

**Evaluation of the
Government of Sudan/UNFPA Country Program (2009-2012)**

Final Report

**Prepared for
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Khartoum, Sudan**

by

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List of abbreviations and acronyms

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante Natal Care
BCC	Behavioral Change Communication
BEmONC	Basic Emergency Obstetric and Neonatal Care
C/S	Caesarean Section
CBOs	Community Based Organizations
CBS	Central Bureau of Statistics
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CMR	Clinical Management of Rape survivors
EmONC	Emergency Obstetric Neonatal Care
FGM/C	Female Genital Mutilation/Cutting
FMOH	Federal Ministry of Health
FP	Family Planning
FPDO	Friends for Peace and Development
GBV	Gender Based Violence
GoS	Government of Sudan
HCPs	Health Care Providers
HIV	Human Immuno-deficiency Virus
HMIS	Health Management Information System
ICPD PoA	International Conference on Population and Development Programme of Action
IDP	Internally Displaced People
IEC	Information, Education, Communication
INGO	International Non Governmental Organization
IPs	Implementing Partners
KAP	Knowledge, Attitude and Practice
LMIS	Logistics Management Information System
M & E	Monitoring & Evaluation
MA	Medical Assistant
MDG	Millennium Development Goal
MDR	Maternal Death Review
MISP	Minimum Initial Service Package
MISP	Minimum Initial Service Package
MMR	Maternal Mortality Ratio
MTR	Mid Term Review
M&EWG	Monitoring and Evaluation Working Group
ND	North Darfur
NGO	Non Governmental Organization
NNGO	National Non Governmental Organization
NPPP	National Professional Project Personnel
OCHA	Office for the Coordination of Humanitarian Affairs
PCM	Programme Cycle Management
PDS	Population and Development Strategies
PEP	Post Exposure Prophylaxis
PHCC	Primary Health Care Center
PNC	Post natal Care
RH	Reproductive Health
RHIS	Reproductive Health Information System
RTI	Reproductive Tract Infections
SBA	Skilled Birth Attendant
SD	South Darfur
SHHS	Sudan House Hold Health Survey
SMOH	State Ministry of Health
SMOWSS	State Ministry of Welfare and Social Security
SMS	Safe Motherhood Survey

SNAP	Sudan National AIDS Programme
SPC	State Population Council
SRC	Sudan Red Crescent
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TV	Television
UN	United Nations
UNAMID	United Nations-African Union Mission in Darfur
UNDAF	United Nations Development Assistance Framework
UNDSS	United Nations Department of Safety & Security
UNFPA	United Nations Population Fund
UNFPA/FO	United Nations Population Fund/Field Office
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VAW	Violence against Women
VCT	Voluntary Counseling and Testing
VMWs	Village Mid-Wives
WD	West Darfur
WHO	World Health Organization
WNS	White Nile State

EVALUATION EXECUTIVE SUMMARY

1. Purpose, scope and clients of evaluation

This is an independent evaluation of the Government of Sudan (GOS)/UNFPA 5th Country Programme (5th CP) of support to population activities in Sudan covering the period 2009 – 2012. The express purpose of this evaluation is to determine the soundness of the program, substantive accountability of the investments made and, as a basis for programming, make recommendations for future actions. This evaluation is national, and it covers line federal ministries involved in the implementation of the programme, and in the selected five states for CP focus; namely, Kassala, Gedarif, White Nile, Blue Nile and South Kordofan. The evaluation also includes support for recovery and humanitarian related interventions in Darfur within the context of UNDAF. The period covered in this evaluation is the 5th programme cycle, 2009-2012, involving the three components of the programme; namely, RH/HIV/AIDS; P&D including youth; and Gender. The clients of this evaluation are the implementers and the beneficiaries of the CP, including UNFPA, Government departments, and other relevant stakeholders who are expected to use the results for decision-making and to inform the planning, programme, budgeting, implementation processes.

2. Objectives and Brief description of interventions

The 5th CP was approved 30 July 2008 by the Executive Board in the sum of \$33 million: \$20 million from regular resources and \$13 million through co-financing modalities and/or other, including regular, resources. The 5th CP was based on the analysis contained in the common country assessment, the national priorities identified in the United Nations Development Assistance Framework (UNDAF) for 2009-2011, and the UNFPA strategic plan, 2008-2011. It was designed to contribute to government efforts that are prioritized in national development plans and the Comprehensive Peace Agreement; it places emphasis on partnerships, coordination and joint United Nations programming so as to achieve the objectives of the ICPD PoA and the MDGs. It consists of three components: reproductive health and rights (RH); population and development (P&D); and gender equality (Gender). The programme was also designed to address certain cross-cutting issues: the human rights based approach, gender mainstreaming, emergencies and humanitarian response. In response to the humanitarian emergency in Darfur, the CP also incorporated programme interventions within the context of UNDAF.

Reproductive Health (RH)

The ultimate objective of the RH component is to increase the demand for, and access to high-quality reproductive health information and services, including HIV prevention, with emphasis on women, children and vulnerable groups. In order to achieve the three outputs of RH, the CO provided *technical and financial* support to the Ministry of Health, state ministries and civil society organizations involved in the implementation of the programme. The use of UNFPA technical expertise has facilitated the review of the National RH Policy in 2009-2010; the revised policy has integrated new concepts/practices which were non-existent previously, such as distribution of oral contraceptive pills and male condoms by Village Midwives (VMWs) and community-based healthcare providers, permission for healthcare providers to use Manual Vacuum Aspiration (MVA) for post-abortion care, and provision of magnesium sulphate for the management of eclampsia at the primary healthcare level. In addition, the programme has also supported the development of the National RH Communication Strategy, which was seen as a critical step towards task shifting and delegation of responsibilities from tertiary level to lower level healthcare providers/professionals in managing life-threatening conditions in remote areas. The technical support provided through the programme has further facilitated the development of the National Addendum RHCS Operational Plan (2008), based on which the programme later integrated the 5-year RHCS Plans into the Maternal and Newborn Maternity Reduction (MNMR) Roadmap; state-specific MNMR Roadmap implementation plans, development and implementation of the National Midwifery Strategy, and development of the EmONC guidelines and protocols. Access to fistula diagnosis and management was improved through the financial and technical support to the two established fistula management centers in Kassala and South Darfur state. The centers provide fistula prevention, minor repair, social rehabilitation and referral. The CO has provided support to the basic training of VMWs and midwifery technicians, and this helped in producing a good number of midwives who have been located in needy communities and villages.

Under its humanitarian programme, the CO supported capacity strengthening through training of VMWs in three states of Darfur with special focus on inaccessible rural areas and nomadic communities; trained 42 medical doctors in EmOC, FP and PAC; trained RH state coordinators and RH service providers on MISP for RH. In addition, the CO facilitated the development of a comprehensive RH contingency plan at Darfur states level; enhanced their capacity in data collection, analysis and reporting on RH services in the three states of Darfur and; built the capacity of 31 local NGOs in project management, monitoring and reporting.

The procurement of VMW kits from UNFPA and from other partners helped in equipping the newly graduated VMWs to provide the service. UNFPA also supported the development of a comprehensive Contingency Plan to respond to the expected mass population movements and any possible conflict during the post-referendum period and following the formal announcement of Southern Sudan in July 2011. The evaluation found that there has been an improvement in service coverage of VMW/skilled birth attendants in the communities. Moreover this was enhanced through orientation sessions for religious and community leaders about contraceptives and FP concepts, which has led to an increase in community interest and acceptance of the enrollment of their daughters in midwifery training so as to ensure coverage. Support of HIV/AIDS interventions, which yielded the (i) establishment of the MARPs Units at the national and state level; (ii) capacity building of the Government and NGOs staff on planning, reporting and fund raising skills; and (iii) development of 5 MARPs' service packages (i.e. female sex worker (FSW), men who have sex with men (MSM), tea sellers, out-of-school youths, and prisoners)

Population & Development (P&D)

The overall objective of the P&D component is to integrate population, gender equality, reproductive health, HIV and youth issues into and funded in evidence-based development plans, public policies and strategies at national and state levels. This outcome will be achieved by strengthening national institutions (National Population Council, Central Bureau of Statistics, research and population studies institutions) to achieve three related outputs during the CP cycle. On population data and statistical services, the UNFPA financial inputs and capacity building interventions have greatly improved the ability of CBS to conduct large scale surveys as evidenced by the 2008 population census and the resultant analysis and publication of high quality analytical reports. The UNFPA interventions on youth empowerment through financial and technical support also proved to be efficient: FMoYS invested in capacity strengthening and advocacy campaigns which led to the establishment of 15 State Youth Parliaments (SYPs) and the National Youth Parliament; the National Youth Strategy 2012-2037 (NYS) was finalized together with the Action Plans. Given the investments involved by UNFPA, the outputs were significant and efficiency of resource utilization can be established. Much more will need to be done, as soon enough, to strengthen capacity at NPC if integration is to be achieved. The National Strategic Development Plan (2012-2016) has been drafted without traces of integrated population and development issues. Before the Plan is finalized, the CO has to make proactive moves in two related areas; namely to support speedy completion of the Population Policy review process; and to bring technical expertise (possibly an International Consultant) to bear on the integration process. If the Plan is finalized without integration of population issues, it may be difficult to justify the 6th CP.

Gender

The Gender component has been designed to promote gender equality and the empowerment of women in Sudan through an enabled institutional and socio-cultural environment so as to ensure human rights and eliminate gender-based violence. Given the importance of capacity building for sustainability, UNFPA focused on strengthening the capacity of MoWSS and civil society at national and state levels to operationalize the gender policy and the women's empowerment policy through gender sensitive planning, advocacy to discourage gender discrimination, and capacity at national, state and community level to deal with GBV, including FGM/C and early age at marriage for girls. The UNFPA support to Gender focused on strengthening the capacity of MoWSS, in partnership with reputable institutions of higher learning, such as the Ahfad University for Women (Omdurman) and Faculty of Community Development (Gadarif University) to implement aspects of the Gender programme, particularly Women Empowerment, fight against GBV, and abandonment of FGM/C and early marriage in Sudan. In terms of capacity development for gender mainstreaming and related gender issues, UNFPA supported the VAW Units in the five focus states - headed by the Governors' advisors - logistically and technically to report on the GBV (FGM and early marriage) incidences in their respective states. UNFPA also supported the VAW Units, Gender Focal Points and Women Centres to raise awareness about fistula as one of the results of early marriage and this has contributed to the movement to change the law on minimum age at marriage. Accordingly, 1991 Family Law is being reviewed with the goal to increase the age of marriage to 18. In 2011 a series of public declarations on abandonment of FGM using the positive social transformation method was issued in three states. In humanitarian settings, the CO supported Women Centres and the State Committees for Combating GBV to develop GBV AWP, Standard Operation Procedures for response to GBV, and to address improvement of personal hygiene for vulnerable women in Darfur, South Kordofan and Blue Nile states. In the context of Darfur, support was provided to Women Centres by UNFPA and UNCT in general to address GBV and empower women. Towards ensuring that Gender equality and the human rights of women and adolescent girls, particularly their reproductive rights, integrated in national policies, development frameworks and laws, UNFPA supported Specific initiatives to improve skills of key

personnel in monitoring the Programme of action (PoA) of the Women Empowerment Policy (WEP) within line ministries and at the state level in Sudan.

3. Methodology

The evaluation has been based on data and information from primary and secondary sources. Data and information from secondary sources relied on review of two sets of existing secondary data presented in reports of project evaluations, program reviews, operation research, progress and monitoring reviews. Data and information from primary sources derived from results of the questionnaire administered to programme implementers Khartoum where the Federal Government ministries are located and two selected States (out of 5 focus states for CP): White Nile and Gedarif. Data and information from desk review were synthesized; and evidence from review work served as basis for reporting on progress made in CP implementation. The questionnaires from field work were collated and data extracted for tabulation. Where necessary the conventional statistical techniques appropriate to this type of report have been employed to analyze the data and present the information, including descriptive statistics and graphic illustrations. In terms of limitations, time was a constraining factor in getting the IPs to respond to the questionnaire, and visiting all the 5 focus states; but during the field work the evaluators tried to counter this by having fairly elaborate groups in each IP for discussion of implementation issues. Another limiting factor has been the lack of information to actually address some of the output indicators, and the lack of meaningful baselines and targets to facilitate a rigorous analysis of progress achieved. This evaluation has been carried out by two independent evaluators selected by the CO; one international and the other national. The evaluation process was guided by the CO in collaboration with an Evaluation Committee.

4. Main Conclusions

The overall design of the CP is clear, although CPAP initially failed to determine in operational terms all programme output indicators, their baselines and corresponding targets. Although the CO attempted to redefine some of the indicators and set baselines and targets towards the end of 2010, the evaluation found that it would be difficult to determine, in retrospect, the achievements made using these indicators. In addition, some of the output indicators are, strictly speaking, outcome indicators to which UNFPA cannot be held accountable. In terms of overall implementation rates, the levels were high for all the components, even though IPs across the components complained of delays in releasing funds for AWP. There is no doubt that prolonged delays in effecting transfer of funds to the IPs have negatively affected programme implementation across the components and at national and state levels. The 5th was generally well coordinated at national and state levels, and resource both human and financial efficiently utilized.

Through the implementation of its resource mobilization strategy, UNFPA Khartoum mobilized non-core resources amounting a total of \$10 million to support RH, GBV, Youth, HIV/AIDS programs in both regular and humanitarian settings from a number of donors, including UNFPA Thematic Funds, Spanish (MDG Fund) and Global Fund to fight AIDS, TB and Malaria; UBW; OCHA; USAID, etc. The overall focus of the CO interventions has been capacity building for a more efficient delivery of services; in spite of the observed high staff turnover and frequent changes, this objective has been largely achieved among the implementers including Government partners, CBOs and NGOs.

RH

UNFPA provided technical and financial support on costing and finalization of the road map for the reduction of MNM at national and 5 target states; all remaining states in Sudan also adopted the road map implementation and action plans. The CO support to fistula centres in Kassala and South Darfur states have increased access to fistula diagnosis, management (Psycho-social), minor surgical repair and referral to more specialized centres (i.e. Abbo centre in Khartoum hospital). UNFPA provided support to basic and in service training of MWs resulting in wider coverage by quality ANC, referral and basic obstetric care (BOC). Training of midwifery technicians was also supported. Technical, financial and material supports enable the five target states to improve coverage by quality EMOC and facility infection control. To extend coverage by ANC, PNC and FP medical assistants were trained to gain these skills. On increased awareness of RH information and improved knowledge of preventing HIV/AIDS, especially among out of school youth, the CO supported awareness-raising and advocacy interventions targeted at policy and decision makers, youth and others. Advocacy activities helped in achieving: support to the establishment of MDRs with community involvement; advance recruitment and employment of VMWs in some states; reactivation of MM reduction committees at the state level, and networks at community level and; training of media personnel (Radio /TV and press) enhanced community support to maternal health. Orientation was also held for

religious and community leaders on maternal health and the use and the benefits of FP methods and the use of the contraceptive. Improvement of coordination mechanism was a salient issue in stakeholders meetings; the issue focused on adolescent and youth reproductive health interventions. With the cluster approach rolled out in Darfur States in 2009, UNFPA became a leading agency for RH (under Health Cluster) and GBV sub-clusters (under Protection cluster). UNFPA is member of UN Humanitarian Country Team at Khartoum and each Darfur States. This forum is a very useful mechanism for coordination of humanitarian activities among all UN and other organizations (for example, for needs assessments in remote areas/ IDP camps, joint supported health facilities in IDP camps, etc.).

P&D

In collaboration with selected higher institutions of learning in the country, the CO supported NPC and CBS in conducting research using the 2008 population census data, which provided a better picture of population dynamics and their interrelations with social and economic development, and evidence for the ongoing revision of the national Population Policy. The integration of population issues into the Draft National Strategic Development Plan (2012-2016) is yet to be achieved, pending the approval of the revised population policy. The results of these research interventions have served as advocacy materials on population indicators and should be useful in facilitating the integration of population issues into the draft National Strategic Development Plan (2012-2016). Sustained advocacy and availability of population and related data as evidence for policy formulation and planning have contributed to the re-appearance of population and development issues (such as family planning, FGM/C, GBV, gender inequality, early marriage for girls), which for long were regarded as culturally and politically sensitive, in public and official policy discussions and in the media in Sudan. This development augurs well for achieving integrated population and development planning in the country, given adequate human capacity. UNFPA supported the development of the National Youth Strategy through technical support and advocacy facilitated the participation of young people in the review of the strategy. The National Youth Strategy (2012-2031) now faces the challenge of implementation; this is where UNFPA will need to intensify the capacity strengthening interventions in the youth sector. Through UNFPA support also, national Youth Parliament and 15 Youth Parliaments at state level have been established and are functioning. Involvement of young people in community-based interventions (RH, FGM, HIV) seems to be a catalyst for improved information dissemination and community mobilization; this is supported by number of community members who attended the youth-organized awareness raising campaigns in FGM and HIV issues.

Gender

UNFPA supported the launch of a campaign on socio-cultural determinants of maternal mortality in the five focus states targeting members of the states government cabinet, legislative councils, ministry of finance and the Governors' advisors. The focus of UNFPA interventions on maternal health with the wider spectrum of partnership has enabled the advancement of women empowerment agenda; and regular meetings with gender stakeholders and Gender Governors' Advisors have been instrumental in advancing women and gender issues as well as planning. The involvement of religious leaders in the discourse on the abandonment of FGM and early marriage has been a key intervention in bringing positive change particularly in de-linking Islam from these practices. In addition, sharing experiences of rural communities publicly on abandonment FGM has positively impacted the nearby communities still practicing FGM. These and related developments have resulted in the formulation of the National Action Plan to Combat Violence against Women and Children has been developed and endorsed by Ministry of Justice; national GBV strategy, which has been incorporated into the draft National Strategic Development Plan (2012-2016); ongoing revision of the Family Law to change the minimum age at marriage from 10 to 18; and moves in several states to criminalize FGM/C. In Gadarif and Omdurman and in a few places elsewhere, clear signs of women empowerment have been demonstrated with women farmers and handicraft workers managing their resources to the benefit of family and community. In the process, women have demonstrably been empowered to campaign against FMG/C and early marriage and all forms of discrimination against women and girls. So far, measured success is limited due to the persistence of traditional practices; but such developments engineered by women beneficiaries of the CP are beginning to show up in the formulation of important institutional frameworks: the National GBV Strategy was incorporated in the National Five Year Strategic Plan (2012-2016); Programme of Action (PoA) of the Women Empowerment Policy (WEP); the National Committee for Women Advancement now includes selected Parliamentarians and Presidential Advisors; a Law to criminalize practice of FGM/C endorsed and operational in three states, and a draft National Law to criminalize FGM/C being drafted; notable increase in the number of NGOs and CBOs working in the abandonment of FGM and against early marriage.

5. Recommendations

General

- i. The CO to ensure that all the necessary data and information are assembled at the beginning of CP implementation to feed CPAP and the M&E framework with data on output indicator baselines and determination of targets for which CP could be held accountable.
- ii. The CO should consider investments in a significant impact study of its various interventions in the past decade or so to generate evidence-based results to inform policy development and also as a resource mobilization strategy;
- iii. UNFPA should consider the report of the HR Review commissioned by the CO (October 2011), and to the extent possible implement the recommendations, particularly those related to high staff turnover and constraints imposed by unfavourable conditions of service of appointed staff which tend to discourage the filling of vacant positions and hamper essential financial operations.
- iv. In terms of deployment of UNFPA personnel at State level, the CO should review the Job Description of the NPPPs which seems to be narrowly focused on RH. Much more could be achieved by empowering the one NPPP in a given State to emphasize work on RH but also coordinate all UNFPA supported projects in the State; and, by working together, the IPs achieve a better understanding of population issues in development, while the programme itself benefits from synergy.
- v. Having regard to the UNFPA new strategic direction, the 6th CP for Sudan should be done within the context of the new UNDAF and the national Strategic Development Plan (2012-2016).

RH

- i. There is need to agree on a definition of the Primary Health Care Level. WHO definition is “the level of first contact with the health care system” without consideration to the name or serviced offered/received by the individual. Note the FMOH has published its new nomenclature, personnel quota and provided service for all health facilities in the states. Maps of these facilities are likely to be out of date. (FMOH, 2nd edition, 2010).
- ii. Training on management, HIS, RHCS, RHMLS per se is not enough. It needs to be practiced and applied – which is not the case now. This is especially true about monitoring of implementation activities – that are part of supportive supervision.
- iii. More frequent supervisory visits at all levels in the target states are needed.
- iv. Study and consider introducing the electronic mapping software of White Nile state to the rest of the target states.
- v. The delay in the release of Global Fund has negatively impacted on programme implementation; the issue should be resolved with the concerned parties;
- vi. The findings of the health care system study by HAI should be considered for implementation during the 6th CP cycle;
- vii. Integration of HIV into the RH component is best started at the CO, as a working and efficient method of management that can be presented to all partners to follow suit;
- viii. Security of supplies to the programme, vital as they are, should be ensured; and the condom programme should be finalized during 2012;
- ix. A study of the use of mobile VCCTs should be undertaken to evaluate the experience before extending their use;
- x. Coordination and dialogue with MoH (especially in Khartoum State) should be intensified to ameliorate the cultural sensitivities about undertaking IBBS studies;
- xi. Operations Research on midwifery aspects (e.g retention, sources of income and community perspectives about Midwives, etc, should be perused and encouraged.
- xii. Establishment of sound coordination mechanism of HIV project with relevant sectors to ensure timely decision making to accelerate project output
- xiii. Commitment & adequate support for the services delivery component to ensure the expected impact of HIV prevention activities
- xiv. More investment in capacity building projects for NGOs and partners working on the HIV response in the country.

P&D

- i. UNFPA should support CBS, as done in the past with national censuses, in addressing gaps in population data coverage in the country, especially the generation of vital statistics (births, deaths, marriages) in collaboration with the relevant line Ministries, and consolidation of data standards through the recent move

- by CBS to develop a National Statistical Development Strategy (NSDS) within the context of a National Statistical System (NSS) for Sudan, and strengthen the Statistics Offices in all the States in the country.
- ii. Given the service profile of the current demographers and statisticians in CBS, UNFPA should support capacity building to raise a new crop of demographers and statisticians who will meet the increasing demand for reliable and timely population information and generate desegregated age and sex indicators from incomplete and defective data.
 - iii. UNFPA should intensify its support to NPC in order to effectively address the finalization of the process of population policy revision and Action Plan for its implementation; and to integrate population issues into the draft National Strategic Development Plan (2012-2016). It may be necessary in this regard to consider the appointment of an experienced Consultant (possibly international) to assist NPC with finalization of the Population Policy; integration of population concerns into the draft Strategic Plan; and production of actual Manual on Integration for use by all the sectors.
 - iv. Towards the institutionalization of a monitoring database (*DevInfo*), NPC also needs to work closely with CBS; this will enable NPC to facilitate the use of data for policy and planning and thereby support the integration process in all sectors at national and State levels. The NPC can hardly sustain its activities by working alone, especially without close collaboration with CBS and the university system in training, research and information dissemination.
 - v. On P&D relate Outcome, the design of P&D related outputs should recognize the role of UNFPA in population policy formulation/review and coordination of its implementation arrangements; therefore, the CP should have a specific output which addresses UNFPA support to population policy and development and management of Nation Action Plan for policy implementation. Such a Plan provides basis for the coordination of population activities, beyond the CP.
 - vi. Continue support to Government and NGOs on youth development issues and UNFPA should intensify its technical and financial support to capacity building for programme management, youth empowerment for gainful employment, and full participation in public life.

Gender

- i. Future UNFPA support should intensify interventions which focus on gender mainstreaming and women empowerment for the promotion of gender equality and eradication of female harmful practices in the country. As aptly demonstrated in Darfur, UNFPA is well placed, given its mandate, which includes both Reproductive Health and GBV, to take the lead on a multi-sectoral approach to GBV.
- ii. Increasing efforts should be devoted by Government and UNFPA to generating national and state-level indicators of GBV, FGM/C, and gender imbalances in social and economic status, as basis for policy formulation, programming and budgeting.
- iii. UNFPA should increase support to University based NGOs and CBOs working on GBV, FGM/C, HIV/AIDS and age at marriage for girls at community levels in order to achieve a wider spread, enlist the interest of similar institutions in other states in the country.
- iv. Government and UNFPA should re-examine the best way to strengthen the institutions established to address gender issues in the country, particularly Violence against Women units, Gender Focal Points and Women Centres, with the possibility of consolidating their related activities and harmonizing their structures.

1. Introduction

1.1 Purpose and objectives of evaluation

Purpose

This is an independent evaluation of the Government of Sudan (GOS)/UNFPA 5th Country Programme (CP) of support to population activities in Sudan covering the period 2009 – 2012. As a matter of policy, UNFPA requires that a summative evaluation is conducted at the end of each programme cycle in order to determine the impact of the interventions. The main purpose of this evaluation is, therefore, to determine the soundness of the program, substantive accountability of the investments made and, as a basis for learning, make recommendations that will improve the relevance and quality of future actions.

Objectives

This evaluation has overall as well as specific objectives. The overall objective is to assess the soundness of the 5th CP and its relevance to the needs of the Sudanese people and to draw lessons and recommendations to feed into the forthcoming CP.

The specific objectives of the evaluation are to assess the following:

- a) Availability and access to RH services (e.g. maternal health and family planning);
- b) Functionality of mechanisms for systematic improvement in maternal health through trainings and capacity building in the area of midwifery, Emergency Obstetric Care (EmOC) and fistula;
- c) Utilization of RH, AYSRY and HIV/AIDS information and services;
- d) Strategies and approaches for the HIV prevention for MARPs and vulnerable populations;
- e) Utilization of census and national survey results for in Depth-Studies and development planning;
- f) Role of national policies and strategies in providing enabling environment for program implementation; Level of integration of population issues/dynamics into national development plans and strategies, and effectiveness of the integration manual in addressing population issues;
- g) Capacity/empowerment of youth for participation and development and the appropriateness of strategies and approaches;
- h) Contribution of the program to gender equality and women empowerment through gender mainstreaming and budgeting;
- i) Impact and effectiveness of the program interventions in GBV (FGM, SGBV) prevention and the response mechanisms in the five focus states as well as the humanitarian settings.

1.2 Scope of evaluation

In terms of geographic coverage, this evaluation is national, and it covers line federal ministries involved in the implementation of the programme, and in the selected five states for CP focus; namely, Kassala, Gadarif, White Nile, Blue Nile and South Kordofan. A separate humanitarian program outside the scope of the regular country program was initiated for three Darfur states and had continued to be implemented to this date and has extended to support newly conflict driven states. The scope of the evaluation will also include a critical review of lessons learned regarding support for recovery and humanitarian interventions in Darfur; but the evaluation of Darfur programme is integrated into this 5th CP evaluation. The period covered in this evaluation is the 5th programme cycle, 2009-2012, involving the three components of the programme; namely, RH/HIV/AIDS; P&D, including youth; and Gender. The clients of this evaluation are the implementers and the beneficiaries of the CP, including UNFPA, Government departments, and other relevant stakeholders who are expected to use the results for decision-making and to inform the planning, programme, budgeting and implementation processes.

1.3 Methodology

1.3.1 Data sources and limitations

The evaluation has been based on data and information from primary and secondary sources. Data and information from secondary sources relied on review of two sets of existing secondary data presented in reports of project evaluations, program reviews, operation research, progress and monitoring reviews. These include evaluations, reviews and research works conducted during 2011; namely, the CP Mid-Term Review conducted in the first quarter of 2011 by a multi-sectoral team of three independent consultants; operational research on effective deployment, retention of VMWs in three of the five focus states and Darfur region; project evaluations on gender mainstreaming, GBV and census evaluation report. The second category refers to components' annual progress reports, annual review meetings minutes and monitoring reports.

Data and information from primary sources derived from results of the questionnaire administered to programme/project implementers under the CP. This was to validate data from secondary sources and to consolidate information generated by the above-mentioned studies, having regard to the evaluation criteria. To collect data from primary sources the evaluators visited the IPs in Khartoum where the Federal Government ministries are located and two selected States: White Nile and Gedarif. The list of places visited and persons met is provided in Annex 2a and 2b of this report.

Data and information from desk review were synthesized; and evidence from review work served as basis for reporting on progress made in CP implementation. The questionnaires from field work were collated and data extracted for tabulation. Where necessary the conventional statistical techniques appropriate to this type of report have been employed to analyze the data and present the information, including descriptive statistics and graphic illustrations.

In terms of limitations, time was a constraining factor in getting the IPs to respond to the questionnaire; but during the field work the evaluators tried to counter this by having fairly elaborate groups in each IP for discussion of implementation issues. Also due to time limitations, it was not possible to visit all the 5 focus states of the CP; nevertheless, the evaluation had a good access to various reports on the states not visited and collected additional information from the NPOs.

Another limiting factor has been the lack of information to actually address some of the output indicators, and the lack of meaningful baselines and targets to facilitate a rigorous analysis of progress achieved. As pointed out in the section of 'programme design' below, in spite of the CPAP elaboration following the CPD approval, some of the indicators are pitched at the highest level and they read more like outcome than output indicators. The lack of CP-specific output data on a few indicators proved a major constraint to aspects of this evaluation.

This evaluation has been carried out by:

- Prof. Oladele O. Arowolo (International Consultant) – Team Leader, P&D and Gender Specialist; and
- Prof. Ali Biely – Reproductive Health Specialist.

1.3.2 Evaluation questions/criteria

- The CP evaluation questions will address the following criteria:
- *Adequacy*: to what extent the CP was sound in terms of design, and implementation modality. To what extent the investment in the CP was worthy taking into consideration the context of Sudan.
- *Relevance*: to what extent was the CP relevant to Sudan national context, interest and priorities?

- *Efficiency*: expenditure from total budget allocated for the program period. Did the actual or expected results justify the costs incurred? Assess if any overlap or duplication of activities exist for similar expected results. Assessment of allocative efficiency is also requested.
- *Effectiveness*: to what extent have envisaged outputs been achieved? What is the quality of the outputs? To what extent they contributed to achievement of the pre-stated program goal and outcomes?
- *Sustainability*: assess the extent to which the CP addressed sustainability measures necessary to allow for services to continue in the absence of UNFPA support. Exit strategies for roll-out
- *Coordination*: Assess the effectiveness of existing coordination mechanisms between the main office and the five focus states on one hand and between the CO and IPs on the other.
- *Management of CP implementation*: Assess management and partnership modalities, synergies across thematic areas, monitoring and evaluation systems, etc
- *Cross cutting issues*: Assess the extent to which human rights and gender dimensions were considered in the planning and implementation processes.

1.4 Structure of the evaluation report

Preparation of the draft evaluation report will be based on UNFPA recommended structure, presented as follows: First is the introductory section which contains a summary of the purpose of the evaluation, the key issues addressed and the methodology employed to conduct the evaluation, with a description of the structure of the evaluation report and the aims and strategies of the 5th CP. Section 2 covers the *Findings and conclusions*. The findings are analyzed according to the three programme components (Reproductive Health, Population and Development, and Gender), using the evaluation criteria, and based on the evidence derived from the information collected (a summary of findings presented on a LogFrame is in Annex 5 of this report). Section 3 addresses Coordination of the programme; Section 4 is on Partnerships and collaboration; Section 5 addresses Monitoring and Evaluation; Section 6 ‘Cross-cutting issues’ and; Section 7 considers the future in the light of the new UNFPA ‘Strategic Direction’; Section 8 draws the main conclusions; Section 9 focuses on *Lessons learned*, based on the evaluation findings and drawing from the evaluators’ overall experience in other contexts, including both positive and negative lessons. Section 10 is on *Recommendations*, derived from the conclusions and lessons learned, including reference to their anticipated implications. The last section of the report consists of Annexes, including: evaluation terms of reference; list persons interviewed and sites visited; list of documents reviewed (reports, publications); the questionnaire schedule and; evaluation summary.

