survey:

Topics	Included?	Topics	Included?	Topics	Included?
Maternal health	Yes	Internal migration	No	Gender based violence	No
Morbidity	Yes	Adolescent reproductive health	Yes	Women's status/gender equality	Yes
Infant and child health	Yes	International migration	No	Female genital cutting/mutilation	Yes
Fertility	No	HIV/AIDS	CA	Poverty	No
Family planning	Yes	Urbanization	No	Mortality	Yes

Others (such as ethnicity, disability, etc.), please specify:

Who are the key donors for survey, if any: *UNFPA*

Estimated cost of conducting the survey (in USD): *98000.00*

Comments:

NA

REF# 9210

Name: *Sudan Household Health Survey*

Status of the survey: *Completed, but data not yet/never disseminated*

Year conducted: *2010*

Survey reference period from: *2010* Survey reference period to: *2009*

Geographical coverage: *National*

Brief description of the linkages between the survey and ICPD related issues: *This was the second round of SHHS. The survey was carried out by federal ministry of health and Central Bureau of Statistics in collaboration with other stakeholder such as UNICEF, UNFPA, WHO etc.. The survey covered ICPD issues.*

Who are the main administrators of the survey: *Federal Ministry of Health and Central Bureau of Statistics*

Were the following topics included in the survey:

Topics	Included?	Topics	Included?	Topics	Included?
Maternal health	Yes	Internal migration	Yes	Gender based violence	Yes
Morbidity	Yes	Adolescent reproductive health	Yes	Women's status/gender equality	Yes
Infant and child health	Yes	International migration	Yes	Female genital cutting/mutilation	Yes
Fertility	Yes	HIV/AIDS	No	Poverty	Yes
Family planning	Yes	Urbanization	Yes	Mortality	Yes

Others (such as ethnicity, disability, etc.), please specify:

Who are the key donors for survey, if any: *UNICEF, WHO, WFP, UNFPA etc*

Estimated cost of conducting the survey (in USD): *1000000*

Comments:

\$ 100,000 is UNFPA contribution to the survey

INDICATOR 17.1 : Number (and percentage) of countries where UNFPA has supported capacity development to produce and disseminate census, survey and other statistical data

1. During 2012, has the UNFPA country office specifically contributed to strengthen national capacity for conducting census operations and to manage and use census/survey data including development of databases

() Yes (X) No

INDICATOR 17.2 : Number of persons trained through UNFPA support in the production, analysis, dissemination of census surveys and other statistical data including in humanitarian settings

1. During 2012, have any personnel of national counterparts been trained (through direct training or technical assistance) in the production, analysis, dissemination of census surveys and other statistical data with support from UNFPA (country, sub-regional, regional office and/or headquarters)?

Yes No

REF# 1073	
Type of activity	<input checked="" type="checkbox"/> Direct training <input type="checkbox"/> Technical assistance
Area (select all that apply):	<input type="checkbox"/> b.1. Data analysis using census data <input type="checkbox"/> b.2. Data analysis using surveys data <input type="checkbox"/> b.3. Data analysis using different data sources <input checked="" type="checkbox"/> b.4. Dissemination of statistical information and results of data analysis
Number of trainees:	100
Dates:	From: 06/25/2012 To: 11/17/2012

REF# 1074	
Type of activity	<input checked="" type="checkbox"/> Direct training <input type="checkbox"/> Technical assistance
Area (select all that apply):	<input checked="" type="checkbox"/> b.1. Data analysis using census data <input checked="" type="checkbox"/> b.2. Data analysis using surveys data <input type="checkbox"/> b.3. Data analysis using different data sources <input type="checkbox"/> b.4. Dissemination of statistical information and results of data analysis
Number of trainees:	75
Dates:	From: 06/30/2012 To: 12/03/2012

INDICATOR 18.1 : Number (and percentage) of countries where UNFPA has supported capacity development to produce in-depth analysis of census and surveys data

1. During 2012, has the UNFPA country office specifically contributed to strengthen national capacities to produce in-depth analysis of census and surveys data.