1.5 Aims and strategies of the programme interventions

The aim of the 5th CP, as defined in the CPAP, is to contribute to the nation’s efforts to achieve the objectives of the International Conference on Population and Development, 1994 (ICPD) and the Millennium Development Goals, 2000 (MDGs). It was designed to contribute to government efforts that are prioritized in national development plans and the Comprehensive Peace Agreement; it places emphasis on partnerships, coordination and joint United Nations programming. It consists of three components: reproductive health and rights (RH); population and development P&D); and gender equality (Gender). In response to the humanitarian emergency in Darfur, the CP also designed programme interventions within the context of UNDAF. Under the Darfur programme, UNFPA was trusted with the responsibilities of coordinating and leading Reproductive Health and GBV sub-clusters, respectively falling under Health cluster led by WHO and Protection cluster led by UNHCR. Inter-cluster coordination was again coordinated by OCHA. UNFPA opened four offices in three Darfur states to operationalize its program activities and in line with the settings of other UN agencies.

1.6 Description of programme outcomes and outputs

1.6.1 Reproductive health and rights (RHR) component

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

The RH component has three outputs:

Output 1: An essential and integrated reproductive health package and reproductive health commodities are available at service delivery points in selected states.

Output 2: The technical and institutional capacity to provide basic and comprehensive emergency obstetric and neonatal care and to prevent obstetric fistula is strengthened, including in post-conflict situations.

Output 3: Increased awareness of reproductive health information and improved knowledge of preventing HIV/AIDS, especially among out-of-school youth.

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

Output 2 will be achieved by: (a) developing a roadmap to reduce maternal mortality and prioritize initiatives to improve skilled birth attendance; (b) supporting basic and comprehensive emergency obstetric services, including equipping, upgrading and reconstructing health facilities; (c) strengthening referral services and community-based interventions; (d) strengthening existing obstetric facilities in post-emergency settings; and (e) advocating and supporting surgical interventions to repair obstetric fistula and establishing a centre of excellence for this purpose.

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

1.6.2 Population and development (P&D) component

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

The P&D component has three outputs:

Output 1: Improved national and state-level capacity to collect, analyze, disseminate and utilize quantitative and qualitative data (disaggregated by age, sex, socio-economic status and administrative unit), taking into consideration emergency settings.

Output 2: Enhanced capacity to integrate population dynamics, reproductive health and gender equality concerns into development planning and monitoring processes at national and state levels.

Output 3: Promotion of young people's participation and empowerment in development.

Output 1 will be achieved by strengthening national institutions to: (a) produce, analyze and use disaggregated data at the state level; (b) undertake in-depth, policy-oriented studies; (c) improve the performance of the health management information system; and (d) support joint resource mobilization efforts for large-scale population surveys, including the HIV prevalence study and the institutionalization of a monitoring database (such as *DevInfo*).

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

Output 3 will be achieved through UNFPA support to: (a) a situation analysis on youth development challenges; (b) the mobilization of resources for youth programming; and (c) the inclusion of youth issues and youth participation in development, planning, implementation and monitoring.

1.6.3 Gender equality (Gender) component

The outcome of the Gender component is: gender equality and the empowerment of women are promoted through an enabled institutional and socio-cultural environment so as to ensure human rights and eliminate gender-based violence. The outcome relates to the UNDAF outcome on improved democratic governance at all levels, based on human rights standards. This outcome will be achieved through two outputs.

The Gender component has two outputs:

Output 1: Strengthened technical and institutional capacity for gender analysis, mainstreaming and budgeting at national and state levels.

Output 2: Responses to gender-based violence, including female genital mutilation and domestic and sexual violence, and to early marriage are strengthened through improved policies, security and protection systems, and community mobilization, including in emergency and post-emergency situations.

Output 1 will be achieved through UNFPA support the Government and civil society at national and state levels to operationalize the gender policy and the women's empowerment policy. The programme will support the strategic planning process to initiate, sustain and monitor gender mainstreaming through gender auditing and analysis, planning and budgeting at national and state levels. Output 2 will be achieved with support to: (a) a situation analysis to understand the socio-cultural dimensions and legal issues related to gender inequalities and gender-based violence, including early marriage, female genital mutilation, sexual and domestic violence; (b) the development of a multi-sectoral, gender-based violence strategy; (c) community awareness and advocacy campaigns; (d) existing legal and social protection systems; and (e) joint initiatives to combat violence against women and children, particularly in conflict and post-conflict situations.

1.6.4 Humanitarian programme

Darfur humanitarian program of UNFPA began in 2004 in the backdrop of Darfur conflict that started in 2003. The Humanitarian Country Team in Sudan decided to roll out cluster approach in Darfur Humanitarian program in 2009 but was not effective until the beginning of 2010. Based on the mandate of the agency, UNFPA was supporting activities in the area of Reproductive Health (RH), Population & Development (PD), and Gender, with advocacy as cross-cutting over the three mandated themes. UNFPA interventions contributed to strengthening and establishing the systems that promote empowerment, justice, equity and equality, and socio-economic transformation. These interventions are intended to

contribute to establishment of agreeable sustainable relationships and attitudes among the different groups. Towards this end, UNFPA programs indirectly addressing some of the root causes of conflicts by:

- a) Improving the quality of health services and health service delivery systems through improved RH services rendered equally to the entire population irrespective of party lines or social, ethnic or tribal identities, and in locations inhabited by IDPs, host communities, nomads or pastoralists.
- b) Contributing to the reduction in maternal mortality and morbidities, UNFPA's programs enormously help averting destabilization of the families and communities. Thus it contributed to peace building.
- c) Building technical and managerial capacities and capabilities of the service providers in different thematic areas, like RH, PD and Gender.
- d) Raising awareness of the community members about their rights and others rights, gender equality and training them to cooperate towards socio-economic sustainable development.
- e) Contributing to mobilization of the communities and advocating among the Government institutions in support of the gender equality, and ending GBV and impunity.
- f) Supporting women centers that created places where women from different tribes/ethnic origins come together and participate in awareness raising on peace, human rights, empowerment etc, in socialization activities and vocational training –an important dimension of UNFPA support to peace building and ending conflict.

The program has two main thematic areas – Reproductive Health and GBV, to address the immediate needs of the affected population within the mandate of the Agency. UNFPA adopted the strategic approach of establishing partnerships with Government line ministries, national and international NGOs for implementation of the program activities. UNFPA's supports go to the implementing partners in the form of technical assistance, grants and in-kind donations for implementing partners. Darfur humanitarian program is coordinated at UNFPA Sudan country office level by the Humanitarian Response Unit (HRU). The HRU coordinates planning, budgeting, implementation, reporting functions of the state offices. Accounting and finance and HR functions are executed by the respective sections of the country office. The HRU is led by Emergency Coordinator supported by three national program officers (RH, GBV, Advocacy), one program associate and one international GBV team leader.

RH

Followings are the key intervention areas of RH program:

- a) Ensuring provision of and access to life saving RH services focusing on EmNOC and clinical management of rape (CMR).
- b) Building the capacities of Government and NGOs on technical, management/coordination and programming including assessment and response to RH gaps and needs.
- c) Ensuring RH kits/equipment, supplies, and commodities to service providers including government and NGOs.
- d) Supporting logistics Management Information System (LMIS) and RHIS to better monitor the delivery and distribution of RH kits, including contraceptives and collection, analysis and dissemination of RH data for decision making.
- e) Advocacy and community awareness for priority RH/HIV through active community mobilization and participation with special focus on vulnerable groups.
- f) Prevention, management of obstetric fistula and social re-integration of survivors.

Gender

In 2004, UNFPA was mandated by the UN system to play the lead role in response to conflict based GBV. With the adoption of the cluster system in 2009 UNFPA continued with this lead role in co-ordination of GBV interventions which include medical, psychosocial, legal, food security and livelihood as well as safety and security. In addition to the co-ordination role played through- out this period, UNFPA interventions in Gender have broadened to attend to all forms of violence including harmful traditional practices such as domestic violence, early marriage etc. As well as advocating for women’s empowerment, and women’s rights.

The main GBV interventions are as follows:

- a) Ensured provision of and access to life saving interventions including counseling, psychosocial support and clinical management of rape (CMR).
- b) Building the capacities of Government, NGOs and communities on prevention and response to GBV through training of the staff, service delivery guidelines and protocols, provision of equipment and supplies, rehabilitation etc.
- c) Provision of post rape treatment and PEP Kits to service providers including government and NGO’s.
- d) Establishment and scaling up of referral pathway at different levels to service delivery units.
- e) Supporting Management Information System on all forms of GBV
- f) Policy/ Advocacy and community awareness on gender equality and GBV issues.
- g) Prevention, management of obstetric fistula and social re-integration of survivors.

2. Findings and conclusions

2.1 Adequacy of design

The design of the 5th CP was done in accordance with the standard UNFPA guidelines for submitting country proposed programme for the consideration of the Executive Board. Apart from the narrative, the CPD also has the Results and Resources Matrix (RRM) annexed to it as required. The RRM defines the outcome and output indicators for the three component programmes of the CP but left the indicators without baselines and targets for the attention of Government and the CO in the process of developing the Country Programme Action Plan (CPAP). Accordingly, CPAP considered the absence of indicator baselines and targets and it was agreed that: “Baseline surveys will be conducted at the beginning of the programme cycle in cooperation with the national counterparts, for those indicators where baseline (and target) information does not exist. In addition information from upcoming surveys including HIV/AIDS Sero-prevalence study, Household Survey, and MICS will provide further baseline and midline information” (CPAP, 2009). However, based on the information available, CPAP designed a series of baselines and set corresponding targets in Annex 2 of the document.

The CO did not design Program Monitoring and Evaluation Plan until 2010, following the placement of M&E officer. The M&E Plans for 2011 and 2012 amended the output indicators and produced working targets for the CP. Some of these indicators were found to be at variance with the initial CPAP indicators and the targets were yearly, making it difficult to adopt them for the monitoring of the overall programme at the end of the cycle. The situation is illustrated below with P&D component. In the M&E Plan 2011, the CO modified the output indicators and set working targets as follows:

Output 1: Improved national and state-level capacity to collect, analyze, disseminate and utilize quantitative and qualitative data (disaggregated by age, sex, socio-economic status and administrative unit), taking into consideration emergency settings.

Indicators	B/L and Annual Targets
Number and types of tools and guidelines for data collection and analysis developed/revised by CBS.	2 sets of Guidelines for analysis of census reports at national and state level developed and adopted.

d2. Proportion of government contribution to resources mobilized for data collection, analysis and dissemination of SHHS2.	20% Dissemination budget at state level is supported by CBS
3. Number and type of reports based on census data produced by CBS	One Mapping and GIS report One administrative report Two analytical reports Two tabulation reports
4. Number of policy oriented research using census data conducted and disseminated by UNFPA supported institutions.	One Research Agenda Report produced by NPC. Three research reports (Migration, Determinants of MM and Fertility) produced and disseminated by NPC and CBS.

The CPD has two indicators each for the 3 outputs of P&D; whereas, the M&E 2011 increased the number of indicators to 4 each for the three outputs. Since these additional indicators were introduced midstream in the course of CP implementation, they are good for monitoring the annual work plan implementation but would amount to retroactive judgement to use them for the entire CP cycle. Therefore, the corresponding baselines and targets set in the 2011 M&E paper are hardly applicable to the overall evaluation.

It has also been observed that there are no data available to measure two new indicators of output 3 of RH. The indicators were formulated during the 3rd quarterly meeting of 2011: Indicator 1 will measure the number of youth centers providing information on RH and HIV; the second one will measure the percentage of youth centers linked to PHC facilities.

In the absence of refined baselines and targets for the programme output indicators, the evaluation utilized those already provided by CPAP (2009). When these indicator baselines and targets are taken together, a substantial proportion of them are pitched at national or state level, implying that these are more of outcome rather than CP output indicators/baselines.

For illustration, the Output 1 of Gender component is stated as: Strengthened technical and institutional capacity for gender analysis, mainstreaming and budgeting at national and state levels. The Output indicators are stated as follows:

- a) Percentage increase in gender focal points and units trained at national and state levels
- b) Percentage increase in project funding to support women's empowerment
- c) Percentage increase in budget to strengthen gender focal points at state level
- d) Number of sectoral plans integrating gender concerns

Out of the above four output indicators, only indicators a) and d) seem to address UNFPA interventions; the other three indicators refer to national proportions which could be the result of interventions by several agencies including UNFPA. With regard to output (c), it is not realistic to hold UNFPA 'accountable' for any percentage increase or decrease in budget allocation to any sector; it is Government decision, which might be influenced in part by UNFPA advocacy but not entire due to the CO interventions.

Significant modifications were introduced into the Gender component design in December 2010, half way through the CP, with the development of 'Final CPAP monitoring and Tracking Tool' (see Annex 6 of this report). The 2010 modifications re-defined the indicators, increasing the number of indicators for Output 1 from 4 to 6, and re-structuring the definition of the original 4 indicators for output 2. Taken together, it is difficult to establish a trend between the first and second sets of indicators for both outputs. Therefore, the evaluation has focused on the first set of indicators and their targets/baselines for two reasons: i) in order to avoid the obvious confusion created by re-definition and multiplication of

indicators mid-stream and; ii) the new sets of indicators and baselines/targets have been applied for one year (2011) while the earlier sets have been used by the CO for two years (2009 and 2010).

However, the evaluation has taken cognizance of the new targets as basis for assessing the UNFPA interventions in 2011. The evaluation suggests that the M&E plans for 2011 and 2012 should continue to be used for programme monitoring. In future, in the process of developing CPAP, the CO should seriously consider a harmonized system for setting output baselines and targets, guided by UNFPA interventions and with minimal modifications, or as recommended by MTR, in the course of implementation.

2.2 Relevance

The 5th CP has proved to, and continues to, be relevant to the socio-economic and political challenges faced by Sudan in building a peaceful and democratic society with capacity to deliver quality social services effectively and respond to the economic aspirations of the people. As CPAP itself noted, the development of the UNFPA CPAP took place at a time when Sudan has the greatest opportunity in a generation to build peace and improve the lives of its people, especially the poor and most conflict-affected communities.

By its design, CP is aligned to the UNDAF, and responds to government priorities reflected in the National Strategic Five Year Plan- 2008-2012 (GONU), and the report of the Sudan Joint Assessment Mission (JAM 2005). The CPAP itself is a consensus document resulting from a series of joint consultations with national counterparts (government, non-government organizations and development partners) in identifying priority areas for UNFPA interventions during the 5th CP cycle, 2009-2012. Hence, the CPAP is directly linked to key development results outlined in the UNFPA strategic plan (2008-2011) and was designed to contribute to the nation's efforts to achieve the objectives of the ICPD PoA and the MDGs.

However, it is likely going to be a challenge to get a similar alignment and consensus on national plan priorities for adoption by UN agencies in the formulation of their subsequent development assistance frameworks. This is because of differences in the planning cycles of the various plans and strategies in Sudan (the National Strategic Plan, National PRSP, UNDAF and CPAP), and changing government structures and national aid management modalities/arrangements, coupled with the protracted process of restructuring government institutions and the rather frequent reassignment of government counterparts for UN agencies will make the setting of common priorities and goals difficult for the next UNDAF as well as the 6th CP.

RH

The 5th CP was designed in 2008 to respond to contextual challenges in Northern Sudan and the growing unmet needs at the community level that go beyond the available national resources and institutional capacities. The challenges included the poor status of reproductive health of the population of Sudan: the prevalence rate of HIV/AIDS was 1.6%; although HIV awareness was high, knowledge of how to prevent infection was low among women and young people and; the condom usage rate was only 1.6 per cent. Also, the contraceptive coverage was as low as 8%, and the unmet need for contraceptives was 5.7%. In addition, the Maternal Mortality Ratio (MMR) was 638 per 100,000 live births (SHHS 2006); 77% of women prefer to give birth at home; only 57% of births are attended by skilled birth attendants; and approximately 37% of girls enter marriage or give births before the age of 18.

In the past, during the 4th CP (2002-2006), in the area of reproductive health, the programme made progress in providing basic reproductive health services and funding for contraceptives and equipment. Also, in emergencies requiring humanitarian assistance, the programme offered support for protocols and guidelines to reduce gender-based violence; provided reproductive health supplies and kits; and

strengthened the capacity of civil society organizations to respond to emergencies. But there were challenges, including: (a) weak managerial structures among partners; (b) limited technical skills for planning, implementing, coordinating and monitoring population- and development-related programmes; and (c) high staff turnover at the state level. More efforts were needed to: (a) reinforce the institutional and technical capacity to integrate population and development dimensions into policies; (b) minimize information gaps; and (c) improve knowledge of socio-cultural barriers.

In response to these challenges, the 5th CP was designed and aligned to: i) the United Nations Development Assistance Framework (UNDAF) through three distinct but interlinked components, namely Reproductive Health and Rights (RH&R), Population and Development (PD), and Gender Equality; and ii) the Government of Sudan (GoS) 5-Year Development Plan. Four years into the implementation of the 5th CP, the programme is still relevant, particularly in addressing acute human and institutional capacity weakness of the health (RH) sector.

P&D

The P&D component was designed to contribute to the Government of Sudan (GoS) 5-Year Development Plan, particularly in two national priorities a) strengthening public accountability and the rule of law; and b) promoting sustainable economic development by encouraging a competitive private sector, supporting key infrastructure and agricultural projects and building knowledge based economy. The P&D component was also aligned to the UNDAF to contribute to two specific UNDAF outcomes: a) By 2012, improved democratic governance at all levels and; b) By 2012, poverty especially among vulnerable groups is reduced and equitable economic growth is increased. P&D also addresses the UNFPA country programme outcome: Population, gender equality, reproductive health, HIV and youth issues are incorporated into and funded in evidence based development plans, public policies and strategies at national and state level. This UNFPA CP outcome is linked to three P&D outcomes of the UNFPA strategic plan 2008-2011 namely a) Population dynamics and its inter linkages with gender equality, sexual and reproductive health and HIV/AIDS incorporated in public policies, poverty reduction plans and expenditure frameworks, b) Young people's rights and multi-sectoral needs incorporated into public policies, poverty reduction plans and expenditure frameworks, capitalizing on the demographic dividend, c). Data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS available, analyzed and used at national and sub-national levels to develop and monitor policies and programme implementation.

The 4th CP supported the conduct of the 2008 national Census of Population and Housing in Sudan; it is therefore logical for the 5th CP, as it has done, to continue support to post-enumeration activities, particularly census data analysis, report preparation and dissemination, as well as the conduct of research using census data, and the utilization of population data for decision making - policy formulation, planning, monitoring and evaluation. The CP outputs also focus on strengthening statistical services, as well as capacity building for integration of population issues into development policies and plans.

Young people (children and youth) aged below 30 years make up more than 74% of the population of Sudan; therefore planning for development should focus on the youth and children.

The 5th CP focused on: a) situation analysis on youth development challenges; (b) the mobilization of resources for youth programming; and (c) the inclusion of youth issues and youth participation in development, planning, implementation and monitoring. Clearly, these related objectives are important to enhance the capacity of the youth in contributing meaningfully to the development process in Sudan. Hence, the stated outcome and outputs of the P&D component (mentioned above) are relevant to Sudan's policy and plan formulation processes.

Gender

The Gender component of the 5th CP was designed to contribute to the Government of National Unity (GONU) 5-Year Strategic Plan, particularly the national priorities linked to strengthening public accountability and the rule of law, building capacity of public institutions and civil society at state and local events; strengthening the social fabrics and ensuring access to justice and protection of human rights. The Gender component is also aligned to two UNDAF outcomes; namely a) By 2012 improved democratic governance at all levels; and to the following UNFPA country programme outcome and; b) Gender equality and the empowerment of women are promoted through an enabled institutional and socio-cultural environment so as to ensure human rights and eliminate gender based violence. The CPAP states that the expected results of the gender component are linked to two Gender equality outcomes of UNFPA strategic plan 2008-2011 namely, a) Gender equality and human rights of women and adolescent girls particularly their reproductive rights, integrated in national policies, development frameworks and laws and, b) Responses to gender-based violence, particularly domestic and sexual violence, expanded through improved policies, protection systems, legal enforcement and sexual and reproductive health services, including in emergency and post emergency situations.

The design of the 5th CP came in the wake of the adoption of the National Policy for Women Empowerment 2007 in Sudan, which was a major breakthrough towards advancing gender equality and access to justice. Government established the national machinery for gender at the Ministry of Welfare and Social Security, and the Unit to combat violence against women and children through the Ministry of Justice as major strides to address gender issues in Sudan. However, in spite of this political commitment there has been minimal progress in the actual status of women in the country. Therefore, the CP outputs for Gender Equality are directly relevant to the objectives and aspirations of the Government of Sudan in empowering women, reducing gender imbalances to the minimum and addressing all forms of gender based violence with effective measures.

2.3 Effectiveness of interventions

RH

- *Output 1: An essential and integrated reproductive health package and reproductive health commodities are available at service delivery points in the selected states.*

The CO interventions in addressing output 1 have focused on four interrelated strategies: research, institutional and human capacity strengthening, and emergency preparedness.

Research

For better targeting, identification of priorities and decision-making for RH services at all levels, the programme has supported some operational researches, such as the socio-cultural study on barriers to FP at the community level, and RH situational analysis in the 5 target states. UNFPA has also provided technical and financial contribution for the Sudan Household Health Survey (SHHS 2010), the detailed report is yet to be availed for partners.

In 2011, the operation research on VMWs showed good and sound results reflecting the significant benefits and the effective role being played by the VMWs in their communities. At the same time, the research identified the gaps and weaknesses that need to be addressed. Monitoring and Supervision visits – by UNFPA and FMoH - were conducted from Federal to State level and on more regular bases from the state to locality and from the locality to the health facilities. The visits helped promote provision of services in more integrated way and identify gaps in training and supplies.

Institutional capacity

The technical expertise provided through the programme has facilitated the review of the National RH Policy in 2009-2010. The revised policy has integrated new concepts/practices which were non-existent previously, such as distribution of oral contraceptive pills and male condoms by Village Midwives (VMWs) and community-based healthcare providers, permission for healthcare providers to use Manual Vacuum Aspiration (MVA) for post-abortion care, and provision of magnesium sulphate for the management of eclampsia at the primary healthcare level. In addition, the programme has also supported the development of the National RH Communication Strategy. This was seen as a critical step towards task shifting and delegation of responsibilities from tertiary level to lower level healthcare providers/professionals in managing life-threatening conditions in remote areas. This approach was also critical for increasing access to FP services, i.e. by supporting decentralization of the RH policy and strategy. The direct impact was evident in the creation of a better policy environment and information to support the prioritization and provision of the integrated RH/FP services package at the primary healthcare level.

UNFPA also provided financial and technical inputs into costing the development of both national and states' road map for reducing maternal and neonatal mortality and adopted it by the 15 states by 2012. The road map was operationalized by developing States specific implementation plans and plans of action.

In order to improve the delivery of RH/FP services in the country, the CO supported MoH in carrying out a number of activities: (i) rehabilitation of and provision of equipment for FP/health centres to ensure quality service delivery; (ii) establishment of new FP service delivery centres; (iii) direct provision of FP commodities; (iv) implementation of innovative ways in expanding outreaches and access to RH services in underserved and remote rural areas; (v) strengthening the RHCS system through; (vi) development, update, printing and distribution of FP service guidelines; (vii) capacity building of care providers and managers.

Out of 37 targeted health facilities in 4 states, UNFPA has managed to rehabilitate and equip 12 (32.4% of the target). This is because of the limited availability of non-core resources for rehabilitation.

UNFPA has also established 2 FP units in Kadugli and Dilling Hospitals (South Kordofan State). In comparison with the other states, South Kordofan has a good number of health visitors and assistants (i.e. 60 personnel). If this critical mass is fully mobilised, the outreach of and access to FP services can be expanded, particularly in the areas where no hospitals exist and have only PHC health facilities. This means that the future UNFPA's work should take this factor into consideration, including the possibility for introducing mobile clinics.

The technical support provided through the programme has further facilitated the development of the National Addendum RHCS Operational Plan (2008), based on which the programme later integrated the 5-year RHCS Plans into the Maternal and Newborn Mortality Reduction (MNMR) Roadmap. Within this process, the focus states prepared their plans and developed a community-based distribution modality to increase utilisation of FP services. A series of training for RH providers and VMWs were conducted alongside the comprehensive community mobilisation and awareness raising campaigns. UNFPA procured the required FP contraceptives for the 5 target states. However, those efforts have been affected by shortages in the supply of FP contraceptives for all states, particularly in 2009. Due to the FMoH's decision to distribute the FP commodities equally to all 15 northern states, instead of the 5 programme's target states experienced nation- wide commodity stock outs and limited commodity coverage, thus resulting in a relatively low level of utilisation of FP services and delivery of the whole package of RH services. With the continuous support of GPRHCS, the country office, with a technical support from

ASRO, in collaboration with FMoH, States MoH and Development Partners managed to undertake the RHCS situation analysis and a national RHCS strategy and implementation plan.

The need assessment carried out in the states has resulted in the mapping of RH needs, particularly in remote areas uncovered by formal primary healthcare system. To widen access and expand outreach, UNFPA piloted rural mobile clinics in the underserved areas of the White Nile State. This initiative was new, and therefore in the next Programme Phase and in collaboration with the local health authorities, UNFPA needs to undertake further evaluation of the innovation in relation to its effectiveness, sustainability and feasibility, in order to replicate it for other similar areas.

In 2011, support provided by the CO to strengthen the Health Information System included: up-date and review of reproductive health information system manuals and format; reprinting and distribution of RH-HIS forms and cards to Services Delivery Points; trainings focused on Health Visitors/Assistant Health Visitors, Medical Assistants and Village Mid Wives, which further strengthened the quality of reporting; operationalisation of the MDR system at various administrative levels. Also, support was provided to south-south collaboration for increased capacity building through participation in the international conference of reducing maternal mortality in Tunisia, and participation in training of trainer's course on reproductive health Commodity security in Egypt.

Human capacity strengthening

Except for the ANC/P for Medical Doctors in Kassala State, all planned RH training activities on Antenatal Care, labour and delivery care, PNC and Family Planning, HIS, Country Commodity Manager (CHANNEL/CCM, –RHCS software) and LMIS have been implemented. Using the standard training packages by the FMoH, UNFPA has trained 518 participants representing medical doctors, medical assistants, health visitors, assistant health visitors, and VMWs. The objective of those trainings was to improve the delivery of the integrated RH package at the primary healthcare level, strengthen the RHIS, improve community-based reporting on RH services, and develop states' capacity in LMIS particularly related to tracking/forecasting of RH commodities.

Although it is premature to assess the impact of the capacity building activities for health system at the state level, the next phase of the CPAP nevertheless needs to focus on ensuring the quality of the RH data and HIS in general. Gadarif's experience in training the RHCPs and statisticians on HIS is considered as a good practice, which has supported improving the quality of RH database. It should also be noted that those trainings have faced constraints, such as the lack of accredited trainers, high turn-over at the state level, insufficient in-class training modality, lack of follow-up mechanisms, and illiteracy of most VMWs.

RH emergency preparedness and response

UNFPA has started supporting Darfur humanitarian program under a unified UN work plan aiming at improved access to reproductive health care services, and prevention and management of based on MISP for RH during Emergencies. The services targeted conflict affected population mainly in IDP camps (for an estimated number of 19 IPDs) and host communities. Although program components mainly focused on the delivery of emergency lifesaving services such as emergency obstetric and neonatal care (EmONC) and health care for GBV victims, but UNFPA also supported activities to build capacities in the line ministries and other implementing partners, rehabilitated and equipped health facilities, and supported community mobilizations and awareness raising activities to organize and sensitize women, men, community leaders and youth.

As a lesson learnt from Darfur the acute chronic picture of the crisis is often reported by the Humanitarian actors, UNFPA Sudan successfully mobilized fund from CERF 2009 after the expulsion of

the 13 INGOs from Darfur, and 2011 in ND after a mass armed conflict in the area (70,000 newly displacement). The two projects were successfully implemented under the main objective to provide life-saving interventions to the affected populations

UNFPA has responded to emergencies including the flood in Kassala and White Nile State, spontaneous displacement and returns in South Kordofan State, conflicts in the three Darfur states and population movements from Northern to Southern Sudan and within Gadarif and Blue Nile State (e.g. returnees). Such emergency occurrences had contributed to RH risks and gender inequalities in those locations. The UNFPA Programme has been tasked to respond to emergency RH needs in the 5 target states and Darfur states through provision of MISP packages critical for RH and prevention and response to GBV. To this end, UNFPA has (i) trained 85 RH coordinators and health managers on emergency preparedness; (ii) conducted intensive MISP Training of Trainers (ToT), leading to the formation of a national core team of 22 trainers (10 trainers from the 5 target states who extended similar trainings to the other 78 RH-MISP personnel) and 80 in Darfur states; (iii) developed the Annual Contingency Plan for each state; (iv) procured and prepositioned emergency RH equipment, supplies and medicines in the 8 states and provided stocks in the State Ministries of Health (SMoH); (v) trained 160 health providers on Clinical Management of Rape (CMR) for survivors; and (vi) distributed 1,667 RH emergency kits (supplies and drugs) and 9,000 hygiene/dignity kits to the border states (White Nile, South Kordofan and Blue Nile) in preparation for the Sudan Referendum (for a period of 3-6 months).

In addition, UNFPA (in conjunction with the Referendum) also extended emergency support to Khartoum, Sinnar and North Kordofan States through training of 100 RH personnel on MISP and CMR and distributed 409 emergency RH kits for health facilities and 2,600 hygiene kits for vulnerable women.

Experiences and lessons learned from the emergency preparedness programme in Darfur 2009-2010 enabled UNFPA to develop a comprehensive Contingency Plan to respond to the expected mass population movements and any possible conflict during the post-referendum period and following the formal announcement of Southern Sudan in July 2011.

- **Output 2:** *The technical and institutional capacity to provide basic and comprehensive emergency obstetric and neonatal care and to prevent obstetric fistula is strengthened, including in post-conflict situations.*

In addressing output 2, strategic interventions by UNFPA consisted of: i) institutional capacity strengthening and; ii) human capacity building.

Areas of intervention in institutional capacity strengthening included: development of MNMR strategies, plans and service standards; establishment of mechanisms for service delivery; and strengthening the capacity of the midwifery schools. In strengthening human capacity, the CO focused on in-service training of medical doctors, medical assistants, health visitors, assistant health visitors, and VMWs on ANC and PNC.

Development of MNMR strategies, plans and service standards

The technical and financial support extended by UNFPA to the Government has resulted in the: (1) development of the national MNMR Roadmap with the overall objective of reducing the maternal and newborn deaths, thus furthering the strategic guidance to reduce unwanted pregnancies and unsafe abortions; (2) development of state-specific MNMR Roadmap implementation plans; (3) facilitation of development and implementation of the National Midwifery Strategy aiming at increasing the coverage of professional midwives, thus eventually increasing the use of skilled birth attendants during pregnancy and

childbirth; and (4) development of the EmONC guidelines and protocols, namely the training manual for facilitators and participants, management protocol, and post-abortion care management protocol, in order to improve the quality of the EmONC service provision. Those four key achievements have helped in laying the foundation, producing plans and fixing necessary standards for service provision. The next for the programme support, therefore, is to primarily focus on the costing of the national MNMR Roadmap and to support the implementation of the action plans.

Establishment of mechanisms for service delivery

Main areas of the programme focus were on emergency obstetric and neonatal care services EmONC and referral service system. The EmONC related activities ranged from clinical skills training to rehabilitation of health facilities and provision of essential obstetric equipment. The status of the comprehensive EmONC service in the target states in 2008 showed that Blue Nile had one tertiary hospital, South Kordofan had 2 tertiary hospitals covering about 40% of the state's population, and the rest of the states had adequate number of tertiary hospitals in relation to the population size. UNFPA has upgraded 2 rural hospitals (Hawata and Doka) in the southern Gadarif and equipped the hospitals with blood transfusion facilities. Yet, although the number of tertiary facilities in the Gadarif State is adequate, the upgraded rural hospitals are in areas that are off limits during rainy season with high maternal deaths. The Fund has also equipped 2 hospitals' operation theatres in South Kordofan (Kadugli and Delling). In White Nile, 3 tertiary hospitals were equipped with basic medical equipment including CS sets and blood transfusion kits

In the meantime, the status of the BEmONC in the target states in 2008 showed that Blue Nile had 2 out of the required 8 facilities, Gadarif had adequate number of facilities, Kassala had 10 out of the required 16 facilities, South Kordofan had 8 facilities covering only 40% of the state's population, and White Nile had adequate number of facilities. Except South Kordofan State, the Programme rehabilitated 1 facility in each of Blue Nile, Gadarif, and Kassala. In addition to these rehabilitation efforts, the Programme in White Nile has also conducted in-service training for medical doctors and standard obstetric care training for VMWs in White Nile. To this end, with regards to the 4 states in which UNFPA's support has taken place, the overall coverage of 80% was similar to the national coverage in Northern Sudan in 2008. This means that the next programme phase should maintain the status quo and work towards further improvement of the service coverage so it will surpass the national status in 2008, with special focus on South Kordofan and Blue Nile State, accordingly. It is worth noting that, infrastructures in these states have been seriously affected due to the 2011-and early 2012 conflicts.

UNFPA Supported the establishment of (8) BEmONC centres in Darfur were it did not exist before and also expanded range of service provisions in (8) rural hospitals to upgrade to CEmONC centres 2011. Equipping of 10 blood banks in the rural areas was one of the main interventions during 2010 – 2011, aiming to improve the services in the existing/ upgraded CEmONC facilities'

In order to strengthen the referral system/service in remote and inaccessible areas, UNFPA has also piloted the idea of donkey-driven carts as a form of ambulance. In Gadarif and Kassala, respectively 20 and 18 such ambulances have been provided to VMWs to facilitate the referral for complicated obstetric cases. Although there is still a need to assess the effectiveness of such innovation, the initiatives have started showing immediate impact, such as the saving of women's lives at affordable cost and extra income for VMWs which has further retained them within their communities. Supporting the referral system in conflict setting like Darfur with Ambulances (2009- 2010) contributed to the improvement of the system, although restriction of movements and security tension limited the services from rural and inaccessible areas.

However, despite all of these efforts, there is still a need to advocate for additional government and development partners' commitments to address the following gaps: limited human resources, shortage of essential obstetric equipment, inadequate basic supplies and limited budgets for maintenance and running

cost. Those gaps need to be addressed to ensure the delivery of quality obstetric services in the target states.

Access to fistula diagnosis and management was improved through the financial and technical support to the focus states (KA, GA, BN) and Darfur states (4 centers) fistula management centers. The centers provide fistula repair for simple cases, counseling, social rehabilitation and referral. Support to fistula management was enhanced further by the development and training on the national guidelines and protocols for fistula management and repair. Technical assistance was also provided at the federal and state levels by secondment of technical staff; this enhanced program planning, implementation and management. Joint supervision to/ within the states remained key to enhance further the advocacy and implementation of the program components.

Capacity of the midwifery schools

UNFPA has equipped the Omdurman Midwifery School, the country's lead midwifery training institution, with skill labs equipment necessary to provide quality midwifery education. In service training of tutors were conducted targeting national and states' midwifery tutors and health visitors. Through the implementation of the programme UNFPA has further (i) rehabilitated and equipped 2 midwifery schools in White Nile, with annual intake of 120 VMW candidates and with the objective of increasing the coverage of community-based midwifery services; (ii) rehabilitated 1 village midwifery school in Blue Nile, but yet to be equipped; and (iii) rehabilitated Gadarif Midwifery School to provide basic trainings for VMWs and MW technicians. The rehabilitation activities in Kassala are planned to be undertaken by the MDTF.

Institutional capacity strengthening also extended to review the implementation of midwifery strategy and curricula. UNFPA has supported the formulation of the National Midwifery Strategy which includes transitional and long term plans. The ultimate objective of this strategy is to reinstitute professional midwives (to the level of diploma and B.Sc) into the health system through gradual replacement of VMWs. The VMWs will be kept at the community level or upgraded depending on their educational level.

UNFPA has also extended its financial and technical support for the review of curricula for different levels of midwifery cadres both at professional and technical levels. Further, UNFPA has supported recruitment of competent Midwives as tutors within the Omdurman Midwifery School, for the BSC in Midwifery programmes, and other Midwifery programmes within the AHS.

One of challenges in scaling up midwifery programme, especially professional and technical programme is the pre-requisite for admission to the training of professional midwives which is possession of a secondary school certificate, this might limit the chances for candidates from rural areas who most likely do not meet such a criterion for admission. The alternative strategy in the short-run, therefore, should be a gradual phase-out approach while replacing VMWs. In the long-run, the health and education authorities need to work together towards ensuring that all villages have female secondary school graduates who will be eligible for admission.

UNFPA continuous support to the basic training of VMWs helped in producing trained midwives who have been located in needy communities and villages. The CP cycle also helped in the establishment of two years midwife technician and 4 years BSc training programme in midwifery. In addition to this, the procurement of VMW kits from UNFPA and from other partners helped in equipping the newly graduated VMWs to provide the service. The in-service training courses those conducted for different RH care providers, like VMWs, HVs, AHVs, Mas, MDs on different RH issues helped in improving the quality of service, especially the midwifery services and also helped in improving the access to quality services, like FP and EmONC. . The main recommendations raised by trainees are the need for more

supportive supervision and availing the equipment. The presence of the UNFPA national and international staff at the ministries of health (federal and states) provided a big opportunity to the RH departments and Academy of Health Sciences to benefit from their technical support

Maternal Death Review/Audit

The Maternal Death Review (MDR) provides information on the causes and contributing factors to mothers' deaths, in an attempt to inform the HIS and take actions accordingly. The process involves notification, investigation and reporting. UNFPA's support in this include the (i) establishment of MDR Secretariat Offices at national and state level (through provision of equipment, management costs for the national office, and costs for the review meetings); (ii) development of the standards for registration and reporting (guidelines and formats); and (iii) advocacy sessions to disseminate findings. The result was the implementation of the MDR system that is yet to be institutionalised into the HIS across the country.

Human capacity

The training of midwives, including basic and in-service training on critical life-saving skills, was considered critical to human capacity strengthening. It was observed that the prevailing distribution pattern of midwives in all states is urban-based, which makes coverage of the rural underserved areas remain low. For this reason, UNFPA has provided considerable support for basic training of VMW. This role is expected to be taken over by the Government in the future.

In 2009, 190 VMWs received 1-year training and delivery kits, and are currently providing midwifery services to their communities. Additional 120 VMWs have also been enrolled and will be graduated. For the 2-year midwifery technician training, a total number of 150 midwives in White Nile, Gadarif and Kassala were enrolled in 2010 and are yet to complete their diplomas. In addition to this, the in-service training delivered to VMWs on life-saving skills covering ANC, Delivery Care (DC), PNC, and early referrals, have greatly contributed to the improvement of community-based midwifery services in the target states.

Findings from the MTR revealed an improvement in service coverage of VMW/skilled birth attendants in the communities. The highest improvement has taken place in Blue Nile (almost doubled) due to the appropriate selection criteria. The advocacies carried out in Blue Nile, Gadarif, and White Nile States have resulted in the Government's recruitment of VMW graduates, thus further increasing the coverage of the under-served rural areas in these states. The overall coverage in the target states has improved by almost 31% relative to the situation in 2008. As new midwifery graduates are expected to join the service in 2011, the improvement is expected to further escalate. Despite this, however, the scattered nature of villages in some states is still a constraint which limits the service coverage. Addressing this challenge requires the local health authorities' decisions on distribution of services and coverage.

In 2011, UNFPA provided support of both basic and in service training of village midwives resulted in the increase in the coverage by midwives providing quality post natal care, referral, basic obstetric care and supportive supervision which improved the access to quality MNH services in the focal states in addition to support of the basic training of Midwifery technicians. Also, implementations of series of training courses improved coverage and quality of EmNOC and infection control in the 5 focal states was supported. This increase was a result of expansion of the rehabilitation of SDPs and provision of various RH/FP commodities. A core team of trainers in the above mentioned areas has been developed to facilitate building the capacity of the states as well as appropriate use of training guidelines. In addition, the CO support facilitated participation of national staff in attending international events, training and workshops in support of maternal health which has built the national capacity in addressing related MH issues.

In the Humanitarian settings, the CO supported the training of VMWs in three states of Darfur with special focus on inaccessible rural areas and nomadic communities; trained 42 medical doctors in EmOC, FP and PAC and; contributed to the training of RH state coordinators and RH service providers on MISP for RH. Further, these training interventions led to the development of comprehensive RH contingency plan at Darfur states level; their increased capacity in data collection, analysis and reporting on RH services in the three states of Darfur and ; enhanced capacity of 31 local NGOs in project management, monitoring and reporting.

- **Output 3:** *Increased awareness of reproductive health information and improved knowledge of preventing HIV/AIDS, especially among out-of-school youths.*

In 2009 and 2010, UNFPA received a generous financial support amounting to USD 2.5 million from the Global Fund, the biggest multilateral funder for the health-related MDG initiatives worldwide. This support aimed at improving the knowledge and practice related to HIV/AIDS and STIs among the Most at Risk Populations (MARPs), and providing technical support for the implementation of Behavioural Change Communication (BCC) across the 15 Northern States. UNFPA has combined the Global Fund with its core resources in order to achieve the objectives of the National HIV/AIDS Strategic Plan under the Reproductive Health Output 3. The objectives envisaged under the Output 3 are (i) to support initiatives in establishing links between the RH and HIV/AIDS prevention, leading to the integration strategy of RH, Gender, ASRH, and RH-BCC; (ii) to facilitate community mobilization to raise awareness and to increase demand for RH services and information; (iii) to provide technical assistance and secure commodities for a comprehensive condom programming (supply chain, quality assurance, and condom utilization through cultural sensitive approaches); and (iv) to support initiatives targeting MARPs, including out-of-school youth and women. To this end, UNFPA has been delivering support under the following activity clusters.

HIV/AIDS sensitization and integration in the federal RH system

The evaluation found that RH and HIV/AIDS activities have been implemented in isolation even though the targets, workers and activities are the same. The UNFPA's justifications on this include the fact that the two areas are managed separately within the national health structures by the HR Directorates and Sudan National AIDS Programme (SNAP). Moreover, the HIV/AIDS programme has different funding mechanisms and potentials compared to the RH programme, which is generally under-funded. Although the *systematic* and *operational* linkages between RH and HIV/AIDS are still far, integration related processes are ongoing.

In response to those realities, UNFPA has put some efforts at the federal level towards strengthening the HIV/AIDS interventions and sensitizing the RH system to integrate HIV/AIDS (both *systematic* and *operational*). The programme operation was done at different layers, starting from collecting data on the risky groups and their behaviours through IBBS, enhance the capacity of the CSOs staff to provide the services and actual provision of MARPs and youth intervention packages across the country.

The technical and financial supports provided in this area include:

- a) Support of HIV/AIDS interventions, which yielded the (i) establishment of the MARPs Units at the national and state level; (ii) capacity building of the Government and NGOs staff on planning, reporting and fund raising skills; and (iii) development of 5 MARPs' service packages (i.e. female sex worker (FSW), men who have sex with men (MSM), tea sellers, out-of-school youths, and prisoners)
- b) Support for SNAP to conduct (i) a comprehensive review of available literature on HIV/AIDS stigma in Sudan, which was used in developing the suitable service packages to address occupational stigma among health cadres and stigma in schools in the communities and various settings; and (ii)

operational researches on stigma and mapping of MARPS in Gadarif and Blue Nile (e.g. the Bio-behavioural Surveillance Survey among FSW and MSM).

- c) Collaborations with SNAP on the (i) development of the new National Strategy on HIV/AIDS; and (ii) advocacy of the strategy to policy makers and opinion leaders with the emphasis to target the MARPs in Sinnar, White Nile, South Kordofan, River Nile, Northern, North Darfur and Red Sea State.
- d) UNFPA's financial support through the Health Alliance International for undertaking a study on the health system (at national and grassroots level) to identify opportunities for RH-HIV/AIDS *systematic* integrations. The findings from this study have informed UNFPA strategic entry points for integration to be prioritized in its next programme phase.
- e) The Programme advocated and supported the establishment of the Technical Working Group (TWG) on the RH-HIV/AIDS integration, whose memberships includes SNAP, RH Directorates and relevant UN agencies.
- f) Strengthen the capacity of the implementing partners to deliver the various services package of the MARPs is the main strategy of the HIV programme, therefore 30 NGOs in addition to 2 academic institutions were contracted to deliver the project.
- g) The provision of MARPs intervention package has started in 13 states, parallel to implementation of the Integrated Bio Behavioral Survey among FSW, MSM which was conducted in 6 states. Capacity building project targeting NGOs working on MARPs interventions, which is implemented through the Blue Nile Institute managed to achieve 7 training courses for the MARPS focal persons in the recruited NGOs. The university youth intervention covered 8 universities in the states of Khartoum, River Nile, South Darfur, North Kordfan & Red sea.
- h) The overall coordination mechanism between UNFPA & relevant sectors , Ministries, UN agencies & implementing partners is going as planned which is resulted in conducting regular review meetings with IPs , attended sub sector meetings includes the CCM, implementing partners meeting with SNAP , HIV/AIDS State Coordination meeting.
- i) UNFPA in coordination with the SNAP produced several sets of IEC materials and training manuals to be used by the trained MARPs focal person.

The Table Annex 7 provides, to the extent possible, summary of the number of community members and MARPs reached, as well as IEC materials and condoms distributed to MARPs as the result of various training sessions as well as mobilization and awareness activities targeting the communities and youths.

Comprehensive condom program in the 15 states

In December 2011, a leading consultant with qualified team of national consultants was defined and recruited following to this outcome of series of meeting consultant's team and UNFPA staff. Members of the Ad Hoc committee were identified and the list will be finalized after involving of SNAP focal point, then will call for the first meeting to decide who else members needed to join the committee. Work on desk review and Tools for rapid need assessment (RNA) started in December and will be finalized in the first expert committee meeting. Detailed plan for activities (RNA and TOT for the AIDS State coordinator and state level training on condom programming) has been developed. Agreed with the consultants on the team needed for RNA, the TORs the recruitment process will be in January 2012.

Integration of HIV and SRH the states of (Khartoum, Blue Nile , Gadarif and Kassala

Efforts for strengthening linkages between SRH/SRH (at national and grassroots level) commenced back in 2010 in partnership with Health Alliance international, with assessment and utilization of the finding to launch pilot project in Kassala and Khartoum. In 2011 the project continued up to April with supportive

supervision and onsite trainings to the health care providers in the eight pilot sites. The outcome of this visit was development of Family Planning & VCT/ART check list to evaluate the project pilot sites. The assessment of the centers based on the criteria of existence of trained personnel, Implementation of Provider Initiated Testing and Counseling (PITC) approach in SRH/HIV services, Availability of complete M&E forms (daily registers and monthly reports). Furthermore a technical working groups was developed, the members were from different affiliations, SNAP, NRHP, Obs/Gyn Association, NGOs, and UN. The TWG conduct 3 meetings by HAI in 2011. In all, 4 consultative meetings in Khartoum state at the health facility management level ,while 2 in Kassala state with RH & HIV programme were conducted. This year also the training of SRH/HIV material that developed in 2010 were refined. JASMAR organization was defined to continue the implementation of the HIV/SRH linkages project in 2011, 2012, and has defined a national consultant to lead the implementation in 5 localities in 4 states (Kassala, Khartoum, Gadarif and Blue Nile) next year. The annual work plan has been developed and the national consultant started to visit facilitates in Khartoum state in which the integration of SRH/HIV services was already started last year by Health Alliance International.

Communication and awareness-raising at the community level

UNFPA has been focusing on establishing strategic partnerships and networks with the local NGOs that have the capacity to reach out to communities in all 15 Northern States. The agency has also taken advantage of every opportunity to integrate the HIV/AIDS messages into broader RH related issues through available channels of communication and IEC materials. The collaboration with local NGO partners has resulted in the following activities and achievements at the community level in the 5 target states:

- a) In White Nile: the establishment of 48 committees in 240 villages who act as agents in facilitating the community mobilisation on maternal health issues. This effort resulted in the appointment of 89 VMWs in formal vacancies.
- b) In Blue Nile: the implementation of awareness raising sessions, peer education, advocacies with community leaders, mobile VCT services and training activities on HIV/AIDS and RH.
- c) In Gadarif: the implementation of IEC activities on RH issues through mass media sessions targeting 22 communities in three localities. In addition, the mobile theatre was used to deliver RH messages to 10 communities. The training activities on IEC were extended to strategic target groups, such the teachers, mass media personnel and the youths. The cultural-sensitive approach adopted by UNFPA has smoothly facilitated the dissemination of IEC messages and the distribution of condoms at the community level.
- d) In Kassala: the implementation of awareness raising sessions and HIV/AIDS prevention activities, including training of 50 healthcare providers, 85 volunteers, 331 MARPS and 180 community leaders. UNFPA has further mobilised 433 persons for voluntary HIV/AIDS counselling and testing. The agency has also distributed condoms and disseminated IEC materials. The condom distribution was seriously affected by out-of-stocks incidence in 2010. Dissemination of IEC messages was done in 6 residential areas in Kassala town, targeting the military barracks, prison, households and female sex workers. The IEC dissemination methods used included home visits, group discussions and lectures. It was noted that most of the activities were confined to Kassala town with little outreach to rural areas, which should be improved in the next programme phase.
- e) In South Kordofan: the implementation of activities covering about 150 communities. UNFPA has trained 60 persons in Kadugli and Dilling through peer-education on the HIV/AIDS prevention. Training on RH issues also targeted community leaders, healthcare providers and volunteers. Coordination meetings with the SMoH and locality authorities were regularly held to facilitate and update on the progress of implementation.

Youth mobilisation and awareness-raising

In White Nile, local NGOs partners have carried out peer-education, and designed IEC messages and distributed the IEC materials on RH and HIV/AIDS related issues to the secondary and university students and to the communities through the State Radio and TV. The use of formal media and the high capacity of local implementing partners have contributed to widen the coverage and outreach. These efforts have also increased demand for commodities and created a favourable environment for distributing condoms to IDPs in Kosti which was done through 30 volunteers.

In Blue Nile, UNFPA targeted the youth leaders, but the methodology and materials used for community mobilisation were not very effective. However, the interventions through mobilization of the staff of the State Radio and TV in delivering the RH messages in the local dialects proved to be attractive for the target audience.

In Kassala, the Agency for Cooperation and Research in Development (ACORD) has implemented some HIV/AIDS awareness-raising activities targeting the MARPs, including peer education, education sessions on condom usage, 20 campaigns with VCT services, dissemination of RH-IEC messages, and distribution of condoms, which was also affected by out-of-stocks in 2010. ACORD also supported the referral of the HIV positive persons to the VCT centres and payment of the treatment cost for the HIV positive persons. In South Kordofan, 50 community volunteers received youth peer-education training on RH rights, RH services and FP benefits.

RH-HIV/AIDS services for population of humanitarian concerns

In White Nile, UNFPA provided health services in the area of clinical management of rape, health education, and awareness/capacity building of returnees passing the Kitsto state to the South. Support also included distribution of hygiene kits, clean delivery kits to women (1,500 in year 2010), essential drugs including ARV, HIV screening and condoms distribution for the IDPs in Kosti town.

Although it was difficult to identify local partners in Blue Nile State, in 2010 the Islamic Relief Agency (ISRA) was selected by UNFPA to train the healthcare providers on clinical management of rape. ISRA also conducted training for the community health promoters and facilitated the advocacy with policy-makers at the state level. Furthermore, UNFPA has been implementing the Social Reintegration component of Disarmament Demobilization and Reintegration (DDR) Programme on HIV, RH and GBV in 4 localities (Rosareis, Geissan, Tadamon, and Baw) with a considerable number of ex-combatants and Women Associated with Armed Forces (WAAF). The project so far has completed the assessment of all VCCT and health centres in all 4 localities, training of DDR caseworkers, distribution of IEC materials, and capacity building of healthcare providers on clinical management of rape. The challenges faced by UNFPA include weak coordination with the IPs on the ground and low capacity of the IPs. The key lesson learned from those challenges was that the coordination with the DDR Technical Reintegration Committees in the state is critical to the success of the DDR project.

In South Kordofan, the DDR programme was built on the existing efforts and infrastructures for provision of HIV/RH/GBV services during the demobilisation phase of ex-combatants, in partnership with the Government and local NGOs. Training was conducted on key messages related to the services for the DDR Case Workers and Counsellors. Community based interventions such as BCC and awareness through the ex-combatant peer educators, in addition to efforts for enhancing delivery of relevant services (STI management, basic RH/GBV services), were implemented in four selected reintegration localities (Boram, Habila, Reif El Sharghi and El Quz). In these locations, 10 ex-combatant midwives were supported with 1-year revolving small loans linked with RH literacy sessions and HIV/GBV prevention education.

Advocacy

The CO continued to support advocacy through individuals and Celebration of the safe motherhood and midwifery days as well as the orientation workshops and advocacy meetings and lobbying with decision and policy makers. The advocacy interventions have led to the establishment and operationalization of the MDR systems at the federal and state levels; advance recruitment of VMW at the various states farther moved ahead the midwifery services among underserved communities; and the revitalization and support to the MMR reduction committees at the state level.

UNFPA support also enhanced the establishment of maternal mortality reduction committees and Community networks at village level, which enhanced advocacy for community support to maternal health. This was supported further through the conduct of a series of media (Radio & TV) sessions about RH issues (Highlight the role of media people in enlightening communities at different level of reproductive health concepts and in improvement of maternal health through training media people and oriented them on RH issues to support positive RH messages). Moreover this was enhanced through orientation sessions for religious and community leaders about contraceptives and FP concepts. There has been an increase in community interest and acceptance of the enrollment of their daughters in midwifery training so as to ensure coverage, a good example is at Kassala state. There has also been an improvement of the coordination mechanism through conduction of several reproductive health partners forum meetings which involve different partners and sectors working in reproductive health issues give a focus in 2011 on the adolescent youth reproductive health interventions which results in farther involvement of this very important population group in the current effort aiming to improve maternal health and reduce maternal and neonatal mortality reduction.

P&D

- *Output 1: Improved national and state-level capacity to collect, analyze, disseminate and utilize quantitative and qualitative data (disaggregated by age, sex, socio-economic status and administrative unit), taking into consideration emergency settings.*

Towards the achievement of the P&D output 1, UNFPA provided technical and financial support to the finalization of the 2008 census processes and the 2010 Sudan Household Health Survey. The CO supported the development of guidelines for analysis of census reports; finalization of analysis, and printing and dissemination of results of 2008 national and state census data. To this end, the following reports have been made available: 16 analytical reports (1 national, 15 state); 2 tabulation reports (comprehensive indicators on population census, MDGs and poverty); 2 Administrative and GIS reports; 2 sets of CDs (10,000 copies distributed); wall-charts, fact sheets; and uploaded census data to CBS website for wider and free access.

In order to strengthen capacity for data analysis and utilization, UNFPA supported the training of National Population Council and State Population Councils in Kassala and Gedarif on population data collection, population projections using software, data management and analysis in emergency settings (with reference to Darfur), as well as training of 112 partners on utilization of census data for tracking MDGs. To build a national cadre on population studies, the CO fully supported 4 post-graduate fellowships (M.Sc. degrees) in population and development at Gezira University; and supported a national conference on census result dissemination, and the celebration of the African Statistics Day. All these capacity development interventions have made substantial improvement in the availability and quality of national data and/or information, which have evidently become central for national planning and decision-making.

The preliminary results of the census were approved by Government in May 2009 setting the stage for further analysis of the results by State and thematic areas. The census results greatly facilitated the determination of the geographic constituencies in North and South Sudan in a post-conflict situation. In

order to ensure that data on population dynamics, gender equality, young people, sexual and reproductive health and HIV/AIDS are available, analyzed and used at national and sub-national levels to develop and monitor policies and programme implementation, UNFPA supported CBS in capacity building through procurement and supplies of data processing equipment and materials (e.g. GIS Lab), which facilitated data processing activities, including coding, merging of data sets (North and South), consistency editing, and tabulations. UNFPA also provided technical assistance to CBS to commission the Population Studies Centre of the University of Gezira to adjust the maternal mortality ratio (MMR) data from the census. In addition, support was provided to CBS to engage in analytical works on census data through commissioned research to individuals. The CBS has received 39 such research reports, 38 have been recommended for approval by the reviewers and 18 reports have been published by CBS. The published analytical reports covered both national and State levels, and thematic areas such as maternal and child mortality, fertility, and migration. These reports have been widely disseminated by CBS with UNFPA support and are available in hard and electronic version, and also accessible to all users on the CBS website (www.cbs.gov.sd). All these interventions have facilitated the adoption and institutionalization of Dev/Info, updated by new data from the 2008 census.

In order to encourage the use of population data for policies and planning, UNFPA coordinated and managed a meeting of Census technical staff in Central Bureau of Statistics. The CO supported a key advocacy seminar on “utilization of Census data” organized by NPC, which was widely reflected in the media, and addressed by senior government officials and UNFPA Representative. The advocacy and policy dialogue on census data utilization resulted in improved understanding of importance of data for policy and programme development.

In support of “ensuring the availability of up-to-date information on key Reproductive health and population data for better planning, monitoring and reporting on MDGs”, UNFPA provided financial and technical assistance for undertaking of the Sudan Health Household surveys, the latest published results were (2010). This information formed the basis for the development of poverty reduction strategy paper in Sudan.

It is obvious that at national level, the capacity of CBS to collect, analyze, disseminate and utilize quantitative and qualitative disaggregated data has been strengthened through UNFPA support. However, similar support is needed at State level to improve statistical services in the 15 states where statistical offices are active. Even in the CBS itself, the evaluation found that there is need for additional expertise (bearing in mind the long service profile of most of the senior cadre) through long-term training (leading to higher degree or Diploma) in certain areas: Survey Sampling; Census; Demographic Analysis; Economics; GIS; and Computer Programming.

- *Output 2: Enhanced capacity to integrate population dynamics, reproductive health and gender equality concerns into development planning and monitoring processes at national and state levels*

Integration of population issues into policies and plans is required at national and state levels, as well as in all the major sectors for effective development (ICPD PoA, 1994). While the National Population Council (NPC) is the overall coordinating body on national integration, the agency is also expected to support other institutions to achieve integration at state level and in the sectors. The UNFPA strategy in this regard was anchored on capacity building, aimed at equipping partners with the necessary skills and methodology to integrate population issues into national and sectoral plans, as well as monitoring of the integrated plans. The CO supported capacity building for integration through training of officials locally and abroad on population analysis and projections: 4 training workshops on SPECTRUM - a software for planning and projection - using the 2008 census data; targeted training of the agency’s partners from 5

Federal Ministries (Health, Labour, Education, Youth & Agriculture), NGOs and other relevant institutions; training of 9 NPC staff (outside Sudan) on policy analysis for integration, who in turn trained 15 other staff and partners; training of 30 staff from partner organizations on M&E; and procurement of a vehicle for the NPC to facilitate its field visits to the states. In addition, UNFPA supported NPC in conducting orientation sessions on integration and preparation of operational plans with the five sectors mentioned above.

UNFPA also supported a number of research works and initiatives undertaken by the Population Studies Centre at University of Gezira, the National Population Council, and others to document the implications of emerging demographic issues (migration, urbanization, nuptiality, etc) for national development planning and for the access to basic services. Support was provided to the CBS initiative to solicit secondary analyses of census data for presentation and discussion with policy makers during the census dissemination workshops. Related to that was the support to Gezira University to provide quality control of such research works undertaken by institutions and individuals around the country. UNFPA also supported four Master's fellowships in Population Studies in the university to facilitate integration.

In support of integration, NPC has been supported by UNFPA in generating necessary data and information to respond to demand for outcome indicators on the country. Two National Reports were prepared and presented at the Africa meeting in Addis Ababa on ICPD @ 15 (2009) and the Arab meeting in Sharam EL Sheikh (on ICPD-MDGs). Support was also given towards the establishment of an operational M&E system, preparation of generic manual for integration, identification of population indicators, and collection of data from the line ministries and through questionnaires. In collaboration with CBS, support was also provided to publication and dissemination of the Sudan Population Reports (2009 and 2010); and the completion of 6 studies on maternal mortality, fertility and migration based on the 2008 census data. As basis for the formulation of the 6th CP, UN-Sudan in 2011 commissioned an in-depth analysis of the population and development situation in the country, using the results of the 2008 census and related sectoral surveys, including the HHS annual series.

Arising from further analysis of the 2008 census data, dialogue on issues such as migration and urbanization was brought into the policy arena as well as into the media. The National Population Council established seven working groups to review population dynamics (including migration, urbanization, labor force, population and the environment, food security, etc) and their implications for social and economic development and recovery and, based on the work of these groups, a revision of the National Population Policy has been drafted and submitted to the Council of Ministers for endorsement. A series of public discussions on these issues was organized by the NPC and by Ahfad University for Women, significantly raising the profile of population and development linkages. UNFPA and UNEP have initiated a joint project to analyze specific population and environment linkages in Sudan and to identify entry points for programme interventions which can mitigate the serious negative consequences of population dynamics, especially in the Darfur region.

In order to place integration high on Government agenda for policy and planning, UNFPA collaborated with CBS on advocacy. UNFPA has supported the i) organisation of 4 NGO quarterly issue/theme-focussed forums on ICPD@15 (60 NGOs participated in each forum); ii) production of 4 pamphlets on population dynamics, and M&E with indicators from the Sudan Population Report, demographic indicators from SHHS, ICPD goals and targets, and ICPD@15 National Report; iii) production and dissemination of 10 display stands on the NPC and ICCP@15 report; iv) distribution of demographic indicators and 8 periodical newsletters to all partners and relevant organisations; v) organisation of 3 media forums to increase awareness on population issues – each forum was attended by about 50 journalists and 10 reporters from the Radio, TV and relevant institutions; vi) organisation of two national thematic seminars related to the ICPD@15; and vii) NPC's participations in the international population forums, including (i) the High Level Meeting on MDGs in New York, the Annual Meeting of Arab State

Population Councils and Committees, the Africa meeting in Addis Ababa on ICPD @ 15, and the Arab meeting in Sharam EL Sheikh (on ICPD-MDG).

However, as a result of capacity shortage at sector and state levels, not much has been achieved to integrate population issues into policies and plans in Sudan. The national population policy which would have provided basis for integration is undergoing a revision, and this has set a limit on integration of policy strategies into the 5-Year Plan still to be finalized; upon finalization, integration is expected to be achieved before the Plan is endorsed. Nevertheless, efforts were made to produce a “generic manual” on integration and to develop 5 operational plans on sectoral integration for the Ministries of Health, General Education, Labour, Youth, and Agriculture. The NPC has identified key issues to be addressed as follows: finalization of the process of population policy revision and Action Plan for its implementation; training of officials from the sectors and at State level on integration; further on-the-job training on SPECTRUM; a clear strategy and/or roadmap for the integration process, as well as an M&E system to track out progress; finalization of the generic manual for integration prepared by the NPC. Regarding the manual on integration, UNFPA should work with NPC to evaluate the manual and determine its utility.

- *Output 3: Promotion of young people’s participation and empowerment in development.*

In its elaboration, CPAP identified support to youth participation and empowerment as consisting of: i) support policy dialogue and advocacy efforts to ensure prioritization of youth development in national and state level development plans; ii) Government partners, NGOs and civil society trained in advocacy and networking skill to mobilize external resources for the implementation of the national youth strategy; iii) Youth committees and youth parliamentarians at national and selected state level strengthened to advocate for resource allocation and youth participation in programmes; iv) Youth Organizations further supported and empowered to advocate for youth issues that ensure youth participation and empowerment. Support for strengthening the networking and partnership among government, NGOs and CSOs for advocacy of youth issues; v) Use information from the Youth Survey in Gedarrif and Kassala states to identify opportunities for youth involvement and participation in the planning and monitoring processes at the state level; vi) use experience generated through the engagement with UNFPA Youth Advisory Panel to support similar initiatives in Gedarif and Kassala states and provide youth development centers in these states.