Yes No

SECTION II. Strategic Plan Management Results Framework

MRF OUTPUT. Enhanced programme effectiveness through strengthened results-based and evidence-based programming

1. In 2012, did staff from your Country Office participate in training initiatives dedicated to results-based management?
(X) Yes () No

Please specify:

a. Number of staff that were trained: 3

b. Were the training initiatives (check all that apply):

Workshop

Online or distance learning

c. Who were the organizer(s) (check all that apply):

UNFPA Country Office

UNFPA Headquarters/UNFPA Regional Office

UN Country Team

United Nations System Staff College (Turin)

Other RBM training institution, please specify:

2. Report any actions that your country office has taken to improve monitoring of country programme results during the year (maximum 300 words):

28 persons representing 14 IPs - working at national level - 30 participants of the National Council for Strategic Planning from Federal and State level trained on RBM issues supported by one of the UNFPA projects. Development of programme data base

3. Please indicate the percentage of outputs in all your Annual Work Plans (AWP) which have achieved their indicator targets:

0 - 24%

25 - 49%

50 - 74%

75 - 99%

100%

4. Has any of the country office staff received training on country programme evaluation management (please answer yes only if staff has been trained within the strategic plan period 2008-2012 and is still working at the country office)

Yes No

5. Please report on all evaluations conducted in 2012 (please report each evaluation separately):

REF# 1176

Title of the evaluation: *5th CPE*

Type of evaluation:

UNFPA Country Programme Evaluation

Project Evaluation

UNDAF/One UN

SWAP

Other (please specify):

Were the terms of reference reviewed and signed off by Regional Monitoring and Evaluation Adviser?

Yes No

Was an Evaluation Management Committee formed to guide this evaluation?

Yes No

Quality assurance mechanism for the evaluation (select one option):

No quality assurance mechanism was established for this evaluation

Quality assurance individual/group (outside the Evaluation Management Committee)

Evaluation expert (included within the Evaluation Management Committee)

Other (please specify):

Evaluation team composition:

National evaluators: *1 (please select a number)*

International evaluators: *1 (please select a number)*

Was the draft evaluation report reviewed by the Regional Monitoring and Evaluation adviser?

Yes No

Which of the following channels were used to disseminate the evaluation report (select all that apply):

- Docushare, if selected please provide the link:
- UNFPA website (or country office website)
- MyUNFPA Fusion Assets or Groups
- UNFPA Webinar
- Dissemination workshop or meeting
- Other stakeholders workshop or meeting
- Summary pamphlet/flyer
- Other (please specify):

Was a management response prepared?

Yes No

Mention up to 3 key decisions that were informed/influenced by the findings of this evaluation:

For the design of the new CP (2013-2016): integration of Darfur into the regular CP; fully integrated approach at the community level

REF# 1181

Title of the evaluation: *Evaluation of the HIV/AIDS Umbrella Implementation Modality*

Type of evaluation:

- UNFPA Country Programme Evaluation
- Project Evaluation
- UNDAF/One UN
- SWAP
- Other (please specify):

Were the terms of reference reviewed and signed off by Regional Monitoring and Evaluation Adviser?

Yes No

Was an Evaluation Management Committee formed to guide this evaluation?

Yes No

Quality assurance mechanism for the evaluation (select one option):

- No quality assurance mechanism was established for this evaluation
- Quality assurance individual/group (outside the Evaluation Management Committee)
- Evaluation expert (included within the Evaluation Management Committee)
- Other (please specify):

Evaluation team composition:

National evaluators: *2 (please select a number)*

International evaluators: *0 (please select a number)*

Was the draft evaluation report reviewed by the Regional Monitoring and Evaluation adviser?

Yes No

Which of the following channels were used to disseminate the evaluation report (select all that apply):

- Docushare, if selected please provide the link:
- UNFPA website (or country office website)
- MyUNFPA Fusion Assets or Groups
- UNFPA Webinar
- Dissemination workshop or meeting
- Other stakeholders workshop or meeting
- Summary pamphlet/flyer
- Other (please specify):

Was a management response prepared?

Yes No

Mention up to 3 key decisions that were informed/influenced by the findings of this evaluation:

Scaling up and continuation of the modality especially among MARPs; More partners have been involved in the program design and implementation; Capacity Building Plan for the IPs;

6. For the management responses prepared for evaluations conducted in previous years that have accepted recommendations due in 2012, please provide the following information (please report each separately):

MRF OUTPUT. Strengthened stewardship of resources through improved efficiency and risk management

7. In the last three years, have any NEX implementing partners of your country office received a negative audit report (qualified, disclaimer and adverse)?

(X) Yes () No

Please report what steps your country office has taken to build capacity of NEX implementing partners to reduce negative audit findings, unsupported expenditure and overdue advances?