Capacity building

In order to facilitate advocacy and planning for youth empowerment, UNFPA supported 3 youth situation analysis studies (1 at national level and 2 in Kassala and Gadarif State) and youth training needs assessment in Kassala; the reports of these studies are available in English and Arabic and were disseminated to partners. Important youth indicators from these studies include the following: youth represents above 40% of Sudan’s total population; 60% of young people are unemployed; (iii) 60-66% of employed young people are dissatisfied with their current jobs; 43% of the youth in Kassala and 79% of this population group in Gadarif are suffering from depression; (vi) over 80% of the youth have leisure time; and (vii) there is prevalence of some worrisome negative attitudes among the surveyed youth, e.g. 15-35% (in Gadarif and Kassala) support the FGM, and 24-28% (in Gadarif and Kassala) oppose the idea for women to work.

Towards the development of a National Youth Strategy, UNFPA supported the FMoYS to carry out 5 meetings for the Technical Working Group (TWG) formed by the Ministerial Decree and consisting of various youth organizations (Sudanese National Youth Union, Sudanese Students Union), relevant ministries (health, social affairs, higher education), and the National Council for Strategic Planning (NCSP). The TWG reviewed the FMoYS 5-year Strategic Plan (2007-2011), and supported the process of producing and endorsement of the National Youth Strategy (NYS).

The policy/advocacy dialogues together with support to the FMoYS resulted in revised National Youth Strategy 2012-2037 (incorporating MDGs and ICPD) and developing 5-year Action Plan (2012-2016) to implement youth priorities in specific thematic areas: education, employment, participation (political, civic), youth with talents/special needs, environment, globalization and cultural alienation (including fanaticism), infrastructure for youths (e.g. youth centres). This exercise has been done through consultations with and participation of all related stakeholders.

UNFPA also supported the Higher Commission for Youth and Sports (HCYS) in Gadarif in formulating its plan for 2010 and the plan for the National Youth Union, under which, 2,400 youths received vocational training on carpentry, welding, and general electricity, as an effort for the youth economic empowerment. Based on the NYS, the FMoYS has launched new national projects and started implementation, such as the creation of opportunities for youth employment which was a joint initiative with 10 UN agencies and 8 line Ministries. So far, the project has started training the youths at state level and opened up ways for small-scale enterprise financing.

UNFPA provided support to the efforts made by the FMoYS to establish Youth Parliament, leading to the establishment of 15 State Youth Parliaments (SYPs) and the National Youth Parliament which are all operational. Both the NYP and the SYPs have been availed premises and the right to attend sessions of the National Assembly and State Legislative Councils although without the right to vote. The mandate of the youth parliaments is to act as a 'pressure group' advocating for youth issues to ensure that they are taken into consideration by the legislators and policy-makers. It is expected that the youth parliaments will stimulate the interest of youth in political participation and leadership positions; also, participation in these parliaments should provide the youth the opportunity to influence the Electoral Law in favour of youth representation.

In order to further strengthen the youth capacity, UNFPA supported FMoYS in the training of more than 360 young people on leadership, management, advocacy through Y Peer at national, state and locality level (Kassala and Gadarif). The training also provided an opportunity for exchange of views on youth issues such as substance abuse, HIV/AIDS, reproductive health, adult-youth partnership, and state statistical information and indicators. The Ministry is of the view that while this training has been fruitful, more of such exposures are required to assure confidence in the subjects.

Dialogue and advocacy

The CO has supported dialogue and advocacy for integrating youth issues in planning through research works, workshops, radio and TV broadcasts and the print media. Six working papers were prepared in consultation with the youth organizations, as part of the groundwork for the First Youth Conference. The FMoYS continued to broadcast messages through national Radio and TV, in addition to 'illuminated public address screens', to expand outreach and disseminate the Youth National Strategy. The advocacy and awareness messages were also extended through state and community Radios and TVs in Arabic and local dialects (in Kassala and Gadarif) in order to draw attention to youth issues and the Youth strategy. At the state and locality level, the HCYSs led the process of 'youth cultural momentums and/or movements' using popular media, such as community drama, open thematic sessions, music and sport competitions, open cultural/promotional evenings, and youth symposiums. The youth issues discussed included the youth problems, population issues, poverty, unemployment, marriage, and reproductive health and diseases, such as HIV/AIDS.

UNFPA also addressed the need for sensitization on youth issues in a post-conflict state: the CO has provided support to South Kordofan State (Kadugli and Dilling) in 2010 through the local NGO, Turath. All planned activities have been successfully implemented which include (i) 4 community mobilization workshops for 100 participants in Kadugli and Dilling (2 workshops in each locality) on adolescent RH including issues of FP and HIV/AIDS; (ii) 2 training workshops for 50 peer educators on adolescent RH

messages in Kadugli and Dilling; and (iii) 2 BCC workshops for 50 participants on adolescent RH in Kadugli and Dilling, including IEC sessions on behavioural change. For sustainability and in order to expand the outreach to rural areas (villages and nomads), Turath has formed a local Association for Reproductive Health and Gender-based Violence, which consists of 100 members who have received the training mentioned above and has assigned this association with office space within its premises and access to use its training hall. Through collaboration with UNMIS, the Association received ToT (on RH and GBV) and access to transportation facilities to reach the rural areas. The Association is currently functional and has a work plan.

Youth empowerment

Institutional capacity building was the main focus of the CO to achieve empowerment of youth, both at Federal and State level. UNFPA procured audio-visual equipment and facilities (multimedia projector, digital camera, laptop) to support the FMoYS, and renovated and equipped the project office with tables, chairs, cabinet, computer, and stationeries. Important lesson was learned from the investments made to establish youth centres in Kassala and Gadarif. First, the HCYS in Kassala was also supported with one motorcycle; then, 9 youth centres (6 in Kassala and 3 in Gadarif) were supported with multimedia projectors, TVs, cameras, tables, chairs, cabinets, sport uniforms, etc. The MTR found that the centres which have received support are now more attractive to the wide community and have become the main gathering and mobilization points for youth activities. In addition, it was also observed that some of the locally produced furniture (e.g. tables) were more durable than imported ones, suggesting that it is advisable to procure the locally made furniture because of its durability, and because it will support the local economy.

In terms of youth economic empowerment, UNFPA made minimal interventions: in Kassala, 110 female youths (47 from localities) were trained on food processing and household economy, and 22 male youths from New Halfa locality received vocational training on general electricity. The impact of the short-term trainings is yet to be determined.

Judging by the immediate impact of UNFPA interventions, it is safe to conclude that the objectives of output 3 have largely been met. The limited budget available was efficiently utilized by focusing operations at state level and in a limited number of states, complemented by Government active support.

Gender

Gender component has two outputs:

- *Output 1: Strengthened technical and institutional capacity for gender analysis, mainstreaming and budgeting at national and state levels.*

In order to strengthen the technical and institutional capacity for addressing gender issues in Sudan, the CO focused its initial support on assessment of capacity gaps. UNFPA supported the MoWSS to carry out 2 Need Assessment Surveys on: (1) assessing the capacity gaps for the gender focal points in the federal line Ministries; and (2) assessing training needs of gender focal points in the 5 target states. These studies confirmed the strategic role of the gender focal points and the need for strengthening technical expertise on gender mainstreaming and budgeting. In addition, Ahfad University has also carried out 2 surveys to map out the existing NGOs, CBOs, FBOs working on gender issues in the five target states; and assessed the capacity of these organizations, which showed that there were existing and capable networks at the community level for the advocacy and awareness raising on gender related issues. Most of these institutions need capacity building and need to be engaged in the policy dialogues at national, state and community level.

In order to ensure that Gender equality and the human rights of women and adolescent girls, particularly their reproductive rights are integrated in national policies, development frameworks and laws, UNFPA

supported specific initiatives to improve skills of key personnel in monitoring the Programme of action (PoA) of the Women Empowerment Policy (WEP) within line ministries and at the state level in Sudan. Training was supported in 5 states of Khartoum as federal (advanced one), Kassala, North Kordofan, and El Gadarif and White Nile state.

The CO supported quarterly meetings for Gender Focal Points at Sectoral Ministries, which were instrumental in initiating the process of integration of WEP priorities into sectoral plans for education, and health sectors in particular. Related to building the capacity for gender budgeting with media institutions, UNFPA supported a workshop on gender budgeting for different media institutions (TV, Radio, Press). The CO supported training of 60 persons - representing the civil servants in line ministries and focal points in the states - on Gender mainstreaming and budgeting in addition to 160 from political parties and NGOs. UNFPA also supported building the human and institutional capacities of Women Directorates in the five focus states.

UNFPA launched a campaign on socio-cultural determinants of maternal mortality in the five focus states targeting members of the state government cabinets, legislative councils, ministry of finance and the Governors' advisors. In addition to this, 2 training courses on Visionary Leadership and Gender-sensitive Project Design have also been delivered to various NGOs in 4 of the target states (Kassala, Gadarif, Khartoum, South Kordofan) to approximately 80 participants. In response to this, follow-up committees - headed and supported by state MoWSS - have been established to coordinate the work of relevant partners and report on progress on regular basis. In 2011, the National Committee for Women Advancement has been upgraded to include members from the Parliament and Presidential Advisors which gave it more power for policy and decision making. The mandate of this committee is to mobilize and advocate for increasing budget/allocating resources to support women issues particularly the Ministry of Finance and the Parliament.

To further strengthen the institutional performance of the Women and Family Directorates (SMoSA) in the 5 target states, (White Nile, Blue Nile, Gadarif, Kassala, North Kordofan) UNFPA has provided furniture for the offices with computers, printers and office furniture for the establishment of M and E units. In the context of Darfur, Women's Centres were supported by UNFPA, with the goal of empowering and protecting vulnerable women, particularly those in IDP communities, along with development of their skills and provision of opportunities for income-generation. Whilst some women have been assisted economically via income-generating activities, they remain a minority. In this regard, a project evaluation report (UNFPA, 2011) has suggested that more work is required to develop sustainable income-generating projects, provide access to markets, and to ensure both vital and relevant innovation, which is replicable and can involve larger groups of women.

Because the activities related to the WEP-PoA fall under the mandates of different governmental and non-governmental stakeholders, UNFPA has initiated and supported the establishment of coordination forums led by the government. The forums include (1) the bi-annual coordination forums for the state gender focal points, line Ministries and NGOs; (2) the annual co-ordination forums for donors, Government, NGOs and UN agencies; and (3) the quarterly review meetings for the UNFPA programme implementing partners. The fora have facilitated work relationships and information exchanges between various stakeholders, and also provided the MoWSS with an opportunity to better coordinate and manage the implementation of the WEP.

In terms of achieving the objective of this output, it is fair to state that much effort has been given by UNFPA to institutional and human capacity building for gender mainstreaming, particularly at the Federal level. Much more needs to be done at State level to support the Gender Focal Points in all the 15 States. It was appropriate for MoWSS to have involved the MoF in the training on Gender budgeting; further advocacy will be needed to actually influence increased budget allocations to gender programmes in the

sectors. Given inadequate institutional capacities of the gender partners and poor allocation of resources from government to support gender interventions, gender mainstreaming and women empowerment in general still pose a formidable challenge to both Government and development partners in Sudan. Hence, future UNFPA support should focus on gender mainstreaming and women empowerment for the promotion of gender equality in the country.

- *Output 2: Responses to gender-based violence, including female genital mutilation and domestic and sexual violence, and to early marriage are strengthened through improved policies, security and protection systems, and community mobilization, including in emergency and post-emergency situations.*

UNFPA has supported Government in capacity building of Violence against Women (VAW) Units at federal and state level to combat FGM/C through training and sustained advocacy efforts.

Capacity strengthening

UNFPA supported the VAW Units in the five focus states - headed by the Governors' advisors - logistically and technically to report on the GBV (FGM and early marriage) incidences in their respective states. These bodies constitute the link between the judiciary, police, religious leaders and health facilities in matters pertaining to family and child protection. In humanitarian settings: The CO supported capacity development through: strengthening community-based institutions (women committees) in camps and rural areas through training of 120 women on referral pathways and psycho-social support for GBV cases; 300 community and youth leaders on response to and prevention of GBV; supported construction, rehabilitation and equipping of women centers in IDP camps and rural areas; 420 women from Zamzam, Tawila and Shengli Tobai IDP camps in North Darfur received Basic Literacy Education; trained 450 health providers on CMR including the psycho-social and legal support aspects in Darfur and five focus states; trained 22 GBV partners on "Caring for Survivors" curriculum at national and state levels.

Additionally, UNFPA supported two national workshops of female police officers to ensure reinforcement of plan once operational. Towards ensuring sectoral plans are addressing GBV especially FGM, UNFPA participated in the UN Joint Programme on FGM/C: accelerating change in Northern Sudan.

After the expulsion of the 13 International and national NGOs from Darfur after March 2009 the response to GBV survivors was not good enough as most of the services were not in place, many clinics were closed and women centers were not functioning, with the result that health, psychosocial services and referral pathways were disrupted. At that time the Police Department established Police Family and Child Protection Unit all over the northern states to receive child survivors. UNFPA with the Ministry of Justice VAW unit have worked together to advocate for upgrading the services to include adult women and men survivors in these units.

In Darfur, through support of the CHF and donors, UNFPA has been able to recruit and retain skilled staff who can work at the state and community levels in a consistent fashion and this has resulted in significant progress in prevention and response to GBV and desensitization of some of the issues. In the states covered under the regular Country Programme, this consistency of presence has not been possible; thus the CO is now pursuing discussion with donors in order to secure multiyear support for appropriate financial and staff support in this important area of behaviour and attitude change at the community and policy levels.

Women Centres were also being empowered to address GBV in Darfur. But in terms of GBV awareness-raising and prevention and response to GBV, generally a UNFPA evaluation (2011) found that the Centres were not providing strong enough programmes in this area, for lack of capacity. It may also be

time for UNFPA to examine the related institutional structures which address women and gender issues in Sudan (VAW units, Gender Focal Points, Women Centres) to see if harmonization could lead to improved capacity to deliver on gender issues.

Advocacy and communication

Activities were focused on ensuring an effective legislation for the abandonment of FGM/C; consolidating existing partnerships and forging new ones, media campaign to support the process of abandonment of FGM, and expanding networks of religious leaders that support and advocate for abandonment of FGM/C. Specific initiatives aimed at increasing community awareness and social mobilization on FGM and early marriage in White Nile were also supported (Gezira Aba) in Northern Sudan. The major activities on this included the development of a community based structure for community mobilization; the strengthening of community dialogue, and partnerships, creating community support groups and using evidence based planning through surveys and in-depth studies for undertaking activities. CEDAW has not been signed or ratified by Sudan, and is therefore not reported on.

The CO also supported the development of a website on FGM/C, and the NCCW has been assigned as the website administrator. UNFPA has succeeded in engaging 220 imams (religious leaders) through collaboration with the MoGE, and secured their commitment to deliver messages that support the abandonment of FGM. Advocacy and awareness-raising efforts were further supported by the production and distribution of 35,000 IEC/BCC and advocacy materials (including leaflets, caps, t-shirts, school bags, student exercise book notes, CDs, Calendars, stickers, puzzle, games etc.) with different messages on FGM/C and early marriage to the target local communities. In South Kordofan, the CMR national guidelines, and GBV T-Shirts and posters have been printed and distributed.

Progress achieved

Following these UNFPA interventions and the works of Government and other collaborating agencies, a notable degree of progress has been achieved. A law to criminalize practice of FGM/C has been endorsed and operational in three states and a draft national law to criminalize FGM/C is being developed to be presented to the cabinet for endorsement. In addition, MoJ Circular 2 ensuring medical treatment of survivors without going to the police has been endorsed by FMoH and circulated to all States in Sudan to ensure implementation by health providers. Sudan's MoH CMR guidelines have been updated and harmonized with National HIV/AIDS policy and disseminated throughout Darfur, South Kordofan and Khartoum. Also noteworthy was the development of MoH posters for Clinics providing humanitarian principles, survivor's rights and treatment protocols to be distributed to all States by FMoH following the endorsement of Circular 2 by MoJ. Most importantly, the National Action Plan to Combat Violence against Women and Children has been developed and endorsed by Ministry of Justice following extensive inputs from DPKO and UN Agencies compiled by UNFPA as one UN. The draft national plan to address GBV was developed through a consultative process that included evidence from a rapid assessment on the definition of GBV in Northern Sudan, and input from the GBV experience in Darfur. The plan is still draft but reflects commitment of the government to address GBV as a developmental issue. Efforts linked to criminalization of FGM/C were not successful due to opposition among religious leaders and political leadership.

Since the states have the right to formulate their own Child Act, UNFPA has extended support to the state-led processes of reviewing, drafting and ratification of the law. The results of this support include (i) the Child Act in South Kordofan ratified with an article banning FGM/C; (ii) the Child Acts in Gadarif and River Nile which are pending ratification; (iii) the Child Acts in Red Sea and North Kordofan with an article banning FGM, and are still being reviewed; (iv) the State Child Act recently drafted in South Darfur includes the banning of FGM/C; and (v) support provided to the SMOH in Khartoum to draft the RH Law that clearly bans FGM/C.

One other notable effect has been an increase in the number of NGOs and CBOs working in the abandonment of FGM and against early marriage by 10 in 2011. Also, the number of community public declarations against FGM has increased by 13 during 2011 in the UNFPA 5 focus states; and three states are finalizing laws against FGM/C. Steps are being taken to revise the law stating 10 years as the suitable age of marriage; there is a consensus among the judiciary and legal bodies either to increase the age at marriage or remove that article stating 10 year age for marriage. The process is awaiting development of a concrete justification by the different actors (VAW unit, religious leaders, MoH, CSOs, etc) to allow for the provision of a new positive change in the law.

The National Strategy on GBV is now incorporated in the 5 year national strategic plan; Fistula is now considered as violence against women by the government and other stakeholders. The involvement of religious leaders in the discourse on the abandonment of FGM and early marriage has been a key intervention in bringing positive change particularly in de-linking Islam from these practices. In addition, sharing experiences of rural communities publicly declared abandonment FGM, has positively impacted the nearby communities still practicing FGM.

A ‘woman and child’ rights protection group has been established which comprises members of the community including official and religious leaders and health workers. This committee has worked effectively in providing supporting environment for the community volunteers in disseminating information to the community. They have also worked with the Family Health Units in States to enable community protection mechanisms to be effective in protecting young girls from all forms of violence including FGM/C and early marriage.

Important lessons were learned in the process of providing interventions to strengthen the capacity of Government and other agencies in combating GBV. For example, 85% of CBOs noted under-funding, lack of technical expertise, limited number of trained staff and lack of volunteers to be the main constraining factors in Sudan. Involvement of religious leaders in the abandonment of FGM helps in breaking the silence on FGM and other women related issues. The need for a functioning coordination mechanism between the Ministry of Finance and National Economy and the Ministry of Welfare and Social Security in relation to institutionalizing gender budgeting and analysis within line ministries has been underscored.

2.4 Efficiency

This section presents analysis of expenditure in relation to total budget allocated for the program period. It addresses the issue of whether the actual or expected results justify the costs incurred; and assesses the adequacy of human resources for programme implementation.

Budget allocation

The 5th CP was approved 30 July 2008 by the Executive Board in the sum of \$33 million: \$20 million from regular resources and \$13 million through co-financing modalities and/or other, including regular, resources. Allocation of resources to the 5th CP is shown in Table 1.

Table 1: Allocation of resources (US\$) to the 5th CP Sudan (2009-2012)

	Regular resources	Other	Total
Reproductive health and rights	12.0	10	22.0
Population and development	4.0	1	5.0

Gender equality	3.2	2	5.2
Programme coordination and assistance	0.8	-	0.8
Total	20.0	13	33.0

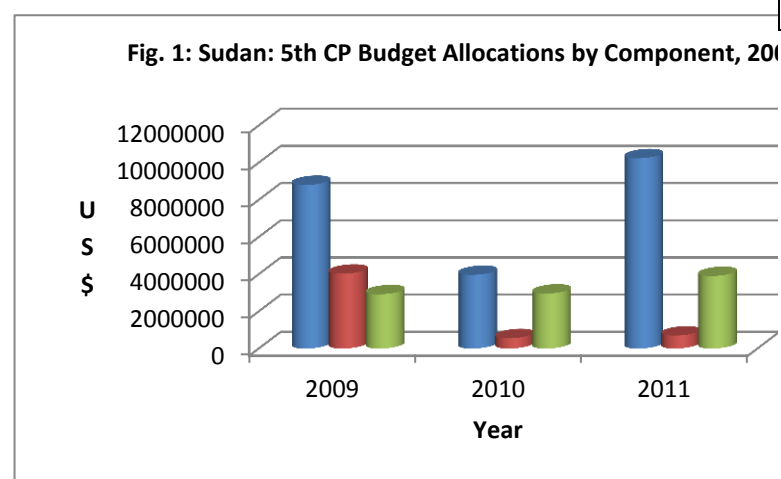
As the political reality of North and South Sudan unfolded, it became obvious that UNFPA had to develop a separate programme for South Sudan and the UNFPA adopted a 60:40 percent formula for re-distributing the approved resources for the respective CPs from 2009 to 2012. As the evaluation has revealed, this formula was hardly applied, but the CP in Northern Sudan (now Sudan) received more allocations than the original budget for the two countries – North and South. The UNDAF also soon became irrelevant after its approval because of the breakaway of Southern Sudan. Following the approval of the programme, the Government of Sudan developed and approved the Country Programme Action Plan (CPAP) to further refine the outputs and elaborate on management issues in 2008. The CPAP process was done differently in Northern and Southern Sudan to accommodate different strategies that account for the varied development contexts evident between Northern and Southern Sudan.

As shown in Table 2, the RH component has 66.7% of the total budget; Gender 15.8%; P&D 15.2%; and the remaining 0.3% for programme coordination and assistance.

In reality, more money has been allocated to the 5th CP in Sudan than the originally approved budget: whereas, the total approved budget for the entire programme in North and South Sudan covering 2009-2012 was US\$32.2 million, the actual allocation in three years (2009-2011) for North Sudan alone amounted to US\$38.1 million. Actual allocation increased proportionately more for Gender than RH and P&D, and less so for P&D.

	Approved (a)	Actual (b)
RH	22.0	23.0
P&D	5.0	5.3
Gender	5.2	9.8
Total	32.2	38.1

(a) 2009-2012; (b) 2009-2011

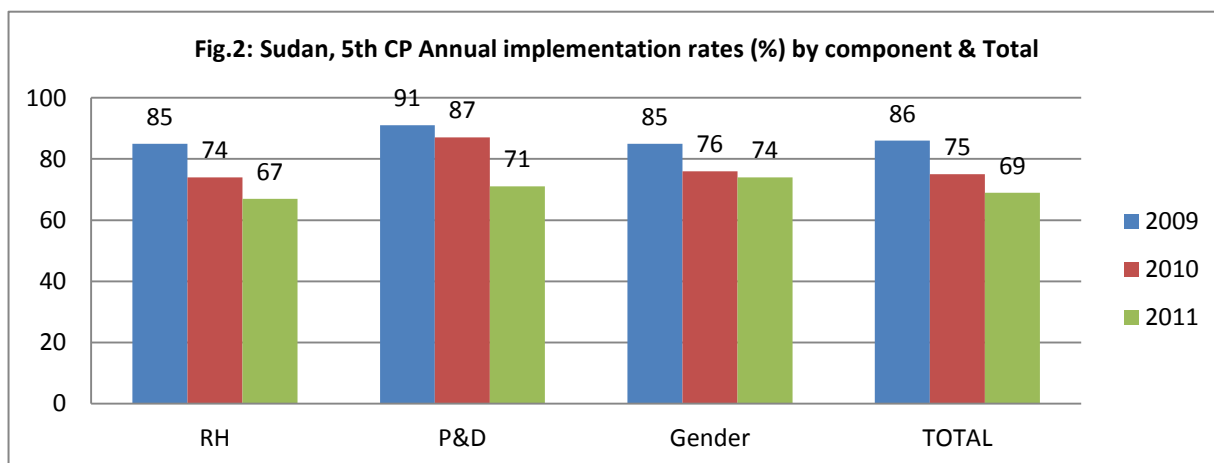


Financial implementation

In terms of implementation, there are variations in rates by year and by programme component. As illustrated in Figure 2, implementation rates were generally high initially, but there has been a slight downward trend in implementation rates from 2009 to 2011; this observation applies to the programme

total from 86% in 2009 to 69% in 2011 as well as each component. This trend persists even when the rates are analyzed by component outputs over the programme period.

The evaluation found that actually, from 2009 to 2012 there was gradual improvement in getting AWP prepared and signed. One reason behind the observed low implementation rates is the low capacity of partners in reporting coupled with high staff turn-over and under-staffed Finance Unit of UNFPA for sometime during 2011. The difficulties in moving funds and getting them spent and reported on within a quarter (thus avoiding OFA) remain a challenge in Sudan due to the decentralization of activities to the state level without a commensurate efficiency of decentralized banking system used by IPS. There are contextual factors as well which slowed down implementation rates in 2011: the referendum and the separation of the country and the establishment of a new government, coupled with the restructuring of the government, have sidetracked development efforts in all areas and this has affected performance of all development partners including UNFPA. In addition, the outbreak of new conflict and displacement in South Kordofan and Blue Nile states and the security restrictions resulting in evacuation of UN staff and suspension of regular programmes were significant negative factors affecting UNFPA interventions.



The UNFPA oversight report (2008) has observed that budgets and expenditures in ATLAS indicated that the overall implementation rates were not always indicative of approved activity being achieved but in fact an average of excesses in unplanned activities and shortfalls in planned activities. This indicated weaknesses in planning and absorptive capacity of IPs.

A recent HR review commissioned by the CO has noted, among others, the management risks encountered by UNFPA staff with regard to financial functions and the use of ATLAS, UNFPA’s basic accounting system (Thomas McDermott, 2011). Often payments were delayed and undue financial accounting risks taken by the staff involved in the process due to the following factors: a) the lack of adequate number of ‘authorized’ staff members, which forces the office continually to search for a (substitute) staff member available to approve a stage in the transaction; b) heavy work-load on the few staff authorized to operate ATLAS; c) the frequent need to seek ‘special authorizations’ from Headquarters to allow particular SSC holders to take temporary ATLAS roles.

It is not only in the finance sector that UNFPA Sudan has faced management challenges, and the CO is aware of the problems as were previous Representatives who did their best to address HR issues in Sudan without much success. The current CO management, convinced that something fundamental has to change, recently commissioned another review of UNFPA HR issues in Sudan (Thomas McDermott, October 2011). Regarding wages and the list of approved posts, it is noted that the wages of service

contracts were allowed to fall far behind those of ‘Fixed-Term’ staff and, not being competitive, UNFPA has experienced high staff turnover which hampered essential operations, including finance. This observation has been corroborated by the report on Oversight Assessment by UNFPA (18 June 2010). The oversight report has noted, among others, that during the three-year period (2007-2010), 7 of the total 9 programme posts in Khartoum and 12 of 14 posts in Darfur had an average vacancy months ranging from 0.5 to 7.5, due to a high turnover rate amongst national staff who were either absorbed by other agencies (50% and 71% in Khartoum and Darfur respectively) or/and at a higher level (71% for both offices). This has translated into a further burden on the few remaining programme staff without corresponding compensation.

In terms of numbers and quality, the HR review and the oversight assessment have observed (and this evaluation concurs) that the size and complexity of operations in Sudan are considerable, comparable to the situation in other major UNFPA offices in Pakistan, India, DRC and Ethiopia; but Sudan seems well below the average in comparison to countries with field offices and emergencies. In this regard, the evaluation has noted that there are important shortfalls in the staff capacity at the CO Khartoum: it has an Interim Operation Manager (hired in October 2011); 2 Finance Assistants (one hired in April and the other in November 2011) and 1 Finance Associate (hired September 2009) in place. While the post of Operation Manager remained vacant for a period of six months, it was only the Finance Associate that had been managing the CO finances until about mid-2011. This has had a notable negative impact on programme delivery. In the course of this evaluation, the International Operation Manager recently hired by the CO assumed duties in Khartoum. The determination and application of an appropriate CO typology for Sudan is long overdue.

As the transition from the Darfur humanitarian to a developmental state evolves within the CP, the CO has made a number of strategic moves to ensure integration; however, there is the imperative of addressing the human resources deployed to Darfur and their continued relevance in the 6th CP. The CO may wish to consider the scenarios proposed in the HR report (McDermott, 2011).

Implementing partners

On its part, CPAP expects that the Government of Sudan (GoS) “will continue to provide annual financial contribution to UNFPA. In addition, the government will commit counterpart funding to the programme and will also be committed to support UNFPA in its efforts to raise resources required to meet the additional resources as may be required”. The details of GoS financial contributions to the 5th CP are not available for this evaluation; however, GoS support in kind through provision of office space and facilities at the programme sites are visible. Also provided by GoS are exemptions from VAT and diplomatic recognition accorded to UNFPA officials performing services on its behalf, as accorded to officials and consultations of the various funds, programmes and specialized agencies of the United Nations.

In terms of procedure, the CO has ensured the compliance of IPs with the standard procedure for procurement and requests for project funds: IPs have used standard Fund Authorization and Certificate of Expenditures (FACE) report, reflecting the activity lines of the Annual Work Plan (AWP) to request the release of funds, and to report on the utilization of cash received as appropriate. In order to certify that funds received by the Government and national NGO IPs were used in accordance with established national regulations, policies and procedures consistent with international standards, the CO has employed the services of qualified external Auditors. The findings of each audit have been reported to the IPs and UNFPA.

Improved implementation mechanism for the Global Fund - supported HIV programme for Most at Risk Populations has cut transaction costs for UNFPA through establishment of an NGO coordination and oversight mechanism in Darfur, renegotiated leases resulting in significant cost reductions for operations

The CO initiated an implementation mechanism for HIV/AIDS Program whereby three NGOs (2 national and one international) signed an LoU with UNFPA and each contracted a number of national NGOs (on the average of 12 per umbrella NGO) to implement the program activities in the agreed upon geographic area and work plan. The sub-contracted NGOs reported to the mother NGO and the latter has been accountable to UNFPA by means of reporting and other mechanisms. This has increased the coverage and has provided a way for monitoring the activities in a more efficient manner. Also, the CO procurement through Copenhagen, using the CAP for local procurement and releasing funds for IPs to do their own procurement of goods has substantially reduced the transaction cost and saved time for delivery.

Resource mobilization

The CO has made appreciable progress in resources mobilization, where approximately 80% of funding came from extra-budgetary resources. Most of the funds were to support initiatives in Darfur, Census related activities, and regional funds targeted at eradicating FGM/C, reducing maternal mortality and fistulae prevention. UNFPA has ensured full ownership of the census process by all development partners and most briefing with donors agencies were being chaired by the UN resident Coordinator. This was very helpful in ensuring that the political ramifications associated with the census were not just the responsibility of the technical agency UNFPA rather of the whole donor community and government partners. UNFPA used regional funds to support catalytic processes of the abandonment of FGM. These processes set the stage for change which in turn was picked up by existing networks of civil society. For instance UNFPA supported the drafting of the Article 13 which was aimed at criminalizing FGM. However this article was not adopted by the government, which in turn sparked a civil society movement and partnership to ensure indeed such an article is to be adopted. This has further raised the visibility and national debate on FGM in Sudan.

UNFPA Sudan has been very successful in raising non-core funds both for humanitarian emergency as well as country programme purposes. Funds have been raised on a continuous basis, based on perceived needs and perceived opportunities, including accessing existing trust funds (MDTF, CHTF, CERF, GFATM) – in partnership with other UN agencies and partners and; funds initiated by senior management, heads of sections mainly bilateral support e.g. Italian Cooperation, USAID Special Fund, CIDA, DFID. There are also liaison or opportunities through HQ /ASRO including: a) RMB, HRB, HIV branch: UBW, RHCS, MHTF/Fistula FGM; b) Bilateral – multiyear donor support e.g. USAID, Danish Fund, MDG Spain Trust fund and; c) ASRO: UBW. 2011).