1. Orientation of partners on the NEX audit requirements (on site field missions, workshops). 2. Follow up on implementation of last NEX audit recommendations. 3. Establishment of Internal Control Framework to look into the FACEs, supporting documentation and technical reporting. 4. Four persons have been hired under Service Contract to do capacity building to IPs and to follow up on the implementation of internal controls by the IPs.

8. Please report the following information regarding the implementing partners of your country office

a. Total number of implementing partners in 2012: 36

b. Number of implementing partners in 2012 whose capacity was assessed: 36

c. Tool used for assessing implementing partners' capacity (select all that apply):

Implementing partner capacity assessment tool (https://docs.myunfpa.org/docushare/dsweb/Get/UNFPA_Publication-43256)

Harmonized Approach for Cash Transfers (HACT) micro assessment

Other, please specify:

9. During 2012 has the country office been involved in partnerships with the private sector?

() Yes (X) No

please report the main reasons why not (Max. 300 words):

During 2012, the CO has not created partnerships with the private sector. However, the new Country Programme, which commences in 2013, provides an opportunity to resume discussions with private sector potential partners, such as mobile companies who have expressed an interest in supporting midwifery programmes.

MRF OUTPUT. Appropriately staffed UNFPA with high-performing professionals fulfilling its mission

10. Please report any challenges regarding availability and performance of the human resources in your country office in 2012 and cite measures taken to address these challenges: (maximum 300 words)

The historic legacy of inappropriate staffing structure and contract modalities within the Sudan CO have been well documented in numerous audits and UNFPA and independent assessments. To this end, based on the recommendations of these assessments, analysis of the workload, comparisons with similar COS, and the design of the new Country Programme, the CO has submitted to DHR a proposal for restructuring of the CO and establishment or reclassification of new FTA posts in order to provide for better management and accountability and improved staff motivation and retention. It is hoped that in early 2013, the CO will be able to regularize many of the functions now carried out under Service Contracts.

MRF OUTPUT. Secured broad-based and stable funding to meet the strategic plan resource requirements

11. Does the country office have a resource mobilization plan for the current country programme?

() Yes (X) No

please explain what tool does the country office have for resource mobilization:

In 2012, the CO engaged in a mapping of potential donors and established a series of contacts with these donors, which was followed up also during the CP development. As considerable funds are provided by the Sudan Common Humanitarian Fund, the CO participates fully in the development of the Sudan Humanitarian Workplan and in the prioritization of funding categories within that Workplan, ensuring that both RH and GBV concerns are fully reflected. Another mechanism that the CO has been fully engaged is establishing partnership with other UN agencies either to leverage on their resources or submit joint proposals to donors. In this regard, work has been underway with UNICEF to establish joint partnership on youth issues as well as joint submission of proposals by with UNICEF and WHO to DFID to mobilize resources for FGM/C. Another mechanism has been to engage in discussion with the non traditional donors to leverage their financial or in kind contributions. It should be noted that there was an initial resource mobilization plan for the current CP, however, the country and CO circumstances changed dramatically mid CP and that previous plan became irrelevant. Thus, the resource mobilization during the past two years has been based on later donor scanning.

12. What percentage of the annual co-financing programme target has been met (select one option)?

() Less than 50 per cent

() Between 50 and 80 per cent

() Between 80 and 100 per cent

(X) Exceeded 100 per cent

13. What challenges, if any, did the country office face when mobilizing co-financing (earmarked) resources for the programme during year?

After the separation of South Sudan, the number of donors with interest in general funding for Sudan diminished. Many have cut back their programmes or manage them from their HQ. Others are restricted to provision only of humanitarian funding and are unable to support "development" programmes. Some are restricted geographically only to Darfur or other specific states. Others are mainly funding single issue programmes (such as DFID's support for FGM eradication) This presents a challenge for gathering support badly needed for broader maternal health and RH programmes. The CO has strengthened its capacity for quality donor reporting during 2012 through the recruitment of dedicated finance staff to assist with particularly complicated donor reporting (eg USAID, etc) and has greatly improved the use of DARTS. The CO has also pursued support from non-traditional donors, including the development of a South- South partnership between the Sudan Ministry of Health and the Iranian government. This may, in the future, provide for further in-kind donations.

Cross-cutting issues

South-South Cooperation

14. During 2012, has your Country Office specifically contributed to strengthen national capacity to receive or provide South-South Cooperation? *(Please reply "Yes" only if in the assessment your Country Office has completed substantive activities as well as spent programme budget towards strengthening national capacity to receive or provide South-South Cooperation)*

Yes No

Please list three key activities:

Key activity 1: *Infertility treatment: Facilitated the initial contacts with Sudanese infertility treatment centres and then the training of Eritrean Ministry of Health staff (surgeon and laboratory technicians) on infertility treatment techniques.*

Key activity 2: *None*

Key activity 3: *None*

15. Please provide information about South-South cooperation initiatives to support the ICPD agenda, capacity building and technical cooperation that your country office organized or facilitated in 2012 (report each initiative separately):

REF# 1100

For each initiative, please provide the following information (report each initiative separately):

1. Area of South-South cooperation:

- Institutional capacity development
- Policy development
- Technical, educational, humanitarian and cultural cooperation
- Exchanges of knowledge, expertise and technologies
- Other, please specify:

2. UNFPA Office role (select all that apply):

- Provided financial resources
- Mobilized resources/engaged donors
- Prepared technical analysis and/or data
- Assisted in the assessment of needs and/or capacities
- Helped in the preparation of terms of reference for the South-South cooperation initiative
- Identified/selected partner(s), technical expert(s) and/or qualified institution(s)
- Other, please specify:

3. Brief description (*max 300 words*):

Infertility treatment: Facilitated the initial contacts with Sudanese infertility treatment centres and supported the development of institutional arrangements for the training of Eritrean Ministry of Health staff (surgeon and laboratory technicians) on infertility treatment techniques.

REF# 1101

For each initiative, please provide the following information (report each initiative separately):

1. Area of South-South cooperation:

- Institutional capacity development
- Policy development
- Technical, educational, humanitarian and cultural cooperation
- Exchanges of knowledge, expertise and technologies
- Other, please specify:

2. UNFPA Office role (select all that apply):

- Provided financial resources
- Mobilized resources/engaged donors
- Prepared technical analysis and/or data
- Assisted in the assessment of needs and/or capacities
- Helped in the preparation of terms of reference for the South-South cooperation initiative
- Identified/selected partner(s), technical expert(s) and/or qualified institution(s)
- Other, please specify:

3. Brief description (max 300 words):

Revitalized an agreement between the Iranian and Sudanese Ministries of Health to establish a partnership with focus on PHC, including maternal health, including a series of learning visits by the Sudanese health staff to Iran. Collaborated with the Iran CO to establish the parameters of the programme and developed the TOR.

Joint programmes with other United Nations agencies

16. Please provide information on UNFPA participation in joint programmes (JP) with other United Nations agencies in 2012 (please report each JP separately):

REF# 1643	
UNFPA Strategic Plan Outcome to which JP relates:	<i>OUTCOME 5. Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy</i>
Title:	<i>Accelerating change: The abandonment of FGM/C</i>
Brief description of the JP:	<i>Joint Programme between UNICEF and UNFPA on the abandonment of FGM/C</i>
JP Status:	() Planned () Being developed (X) Being implemented () Completed in 2012
	Start date: <i>02/01/2008</i>
Funding modality:	() Parallel (X) Pooled () Pass-through () Other, please specify:
Managing/Administrative agent:	<i>UNFPA</i>
Total budget (in USD):	<i>3000000 \$</i>
UNFPA's contribution (in USD):	<i>1000000 \$</i>
Share of UNFPA's contribution (in %):	<i>33.3 %</i>
Coherence to national priorities?	(X) Comprehensive () Partially () none () Not sure
Reflect ICPD agenda?	(X) Comprehensive () Partially () none () Not sure

REF# 1689	
UNFPA Strategic Plan Outcome to which JP relates:	<i>OUTCOME 1. Population dynamics and its inter-linkages with the needs of young people (including adolescents), sexual and reproductive health (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies</i>
Title:	<i>Creating opportunities for Youth Employment in Sudan</i>
Brief description of the JP:	<i>The Sudan Joint Programme (JP) "Creating Opportunities for Youth Employment in Sudan" aims to provide skills development and livelihood opportunities to the youth with particular attention to migrant youth, including returnees and demobilised soldiers. Twenty-one years of civil war have left an entire generation without access to education. The signature of the Comprehensive Peace Agreement (CPA) in 2005 is providing an enabling environment for more than four million displaced people to return to their homes throughout Sudan.</i>
JP Status:	() Planned () Being developed (X) Being implemented () Completed in 2012
	Start date: <i>12/01/2008</i>
Funding modality:	() Parallel () Pooled (X) Pass-through () Other, please specify:
Managing/Administrative agent:	<i>UNDP</i>
Total budget (in USD):	<i>8999998 \$</i>
UNFPA's contribution (in USD):	<i>300000 \$</i>
Share of UNFPA's contribution (in %):	<i>3.3 %</i>
Coherence to national priorities?	(X) Comprehensive () Partially () none () Not sure
Reflect ICPD agenda?	(X) Comprehensive () Partially () none () Not sure