The CO has responded to some of the challenges of resource mobilization by hiring a Consultant, located in UNFPA office in Khartoum. Some of the challenges being addressed include: updating and utilizing the comprehensive reporting system, DART by programme staff; ensuring systematic monitoring of implementation of funds, preparing reports and proposal writing; implementing a truly strategic resource mobilization plan over the longer term.

Quality of programme outputs

Efficiency of programme management can also be seen from the quality of programme outputs. Across the components in general, the outputs have been of good quality.

Regarding RH, the use of technical expertise has facilitated the review of the National RH Policy in 2009-2010. The revised policy has integrated new concepts/practices which were non-existent previously, such as distribution of oral contraceptive pills and male condoms by Village Midwives (VMWs) and community-based healthcare providers, permission for healthcare providers to use Manual Vacuum Aspiration (MVA) for post-abortion care, and provision of magnesium sulphate for the management of eclampsia at the primary healthcare level. In addition, the programme has also supported the development of the National RH Communication Strategy, which was seen as a critical step towards task shifting and delegation of responsibilities from tertiary level to lower level healthcare providers/professionals in

managing life-threatening conditions in remote areas. The technical support provided through the programme has further facilitated the development of the National Addendum RHCS Operational Plan (2008), based on which the programme later integrated the 5-year RHCS Plans into the Maternal and Newborn Maternity Reduction (MNMR) Roadmap. Within this process, the states (except Gadarif and Blue Nile) have also prepared their plans and developed a community-based distribution modality to increase utilisation of FP services. Access to fistula diagnosis and management was improved through the financial and technical support to the two established fistula management centers in Kassala and South Darfur state. The centers provide fistula prevention, minor repair, social rehabilitation and referral.

The CO has provided support to the basic training of VMWs and midwifery technicians, and this helped in producing a good number of midwives who have been located in needy communities and villages. In addition to this, the procurement of VMW kits from UNFPA and from other partners helped in equipping the newly graduated VMWs to provide the service. Regarding emergencies, experiences and lessons learned from the emergency preparedness programme in 2009-2010 enabled UNFPA to develop a comprehensive Contingency Plan to respond to the expected mass population movements and any possible conflict during the post-referendum period and following the formal announcement of Southern Sudan in July 2011.

The technical and financial support extended by UNFPA to the Government has resulted in, among others, the development of the national MNMR Roadmap, and state-specific MNMR Roadmap implementation plans, development and implementation of the National Midwifery Strategy, and development of the EmONC guidelines and protocols. These four key achievements have helped in laying the foundation, producing plans and fixing necessary standards for service provision. The evaluation found that there has been an improvement in service coverage of VMW/skilled birth attendants in the communities. Moreover this was enhanced through orientation sessions for religious and community leaders about contraceptives and FP concepts, which has led to an increase in community interest and acceptance of the enrollment of their daughters in midwifery training so as to ensure coverage.

Support of HIV/AIDS interventions, which yielded the (a) establishment of the MARPs Units at the national and state level; (b) capacity building of the Government and NGOs staff on technical, planning, reporting and fund raising skills; (c) development of 5 MARPs' service packages (i.e. female sex worker (FSW), men who have sex with men (MSM), tea sellers, out-of-school youths, and prisoners), (d) provision of the MARPs BCC service packages across the 15 states, (e) provision of comprehensive BCC package for the general community across the 15 states, (f) implement the Integrated Bio Behavioural Surveillance survey in 6 states and the remaining is expected to be finalised in 2012, (g) conduct the Rapid needs assessment of the SRH/HIV linkages and implement a pilot project in two states, (h) commence the implementation of the Rapid Needs Assessment for condom programming across the 15 states and put the building blocks for the development of five strategy and operational plan, and (i) provision of BCC package for youth in eight universities across Sudan.

On population data and statistical services, the UNFPA financial inputs and capacity building interventions have greatly improved the ability of CBS for example to conduct large scale surveys as evidenced by the 2008 population census and the resultant analysis and publication of high quality analytical reports. The UNFPA interventions on youth empowerment through financial and technical support also proved to be efficient: FMoYS invested in capacity strengthening and advocacy campaigns which led to the establishment of 15 State Youth Parliaments (SYPs) and the National Youth Parliament; the National Youth Strategy 2012-2037 (NYS) was finalized together with the Action Plans. Given the investments involved by UNFPA, the outputs were significant and efficiency of resource utilization can be established. Much more will need to be done, as soon enough, to strengthen capacity at NPC if integration is to be achieved. The National Strategic Development Plan (2012-2016) has been drafted without traces of integrated population and development issues. Before the Plan is finalized, the CO has

to make proactive moves in two related areas; namely to support speedy completion of the Population Policy review process; and to bring technical expertise (possibly an International Consultant) to bear on the integration process.

The UNFPA support to Gender focused on strengthening the capacity of MoWSS, in partnership with reputable institutions of higher learning, such as the Ahfad University for Women (Omdurman) and Faculty of Community Development (Gadarif University) to implement aspects of the Gender programme, particularly Women Empowerment, fight against GBV, and abandonment of FGM/C and early marriage in Sudan. In Gadarif and Omdurman and in a few places elsewhere, clear signs of women empowerment have been demonstrated with women farmers and handicraft workers managing their resources to the benefit of family and community. In the process, women have demonstrably been empowered to campaign against FGM/C and early marriage and all forms of discrimination against women and girls. So far, measured success is limited due to the persistence of traditional practices; but such developments engineered by women beneficiaries of the CP are beginning to show up in the formulation of important institutional frameworks: the National GBV Strategy was incorporated in the National Five Year Strategic Plan (2012-2016); Programme of Action (PoA) of the Women Empowerment Policy (WEP); the National Committee for Women Advancement now includes selected Parliamentarians and Presidential Advisors; a Law to criminalize practice of FGM/C endorsed and operational in three states, and a draft National Law to criminalize FGM/C being drafted; notable increase in the number of NGOs and CBOs working in the abandonment of FGM and against early marriage.

In terms of deployment of UNFPA personnel at State level, the CO should review the Job Description of the NPPPS who seem to be narrowly focused on RH. This is inefficient; much more could be achieved by empowering the one NPPP in a given State to emphasize work on RH but also coordinate all UNFPA supported projects in the State. By working together, the IPs achieve a better understanding of population issues in development, while the programme itself benefits from synergy.

2.5 Impact

This is not an impact assessment; being an evaluation of a 4-year programme, what is done here is to cast back our knowledge of the social, economic and demographic situation of Sudan in 2008 when the 5th CP was being designed and cautiously look at the terrain now to map out trends and associated factors, including UNFPA interventions without arrogation.

RH

The RH Outcome is: Demand for and access to high-quality reproductive health information and services, including HIV prevention, are increased. This outcome was anticipated in view of the need to address the challenge posed by the poor RH status of the population of Northern Sudan in 2008. The maternal mortality ratio averaged 1,107 deaths per 100,000 live births; obstetric fistula was prevalent, due to insufficient emergency obstetric care; the contraceptive prevalence rate was extremely low (8 per cent in the North); a skilled birth attendant attended only 57 per cent of births in North Sudan. In addition, by 2008 approximately 37 per cent of girls were married or gave birth by age 18; the teenage pregnancy rate is high; the HIV prevalence rate was 1.6 per cent in Northern Sudan and; although HIV awareness was high, knowledge of how to prevent infection was low among women and young people. The condom usage rate is only 1.6 per cent.

Although it is premature to assess the impact of the capacity building activities for health system at national and state level, there can be no doubt that some capacity, both human and institutional, have been strengthened and RH services in general improved through UNFPA support through the 5th CP. More recent estimates show dramatic declines in MMR, which analysts are still trying to explain. The results of analysis based on the 2008 census data revealed that MMR for Sudan was 417/100,000, while the 2010 Household Health Survey indicates MMR of 216/100,000 (there is need for CBS and MoH to reconcile

and provide possible explanation of observed trends). State level visits to programme sites show that the efforts by Government and UNFPA to improve midwifery services in rural areas has not been matched by the absorptive capacity in the health system to keep graduating village midwives on official payroll.

More recent estimates show notable improvements in the RH indicators for Sudan. According to the SHHS (2010):the maternal Mortality ratio is now down to 216/100,000 live births; infant mortality rate has reduced to 57 per 1,000 live births; neonatal mortality is 33 per 1,000 live births; the proportion of deliveries attended by trained birth attendants has increased to 72.5%; ANC coverage, at least 4 visits, 47.1%; ANC coverage, at least 1 visit: 74%; the contraceptive prevalence rate has risen slowly to 9% (could be more if commodity security ensured); and unmet need for FP: 29% (largely because of the lack of commodity security). In 2010, only 5.3% of women and 11.1% of men aged 15-24 years had comprehensive knowledge of HIV/AIDS; 15.4% of women and 35% of men 15-24 years of age have knowledge about HIV prevention. Obstetric fistula was prevalent, due to insufficient emergency obstetric care; but capacity has improved to some extent in dealing with this challenge. There were 752 reported cases of obstetric fistula registered in 2011 in 8 centres in the country.

P&D

The CP Outcome for P&D is: Population, gender equality, reproductive health, HIV and youth issues are incorporated into and funded in evidence-based development plans, public policies and strategies at national and state levels. Outcome indicators are: a) Percentage increase in budget allocation for data collection and analysis; b) Poverty reduction strategy paper incorporates population dynamics and characteristics and; c) Increased availability of survey data on population dynamics.

Year 2008 was census year in Sudan; preparatory activities spread through the 4th CP and Government and partners devoted enormous human and material resources the exercise the results of which were being anxiously awaited by the country on the brink of political split as well as the international community in brokering the Comprehensive Peace Agreement of 2005. The census exercise proved to be successful, both the North Sudan and South Sudan accepted the results, which were immediately put to use in demarcating constituencies and in the design and revision of development policies and strategies.

The CO carried out (2011) an international evaluation for the UNFPA Support to Sudan 5th Population and Housing Census assessing the extent to which the UNFPA project achieved its preset objectives. Findings of the evaluation indicated that the support was viewed positively by stakeholders; the overall UNFPA project performance was scored as follows: technical performance including training, technical backstopping, procurement, coordination, advocacy, census dissemination and analysis, 78%; and project quality relevance, efficiency, effectiveness, impact and potential sustainability, 76%.

Regarding population dynamics and characteristics, in 2008 when the 5th CP was being designed, the results of the 2008 census were not available. The available data showed that the population of Sudan was characterized by high fertility and high but declining mortality. From the 2008 census it was estimated that Sudan has a total population of 30.9 million, representing a 2.5% annual growth from the 1993 estimate. Estimates from the 2008 census data show that infant mortality rate stood at 26 per 1,000 live births for Sudan. The total fertility rate was estimated at 5.9 children per woman in 2008, which declined slightly to 5.6 in 2010. More than 45 per cent of the population was under 15 years of age.

On the issue of integration of population factors into development strategies and policies, not much has been accomplished since 2009. The process of developing the new National Strategic Development Plan (2012-2016) has almost been completed; the draft has been produced and is awaiting endorsement by Government, but without having integrated population issues into the draft due to capacity shortages in this area. The information from NPC during this evaluation was that the Population Policy being revised will be reflected in the draft Strategic Plan before its official approval; therefore, whenever the policy

revision is completed, there might still be a window of opportunity open to achieve integration even if it means hiring an expert with UNFPA support to undertake the task. Thereafter, capacity building on integration could be pursued with renewed vigor by Government and the CO.

In terms of increased availability of survey data on population dynamics, remarkable strides have been made since the census year 2008: the census data have been analyzed and sex disaggregated data made available by State and rural/urban residence for use by planners. In addition, the CBS has collaborated with partners to ensure that the national database (Sudan/Info) is updated, decentralized and web-based. In order to provide further information from the census data for dissemination, CBS and NPC have commissioned a number of analytical studies utilizing the census results, most of which have been published and widely distributed. In addition to census data, the Ministry of Health, with support by partners including UNFPA, has conducted the annual Sudan Household Health Surveys, the latest being in 2010, and from which a large number of health and reproductive indicators have been derived. While this evaluation found this practice to be complimentary to that of the CBS in generating data for policy and planning in the country, the fact that the Household Surveys were done independently raises the question of data validity. In future, both CBS and MoH should work together in the design, conduct and analysis of such national sectoral survey data to ensure adherence to national standards and comparability of methodologies.

Gender

The CP Outcome for Gender is: Gender equality and the empowerment of women are promoted through an enabled institutional and socio-cultural environment so as to ensure human rights and eliminate gender-based violence. The indicators are: i) Percentage increase in national partnerships that raise awareness of gender-based violence; ii) National and sub-national mechanisms in place to monitor and reduce gender-based violence; iii) Percentage increase in number of people opposing female genital mutilation and; iv) Percentage decrease in gender-based violence.

The design of the 5th CP came in the wake of the adoption of the National Policy for Women Empowerment 2007 in Sudan, which was a major breakthrough towards advancing gender equality and access to justice. Government established the national machinery for gender at the Ministry of Welfare and Social Security, and the Unit to combat violence against women and children through the Ministry of Justice as major strides to address gender issues in Sudan. However, in spite of this political commitment there has been minimal progress in the actual status of women in the country.

The numbers of female-headed households, particularly among internally displaced populations, were on the increase. The teenage pregnancy rate was high in Southern Sudan, where the rate was 204 pregnancies per 1,000 females aged 15-19. Early marriage among girls was common: approximately 37 per cent of girls were married or give birth by age 18. As a response, the Government endorsed a national policy on women's empowerment in 2006; but weak institutional capacities and gender inequality constrained its implementation. Gender-based violence persists. The prevalence of female genital mutilation is 70 per cent, and early marriage is common. Only 18 per cent of parliamentarians are women, despite constitutional provisions for women's participation in the political process.

Although the overall literacy increased from under 20% in 1990 to 62% in 2007, progress has been uneven and disproportional by state and sex. Primary school completion rate is very low (21%) and disadvantaged girls, being particularly pronounced among children living in poor households showing a completion rate of 2.1%. The UNDP Human Development Report (2009) indicates that women's participation in economic activities has increased somewhat, a majority of women work in rural areas, in harsh conditions, very low paying jobs and have little control over household income and major spending decisions. The Sudan Household Health Survey (2010) report indicates that, in 2010, percentage of girls and women who have had any form of FGM/C was 65.5; and 48% of ever-married women aged 15-49

years still intend to FGM/C their daughters; on GBV, 47% of women aged 15-49 years believe a husband is justified in beating his wife. Other sources show that, in terms of political participation, some progress has been achieved in reducing gender disparity; representation of women in the national assembly has moved up slightly to 19.7%; ministerial posts 8.6%; federal ministries 6.8%; and Council of State ministries 4%.

Much Government and partner efforts have been devoted to institutional and human capacity building to address gender imbalances in the country over the years, but significant gaps still remain in important areas such as protection of women and children's rights, including access to land, property ownership and access to justice particularly for cases of exploitation, sexual and gender based violence (SGBV). Gender differences in vulnerability to diseases and mortality still persist; in particular, women are more vulnerable to HIV infection and to GBV, and in spite of the health and social consequences of FGM/C and much advocacy against it, the majority of ever married women are reported to have the intention to carry out FGM on their daughters.

Nevertheless, the efforts by Government and partners, including UNFPA, in addressing GBV seem to be bearing fruit. In 2011, the National GBV Strategy was incorporated in the National Five Year Strategic Plan, and the 1991 Family Law is being reviewed with the goal to increase the age of marriage to 18. In the process, the religious leaders have been brought to the table in the discourse on gender issues: their intervention has helped to clarify the role of religion, that Islam does not provide justification for FGM or early marriage. Even in humanitarian settings, UNFPA supported the creation of State Committees for Combating GBV and the development of GBV AWP; formulation of Standard Operation Procedures for response to GBV; and improvement of personal hygiene for 11,000 vulnerable women in Darfur, South Kordofan and Blue Nile states. The creation of these GBV oriented institutions provides a solid and sustainable basis for future efforts to stamp out GBV and such detestable practices against women and children in the country. In 2011, it was observed that there has been an increase in number of people opposing FGM/C, in Gezira, White Nile State: 22% of women intended to practice FGM/C; 78% of women and 80% of men were against continuation of FGM/C in Gezira Abba, WN State (sample in midline was larger than baseline one & included newer areas) which may explain the low progress. However, the challenge of GBV indicators at national and State levels to monitor trends remains and should be jointly addressed by the Ministry of Welfare and Social Security Women and Children affairs and the CBS.

2.6 Sustainability

This section presents an assessment of the extent to which the CP addressed sustainability measures necessary to allow for services to continue in the absence of UNFPA support, and whether there are exit strategies for roll-out.

RH

In order to assure sustainability of programme activities, UNFPA has embarked upon strengthening human and institutional capacity at national, state and community levels. This has also included strengthening the capacity of implementing partners, including Government and NGOs for improved service delivery.

The use of technical expertise, including the deployment of CTA to MoH, has contributed to on-the-job training of counterparts and other implementers. Such technical interventions facilitated the review of the National RH Policy in 2009-2010; the development of PAC and EmONC training and service guidelines, use of Manual Vacuum Aspiration (MVA) for post-abortion care; the development of the National RH Communication Strategy, which was seen as a critical step towards task shifting and delegation of responsibilities from tertiary level to lower level healthcare providers/professionals in managing life-

threatening conditions in remote areas. This approach was also critical for increasing access to FP services, i.e. by supporting decentralization of the RH policy and strategy. The direct impact was evident in the creation of a better policy environment and information to support the prioritization and provision of the integrated RH/FP services package at the primary healthcare level.

The development of the National Addendum RHCS Operational Plan provided basis for the integration of the 5-year RHCS Plans into the Maternal and Newborn Maternity Reduction (MNMR) Roadmap. Access to fistula diagnosis and management was improved through the financial and technical support to the two established fistula management centers in Kassala and South Darfur state. The centers provide fistula prevention, minor repair, social rehabilitation and referral.

The approach to the training of midwives also has elements of sustainability. The introduction of the professional midwifery programme with the technical and financial support of UNFPA creates opportunities for sustaining the programme in the country. The basic training of VMWs, midwifery technicians and BSc is expected to ensure the dire need for midwifery services in the country. In addition to this, the procurement of VMW kits from UNFPA and from other partners helped in equipping MWs to provide the service. Recruitment of VMWs as health personnel by some states is also an important factor for sustaining the midwifery services.

The in-service training courses conducted for different RH care providers, like VMWs, HVs, AHVs, MAs, MDs on different RH issues helped in improving the quality of service, especially the midwifery services and also helped in improving the access to quality services, like FP and EmONC. The presence of the UNFPA national and international staff at the ministries of health (federal and states) provided a big opportunity to the RH departments to benefit from their technical support. However, there is the need for more supportive supervision and supply of equipment.

In terms of institutional capacity, the CO provided interventions that should assure sustainability. The Government has been supported to develop the national MNMR Roadmap with the overall objective of reducing the maternal and newborn deaths, thus furthering the strategic guidance to reduce unwanted pregnancies and unsafe abortions, and the development of state-specific MNMR Roadmap implementation plans. In addition, the development and implementation of the National Midwifery Strategy aiming at increasing the coverage of professional midwives has increased the use of skilled birth attendants during pregnancy and childbirth. Equally important has been the development of the EmONC guidelines and protocols, namely the training manual for facilitators and participants, management protocol, and post-abortion care management protocol, in order to improve the quality of the EmONC service provision. Taken together, these interventions have strengthened institutional capacity, thereby laying the foundation, producing plans and fixing necessary standards for service provision.

In the light of the current situation, to what extent the government and other related national partners are ready to take over from UNFPA? What are the existing capacities and conditions? Continued capacity building for the MARPs focal points (NGOs and CBOs) on project cycle management including planning, project design, implementation and monitoring and evaluation as well as the proposal writing. To that end, UNFPA indulged in partnership agreement with the Blue Nile National Institute for Communicable Diseases (BNNICD) which organized series of training courses in the above mentioned subject.

The growing sense of ownership and national commitment towards HIV/AIDS constitute major pillars for the creation of an enabling environment to expand HIV/AIDS at state and community levels; This is the result of continuous support by UNFPA in terms of advocacy, monitoring and coordination arrangements.

P&D

Fundamental to sustainability is the creation of viable human and institutional capacity. It is in recognition of this principle that UNFPA strategy towards improved statistical services during the 5th CP has focused on strengthening national institutions for population data collection, analysis, report preparation and utilization in policy formulation, programme design and implementation. Such capacity strengthening efforts were placed in the CBS, which is the authority on statistical matters, including population and related socio-economic data issues in Sudan; the NPC, which is responsible for coordinating the process of population policy formulation, programme design and integration of population issues into policies and programmes; the MoYS, which is responsible for youth development affairs.

During the 5th CP, UNFPA successfully invested resources in training CBS staff in aspects of data collection, analysis and reporting, aptly demonstrated in the post-census activities by the agency, resulting in the analysis of census data and publication of an array of technical and thematic oriented research reports based on the census data. In this regard, it can be concluded that capacity has been strengthened at CBS for it to effectively respond to the need for statistical services, particularly at Federal level. However, at State level, much effort will still be needed in the immediate future for the 17 State Statistical Offices to be able to carry out large scale surveys and go through the process of data analysis, report preparation and dissemination.

Even at Federal level, CBS must still address gaps in data coverage, especially the generation of vital statistics (births, deaths, marriages) in collaboration with the Ministry of Interior which is responsible for the registration of vital events. This and other gaps, including consolidation of data standards are which is being addressed in the recent move by CBS to develop a National Statistical System (NSS) for Sudan. This move is critical for the future of Statistics in the country and should be actively supported by UNFPA; already, different line Ministries have engaged in sectoral data collection and analysis often without reference to CBS, with the result that some indicators generated from sector data are in conflict with national indicators from CBS. The Maternal Mortality Ratio (MMR) is a case in point: the report of the 2008 census data show MMR of 417/100,000, while the 2010 Household Health Survey indicates MMR of 216/100,000. There is the need to explain such a dramatic decline over a two-year period, if the decline was genuine; and also to validate the methodological approaches adopted in the two surveys if comparable. This is where CBS should come in as the 'clearing house' for data collection and validation of indicators generated.

To some extent, UNFPA has also supported capacity strengthening of the National Population Council (NPC) and States Population Councils (SPC) in policy analysis, population integration, research skills, reproductive health, human rights, gender equity, monitoring and evaluation including jointly supporting the set up of planning and monitoring national data base system such as Dev/Info. While the national population Policy (2002) is being revised together with the Programme of Action, the NPC has been able to facilitate training of selected 5 sector Ministries on population projection and general awareness raising on population/environment and development interrelations, it has not yet acquired the capacity for integration. The generic manual on integration developed internally by NPC might be a useful starting point, but only a beginning; the Manual should be made practical and useful for guiding integration. The agency itself should be capable of addressing the technicalities of population and development integration before it can support other sectors at Federal and State levels to achieve integration.

The NPC has also commissioned a number of research on aspects of population carried out by selected researchers; it would have amounted to a more effective capacity building for research if a national research agenda on population and development had been developed as basis for selecting research topics; and better still, if NPC had worked in collaboration with the Population Studies Centre at Gezira University to which UNFPA has provided support and where research capacity in population is being

strengthened. More importantly, NPC should collaborate closely with CBS in the use of secondary data on population and generation of fresh data through research to assure validation of indicators. Data collected from research without reference to CBS, in terms of sample frame and procedure may lack empirical validity and difficult to generalize.

Towards the institutionalization of a monitoring database (such as *DevInfo*), NPC also needs to work closely with CBS; this will enable NPC to facilitate the use of data for policy and planning and thereby support the integration process in all sectors at national and State levels. The NPC can hardly sustain its activities by working alone, especially without close collaboration with CBS and the university system.

It is perhaps in the Youth sector where the interventions of UNFPA may have proved most sustainable. First, interventions were based on a situation analysis on youth development challenges in Sudan; thereafter, UNFPA support focused on the mobilization of resources for youth programming, the result of which was the development of the National Youth Strategy (2007-2031) together with its Action Plan, both incorporating the challenges of ICPD and MDGs. In order to give voice and public support to the National Strategy, UNFPA also supported the efforts made by the FMoYS to establish Youth Parliament, leading to the establishment of 15 State Youth Parliaments (SYPs) and the National Youth Parliament which are all operational. The machinery has already been established (and is functioning) for the formation of Youth Parliaments in the remaining two States in the country. Besides, not only have the youth been oriented towards political participation, UNFPA also supported FMoYS in the training of young people on leadership, management, advocacy through Y Peer at national, state and locality level. While more of such training will be needed in future to establish national coverage, the inclusion of youth issues in development policies and programmes and the improved capacity of youth participation in development, planning, implementation and monitoring should assure sustainability.

Gender

Given the importance of capacity building for sustainability, UNFPA focused on strengthening the capacity of MoWSS to address gender sensitive planning, advocacy to discourage gender discrimination, and capacity at national, state and community level to deal with GBV. Based on the results of needs assessment studies, UNFPA supported the establishment of Gender Focal Points (GFPs) in selected states; this step has proved both useful and strategic and should assure sustainability. UNFPA provided support in 5 States to the training of key personnel in monitoring the Programme of action (PoA) of the Women Empowerment Policy (WEP) within line ministries and at the state level in Sudan. The quarterly meetings for GFPs at Sectoral Ministries have had the effect of ensuring the integration of WEP priorities into sectoral plans for education, and health sectors in particular. Training was also supported on gender mainstreaming and budgeting, but there will be need for additional training of trainers in future to ensure sustainability.

UNFPA's advocacy efforts on socio-cultural determinants of maternal mortality in the five focus states targeting members of the states government cabinet, legislative councils, ministry of finance and the Governors' advisors also seem to be bearing fruit; the National Committee for Women Advancement has been upgraded to include members from the Parliament and Presidential Advisors which gave it more power for policy and decision making. In particular, the committee now has mandate to mobilize and advocate for increasing budget/allocating resources to support women issues particularly the Ministry of Finance and the Parliament.

UNFPA has also supported Government in capacity building of Violence against Women (VAW) Units at federal and state level and in humanitarian settings to combat FGM/C through training and sustained advocacy efforts. Long established traditions that are deep rooted in culture are difficult to change over a short period of time however strong and effective the interventions; however, given the focus of such interventions on the communities, they are most likely to succeed and are sustainable. Already, a law to

criminalize practice of FGM/C has been endorsed and operational in three states and a draft national law to criminalize FGM/C is being developed to be presented to the cabinet for endorsement. Also, the draft national plan is poised to address GBV, which reflects commitment of the government to address GBV as a developmental issue. Equally sustainable is the recent notable increase in the number of NGOs and CBOs working in the abandonment of FGM and against early marriage in the country, a process which by definition is self-sustaining.

In the context of Darfur, support was provided to Women Centres by UNFPA and UNCT in general to address GBV and empower women. But the issue affecting the sustainability of the Women's Centres was that funding and UN agency support as being pivotal to the future sustainability of Women's Centres, along with their ability to have a larger impact. Given their high dependency upon funders or donors for future sustainability, and the lack of ongoing support, the sustainability of Women Centres is in doubt.

3. Programme coordination

Overall

The 5th CP was implemented under national execution modality with overall coordinating authority residing with the Ministry of International Co-operation, which is the government authority that signed the CPAP with UNFPA. Since 2009, Annual Work plans (AWPs) were developed to articulate planned activities under the relevant CP outcomes/outputs for each year of the programme cycle and signed between implementing partners and UNFPA. It was expected that following the CPAP agreement, CO would jointly with implementing partner undertake a capacity needs assessment to identify and respond to technical needs necessary for satisfactory implementation and management of programme activities. This was done, but only for the new partners since the capacity of the older partners had already been determined and found to be adequate.

The coordination of the programme was done at national and State levels, and according to the three thematic areas that defined the programme components. As specified by CPAP, the Federal Ministry of Health (FMoH) coordinated the RH component; the Ministry of Welfare and Social Security (MoWSS) coordinated the Gender component; and the Population and Development component was coordinated by the National Population Council (NPC). These Federal Government authorities mentioned above organized quarterly component meetings, while the Ministry of International Cooperation (MIC) organised annual review meetings on component programmes to assess progress and lessons learned in the implementation of the country programme. One challenge faced by the CO is the weak coordination mechanism for implementing the component programmes at State level.

In response to the humanitarian situation, a separate programme was developed for Darfur, which is made up of three states. Humanitarian Country Team of the UN system in Sudan decided to roll out cluster approach in Darfur Humanitarian program in late 2009, effective from beginning of 2010. Considering the expertise and reputation earned by implementing critical life saving interventions for the affected population in Darfur and also in line with the Global cluster mechanisms, UNFPA was entrusted with the responsibilities of coordinating and leading Reproductive Health and GBV sub-clusters, respectively falling under Health cluster led by WHO and Protection cluster led by UNHCR. Inter-cluster coordination was again done by OCHA. There has been regular reporting system to update and compilation of different activities implemented by humanitarian actors. The coordination mechanisms have been taking care of organizing and coordinating interagency assessment, supervision as well as making responses to the identified gaps and needs.

The CO has made good efforts in integrating Emergency preparedness into its development program, as well as integrating recovery and development initiatives in the Darfur (humanitarian) programme. It is noteworthy that the CP (2009-2012), although aligned to UNDAF, excluded Humanitarian interventions

in Darfur; instead, UNFPA CO developed a separate program for the Humanitarian response in Darfur. In order to ensure a smooth transition from humanitarian emergency response to development programme support, the CO has adopted the following interrelated strategies:

- a) Co-ordination: UNFPA Management and program meetings within Country Office include staff from HRU and regular program.
- b) Design/Planning/implementation: Continuous assessments to capture context of conflict; post conflict and development; HRU AWP include Recovery related initiatives; Regular program plans include Emergency preparedness related initiatives; Emergency preparedness indicators part of CPAP planning and tracking tool and; IN ATLAS Emergency programs linked to CP Outputs
- c) Skill Mix: HRU/CO staff provide technical assistance to regular program for MISP training, contingency planning and CMR trainings and pre-positioning of RH Emergency kits/Hygiene kits; Regular CO Staff– provide funding and TA for recovery related initiatives in Darfur, including for example fistula treatment, midwifery training, etc.
- d) Reporting: Regular program annual reports and MTR include progress on Emergency preparedness/ early recovery.
- e) Humanitarian response includes reporting on early recovery when funding source is from Humanitarian stream.

Although there are challenges still to be resolved in achieving full integration, including those related to coordination, resource mobilization and contingency planning, it is safe to say that for now, the CO in Sudan is prepared to integrate emergency concerns into the next CP.

RH

In accordance with CPAP, UNFPA has worked closely with FMoH to ensure increased commitment for the availability of RH services at the PHC level and institutionalization of RH emergency preparedness at national level. FMoH has been responsible for the coordination of RH at national level, and in collaboration with the Kassala, Gedarif, White Nile and Blue Nile State Ministries of Health. The appointment of NPPPs has further facilitated the coordination of RH interventions at state level, particularly in the five focus states of the CP.

Also, as indicated in the section on ‘Partnership and Collaboration’ below, UNFPA has worked with other UN partners such as WHO, UNICEF, UNDP, IOM and UNAIDS on the IBBS survey, the project for integration of HIV/SRH and the overall HIV/AIDS programme, in the context of a joint UN programme for reducing maternal mortality. UNFPA has utilized the services of an International RH expert based at FMoH, to support the development of key guiding protocols, curriculum revision and capacity building for national midwifery training institution and Health Alliance, and to jointly mobilize resources for funding of the Roadmap to Maternal and Neonatal mortality reduction.

UNFPA has facilitated the establishment of the National Reproductive Health Partners’ Forum led by the FMoH and aimed to improve coordination between development actors at the national level. Similar forums were also established in the five target states. These forums have been supporting the health planning, decision-making, policy advocacy and dialogue with Government and partners, thus providing UNFPA with the opportunity to pursue the RH advocacies and policy agendas. This system has also facilitated reviews of existing policies and operational plans, as well as formulation of the new ones at the national and state level.

P&D

The P&D component has been implemented by the following partners: National Population Council (NPC); Central Bureau of Statistics (CBS); Federal Ministry of Youth and Sports (FMoYS); Sudanese

Population network and; Higher Councils for Youth and Sports in the focus States – Gadarif, Kassala, and South Khordfan. The overall coordination of P&D has been done by NPC, and this has been well executed. The ‘Component Annual Progress report’ prepared each year under the auspices of NPC testifies to this activity. However, in future, NPC coordination should move in the direction of greater collaboration among IPs; for instance, any research or survey work by any agency which involves using the national Sample frame and selection of samples must involve CBS in order to ensure conformity with standards and to assure quality. In addition, any publications on population should pass through NPC for quality assurance and for coordinated dissemination of information.

The MTR (May 2011) noted, and this evaluation is in agreement, that coordination and communication should start internally at the UNFPA level, and the different components should be better coordinated to achieve synergies. Both the PD and Gender components are managed from the UNFPA CO in Khartoum while the NPPPs in the states are mandated to primarily focus on the RH component. As revealed by the evaluators’ visit to Gadarif and White Nile States, the NPPPs focus only on RH and hardly interact officially with the Gender and the PD implementers.

Gender

The IPs for the Gender component are: Ministry of Welfare and Social Security (MoWSS); Ministry of Council of Ministers (MoCMs); the National Council of Child Welfare (NCCW); Ministry of Guidance and Endowment (MoGE); Ahfad University for Women. Implementation of aspects of the programme has been sub-contracted to: Ministry of Social Development (MoSD); Y Peer of UNFPA; University of Gadarif (GU); University of Kassala (UKS); Yousif AlKuda; Wisal Mustafa Hassan and Teeba Press.

Quarterly meetings of IPs have been held regularly, and reports indicate that these meetings have provided very good opportunity for lesson learning and sharing of experiences, which have contributed to the strengthening of relationship among partners and the CO. In addition, Gender programme management also held bi-annual meetings targeting the Gender Focal Points (GFPs) in 5 States. These meetings have also facilitated the sharing of experience as well as enhanced the collaboration between GFPs at national and State levels. Other project management meetings have been held regularly, which fed into the quarterly review meetings, bi-annual GFP meetings and the overall Annual Review meetings.

4. Partnerships and collaboration

The CPAP was developed in close collaboration with national partners, including Government, civil society, donors and UN agencies to ensure synergy and complementarity. It was agreed in CPAP that UNFPA would operationalize the CPAP under Government leadership in the context of the recent political developments affecting Sudan. Under the 5th CP, UNFPA was expected to further strengthen its partnership with the UN agencies, seeking joint programming, especially in the areas related to maternal mortality reduction, youth development initiatives, poverty monitoring systems, gender based violence and the abandonment of female genital mutilation.

UNFPA has established strong collaboration with some partners in the UN Country Team namely, WHO, UNDP, UNICEF, IOM and UNAIDS and, through joint efforts has generated tremendous impact on the progress made so far in the IBBS survey, the project for integration of HIV/SRH and the overall HIV/AIDS programme results. UNFPA also has successful partnership arrangements with various sectors working in the HIV/AIDS area for example, Ministry of Higher Education, Ministry of Internal Affairs, Ministry of Defense, University of Gazira and Ahfad University.

UNFPA also collaborated in joint programme (JP) formulation and implementation during the 5th CP. One of such joint programmes is: “*Creating Opportunities for Youth Employment in Sudan*”, which aims to provide skills development and livelihood opportunities to the youth with particular attention to migrant youth, including returnees and demobilized 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 provided an enabling environment for more than four million displaced people to return to their homes throughout Sudan. The JP implementation started in July 2009 and is managed by UNIDO with a total budget of USD9,000,000; UNFPA contribution is US\$150,000 representing 1.7%.

Another JP is on: *Accelerating change towards FGM in one generation*. The programme was established in 2008 with the objective of fighting FGM/C and has been implemented by National Council of Child Welfare, Ministry of Guidance and Endowment, Ministry of Health, Ministry of Social Development and Gedarif, Kassala and Ahfad Universities, Teeba Press and the religious leader's platform. The executing agencies are UNICEF and UNFPA. This program, which has been operational at national level in policy development and at states level for implementation of a set of activities related to awareness raising and people-centered advocacy, promote voluntarism (social positive transformation) at community level. Total programme budget is US\$700,000 with UNFPA's annual contribution of US\$209,000 or 30%.

RH

Although MoH is the principal Government agency with which UNFPA collaborated in implementing the RH component, the establishment and conduct of regular Reproductive Health Partners Forum has strengthened the coordination between RH partners. There is also the RHCS coordination committee, which through its meetings (quarter review meetings, midyear and annual review meetings) has assisted in identification of gaps and constraints in the management of the programme. The RH steering committee also conducted monthly meeting of the RH supervisors from all localities in some states to promote RH information delivery, utilization and identification of facilitating and constraining factors.

Co-ordination with Multi Donor Trust Fund (MDTF) helped in better resources allocation as the load of funding midwifery training and schools rehabilitation was shared with them to ensure avoiding overlap. The newly established collaboration with the Academy for Health Sciences helped in making use of their resources in providing quality training to the midwives particularly in supporting the new direction of producing skilled birth attendants. Working with the media helped in spreading the knowledge among the communities widely to raise their awareness in aspects like family planning and fistula.

The evaluation has observed that RH and HIV/AIDS activities have been managed differently even though the targets, workers and activities are the same. The UNFPA's justifications on this include the fact that the two areas are managed separately within the national health structures by the HR Directorates and Sudan National Aids Programme (SNAP). Moreover, the HIV/AIDS programme has different funding mechanisms and potentials compared to the RH programme, which is generally under-funded. Although the systematic and operational linkages between RH and HIV/AIDS are still far, integration related processes are ongoing. With regard to obstetric fistula prevention, treatment and social reintegration, UNFPA activities in this area were done in collaboration with the Abbo Fistula Treatment Centre in Khartoum.

UNFPA has been focusing on establishing strategic partnerships and networks with the local NGOs that have the capacity to reach out to communities in all 15 Northern States. The agency has also taken advantage of every opportunity to integrate the HIV/AIDS messages into broader RH related issues through available channels of communication and IEC materials.

UNFPA HIV programme have wide range of strategic partnerships with government institution working in the HIV response, CSOs across the 15 states, (more than 60 CSOs), academic institutions, UN agencies and other development partners.

Although it was difficult to identify local partners in Blue Nile State, in 2010 the Islamic Relief Agency (ISRA) was selected by UNFPA to train the healthcare providers on clinical management of rape. ISRA

also conducted training for the community health promoters and facilitated the advocacy with policy-makers at the state level. In White Nile, local NGOs partners have carried out peer-education, and designed IEC messages and distributed the IEC materials on RH and HIV/AIDS related issues to the secondary and university students and to the communities through the State Radio and TV. In Kassala, the Agency for Cooperation and Research in Development (ACORD) has implemented some HIV/AIDS awareness-raising activities targeting the MARPs, including peer education, education sessions on condom usage, 20 campaigns with VCT services, dissemination of RH-IEC messages, and distribution of condoms, which was also affected by out-of-stocks in 2010. ACORD also supported the referral of the HIV positive persons to the VCT centres and payment of the treatment costs for the HIV positive persons.

P&D

With regard to aspects of P&D component, the CO worked closely with Central Bureau of Statistics (CBS) and other partners to undertake preliminary analysis, and dissemination of the 5th Population Census to ensure the availability of the age and sex disaggregated data and population projections at national and state level. In collaboration with CBS, National Population Council (NPC), and selected universities/national research institutes UNFPA supported further analysis of census data, preparation and publication of reports and their dissemination. In furtherance of this objective, UNFPA supported the updating of Sudan/Info and the website of CBS. The results of these research works have been used successfully in policy formulation and in the design of strategic development plans at national and state levels.

Part of the partnership strategy was that UNFPA in collaboration with MOH, SNAP, MOSWWCA, UN agencies and donors will jointly mobilize resources and secure technical assistance to support the CBS in the undertaking of national surveys in Demographic and Health Characteristics, GBV, Youth development and HIV/AIDS. To a limited extent, collaboration has been done in supporting the Ministry of Health to conduct the annual series of Household Health Surveys. The most recent published report of health indicators (Sudan Household Health Survey, 2nd Round 2010) acknowledges support by 7 international agencies (including UNFPA, WFP, WHO, UNICEF, USAID, JICA); and the CBS. However, the reconciliation of some indicators (including the Maternal Mortality Ratio) with those derived from the 2008 census analysis is yet to be done.

UNFPA and UNEP have entered into a joint partnership (project on: Population dynamics and environment in Sudan) with the overall objective to "understand the inter-linkages of population dynamics and environmental degradation in Sudan, and their potential to contribute to the peace and development process through guiding environmental, population, and economic policy-making". A concept note developed and an Agreement signed with two phases: ONE on research/analysis, consultations with stakeholders and building of perspectives, and TWO on detailing the possible areas for quick-impact and larger scale programming. This project has started to generate impact on partners and show relevance/potential vis-à-vis the ongoing global initiatives (e.g. the latest deliberations on Cancun Adaptation Framework - COP17 in Durban).

Indeed, UNFPA has partnered with national training institutions, as indicated by CPAP, to support the NPC in undertaking capacity needs assessment necessary in policy analysis, population integration, monitoring and evaluation, research skills, reproductive health, human rights and gender equity at the state level. Reference has already been made to the fruitful partnership between UNFPA and Ahfad University for Women, which antedated the 5th CP and which has proved very effective during the programme. Also, the partnership with Gedarif University through its Faculty of Community Development has been quite fruitful. Through the partnerships important research works have been carried out, particularly in establishing baselines and monitoring indicators for GBV, FGM/C and gender inequality in the country. However, given the years of UNFPA collaboration with these institutions, it

may be appropriate to explore the possibility of undertaking an impact assessment of UNFPA interventions in these gender programme areas.

Also as a partnership strategy UNFPA was to support training in the integration of population dynamics into planning processes for national planners from sectoral ministries (health, education, women, youth, development and environment) including the NCSP and for CSO's. In this regard, UNFPA supported NPC to facilitate research and training works, which the evaluation found to be selective of individual consultants rather than the Population Studies Centre at the Gezira University. While the CO supported Gezira University, NPC selected individual consultants for most of its work. In the end, integration has not been achieved; even the generic integration manual, being an internally developed material developed for five selected Federal Ministries was neither vetted by the University nor by users at large. However, UNFPA in partnership with other UN agencies successfully supported the efforts of the CBS and NPC to institutionalize and sustain the effective functioning of a national database (DevInfo) for poverty development monitoring in Sudan.

With UNFPA support, the Ministry of Youth and Sports (MoYS) as the key partner for the youth programme collaborated with national research institutions, CSOs and policy makers to ensure the support for youth participation and funding of youth development initiatives at national and state levels. Through this collaboration, national Youth Parliament and 15 State Youth Parliaments have been established; the Youth National Strategic Plan has been developed; and capacity for political participation and youth empowerment project implementation has been strengthened.

Gender

UNFPA has worked closely with the Ministry of Social Welfare, Women and Children (MoSWWC) to implement the National Women Empowerment Policy (WEP). The collaboration included work with Ahfad University for Women, to advocate for gender mainstreaming, analysis and budgeting. Together with other institutions - the National Council for Child Welfare, Federal Ministry of Health, Ministry of Guidance and Endowment, University of Gadarif, Sudanese Obstetrics and Gynaecology Society, SEEMA Centre, the South Kordofan-Joint Programme, MDG-F Spain, and Common Humanitarian Fund (CHF), media institutions, including Teeba Press, NGOs, and UNICEF -UNFPA supported advocacy campaigns for FGM/C abandonment. These interventions, as already noted above, have started to yield dividends including institutional reforms.

UNFPA also collaborated with the Unit for Combating Violence against Women in MoJ to lead the process of developing a national strategy to eliminate GBV; a national strategy has been developed and has been incorporated into the National Strategic development Plan (2012-2016) still being formulated. To further support the government mechanism, UNFPA has supported the establishment of 5VAW Units in White Nile, Kassala, Blue Nile, South Kordofan and Gadarif States. To support the state/community-based mechanisms, UNFPA has (i) facilitated the formation of a network of CBOs working on FGM/C and early marriage in Gazira Aba (White Nile State) to organise for community mobilisations and develop the awareness-raising strategy; (ii) established the voluntary Child Rights Protection Group (20 youths) in White Nile working as the monitors for FGM/C, early marriage, and maternal health advocacies; (iii) trained 1-year diploma programme on Community Development in the Gadarif University, who later formed 14 CBOs in their respective communities in order to support the initiatives on banning FGM/C; and (iv) established the Gender Coordination Forum in South Kordofan, chaired by the MSDWCA-VAW, to co-ordinate GBV related activities at the state level; (v) organised regular meetings for the CRPG's; (vi) organised exchange visits for 9 members of the CRPG to relevant institutions in Khartoum and Blue Nile states.

These collaborative efforts by Government, research and training institutions, CBOs and NGOs, and the international donor community, to say the least, have proved to be strategically important and effective in

generating Government and community support to address such culturally sensitive and social development challenges as FGM/C, GBV, and empowerment of women in Sudan.

With the cluster approach rolled out in Darfur States in 2009, UNFPA became a leading agency for RH (under Health Cluster) and GBV sub-clusters (under Protection cluster). UNFPA is member of UN Humanitarian Country Team at Khartoum and each Darfur States. This forum is a very useful mechanism for coordination of humanitarian activities among all UN and other organizations (for example, for needs assessments in remote areas/ IDP camps, joint supported health facilities in IDP camps, etc.). Related to UNFPA's experience in managing the joint programme of accelerating the abandonment of FGM/C, UNFPA has been able to use this strategic opportunity to influence the programme approach by emphasizing on using women's RH issues as an entry point to addressing FGM issues at the community level. However being the managing agent for the project has significantly increased the workload of programme officer given the demanding task of having to compile reports from various implementing partners who are working at different levels.

5. Monitoring and Evaluation

The framework proposed by CPAP for CP monitoring and evaluation consists of joint process by the CO and UN in the context of the UNDAF results matrix, and the CPAP results and resources matrix. Since the UNCT in Sudan has not yet been involved with the 'Delivering as One' initiative of the UN, joint monitoring of UNDAF using the RRM has not been fully exercised. UNFPA in Khartoum was also slow to respond the requirements of a coordinated M&E approach as the implementation of the CP progressed. The CO did not have the M&E officer in place until December 2010, almost mid-way to the end of the programme cycle. This hampered a coordinated approach to CP implementation monitoring for much of the programme period.

Output level

Before the intervention of the M&E officer, most of the M&E activities undertaken consisted of field monitoring visits; undertaking capacity assessments to determine technical needs of gender focal points particularly in relation to gender budgeting and gender mainstreaming, and to map out the technical and financial capabilities of implementing agencies especially ability of civil society to manage programmes; undertaking of RH situation analysis in 5 of UNFPA supported states of Sudan; undertaking of rapid condom assessment for Sudan; undertaking of a survey to highlight different dimensions of gender based violence. In addition, the CO organized regular quarterly component review meetings; and with MIC, the annual programme meetings. Within the CO, Technical meetings, Programme meetings, Operations Meetings, UNCT Meetings, and SMT meetings were held on a weekly basis. It has been difficult for this evaluation to determine the effectiveness of these meetings in guiding programme management and implementation.

In terms of evaluation, the CO hired local consultants to undertake the Mid-Term Review (MTR) of the programme from 2009 to 2010.

In the process, the CO has strengthened the capacity of IPs for efficient financial and programme monitoring and reporting within the context of UNFPA guidelines. Although there were delays with some IPs initially, over time significant improvements have been achieved.

IPs have been able to work with the CO in preparing their AWP's and, independently, filed their financial returns and prepared their periodic programme reports in accordance with the standard format.

The MTR made a number of important observations and useful recommendations, which the CO seems to have considered. The UNFPA appointed NPPPs at State level have a narrow focus on RH, given their Job Descriptions; however, the lack of coordination of component programme activities at this level should suggest that their job descriptions should be reviewed to enable the NPPPs play a coordinating role as well.

Following the appointment of the M&E officer in December 2010, notable changes began to occur in the CO's M&E strategy. The M&E officer, in consultation with NPOs and implementers prepared Annual M&E activity plans (surveys, assessments, monitoring visits and projects' evaluations) were prepared for 2011 and 2012, based on the projects' AWP and; Annual M&E Plans for the years 2010, 2011 and 2012 (indicators with B/Ls and targets) based on the components' outputs. A scheme was also put in place for monitoring progress towards achieving the annual targets. In addition, the M&E officer supported program officers in the AW Planning process through developing indicators, setting baselines and targets as well as identifying appropriate monitoring mechanisms. For quality assurance, the M&E officer developed reporting guidelines/templates for Components and Projects Annual Progress as well as training reports. Training of the program partners in monitoring and reporting in the context of UNFPA is no exception. In response to the observations of the MTR team on coordination, the M&E officer assumed the conduct of the components' quarterly meetings (RH, Gender and PD) with IPs for review of AWP's implementation and assessment of progress, although the Job description for the NPPPs remain unchanged. Related to that is the coordinating role played in the conduct of annual review meetings with stakeholders to review the progress, identify challenges and generate recommendations for the way-forward; the field monitoring visits to projects implemented by partners, reports produced and shared with staff and monitored the implementation of action points and; development of Terms of Reference and identification of consultants for studies and reviews commissioned by the CO. These activities culminated in the end of programme evaluation on which this report has been based.

UNFPA supported MoWSS to strengthen M&E system at federal and state levels through the hiring of a national consultant to develop M&E plan, data collection and reporting tools. Resulting from this intervention were the training of the ministry staff and line ministries (Education, Labor, Health, Agriculture and Economic and Peace building) in monitoring and reporting; development of M&E Plan and data collection tools developed; and testing of the newly formulated reporting guidelines.

Outcome level

The CPAP Results and Resource matrix contains outcome and output indicators, baseline and targets and indicative resources per output reflecting areas of UNFPA focus, in which progress will be tracked annually as articulated in the annual work-plans.

As indicated by CPAP, the outcome monitoring has been conducted by the National Population Council (NPC), implementing partners and UNFPA in accordance with UNFPA procedures and guidelines using the approved monitoring and reporting tools. One major M&E exercise supported by UNFPA was the production of the National ICPD @ 15 Report, which was submitted to UNECA (2009) along with others by African countries for the continental review meeting of ICPD @ 15 held in Addis Ababa in November 2009. The report was based on collaborative work by NPC, CBS, MoH and related line ministries, using data from DevInfo as updated by CBS.

The MoH has also prepared reports based on annual national Household Health survey (HHS), with support by several partners, including UNFPA, WHO and UNICEF. The latest report on HHS was that published for 2010, with RH and MDG indicators. The Government of Sudan, with support from UN and partners, has been preparing a national M&E system for the country. This should set standards and ensure a harmonization of systems at national, state and sectoral levels.

Financial monitoring

It is stipulated in CPAP that IPs will facilitate the financial monitoring of the programme by providing access to relevant financial records and personnel responsible for the administration of cash provided by UNFPA, as well as support: a) Periodic on-site reviews and spot checks of their financial records by

UNFPA or its representatives, b) Programmatic monitoring of activities following UNFPA's standards and guidance for site visits and field monitoring, c) Special or scheduled audits.

The CO organized monthly financial monitoring using ATLAS reports to review programme budget and expenditures, and recommend follow-up corrective actions. This strategy has proved to be effective in the early detection of financial issues that might constrain programme implementation.

Although programme audits have been conducted annually, the UNFPA oversight report, which covered the period from January 2008 to December 2009 and addressed the internal controls framework and the management of the CO's operations in conformity with UNFPA's policies and procedures, based on a sample of 5 audit reports raised concerns with regards to the reliability of the process and reports. The NEX Auditors were found to be incompetent in several important respects: they were hired directly by the Government with no involvement by UNFPA; the sampled audit reports were not qualified even though there were observed major deficiencies such as inconsistent balances between the FACE forms and forms D and E; the Auditor was not able to provide DOS team the working papers for a selected audit for verification. Consequently, it was recommended that the CO consider hiring a regional and reputable audit firm to perform the NEX audits. Following the implementation of this recommendation, subsequent audit reports (2010 and 2011) indicated that there problems with financial management of the programme: in 2010, the new Auditor qualified 3 out of 15 projects and; in 2011, 4 out of 15 projects were qualified.

In terms of process, however, the CO has worked well with the IPs at National and State levels, including the NGOs. Except for the delays in effecting transfer of funds, the Government and IPs in general have expressed satisfaction with the NEX modality. Cash transfers to IPs have been based on the Annual Work Plans, and made using the approved modalities. These AWP's also served to bring the IPs together, exchange views, discuss possible areas of collaboration and achieve the objective of addressing interrelated programme issues.

The HIV programme recruited two finance officers responsible of providing very close monitoring and capacity building to the project partners, this experience yields extraordinary results in terms IPs financial performance.

6. Cross-cutting issues

Human rights

The design of the 5th CP has followed the Human Rights Based Approach (HRBA) with focus is placed on working closely with Government implementers, NGOs, individuals, households and communities. The process employed the human rights standards to help define the specific population issues (RH, P&D, and Gender), identify those responsible for action (at national, state and community levels), and measure results (outcomes and outputs) in terms of the realization of those standards. Also, the rights approach operationalizes human rights and provides a basis for prioritizing work with governments, authority figures, and the community in order to ensure that all three groups, who are duty bearers and claim holders as well, have the capacity to understand human rights and their subsequent responsibilities to respect, protect, and fulfill those rights.

Also, the HRBA has been used as an advocacy tool, through research, by providing a set of evidence-based standards under which development practitioners can engage with other actors particularly the international community in order to ensure that communities and national governments are able to realize their development objectives as of right.

These principles are embodied in the formulation of CPAP (2009), and subsequent development of Annual Work Plans (AWPs), the organization of Annual Review Meetings by MIC. At these meetings, all

IPs (Government partners, NGOs and UN collaborating partners) and UNFPA NPOs have been brought together to review activities carried out, and share experiences about good practices and constraining factors. All these were fed into the design of AWP for the next year. In addition, UNFPA has also employed the services of independent evaluators (MTR and End of Programme) and auditors to determine the achievements of the programme and raise efficiency matters in a transparent manner and to assure accountability.

The evaluation has also noted that, apart from output monitoring and evaluation described above, the UNFPA has also collaborated with the Government of Sudan to undertake and report the outcomes of development efforts as required by the UN and the international community. In this regard, the Government of Sudan with UNFPA support evaluated and reported progress achieved in implementing the ICPD PoA; a national report on ICPD @ 15 was submitted to UNECA in 2009 along with other African countries. Reports on achievements of the MDGs in Sudan were supported by UNDP and submitted as required. The preparation of these outcome reports by Sudan has been facilitated by the development of a national database (DevInfo) to which UNFPA made significant interventions. These reports embody the human rights principles and human rights based approach to the delivery of development interventions by Government and development partners.

In the area of UNDAF implementation also, UNFPA has collaborated with interested sister agencies (UNICEF, UNDP, WHO) in implementing joint programmes, which addressed reproductive health issues, census and health data collection and analysis, and gender issues (GBV, FGM/C, fistula, etc.), including interventions in humanitarian settings. All these were done to advance adherence to human rights standards while recognizing the essence of human rights principles in the delivery of development to the people of Sudan.

Gender

The 5th CP has been designed and implemented with gender as a major issue to be addressed in a cross-cutting manner. All the three CP outcomes, and to varying degrees, their corresponding outputs place emphasis on the gender dimension.

The outcome of RH is equitable access to, and increased use of, high-quality basic social services, with an emphasis on women, children and vulnerable groups. Given the burden of sexual and reproductive health issues on girls and women, the three outputs of the RH component emphasize human and institutional capacity building to provide basic and comprehensive emergency obstetric and neonatal care and to prevent obstetric fistula is strengthened, including in post-conflict situations and; increased awareness of reproductive health information and improved knowledge of preventing HIV/AIDS, especially among out-of-school youth. AS the evaluation has revealed, programme implementers were aware of the need to place emphasis of RH programme delivery on girls and women and their achievements to this effect have been documented.

The P&D component outcome is population, gender equality, reproductive health, HIV and youth issues are incorporated into and funded in evidence-based development plans, public policies and strategies at national and state levels. In order to achieve this goal, programme outputs, again, emphasized capacity building at national and state levels to collect, analyze, disseminate and utilize quantitative and qualitative data, which are disaggregated by age, sex, socio-economic status and administrative unit, including in emergency settings. Additionally, the PD was designed to achieve enhanced capacity of institutions and implementers to integrate population dynamics, reproductive health and gender equality concerns into development planning and monitoring processes at national and state levels.

As the evaluation shows, UNFPA has supported CBS in the analysis of the 2008 census data and ensured that gender disaggregate data were produced, reports at national and state levels prepared and

disseminated for use in policies and plans. The National Strategic Development Plan (2012-2016) still being drafted, will also incorporate gender concerns into the framework deriving from the support provided by UNFPA to the various sectors (Health, Education, Social Welfare, etc.) dealing with gender-related issues. Sustained advocacy and availability of population and related data as evidence for policy formulation and planning have contributed to the re-appearance of population and development issues (such as family planning, FGM/C, GBV, gender inequality, early marriage for girls), which for long were regarded as culturally and politically sensitive, in public and official policy discussions and in the media in Sudan. This development augurs well for achieving integrated population and development planning in the country, given adequate human capacity.

Gender itself features as a programme component, with the aim to ensure that gender equality and the empowerment of women are promoted through an enabled institutional and socio-cultural environment so as to ensure human rights and eliminate gender-based violence. The two specific outputs of gender emphasize strengthened technical and institutional capacity for gender analysis, mainstreaming and budgeting at national and state levels and; adequate responses to gender-based violence, including female genital mutilation and domestic and sexual violence, and to early marriage are strengthened through improved policies, security and protection systems, and community mobilization, including in emergency and post-emergency situations. Towards ensuring that Gender equality and the human rights of women and adolescent girls, particularly their reproductive rights, integrated in national policies, development frameworks and laws, UNFPA supported Specific initiatives to improve skills of key personnel in monitoring the Programme of Action (PoA) of the Women Empowerment Policy(WEP) within line ministries and at the state level in Sudan; in addition the CO supported VAW centres and strengthened the Gender Focal Points – all of which contributed to making UNFPA interventions gain a wider reach.

7. Main conclusions

The overall design of the CP is clear, although CPAP initially failed to determine in operational terms programme output indicators, their baselines and corresponding targets. Although the CO attempted to redefine some of the indicators and set baselines and targets towards the end of 2010, the evaluation found that it would be difficult to determine, in retrospect, the achievements made using these indicators. In addition, some of the output indicators are, strictly speaking, outcome indicators to which UNFPA cannot be held accountable.

In terms of overall implementation rates, the levels were high for all the components, even though IPs across the components complained of delays in releasing funds for AWP. There is no doubt that prolonged delays in effecting transfer of funds to the IPs have negatively affected programme implementation across the components and at national and state levels.

UNFPA, as chair of the UNDAF M&EWG, has initiated support to the Ministry of International Cooperation as national coordinating authority to develop a national M&E Plan for the country; in this regard, both the NPC and CBS should continue to be strengthened in this role so as to effectively utilize the national database (*DevInfo*) in the monitoring of poverty reduction and reporting on ICPD PoA and MDGs.

The overall focus of the CO interventions has been capacity building for a more efficient delivery of services; in spite of the observed high staff turnover and frequent changes, this objective has been largely achieved among the implementers including Government partners, CBOs and NGOs.

RH

Output 1 focused on making available essential and integrated reproductive health package and reproductive health commodities at service delivery points in the selected states. UNFPA provided

technical and financial support on costing and finalization of the road map for the reduction of MNM at national and 5 target states. All remaining states in Sudan also adopted the road map implementation and action plans. In the WN state the RH is ready to activate the plan once the funds are made available.

The established fistula centres in Kassala and South Darfur states have increased access to fistula diagnosis, management (Psycho-social), minor surgical repair and referral to more specialized centres (i.e. Abbo centre in Khartoum hospital). The national guidelines and protocols on prevention of fistula, its management and repair were used in the training of HCPs. The attachment of international and national experts (Int. RH at FMOH and on midwifery- at Omdurman MWF School) in the five target states has provided valuable technical support that helped in the review of policies and strategies, programme management, and guidelines, etc. Support to strengthen HIS has been useful. Training using system manuals and formats focused on RH providers (HV, AHV, VMW, and MAs), and participants were supported to attend the internal conference on reducing maternal mortality in Tunisia. Another group attended the TOTs on RHCS in Egypt.

With regard to strengthening the technical and institutional capacity to provide basic and comprehensive emergency obstetric and neonatal care and to prevent obstetric fistula, including in post-conflict situations, UNFPA provided support to basic and in service training of MWs resulting in wider coverage by quality ANC, referral and basic obstetric care (BOC). Training of midwifery technicians was also supported. Technical, financial and material supports enable the five target states to improve coverage by quality EMOC and facility infection control. To extend coverage by ANC, PNC and FP medical assistants were trained to gain these skills. The unavailability of “free” contraceptive must have limited their performance of FP services.

Under its humanitarian programme, the CO supported capacity strengthening through training of VMWs in three states of Darfur with special focus on inaccessible rural areas and nomadic communities; trained 42 medical doctors in EmOC, FP and PAC; trained RH state coordinators and RH service providers on MISP for RH. In addition, the CO facilitated the development of a comprehensive RH contingency plan at Darfur states level; enhanced their capacity in data collection, analysis and reporting on RH services in the three states of Darfur and; built the capacity of 31 local NGOs in project management, monitoring and reporting.

On increased awareness of RH information and improved knowledge of preventing HIV/AIDS, especially among out of school youth, the CO supported awareness-raising and advocacy interventions targeted at policy and decision makers, youth and others. These activities were carried out during workshops, meetings and celebration occasions e.g. Mothers’ Day. Advocacy activities helped in achieving: support to the establishment of MDRs with community involvement; advance recruitment and employment of VMWs in some states; reactivation of MM reduction committees at the state level, and networks at community level and; training of media personnel (Radio /TV and press) enhanced community support to maternal health. Orientation was also held for religious and community leaders on maternal health and the use and the benefits of FP methods and the use of the contraceptive. Improvement of coordination mechanism was a salient issue in stakeholders meetings; the issue focused on adolescent and youth reproductive health interventions.

P&D

In collaboration with selected higher institutions of learning in the country, the CO supported NPC, and CBS in conducting research using the 2008 population census data, which provided a better picture of population dynamics and their interrelations with social and economic development, and evidence for the ongoing revision of the national Population Policy. The results of these research interventions have served as advocacy materials on population indicators and should be useful in facilitating the integration of population issues into the draft National Strategic Development Plan (2012-2016). In order to achieve

integration of population issues into development policies and plans, UNFPA should intensify capacity strengthening of NPC; and on its part, NPC should collaborate with CBS and the university system in training and research and in the process of supporting integration at national, state and sectoral levels.

Partnerships with the higher institutions of learning in Sudan has proved to be valuable and cost-effective in research works and generation of baseline information, and in providing evidence as basis for advocacy on population, RH and gender issues in general, and in sensitizing and mobilizing rural communities towards FGM and early marriage eradication. Sustained advocacy and availability of population and related data as evidence for policy formulation and planning have contributed to the re-appearance of population and development issues (such as family planning, FGM/C, GBV, gender inequality, early marriage for girls), which for long were regarded as culturally and politically sensitive, in public and official policy discussions and in the media in Sudan. This development augurs well for achieving integrated population and development planning in the country, given adequate human capacity.

UNFPA supported the development of the National Youth Strategy through technical support and advocacy facilitated the participation of young people in the review of the strategy. The National Youth Strategy (2012-2031) now faces the challenge of implementation; this is where UNFPA will need to intensify the capacity strengthening interventions in the youth sector. Involvement of young people in community-based interventions (RH, FGM, HIV) seems to be a catalyst for improved information dissemination and community mobilization; this is supported by number of community members who attended the youth-organized awareness raising campaigns in FGM and HIV issues.