Programmatic support from the regional office/sub-regional office

17. In 2012, what type of programmatic support did the Country Office receive from the Regional Office? (select all that apply)

- [X] Strategic guidance on CCA/UNDAF, country programme formulation and implementation
- [X] Technical contribution to the programming process
- [X] Coordination of inputs from other HQ Divisions (PD, TD, DOS, etc) for improved quality of programming

- Joint review of the CP and projects in terms of their relevance and effectiveness
 Support to CP monitoring and evaluation activities
 Political support to help better position CP vis-à-vis the government in the national development context
 Support to the UN Country Team
 Other, please specify:

18. Please provide an overall assessment of the support provided by the Regional Office/Sub-Regional Office:

Regional Office/Sub-Regional Office Support	Excellent	Good	Satisfactory	Poor
a. Relevance of support	()	(X)	()	()
b. Quality of support	()	(X)	()	()
c. Timeliness of support	()	(X)	()	()
d. Impact upon overall quality of CP and programme delivery	()	(X)	()	()

e. Comments:

The Regional Office provided quality support to the development and finalization of both the CP and CPAP documents as well as the National Population Policy.

Knowledge sharing

19. Has your country office undertaken the following knowledge sharing activities in 2012:

	Yes	No
a. Has your country office documented any good practice in the MyUNFPA Good Practices Database (https://portal.myunfpa.org/web/good-practices)?	()	(X)
b. Has your country office used any of the good practices from the MyUNFPA Good Practices Database (https://portal.myunfpa.org/web/good-practices)?	()	(X)
c. Has your country office conducted/developed training activities to strengthen knowledge sharing?	(X)	()

Please specify which mechanisms were used (select all that apply)

- Webinars
 Learning afternoons
 Courses/E-Learning
 Development of help guides
 Detail assignments
 Others, please specify: *knowledge sharing between suboffices, internal sessions on HIV and on FGM, etc*

d. Has your country office provided and/or received peer to peer support to/from other UNFPA country office?	()	(X)
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Communications

20. How many of each of the following categories of staff work exclusively on communications in your country office (please select a number in each category or select "0" if none)?

- a. International professional : 0
b. National professional : 2
c. General service: 0
d. Consultant (full time): 0
e. Consultant (part time): 0

f. If your country office has no staff working exclusively on communications, please report whether it has plans to get staff in this area and if not what are the main constraints.

21. Does your country office have a communications strategy?

() Yes (X) No

22. Which communications activities in 2012 helped your office achieve country programme's objectives? (max. 300 words)

The CO engaged a dedicated communications officer who has significantly improved the ability of the CO to engage with the media and to get UNFPA's issues included in broader UN wide and Sudan wide initiatives. A set of briefing materials on UNFPA in Sudan have been developed for use with partners and donors. UNFPA Sudan continues to work closely with groups of journalists and opinion leaders on specific campaigns, eg FGM eradication and child marriage. CO website reflecting on both development and humanitarian interventions have been updated and is up and running. On the humanitarian side, UNFPA continues very strong support for local media and with grassroots and state level organizations on themes such as GBV, maternal health, HIV prevention, and GBV prevention.

23. What were the main communications challenges in 2012 and what did your office do to address them? (max. 300 words)

The UN and the international community periodically face serious challenges in the political context in Sudan and this requires constant media monitoring and analysis. In 2012, the new communications officer has become an active member of the UN information group and shares on a daily basis the media analysis of other UN agencies and UNAMID; this has improved our environmental scanning significantly.

24. What technical support on communications did your office receive during the year from regional office/ headquarters and what support would your office require for the coming year? (maximum 300 words)

No technical support was requested in 2012. We may request support for materials development and media support No support was requested in 2012. We may request support for materials development and media training in 2013.

25. During 2012, has your country office identified any good practice(s) related to communications?

() Yes (X) No