Gender

UNFPA launched a campaign on socio-cultural determinants of maternal mortality in the five focus states targeting members of the states government cabinet, legislative councils, ministry of finance and the Governors' advisors. In response to this, follow up committees - headed and supported by state MoWSS - have been established to coordinate the work of relevant partners and report on progress on regular basis. In 2011, the National Committee for Women advancement was upgraded to include members from the Parliament and Presidential Advisors which gave it more power for policy and decision making. The mandate of this committee is to mobilize and advocate for increasing budget/allocating resources to support women issues particularly the Ministry of Finance and the Parliament. The focus on maternal health with the wider spectrum of partnership has enabled the advancement of women empowerment agenda; and regular meetings with gender stakeholders and Gender Governors' Advisors have been instrumental in advancing women and gender issues as well as planning. The involvement of religious leaders in the discourse on the abandonment of FGM and early marriage has been a key intervention in bringing positive change particularly in de-linking Islam from these practices. In addition, sharing experiences of rural communities publicly on abandonment FGM has positively impacted the nearby communities still practicing FGM. These and related developments have resulted in the formulation of the National Action Plan to Combat Violence against Women and Children has been developed and endorsed by Ministry of Justice; national GBV strategy, which has been incorporated into the draft National Strategic Development Plan (2012-2016); ongoing revision of the Family Law to change the minimum age at marriage from 10 to 18; and moves in several states to criminalize FGM/N.

In terms of capacity development for gender mainstreaming and related gender issues, UNFPA supported the VAW Units in the five focus states - headed by the Governors' advisors - logistically and technically to report on the GBV (FGM and early marriage) incidences in their respective states. These bodies constitute the link between the judiciary, police, religious leaders and health facilities in matters pertaining to family and child protection. UNFPA also supported the VAW Unit to raise awareness about fistula as one of the results of early marriage and this has contributed to the movement to change the law on minimum age at marriage. Accordingly, 1991 Family Law is being reviewed with the goal to increase the age of marriage to 18. In 2011 a series of public declarations on abandonment of FGM using the

positive social transformation method was issued in three states. In humanitarian settings, the CO supported Women Centres and the State Committees for Combating GBV to develop GBV AWP, Standard Operation Procedures for response to GBV, and to address improvement of personal hygiene for vulnerable women in Darfur, South Kordofan and Blue Nile states. Positive social transformation method proved effectiveness and efficiency in bringing change at the community level, and the establishment and support of women centers presented a better platform for interaction with women groups to discuss GBV and related gender issues.

In Darfur, through support of the CHF and donors, UNFPA has been able to recruit and retain skilled staff who can work at the state and community levels in a consistent fashion and this has resulted in significant progress in prevention and response to GBV and desensitization of some of the issues. In the states covered under the regular Country Programme, this consistency of presence has not been possible; thus the CO is now pursuing this discussion with donors in order to secure multi-year support for appropriate financial and staff support in this important area of behaviour and attitude change at the community and policy levels. UNFPA is working with UNICEF and others to strengthen the coalition of religious leaders who support the elimination of harmful practices such as early marriage and FGM. Continued sensitization of men, of community groups, and of influential people in communities is critical for fighting reactionary elements.

Collaboration with a variety of local organizations as well as with Gadarif University witnessed mobilization of 14 communities which have been introduced to collective abandonment during the reporting period using the positive social transformation approach including training of around 500 students. 7 women NGOs were created with the aim of abandonment of FGM/C for scaling up collective abandonment. - Social mapping for Khartoum state for better prevention and handling of social problems and harmful traditional practices including FGM/C.

Towards ensuring that Gender equality and the human rights of women and adolescent girls, particularly their reproductive rights, integrated in national policies, development frameworks and laws, UNFPA supported Specific initiatives to improve skills of key personnel in monitoring the Programme of action (PoA) of the Women Empowerment Policy(WEP) within line ministries and at the state level in Sudan; in addition the CO supported VAW centres and strengthened the Gender Focal Points – all of which contributed to making UNFPA interventions gain a wider reach.

8. Key Lessons Learned

Overall

- i. In order to ensure a smooth transition from humanitarian emergency response to development programme support, the CO has adopted a number of tested and interrelated management strategies (although there are challenges still to be resolved in achieving full integration, including those related to coordination, resource mobilization and contingency planning); this shows that because of the advanced preparations, the CO in Sudan is well ahead in the integration of emergency concerns into the next CP.
- ii. Harmonization of development planning cycles is important for partners to jointly define development priorities. Differences in the planning cycles of the various plans and strategies in Sudan (the National Strategic Plan, National PRSP, UNDAF and CPAP), and changing government structures and national aid management modalities/arrangements, coupled with the protracted process of restructuring government institutions, the rather frequent reassignment of government counterparts for UN agencies make the setting of common priorities and goals difficult for the next UNDAF as well as the 6th CP.

- iii. Experience has shown that for accessing common funding mechanisms, it is important to be visible, active in the sectoral working groups, and to do constant advocacy on the importance of UNFPA mandate areas in humanitarian settings.
- iv. The experience in the past four years of CP implementation has shown that by operating with a limited staff, with deficiencies in crucial areas of management particularly finance, the office ran the risk of inadequate delivery of interventions; and given the conditions of service are not competitive, the CO ran the related risk of high staff attrition and prolonged delays in filling vacant positions.

RH

- i. The involvement and partnership with government institutions has built a high level of trust that has facilitated the formulation of RH/FP/HIV/AIDS policies and strategies for reduction of MM and HIV prevalence;
- ii. Working relationships with UN agencies, SMOH, NGOs and CBOs and communities at large facilitated the implementation of AWP
- iii. The commissioning of operation and behavioral research projects (Fistula caseload assessment, Operations research on VMWs, EmONC needs assessment, Barriers to Family Planning services utilization, and RHCS provided evidence-based information that guided planning and implementation of the RH programme;
- iv. Placement of Technical assistance at federal and state levels including UNVs for Midwifery education enhances the capacity to effectively move the RH agenda.
- v. The ability of the UNFPA in raising non-core funds is the outcome of convincing evidence-based programming and good record of performance;
- vi. The commitment of UNFPA staff to the goals of its programmes is key to its successful implementation and achievement of results.
- vii. Enhance coordination mechanism between UNFPA, NGOs, SNAP & the key involved governmental sectors will accelerate the project implementation. Strong coordination with all partners is a major facilitating factor.
- viii. The mobile VCTs were attractive and convinced more people to carry out the VCT.
- ix. Establishment of ownership and commitment for integration of RH and HIV is essential at FMOH and other different levels before implementation.
- x. Investment on the project implementers is mandatory for production of quality results. That can only be achieved through quality training and motivation (material & moral incentives).
- xi. Establish Intelligent Partnerships through mapping of potential partners and consider and explore bilateral benefits for each partner.
- xii. Fund disbursement time is curial and has its impact (positive /negative).
- xiii. Advocacy among stakeholders is always crucial to ensure smooth implementation.
- xiv. The modality of Umbrella NGO was found to be best practice to ensure quality project implementation

P&D

- i. The CP supported efforts during 2009 – mid 2011 have not yielded notable results in terms of integrating population dynamics into planning processes, partly due to weak institutional and human capacity and the lack of strong networks between the NPC and other ministries, coupled with obsolete population data (as the data from the 2008 census was not available until mid-2011 so the NPC had only very old data to work with in terms of fresh indicators as evidence for strategic direction) militate against systematic integration of population issues into national, regional and sectoral policies and development strategies.

- ii. Availability of data is not necessarily a guarantee for an evidence-based planning, especially in situations such as in Sudan where there are many partner government institutions involved in data supply with overlapping mandates, and the absence of a unified national data
- iii. system (CBS has the authority but has no structure National Statistical System) with central authority to ensure data inconsistency and adherence to standards.
- iv. Direct involvement of youth in planning, implementing and managing activities targeting them is critical for ownership, building expertise, discovering talents and moving beyond just leadership training. However, this requires comprehensive database, continuous youth situation analysis, and proactive outreach.
- v. While institutional and human capacity strengthening is critical to sustainability, the use of national and international consultants, working directly with partner institutions to implement aspects of the CP has proved to be effective and cost-effective as a short-term measure to augment the acute shortages of qualified staff in some sectors, as in the NPC where actual integration is urgently needed.

Gender

- i. Sustained advocacy and availability of population and related data as evidence for policy formulation and planning have contributed to the re-appearance of population and development issues (such as family planning, FGM/C, GBV, gender inequality, early marriage for girls), which for long were regarded as culturally and politically sensitive, in public and official policy discussions and in the media in Sudan.
- ii. Partnerships with the higher institutions of learning in Sudan has proved to be valuable and cost-effective in research works and generation of baseline information, and in providing evidence as basis for advocacy on population, RH and gender issues in general, and in sensitizing and mobilizing rural communities towards FGM and early marriage eradication.
- iii. State and community level focus of support interventions tend to yield expected results as opposed to diffused interventions targeting the whole country from the capital. The UNFPA support to the establishment of Violence Against Women units and Gender Focal Points in the five CP focus states (including Darfur States), as well as the appointment of NPPPs in sub-regional offices have contributed significantly to capacity building for implementing UNFPA programme at state and community levels far beyond the reach of Khartoum.
- iv. Gender mainstreaming in its broad perspective require significant investments in data generation and analysis to develop appropriate indicators and training on mainstreaming to achieve meaningful integration of gender issues into policies and plans; and when it comes to gender budgeting concerns, the involvement the Ministry of Finance and the Parliament is key to increased allocations to gender programmes.
- v. The collaborative efforts by Government, UN partners, research and training institutions, CBOs and NGOs, and the international donor community, to say the least, have proved to be strategically important and effective in generating Government and community support to address such culturally sensitive and social development challenges as FGM/C, GBV, and empowerment of women in Sudan.

- vi. In order achieve reduction of maternal mortality and/or morbidities, to promote women health and respond timely to GBV issues in all settings, partnership is crucial; it ensures accessibility of all affected population to services; and also to limits duplication of coverage by NGOs.
- vii. Involvement of religious leaders in the discourse on abandonment of FGM/C and early marriage has proved to be key to bringing positive change in public perception, particularly in de-linking Islam from these practices.

9. Recommendations

General

- vi. The CO to ensure that all the necessary data and information are assembled at the beginning of CP implementation to feed CPAP and the M&E framework with data on output indicator baselines and determination of targets for which CP could be held accountable.
- vii. The CO should consider investments in a significant impact study of its various interventions in the past decade or so to generate evidence-based results to inform policy development and also as a resource mobilization strategy;
- viii. UNFPA should consider the report of the HR Review commissioned by the CO (October 2011), and to the extent possible implement the recommendations, particularly those related to high staff turnover and constraints imposed by unfavourable conditions of service of appointed staff which tend to discourage the filling of vacant positions and hamper essential financial operations.
- ix. In terms of deployment of UNFPA personnel at State level, the CO should review the Job Description of the NPPPs which seems to be narrowly focused on RH. Much more could be achieved by empowering the one NPPP in a given State to emphasize work on RH but also coordinate all UNFPA supported projects in the State; and, by working together, the IPs achieve a better understanding of population issues in development, while the programme itself benefits from synergy.
- x. Having regard to the UNFPA new strategic direction, the 6th CP for Sudan should be done within the context of the new UNDAF and the national Strategic Development Plan (2012-2016).

RH

- xv. There is need to agree on a definition of the Primary Health Care Level. WHO definition is “the level of first contact with the health care system” without consideration to the name or serviced offered/received by the individual. Note the FMOH has published its new nomenclature, personnel quota and provided service for all health facilities in the states. Maps of these facilities are likely to be out of date. (FMOH, 2nd edition, 2010).
- xvi. Training on management, HIS, RHCS, RHMLS per se is not enough. It needs to be practiced and applied – which is not the case now. This is especially true about monitoring of implementation activities – that are part of supportive supervision.
- xvii. The recruitment of HMIS specialist should be done ASAP.
- xviii. More frequent supervisory visits at all levels in the target states are needed.

- xix. Study and consider introducing the electronic mapping software of White Nile state to the rest of the target states.
- xx. The delay in the release of Global Fund has negatively impacted on programme implementation; the issue should be resolved with the concerned parties;
- xxi. The findings of the health care system study by HAI should be considered for implementation during the 6th CP cycle;
- xxii. Integration of HIV into the RH component is best started at the CO, as a working and efficient method of management that can be presented to all partners to follow suit;
- xxiii. Security of supplies to the programme, vital as they are, should be ensured; and the condom programme should be finalized during 2012;
- xxiv. A study of the use of mobile VCCTs should be undertaken to evaluate the experience before extending their use;
- xxv. Coordination and dialogue with MoH (especially in Khartoum State) should be intensified to ameliorate the cultural sensitivities about undertaking IBBS studies;
- xxvi. Operations Research on midwifery aspects (e.g. retention, sources of income and community perspectives about Midwives, etc, should be perused and encouraged.
- xxvii. Establishment of sound coordination mechanism of HIV project with relevant sectors to ensure timely decision making to accelerate project output
- xxviii. Commitment & adequate support for the services delivery component to ensure the expected impact of HIV prevention activities
- xxix. More investment in capacity building projects for NGOs and partners working on the HIV response in the country.

P&D

- vii. UNFPA should support CBS, as done in the past with national censuses, in addressing gaps in population data coverage in the country, especially the generation of vital statistics (births, deaths, marriages) in collaboration with the relevant line Ministries, and consolidation of data standards through the recent move by CBS to develop a National Statistical Development Strategy (NSDS) within the context of a National Statistical System (NSS) for Sudan, and strengthen the Statistics Offices in all the States in the country.
- viii. Given the service profile of the current demographers and statisticians in CBS, UNFPA should support capacity building to raise a new crop of demographers and statisticians who will meet the increasing demand for reliable and timely population information and generate desegregated age and sex indicators from incomplete and defective data.
- ix. UNFPA should intensify its support to NPC in order to effectively address the finalization of the process of population policy revision and Action Plan for its implementation; and to integrate population issues into the draft National Strategic Development Plan (2012-2016). It may be necessary in this regard to consider the appointment of an experienced Consultant (possibly international) to assist NPC with finalization of the Population Policy; integration of population

concerns into the draft Strategic Plan; and production of actual Manual on Integration for use by all the sectors.

- x. Towards the institutionalization of a monitoring database (*DevInfo*), NPC also needs to work closely with CBS; this will enable NPC to facilitate the use of data for policy and planning and thereby support the integration process in all sectors at national and State levels. The NPC can hardly sustain its activities by working alone, especially without close collaboration with CBS and the university system in training, research and information dissemination.
- xi. On P&D relate Outcome, the design of P&D related outputs should recognize the role of UNFPA in population policy formulation/review and coordination of its implementation arrangements; therefore, the CP should have a specific output which addresses UNFPA support to population policy and development and management of Nation Action Plan for policy implementation. Such a Plan provides basis for the coordination of population activities, beyond the CP.
- xii. Continue support to Government and NGOs on youth development issues and UNFPA should intensify its technical and financial support to capacity building for programme management, youth empowerment for gainful employment, and full participation in public life.

Gender

- i. Future UNFPA support should intensify interventions which focus on gender mainstreaming and women empowerment for the promotion of gender equality and eradication of female harmful practices in the country. As aptly demonstrated in Darfur, UNFPA is well placed, given its mandate, which includes both Reproductive Health and GBV, to take the lead on a multi-sectoral approach to GBV.
- ii. Increasing efforts should be devoted by Government and UNFPA to generating national and state-level indicators of GBV, FGM/C, and gender imbalances in social and economic status, as basis for policy formulation, programming and budgeting.

UNFPA should increase support to University based NGOs and CBOs working on GBV, FGM/C, HIV/AIDS and age at marriage for girls at community levels in order to achieve a wider spread, enlist the interest of similar institutions in other states in the country.
- iii. Government and UNFPA should re-examine the best way to strengthen the institutions established to address gender issues in the country, particularly Violence against Women units, Gender Focal Points and Women Centres, with the possibility of consolidating their related activities and harmonizing their structures.

10. Future direction

In consideration of the next CP, it is important for both Government and the CO to be cognizant of recent developments within the UNFPA, particularly its policy/programming strategy, which should inform the orientation and contents of the next CP for the country from 2013. According to the recent report of the Midterm review (MTR) of the UNFPA Strategic Plan, 2008-2013 published in November 2011, the focus will be on accelerating progress and national ownership of the ICPD PoA. The plan sets the strategic direction and provides the overall framework for guiding UNFPA support to programme countries, including Sudan, to achieve their nationally-owned development objectives during the reference period in the three interrelated focus areas of population and development, reproductive health and rights and gender equality. The strategic plan consists of: (a) a development results framework, which outlines goals and outcomes for UNFPA in the three focus areas; (b) a management results framework; and (c) an integrated financial resources framework. The Fund's strategic direction focuses on supporting national

ownership, national leadership and capacity development, as well as advocacy and multi-sectoral partnership development for positioning the agenda of the ICPD PoA.

The new development results framework (DRF) strengthens UNFPA concentration by consolidating and focusing on a limited set of (specifically 7) strategic priorities; presents an integrated agenda of population and development, SRH and reproductive rights, and gender equality, implying that the outcomes under the DRF are no longer compartmentalized into three areas (conventionally referred to as programme components) but instead form a coherent package of core areas where the organization will focus its efforts in the remaining two years of the strategic plan.

The goal of UNFPA's support to national population programme has therefore been integrated into one: to achieve universal access to SRH (including family planning), to promote reproductive rights, to reduce maternal mortality, and to accelerate progress on the ICPD agenda and MDG 5 (A and B), in order to empower and improve the lives of underserved populations, especially women and young people (including adolescents), enabled by an understanding of population dynamics, human rights and gender equality, and driven by country needs and tailored to the country context.

To accomplish this goal, UNFPA will continue to coordinate and work in partnership with other United Nations agencies, multilateral and bilateral organizations, national governments, non-governmental organizations (NGOs), including faith-based organizations, academic institutions, and the private sector. In working with these partners, UNFPA will focus on its comparative advantage as a thought-leader, advocate, and partnership-broker to advance the ICPD agenda and the MDGs. It is an integrated agenda of population and development, SRH and reproductive rights, and gender equality has been developed. Also, the report under the management results framework (MRF) notes with concern UNFPA's expenditure irregularities at country level, particularly under the NEX modality. It emphasizes the need to strengthen financial management as a significant priority for the coming two years, "with an emphasis on improving oversight of and building capacity of implementing partners in order to reduce negative audit findings, unsupported expenditure, and overdue advances".

There are seven outcomes of the CP goal:

- Outcome 1: Population dynamics and its inter-linkages with the needs of young people (including adolescents), SRH (including family planning), gender equality and poverty reduction addressed in national and sectoral development plans and strategies.
- Outcome 2: Increased access to and utilization of quality maternal and newborn health services.
- Outcome 3: Increased access to and utilization of quality family planning services for individuals and couples according to reproductive intentions.
- 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.
- Outcome 5: Gender equality and reproductive rights advanced, particularly through advocacy and implementation of laws and policy.
- Outcome 6: Improved access to SRH services and sexuality education for young people (including adolescents).
- Outcome 7: Improved data availability and analysis resulting in evidence-based decision-making and policy formulation around population dynamics, SRH (including family planning), and gender equality.

UNFPA urges country offices to take responsibility for translating the changes described in the revised strategic plan into local contexts, in conjunction with national partners. Again, emphasis should be placed on national ownership, needs and capacities, and the programme should result in more focused country programmes that prioritize rigorously among the possible areas in which UNFPA can work.

Implications for the Sudan CO

The evaluation has found that there are some important ongoing activities whose outputs are relevant to the realization of the UNFPA outcomes stated above, and should therefore be continued in the 6th CP. These activities/outputs are described next.

The evaluation found that attention should turn to a critical re-examination of the manpower profile of the current data gathering team in the CBS: the team that conducted the 1973 census was the same team who conducted the 2008 census, and most of them are now retired including the census technical director and the data processing expert and other key personnel. Therefore, UNFPA should support capacity building to raise a new crop of demographers and statisticians who will meet the increasing demand for reliable and timely population information and generate desegregated age and sex indicators from incomplete and defective data.

UNFPA has been providing support to the Government to develop a national M&E Plan for the country; in this regard, both the NPC and CBS should continue to be strengthened in this role so as to effectively utilize the national database (*DevInfo*) in the monitoring of poverty reduction and reporting on ICPD PoA and MDGs.

Training on management, HIS, RHCS, RHMLS per se is not enough; it needs to be practiced and applied – which is not the case now. This is especially true about monitoring of implementation activities – that are part of supportive supervision. On P&D relate Outcome, the design of P&D related outputs should recognize the role of UNFPA in population policy formulation/review and coordination of its implementation arrangements; UNFPA should intensify advocacy at high levels to address the challenge of policy review and integration of population issues (RH, dynamics of population, youth and gender) into the national Strategic Development Plan (2012-2016), in all sectors and at state level. In addition, UNFPA should continue support CBS to improve statistical services in Sudan, with attention to filling statistical gaps and managing a national statistical system.

With regard to gender related outcome, a national GBV strategy has been formulated and its objectives have been incorporated into the draft National Strategic Development Plan (2012-2016); UNFPA should continue support to this initiative to ensure the full implementation of the GBV strategy at state level and in all sectors.

The new strategic direction also identifies the cross-cutting concerns that will be addressed; namely, i) Mainstreaming the needs of young people (including adolescents); ii) Human rights and gender equality; iii) Inclusive partnerships and national ownership; iv) Humanitarian assistance; v) United Nations reform; and vi) South-South cooperation. The 6th CP should be aligned to the next UNDAF and should take cognizance of the above goal and outcomes of the Fund's strategic plan.

ANNEXES

Annex 1:



UNFPA Sudan Country Office

Terms of Reference for Sudan Country Program Evaluation (CPE) - DRAFT

1. Background

United Nations Development Assistance framework (UNDAF) 2009-2012 articulates UN's joint support to recovery and development processes in Sudan. To this effect, UNFPA Country Program (2009-2012) which is contributing to three UNDAF Outcomes will need to be evaluated so as to document program achievements in past three years; and to propose future strategic options for UNFPA support and inform the development of the new CP. The four UNDAF outcomes to which the CP is contributing to are: 1) Peace- Building, 2) Governance and Rule of Law, 3) Livelihoods and Productive Sectors and 4) Basic Services. At the time of its development, a response to the three states of Darfur was not envisaged, as it was considered to be facing severe humanitarian challenges needing a greater focus in sustaining peace as opposed to a focus on longer term recovery and development assistance. UNFPA Country program (2009-2012) has been guided by the Comprehensive Peace Agreement (CPA), Government of Sudan national priorities and interests and the five years Strategic Plan (2007-2011). As envisaged by the CPAP, the Country Office (CO) contribution is directly linked to the UNFPA Strategic Plan outcomes based on which a set of outputs have been developed.

In consultation with government and in line with UNFPA evaluation procedures, the CO will facilitate the undertaking of an independent evaluation of the country program to document UNFPA's achievements, and relevance of country program priorities (2009-2012) for past three years and to propose strategic options for future engagement.

2. Evaluation purpose

The main purpose of this evaluation is to ensure soundness of the program, substantive accountability of the investments made, and as a basis for learning in order to improve the relevance and quality of future actions. This evaluation is intended to generate evidence-based results and articulate lessons learned with the aim to inform the development of the next CP.

3. Evaluation scope and objectives

3.1 Scope

The scope of the evaluation covers the 2009 - 2012 country program configured in three component areas namely RH/HIV/AIDS, Gender and PD, including youth.

The direct program implementing partners (IPs) are government institutions, NGOs and private sector/academia with a total of 23. The program focus is at national (line federal ministries) and in five states (Kassala, Gedarif, White Nile, Blue Nile and South Kordofan).

A separate humanitarian program outside the scope of the regular country program was initiated for three Darfur states and had continued to be implemented to this date and has extended to support newly conflict driven states. The scope of the evaluation will include a critical review of lessons learned regarding support for recovery and humanitarian related interventions.

The evaluation criteria follow the Organization for Economic Co-operation and Development (OECD/DAC) guidance, which covers, relevance, effectiveness, efficiency, sustainability and management and implementation modality and is consistent with Draft UNFPA policies and procedures on country program evaluation (December 2011). Quality assurance checklist attached (annex 2)

3.2. Objectives

3.2.1. Overall

The overall objective of this evaluation is to assess the soundness of the 5th CP and its relevance to the needs of the Sudanese people and to draw lessons and recommendations to feed into the coming CP.

3.2.2. Specific:

To assess: 1) availability and access to RH services (e.g. maternal health and family planning; 2) Functionality of mechanisms for systematic improvement in maternal health through trainings and capacity building in the area of midwifery, Emergency Obstetric Care (EmOC) and fistula 3) utilization of RH, AYSRY and HIV/AIDS information and services; 4) strategies and approaches for the HIV prevention for MARPs and vulnerable populations; 5) utilization of census and national survey results for in Depth-Studies and development planning; 6) role of national policies and strategies in providing enabling environment for program implementation; 7) level of integration of population issues/dynamics into national development plans and strategies? And how is the integration manual effective in addressing population issues; 8) capacity/empowerment of youth for participation and development and the appropriateness of strategies and approaches; 9) contribution of the program to gender equality and women empowerment through gender mainstreaming and budgeting; 10) the impact and effectiveness of the program interventions in GBV (FGM, SGBV) prevention and the response mechanisms in the five focus states as well as the humanitarian settings

4. Evaluation questions

The CP evaluation questions should address the following criteria:

- **Soundness:** to what extent the CP was sound in terms of design, and implementation modality. To what extent the investment in the CP was worthy taking into consideration the context of Sudan.
- **Relevance:** to what extent was the CP relevant to Sudan national context, interest and priorities?
- **Efficiency:** expenditure from total budget allocated for the program period. Did the actual or expected results justify the costs incurred? Assess if any overlap or duplication of activities exist for similar expected results. Assessment of allocative efficiency is also requested.
- **Effectiveness:** to what extent have envisaged outputs been achieved? What is the quality of the outputs? To what extent they contributed to achievement of the pre-stated program goal and outcomes?
- **Sustainability:** assess the extent to which the CP addressed sustainability measures necessary to allow for services to continue in the absence of UNFPA support. Exit strategies for roll-out
- **Institutional Capacity:** Assess the effectiveness of existing coordination mechanisms between the main office and the five focus states on one hand and between the CO and IPs on the other.
- **Management of CP implementation:** Assess management and partnership modalities, synergies across thematic areas, monitoring and evaluation systems, etc
- **Cross cutting issues:** Assess the extent to which human rights and gender dimensions were considered in the planning and implementation processes.

5. Methodology

The CPE shall thoroughly depend on review of two sets of existing secondary data presented in projects' evaluations, programme reviews operation research, progress and monitoring reports during 2011. The first category includes evaluations, reviews and research work conducted during 2011: these include: the CP Mid-Term Review conducted in the first quarter of 2011 by a multi-sectoral team of three independent consultants; operational research on effective deployment, retention of VMWs in three of the five focus states and Darfur region; projects' evaluations on gender mainstreaming, GBV and census evaluation report. The second category refers to components' annual progress reports, annual review meetings minutes and monitoring reports.

Using the above mentioned secondary data, the consultant will identify additional areas to be assessed and propose a process on how such gaps will be addressed. As required, the consultant can have interviews with program partners and other stakeholders to consolidate information generated by the above-mentioned studies and / or propose to broaden the scope under one or more evaluation questions.

6. Evaluation products (deliverables)

The required key evaluation products are:

1. **Evaluation inception report** (a maximum of 15 pages) — an inception report to be prepared by the evaluators before going into evaluation exercise. It is intended to reflect why and how each evaluation question will be answered by way of: proposed methods; proposed sources of data; and data collection procedures. The report should include a proposed schedule of tasks, activities and deliverables. The report enables the Evaluation Management Committee (EMC) and Evaluation Manager to have a common understanding about the evaluation objective, expected results and methodology as well as spelling out the division of labor among the team of evaluation.
2. **Draft evaluation report** — the draft report should be submitted within two weeks after submission of the inception report. The EMC will review the draft report to ensure that the evaluation meets the required quality standards as per UNFPA evaluation guidelines.
3. **Final evaluation report** (maximum of 60 pages excluding annexes) – the required layout is attached in Annex IV. The final evaluation report (electronic version) is required one week following approval of the draft report by the ECM. .
4. **Feedback workshop** (two-page evaluation brief & a presentation for the stakeholder workshop) one day event will be arranged by the CO. Evaluators will disseminate the CP evaluation report and facilitate discussion among stakeholders.

7. Evaluation team composition and required competencies

The evaluation shall be conducted by a team of two members:

- Consultant team leader, with overall responsibility for providing guidance and leadership, and in coordinating the draft and final reports.
- Consultant team member, who will provide expertise in RH as the core subject area of the evaluation, and be responsible for filling in RH information gaps as well as drafting this section of the evaluation document;

The team leader must have a demonstrated capacity in the evaluation of country-wide programmes, as evidenced by previous work and demonstrable deliverables.

8. Evaluation ethics

The evaluation team will follow UNEG norms and standards for evaluation and will adhere to the ethical Code of Conduct.

9. Implementation arrangements

The management structure for the evaluation is composed of the following:

- The Evaluation Manager (EM) – is the UNFPA M&E Officer
- The Evaluation Management Committee (EMC) – will be chaired by UNFPA CO including representatives from the national partners.
- ASRO M&E Advisor will provide guidance and quality assurance (currently not in place).
- Evaluation Team (ET) will include one international consultant (team leader) and one national consultant (RH specialist).
- UNFPA CO will provide logistical support and arrange meetings with partners in Khartoum and field visits as and when required by the evaluation team. UNFPA will also make available office space.

10. Time-frame for the evaluation process

21 working days over a period of ONE month.

11. Cost

Consultant fees will be calculated using UN daily base rates commensurate with qualifications and experience. For international consultant, travel costs will be incurred by the CO as per UNFPA regulations.

Annex 2a: LIST OF PLACES VISITED AND PERSONS MET: Oladele Arowolo (Consultant)

Date	Places visited	Persons met
6/2/2012	UNFPA CO Khartoum	Staff (list to be supplied)
7/2/2012	Federal Ministry of Youth & Sports, Khartoum	1) Ms. Afaf Hassan, Director of Youth; 2) Mr. Murtada, Project Coordinator
	Federal Ministry of Welfare and Social Security, Khartoum	1) Ms. Mawahib M.A El Haj, General Director, Directorate for Women and Family Affairs; 2) Ms. Nawal ElFaki, Project Director; 3) Ms. Farida, Project Coordinator
8/2/2012	National Population Council, Khartoum	1) Prof. Dr. Sittanafar M. Badi, Secretary General; 2) Ms. Wisal Husien, Project Coordinator ; 3) Ms. Hanadi Hassan, Project Researcher.
9/2/2012	Central Bureau of Statistics, Khartoum	1) Mr Mustapha Hassan Ali, Ag. Director General 2) Mr Elsir Hassan Abbass, Executive Manager of the DG Office
12/2/2012	UNFPA sub-Office, Gedarif	1) Mr Hishmam Hassab-Alrasol, UNFPA RH- NPPP 2) Mr. Yasir Abdulrahman.Driver
	Gedarif State Ministry of Health, RH Programme, Gedarif	1) Dr. Amira Hashim Algaddal, Coordinator of RH Programme 2)Mr. Jibril Mohamed, Statistician, HIS
	Gedarif State Ministry of Health, Gedarif	Director General,
13/2/2012	Higher Council for Youth & Sports, Gedarif	1) Mr Jabir Abdurruof, Programme Supervisor

		2) Mr. Ahmed Ayman, Project Coordinator
	Academy for Health Sciences, Gedarif	1) Dr. Ibrahim Abdurrahman, Dean; 2) Dr. Leela, Academic Affairs Officer; 3) Mr. Ibrahim Alibaid, Admin & Finance Director
	Faculty of Community development, University of Gearif, Gedarif.	1) Ms. Samia Abdallah Albarbari, Coordinator; 2) Ms. Lamyia Badri, UNFPA Project Officer; 3) Mr Hishmam Hasab-Alrasol, UNFPA-- NPPP; 4) Suhaila Abdalla, Staff 5) Ms. Koucher Hussein Staff
16/2/2012	Ahfad University for women, Omdurman	1) Dr. Nafisa M. Bedri, Project Director, Director (FGM/GBV) 2) Ms. Mariam Bedri, Coordinator, Gender Programme 3) Ms Soad, Field Coordinator 4) Ms Dina Sami, RH Project Director Ms Mahasin, Field Coordinator, RH Project.

Annex 2b: Ali Beily (RH Consultant)

Date	Places visited	Persons met
07/02/2012	UNFPA CO	RH/HIV/FP staff
08/02/2012	SNAP/Central PH laboratory/FMOH, Khartoum	Dr. Alawia Ahmed Ali – Head of MARPs unite/SNAP
09/02/2012	FMOH/KRT	Dr. Malik Abbas – DG International Health and Planning
09/02/2012	ACORD Office/ KRT	Ms. Baknam Saadeldin Kibir – Project Officer
		Ssenkali Mulondo – Area Program Manager
12/02/2012	Kosti/Capital Whit Nile state/SMOH	Dr. Mohalab Elfatih Alrayah – Director Preventive Medicine /SMOH
	Society office/Kosti	Mr. Abdelminein Mustafa – Coordinator – AIDS control – Sudanese Society for Environmental Protection
13/02/2012	UNFPA/Kosti offices	Sister Amina Ibrahim – RH Coordinator/SMOH
		Ms. Awatif Bahar – Administrator
		Ms. Siddiga Abdelraheem – RH Sister (Prof. nurse)
		Ms. Fatima Jubara – Statistics Officer
		Mr. Nazar Ali Ahmed – IT Officer
		Mr. Karim Saabah Elkhair – Senior Supervisor
		Dr. Musaab Yousif Makin – NPPP/UNFPA – Kosti

		Dr. Khalid Bader Eldin – Short Term Consultant, HRU/UNFPA Kosti
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Annex 3: Work Plan for evaluation

**UNFPA Sudan Country Office: 5th Country Program Evaluation (2009 – 2012)
Evaluators' Schedule of meetings/interviews**

Date and time	Time	Organization/Partner	Responsible evaluation team member	Status
Monday, 6 February	10:30 -	UNFPA/management	Prof. Arowolo	Done
Tuesday, 7 February	09:00 – 10:00	UNFPA/Program staff	Prof. Arowolo and Prof. Ali Beili	Done
	10:30 – 12:00	Federal Ministry of Youth and Sports	Prof. Arowolo	Done
	12:30 – 16:00	1. Ministry of Welfare and Social Security	Prof. Arowolo	Done
Wednesday, 8 February	11:00 – 12:00	Ministry of International Cooperation	Prof. Ali Biely	Done
	13:30 – 15:00	National Population Council	Prof. Arowolo	Done
	13:00 – 15:00	Sudan National AIDS Control Program (SNAP)	Prof. Ali Biely	Done
Thursday, 9 February	09:00 – 11:00	Central Bureau of Statistics	Prof. Arowolo	Done
	09: 30 – 11:00	Federal Ministry of Health (Dr. Abbasi: PHC Director)	Prof. Ali Biely	Done
	13:00 – 14:30	ACORD	Prof. Ali Biely	Done
	14:30 – 15:30	Evaluation Reference Group	Both	Not done
Tuesday, 14 February	TBD	Federal Ministry of Health (RH Directorate)	Prof. Ali Biely	????
Travel outside Khartoum				
Sunday 12 – Monday 13 February	Travel from Khartoum to Kosti and back to Khartoum	State Ministry of Health	Prof. Ali Biely	Done
Sunday, 12 – Monday, 14 February	Travel from Khartoum to Gedarif and back to Khartoum	1. State Ministry of Health 2. High Council for Youth and Sport (Youth) 3. Gedarif University (FGM)	Prof. Arowolo	Done
Wednesday, 15 February	De-briefing	UNFPA	Management and program staff	Not done
Date and time	Time	Organization/Partner	Name of evaluation team member	Status
Wednesday, 15 February	10:00 – 12:00	Ahfad University for Women	Prof. Arowolo	Done
Thursday, 16 February – Tuesday, 21 February	Consultations with HRU staff and relevant partners at federal level		Both	On-going
Wednesday, 22 February	10: 00	Submission of the draft report		
	13:00 – 14:30	De-briefing meeting UNFPA and stakeholders	Both	
Monday, 26	Feedback from UNFPA (CO and ASRO)			

February			
Tuesday, 27 February	Submission of final report	Prof. Arowolo	
Wednesday, 28 February	Consultant (team leader) travels back home		

Annex 4: LIST OF DOCUMENTS

Recommended in TOR

- CP Document 2009 - 2012
- CPAP 2009 - 2012
- CP Mid-Term Review Report 2011
- Operations Research Report on VMWs 2011
- Gender Mainstreaming Project Evaluation Report
- FGM Evaluation Report
- Census Evaluation Report
- Evaluation reports - Humanitarian Program
- Components'/Projects' Annual Progress Reports (2009, 2010, 2011)
- Program Annual Review Meetings Minutes (2009, 2010, 2011)
- Annual Budget and Expenditure Reports (2009, 2010, 2011)
- Monitoring reports

OTHER UNFPA SOURCES

- UNFPA Strategic Plan (2008 – 2013)
- Application for Programming Principles to the UNDAF 2010
- UNDG position statement on UN's contribution to capacity development 2006
- UN transitional strategy guidance note March 2007
- Joint Guidance note on integrated recovery planning using post conflict needs assessment and transitional results framework. Sep 2007
- Gender mainstreaming strategic framework (2008)
- Gender based violence strategic framework (2008)
- Reproductive Health and Sexual and Reproductive Health Framework (2008)
- Guidance note- for entry point to peace building and other useful resources
- MDG framework
- Guidelines for humanitarian response and early recovery
- Sudan Country program (2009-2012) document
- Country Programme Action Plan (2009-2012) including annexes
- Sudan MDG report 2010
- Human Development report 2010
- National Household poverty Assessment 2010
- Sudan health household surveys: 2006;
- Analytical reviews on census data
- Labor Market survey 2006
- Health sector national accounts report – 2010
- Country Office Annual reports. 2009; 2010
- Component Annual Progress reports. 2009;2010
- Minutes UNFPA Annual review meeting 2009;2010
- UNDAF 2009-2012;
- UNDAF Outcome Reviews 2009
- UN Country Analysis Sudan 2008
- Public Expenditure Tracking Survey 2009,
- National Health Account survey 2010,
- Evaluation of Free Treatment for Under Fives,
- National Health Facilities Survey,
- Human Resources for Health surveys

Additional Materials

a) Reproductive Health

- Baseline RH-GBV KAP Survey among the Communities Affected by Conflict in Darfur- 2009
- Blue Nile Assessment report Submitted - UNFPA 8-2
- Causal Analysis Note updated 28 Nov Gov RoL Only
- EMOC Assessment national
- Gaddarif EMOnc final report
- Health Five-year-strategy 1 5 2007
- Midwifery Transitional Strategy Sudan 2nd Draft
- Northern Sudan RHCS Operational Plan-2009-2010
- Proposal of AYFC Kosti
- Review_of_HIV_Epidemic_in_Northern_SudanSeptember11_2009 Final
- RH MAPPING
- RHCS Situation Analysis for the Northern States - July 2007
- ROAD MAP FOR REDUCING MATERNAL AND NEWBORN MORTALITY IN SUDAN
- Situation Analysis of R H Services Utilization Patterns in Blue Nile; Gadarif; Gezira; Kassala; South Kordofan; White Nile States (2009)
- Sudan National Health Policy 11 6 07
- SUDAN RHCS assessment mission REPORT-FINAL-KABIR
- Desk Review of Literature on Stigma and Discrimination among HIV at Risk and Vulnerable Populations in Sudan - Dec09
- Final Draft Report from Condom Programming Team 12 Dec 09
- NGOs Assessment North Sudan SNAP and UNFPA, 11-02-2010
- Review of HIV Epidemic in Northern Sudan September11 2009 Final
- SOCIO-ECONOMIC DETERMINANTS OF MATERNAL MORBIDITY AND MORBIDITY IN SUDAN
- Level, Trend and Determinants of Fertility in the Sudan 2008
- Youth Issues and Needs In the Sudan Case Study: Gadarif State 2008
- Youth Issues and Needs In the Sudan Case Study: Kassala State 2008
- NATIONAL POPULATION COUNCIL Monitoring and evaluation system 2008
- National Population Policy 2002
- Population Dynamics and Linkages to Poverty 2008
- Research on Youth Issues and Needs in Sudan - Gadarif Case Study - Dec 08
- Research on Youth Issues and Needs in Sudan - Kassala Case Study - Dec 08
- Training Needs Assessment on population data collection and analysis, Kassala
- NATIONAL STUDY ON YOUTH ISSUES AND CHALLENGES 2009
- ICPD country Final report
- Final Progress of MDGs in Sudan Nov 2010

Gender:

- Crisis Prevention Peace Building Joint Programme Document 2009
- FINAL Gender inequality and the MDGs
- Summary Report on the Mapping and Capacity Building Assessment Study 2009
- Identifying the Opportunities for the Gender Mainstreaming and Women Empowerment National Policy
- National Policy for Women Empowerment – 2007
- Second draft of MDGs Gender REPORT
- UNFPA role given new entity for Women
- Women Empowerment National Strategy
- Concept of Violence against Women

b) Population and Development

- Socioeconomic determinants of maternal mortality and morbidity in Sudan
 - Level, Trend and Determinants of Fertility in the Sudan 2008
 - Youth Issues and Needs In the Sudan Case Study: Elgadarif State 2008
 - Youth Issues and Needs In the Sudan Case Study Kassala State 2008
 - NPC, Monitoring and evaluation system 2008
 - National Population Policy 2002
 - Population Dynamics and Linkages to Poverty 2008
 - Research on Youth Issues and Needs in Sudan - Gadarif Case Study - dec 08
 - Research on Youth Issues and Needs in Sudan - Kassala Case Study - dec 08
 - Training Needs Assessment on population data collection and analysis, Kassala
 - NATIONAL STUDY ON YOUTH ISSUES AND CHALLENGES 2009
 - ICPD country Final report
 - Final Progress of MDGs in Sudan Nov 2010
- c) **Gender:**
- Crisis Prevention Peace Building Joint Programme Document 2009
 - FINAL Gender inequality and the MDGs
 - Summary Report on the Mapping and Capacity Building Assessment Study 2009
 - Identifying the Opportunities for the Gender Mainstreaming and Women Empowerment National Policy
 - National Policy for Women Empowerment – 2007
 - Second draft of MDGs Gender REPORT
 - UNFPA role given new entity for Women
 - Women Empowerment National Strategy
 - Concept of Violence against Women

Annex 5: Evaluation instrument

**EVALUATION OF THE
GOVERNMENT OF SUDAN/UNFPA 5TH COUNTRY PROGRAMME
2009 - 2012**

Questionnaire for Programme Managers and Implementers

This is an independent evaluation of the 5th GoS/UNFPA Country Programme (5th CP) of support to population activities in Sudan during the period 2009 – 2012. This independent evaluation at the end of the programme cycle is designed to assess the achievement of the results, the factors that facilitated/hindered achievement, and to compile lessons learned so as to inform development of the next country programme cycle that begins in 2013. You are kindly requested to answer all applicable questions in this schedule and, if possible, provide any additional information that will facilitate this important exercise. Completed questionnaire should be returned to UNFPA office in Maseru as indicated in thee-mail communication Thank you for your support.

A. Background information

1. Name and address of Government Ministry, Parastatal or Agency.....

.....

2. Name of Official completing questionnaire.....

Directorate/Division/Unit

.....

Rank or Position.....

3. Involvement in GoS/UNFPA 5th CP programme implementation since when?

.....

.....

.....

4. Please describe the nature of your intervention.....

.....

.....

.....

5. How many officials under your supervision are involved in the implementation of RH, P&D or Gender activities under the current 5th CP? Specify component.....

Name of official	Rank/Position	Description of work carried out

Pls add more names if needed

B. Programming

1. How inclusive or participatory was the process of formulating the Annual Work Plan for the implementation of the 5th CP?.....

.....

2. Considering the challenges faced in this country, is the strategy of this component (Specify.....) adequate?.....

.....

3. What would be your suggestion for future strategic interventions by UNFPA to address RH, P&D or Gender issues in Sudan? (Use the list in Table below for your answer)

	<i>RH, P&D or Gender issues (Tick one)</i>	<i>Future UNFPA intervention</i>
1	SRH services, including services focusing on HIV and AIDS.	
2	Family planning, emergency obstetric care, adolescent sexual and reproductive health, and the prevention and management of obstetric fistula.	
3	SRH advocacy	
4	Data storage and retrieval	
5	Statistical services	
6	Integration of population issues into policies and plans	
7	Population and related policies and programme implementation	
8	Promoting gender equality and women's empowerment	
	Prevention of gender-based violence	
9	Capacity building	
10	Programme coordination	

C. Programme management

1a. How effectively have the RH, P&D or Gender activities under the 5th CP been coordinated?.....

.....
.....
.....

1b. What is your opinion about UNFPA’s role in management and coordination of population activities in this country, including RH and Gender?.....

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.....
.....

2. Population Policy (including SRH and Gender)

2.1 What steps were taken to revise the National RH, Population or Gender Policy?.....

.....
.....

2.2 What is the current status of the national RH, Population or Gender Policy?.....

.....
.....

3. What are your suggestions for future UNFPA intervention in population and related (RH, Gender) policy and programme in this country?.....

.....
.....

4. Assess the capacity in your Ministry for implementing the National RH, Population or Gender Policy.....

.....

D. Programme implementation

1 What steps were taken to implement the national RH, HIV/ AIDS, Population or Gender Policy?.....

.....
.....

2 What is the current status of the above Plan in terms of implementation?

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.....
.....

3. What were the specific activities carried out by your Directorate under the 5th CP since 2009? (Advocacy, Census, surveys, research, capacity building, etc.).....

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4. Comment on UNFPA's inputs into your SRH, HIV/AIDS, P&D or Gender activities during the 5th CP

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5. In your own opinion how successful was each of the SRH, HIV/AIDS, P&D or Gender activities carried out during the reference period? (Explain).....

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6. What are your plans for completing any ongoing UNFPA-supported SRH, HIV/AIDS, P&D or Gender projects or activities in your Ministry?.....

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7. Comment on the role of your Ministry in integrating population issues (including RH, youth and gender) into national/ regional development policies and plans.....

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8. Describe the efforts by your Ministry, with support by UNFPA, to encourage the utilization of population data (RH, HIV/AIDS, population and gender) for development planning etc.).....

.....
.....

9. What specific challenges were faced in developing and implementing the National Action Plan for SRH, HIV/AIDS, Population or Gender Policy Implementation?.....

.....
.....

10. List any publications from RH, HIV/AIDS, P&D or Gender activities in your Ministry since 2009.....

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..... **E. Resources – availability
and utilization**

1. Comment on the adequacy of UNFPA inputs (technical, material, financial) into your RH, HIV/AIDS, P&D or Gender activities under the 5th CP since 2008.....

.....
.....
..... 2. What additional resources would your Ministry need from UNFPA to more effectively address SRH, HIV/AIDS, P&D or Gender activities in the country?.....

.....
.....
..... 3. Comment on efficiency of resource utilization under the 5th CP in general.....

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.....
..... **F. Capacity building – institutional & human**

1. What structures are in place for the coordination of the implementation of the national Action Plan for population, RH, HIV/AIDS, or Gender policy implementation?.....

.....
.....
..... 2. How effective are the current arrangements for the coordination of population, RH, Gender, Youth and related activities in the country?.....

.....
.....
..... 3. What would be your suggestion for an effective national coordination structure for population and related activities in Sudan?.....

.....
.....
..... 4. Assess the adequacy of the existing capacity in your Ministry for supporting the coordinating structure for population-related activities in the country.....

.....
.....
..... 5. How can the UNFPA support human capacity strengthening to effectively address population policy, Action Programme for Policy Implementation, and coordination of population activities in the country?.....

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.....

G. Future orientation of RH, P&D, Gender programmes

1. The next GoS/UNFPA CP for 5 years will start in 2013; what would be your suggestions for RH, P&D or Gender activities during the 5th CP?.....

.....
.....
.....

.....2. What do you think that UNFPA could have done better since the start of the 5th CP in 2008?.....

.....
.....
.....

.....3. Comment freely on the 5th CP, GoS and UNFPA.....

.....
.....

4. Please attach any publications, reports or documents produced by your Directorate which you consider relevant to this evaluation (List):

.....
.....

Annex 6: Summary of evaluation findings

Output indicator	Baseline/Target	Performance/Interventions	Remarks
REPRODUCTIVE HEALTH			
Output 1: Output 1: An essential and integrated reproductive health package and reproductive health commodities are available at service delivery points in selected states			
Indicator 1: percentage of health services delivery points providing an integrated basic RH package.	<u>Baseline:</u> <u>Target:</u>	1.1 The CP targets 5 states viz. Kassala, Gedarif, White Nile, Blue Nile and South Kordofan. In the last state due to serious conflicts the output interventions and support is becoming more and more of humanitarian nature than development. i.e. one emergency crisis situation. The CP provided financial and technical support to the target states in the form of personnel (NPPPS) and international experts at FMOH and UNFPA CO. Basic training of VMWs and the rehabilitation of midwifery schools in addition to in-service training of all other personnel providing RH/FP services – routine or emergency services. RH/FP commodities were estimated and procured for the 5 target states. However, since UNFPA provided the only reliable source of these supplies the FMOH decided to spread the goods to all 15 states in Sudan. Health facilities were rehabilitated or newly built to improve access and the quality of services. Improvement extended to blood banks, operating surgical theatres and the provision of ambulances. RH/FP personnel were trained on management of health services (i.e. on planning, implementation, monitoring, evaluation and commodities management and security).	Although a situation analysis has been undertaken in the 5 target states no reliable data on the number of health facilities providing RH/FP services or their work load is available now. The unavailability and prolonged stock outs has been a constraining factor during 2010/2011.
Indicator 2: Implementation of the RH commodities security plan.	<u>Baseline:</u> Unmet needs for FP 5.7 <u>Target:</u> 5.7 (CPAP Planning and Tracking Tool)	1.1 The commissioning and implementation of the RHCS survey in 2011 is a welcome step in the direction of ensuring security of the availability of RH quality commodities. The report major recommendation is for the FMOH to substantially increase its budget for procurement of RH/FP commodities and to have it in a line item. This is not the case at present. UNFPA is recommended to work with the FMOH to hold a fund raising effort with the FMOH among stakeholders. UNFPA has already recruited RHCS officer in the CO. There also has been training of state level personnel on RHLMIS, rehabilitation of the warehouses in the target 5 states. Achieving in this respect are ongoing and expected to spill over into next CO program cycle.	To ensure RHCS will be an expensive objective to achieve, especially if use and utilization of RH/FP services increases. The major contributor to this budget is should be of a national origin. UNFPA will have to have the solid data to convince the FMOH, MOF, private sector and NGOs to make available the required financial resources for RHCS.
Indicator 3: Number of minimum essential packages of services available for emergencies	<u>Baseline:</u> Limited and ad hoc supply of emergency RH kits <u>Target:</u> National stock of emergency kits available	1.1 UNFPA has a long experience (since 2004 in Darfur) in providing humanitarian assistance to populations in emergency situations. While it is not part of the current CP – assistance to the Darfur IDPs and their host communities is on-going. The humanitarian Response Unit at the CO has been engaged in preparation of plans – including the prepositioning of RH kits (MISP, clean delivery and dignity kits) in the border states between Southern Sudan and Northern Sudan. This was partly in response to the CPA; but it responded also to the emergency of flooding in Kassala state. Blue Nile and South Kordofan states are among the 5 states targeted by the current CP and are at same time border states of South Sudan. HRU has already prepositioned RH commodities to respond to any ensuring emergencies. HRU is currently operating a humanitarian response among the Southern Sudan on the way from Kosti town/WNS to South Sudan (about 11,000 persons with a high number of women/heads of households and their children. Stocks of RH commodities are available but clean delivery kits are in shortage.	Making these commodities available suffers the constraints facing all other RH/FP mentioned in section 2 above. To ensure their availability they should be part and parcel of the plan for RHCS system/ plan which should be available during 2012.
Indicator 4: Availability of	<u>Baseline:</u> National	1.1 The HRU/CO is in the process of working with other UN agencies in the Humanitarian sub-cluster led by OCHA, in the forecasting of and planning for	The process to prepare a national

National Operational Emergency Preparedness Plan	<p>plan and capacity not available</p> <p><u>Target:</u> National emergency preparedness plan available and funded</p>	<p>emergency preparedness and response. GOS line ministries are also involved in the process. UNFPA is the agency responsible for the RH component.</p> <p>1.2 UNFPA has developed a Humanitarian Contingency Plan, North Sudan for January – July 2012. The plan concerns – Darfur Region and the three border states. The plan funding has been secured and it is operational. Activities are focused on availability of RH supplies and capacity building of humanitarian workers.</p> <p>1.3 UNFPA has also prepared a national plan for emergency preparedness – it is being revised for approval by ASRO. The team has gained considerable experience during their work in the emergency situation due to floods in White Nile and Kassala states and in preparation for potential emergencies post-referendum in Southern Sudan. In the process 22 trainers on RH emergency supplies and 78 HCPs were available to do the work during 2009/2010. The unit prepositioned 5962 RH kits among which 1192 were MISP cartoons and 4500 were hygiene/dignity kits. (MTR report, May 2011 – UNFPA CO/KRH)</p>	<p>plan is proceeding well. The HRU team is competently running the job on time.</p>
Output 2: The technical and institutional capacity to provide basic and comprehensive emergency obstetric and neonatal care and to prevent obstetric fistula prevention is strengthened, including in post-conflict situations			
Indicator 1: Need is met for emergency obstetrics and neonatal care	<p><u>Baseline:</u> To be decided</p> <p><u>Target:</u> Increased by 20%</p>	<p>1.1 Obstetric and neonatal emergencies are the major cause of maternal and neonate death. The MMR in Sudan is one of the highest in Africa at a ratio of 1107/100000 life birth and the neonate mortality rate is 43/1000. The overall goal of output 2 is to decrease these RH indicators though building the capacity of health care system of all its levels. The following results were achieved through the technical and financial support of UNFP to the government. During 2009/10.</p> <p>1.2 The formulation of the nation road Map for the reduction of maternal and neonatal death the (MNMR).</p> <p>1.3 Eventually the states developed their operational MNMR detailed plans. The White Nile plan is good plan for the years 2012/15. The costing of plan activities is ongoing while fund raising activities have already been started.</p> <p>1.4 Supporting the implementation of National Midwifery strategy, which emphasis's training of professional and technician nurse to improve access to skilled labor attendance - as most of obstetric complications occur during labors.</p> <p>1.5 Development of EmONC trainers and trainee protocols, management guidelines and standards, post abortion management. Having achieved these activities UNFPA further supported training of HCPs on the clinical management of EmONC (both basic and comprehensive management standards) and the provision of medical equipment and instruments in the 5 target states. Some hospitals were equipped with blood transfusion facilities (2 in Gedarif state). The following table-reproduced from MTR, shows the facilities for management of EmONC in these 5 states. The national average in 2008 in Sudan was 81% of facilities able to provide EmONC services – with very wide inter-state variation. However the 5 target states have the worst RH indicators in the country - that is the main reason for targeting them. The referral system in Kassala and Gedarif states was strengthened by providing VMWs with donkey-carts. This innovation method is a rich area for a longitudinal study on its pros and cons.</p>	<p>Reduction of MNMR is usually a sad humanitarian event to the entire family. Mothers are usually at a young age during their reproductive years. With the operation of MDRs in the 15 states a better understanding of MND – direct, indirect and underlying causes will lead to improvement of their management. UNFPA is fully supporting the establishment and operation of MDRs.</p>
Indicator 2: Percentage of caesarian	<p><u>Baseline:</u> 4.5%</p>	<p>1.1 The sources of data to calculate this proportion are many at the level of the health care system, the IPs and community health. Though the major source should be the health care system (FMOH) the growing health providers in the</p>	<p>Much work need o be done to</p>

<p>sections as a proportion of all birth.</p>	<p><u>Target:</u> 5%</p>	<p>private sector cannot be ignored. Household health surveys are important source of the CS proportion.</p> <p>- Currently there is reliable or complete data for the calculation of the indicator.</p> <p>Example: In the White Nile state the MOH calculated the indicator at 23% which an abnormally high one. The UNFPA state revised the calculation and came up with a figure of 10%, which acceptable – given that the WHO accepts a range of 5 – 15%.</p>	<p>improve the performance of HIS for RH/FP. Activities have already started in this respect. It is suggested an expert on HIS be recruited to lead this activity.</p>																																																								
<p>Indicator 3: Percentage of communities with a population of 50,000 that have at least one comprehensive and 4 basic emergency obstetric and neonatal care centers.</p>	<p><u>Baseline:</u> To be determined</p> <p><u>Target:</u> Increased by 20% by 2012</p>	<p>1.1 The fact that a baseline cannot be determined yet is an indicator of the required data for the estimate the baseline. The MTR quotes a figure of 80% on the national level – without giving the source. It should be noted that about ²/₃ of the population of Sudan are living in rural areas – certainly in groups of less than 500,000 people. There is a good reason for the revision of that denominator. The situation analysis undertaken in the 5 target states provided the MTR team to produce the states provided the MTR team to produce the table below for the year 2008 – projected to 2010.</p> <p>Table1 (RH)</p> <table border="1" data-bbox="557 894 1268 1203"> <thead> <tr> <th rowspan="3">State</th> <th colspan="4">Number and type of EmONC service facilities available to 500,000 populations</th> <th rowspan="3">Service coverage 2010</th> </tr> <tr> <th colspan="2">2008 (base)</th> <th colspan="2">2010 (MTR)</th> </tr> <tr> <th>CEmON C</th> <th>BEmON C</th> <th>CEmON C</th> <th>BEmON C</th> </tr> </thead> <tbody> <tr> <td>White Nile</td> <td>4</td> <td>14</td> <td>4</td> <td>16</td> <td>83%</td> </tr> <tr> <td>Blue Nile</td> <td>1</td> <td>2</td> <td>1</td> <td>3</td> <td>54.3%</td> </tr> <tr> <td>Gadarif</td> <td>3</td> <td>14</td> <td>5</td> <td>14</td> <td>100%</td> </tr> <tr> <td>Kassala</td> <td>3</td> <td>10</td> <td>3</td> <td>11</td> <td>83.8%</td> </tr> <tr> <td>S.Kordofan</td> <td>2</td> <td>8</td> <td>2</td> <td>8</td> <td>40%</td> </tr> <tr> <td>Overall</td> <td>13</td> <td>48</td> <td>15</td> <td>52</td> <td>72%</td> </tr> <tr> <td colspan="5">Overall coverage excluding South Kordofan</td> <td>80%</td> </tr> </tbody> </table> <p>Required number of health facilities for these states are:</p> <ul style="list-style-type: none"> - BN 8 - Kassala 16 - Gedarif – 10 already available - No figures are available for the other states as they are conflict areas. However, their current coverage is the lowest among the 5 target states. 	State	Number and type of EmONC service facilities available to 500,000 populations				Service coverage 2010	2008 (base)		2010 (MTR)		CEmON C	BEmON C	CEmON C	BEmON C	White Nile	4	14	4	16	83%	Blue Nile	1	2	1	3	54.3%	Gadarif	3	14	5	14	100%	Kassala	3	10	3	11	83.8%	S.Kordofan	2	8	2	8	40%	Overall	13	48	15	52	72%	Overall coverage excluding South Kordofan					80%	<p>UNFPA in collaboration with partners can lead the effort to map these indicators as they are important to guide the future of the HC system.</p>
State	Number and type of EmONC service facilities available to 500,000 populations				Service coverage 2010																																																						
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<p>Indicator 3: Percentage of communities with a population of 2,000 inhabitants covered by a village midwife or skilled birth attendant</p>	<p><u>Baseline:</u> HF mapping results</p> <p><u>Target:</u> 50%</p>	<p>1.1 HF mapping is ongoing in the target states. In this respect it is worth mentioning that White Nile state is mapping its facilities on robust electronic software (WHO produced).</p> <p>1.2 The limitations of data availability and reliability to mention on their indicators applies to this indicator. The program needs to wait for the endorsement and release of SHHS/2010. It is also worth mentioning that the FMOH has released its report on the national health facilities – human resources survey of 2006. Though the data is a bit old it could be analyzed to establish a baseline indicator.</p>	<p>UNFPA should contribute the good work on this important issue that will provide support to guide the future planning of the HCS. The electronic mapping in</p>																																																								

			the White Nile state should be studied for its use in the other target states.
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POPULATION & DEVELOPMENT			
<p>Indicator 1: Operational set of indicators at national and state levels to monitor population and gender programmes and the Millennium Development Goals is available</p>	<p>Baseline: Dev /info adopted by GONU(NS) Dev/Info is adopted by GOSS ministers and commissions, staff trained but not fully utilizing the new system. (SS) Preliminary census results available at national level (NS).</p> <p>Target: Annual reports using Dev – info (NS) Annual reports fully utilizing DevInfo, (SS) Census and survey results integrated in government polices and planning processes. (NS)</p>	<p>The CO provided technical & financial support to the 2008 census data collection, analysis and report preparation, publication and dissemination, as well as advocacy; post-census activities still ongoing. Interventions by UNFPA included deployment of Census CTA, specialists in data processing, GIS expert for capacity building. The CO trained 58 personnel from the state statistical offices on data analysis; 3 CBS staff on advocacy; 45 researchers from the states on ToT for analytical reports writing. UNFPA supported awareness raising workshops on utilisation of census data for tracking the MDGs and ICPD PoA; on integration and M&E indicators. UNFPA also provided financial and technical assistance for undertaking of the Sudan Health Household survey (2010).</p> <p>Major results of census published and disseminated (in Arabic & English), made available in hard & electronic copies, and information uploaded in CBS website) and used to update Dev/Info; 6 studies conducted (3 socio-cultural, 3 census-based) on child mortality (Sudan); fertility trends (Northern State); nuptiality status (Sudan); disability statistics & status (Sudan); & migration issues; the National Population Reports published (2010); LFQ Census Results officially released (through CBS website); and 16 National and State Analytical Reports produced. All these interventions have facilitated the adopting and institutionalization of Dev/Info, updated by new data from the 2008 census. CBS has also embarked upon DevInfo training for State staff for the promotion of decentralization of the database</p>	<p>This indicator target has been met. CBS now in the process of developing National Strategy for Development of Statistics (NSDS), which will be the national framework for strengthening statistical capacity across the entire National Statistical System (NSS) for efficiently providing comprehensive, reliable and timely statistics for the effective management of development outcomes and sound decision making. UNFPA should continue to support CBS in this process as in did with the 5th census of Sudan.</p>
<p>Indicator 2: Percentage increase in the use of population data in programme design and service delivery</p>	<p>Baseline: Preliminary census results available at national level (NS). Minimum integration of available data in planning processes (SS)</p> <p>Target: Census and survey results integrated in government polices and planning</p>	<p>Census data used in the national elections; and for planning at national & state levels - national budgeting, service distribution and financial allocations for the states (States' Support Fund). The census data also used by researchers and 38 reports accepted & disseminated; census data widely used by NGOs, UN, and private sector for planning; CBS offices continue receiving demand for data. Census data used in the draft National Strategic Development Plan (2012-2016), but population issues yet to be fully integrated; the Youth Strategic Plan (2012-2031); all sector plans used census data.</p>	<p>The objective to achieve increased utilization of population data for policy and planning has largely been met. DevInfo being updated with more recent census data facilitate the processes.</p>

	processes. (NS). Census and survey results integrated in all government policies and planning processes. (SS).		
Output 2: Enhanced capacity to integrate population dynamics, reproductive health and gender equality concerns into development planning and monitoring processes at national and state levels			
Indicator 1: Number of national and sectoral annual plans integrating population, reproductive health and gender	<u>Baseline:</u> Low integration of population, RH and gender in national and sectoral annual plans. <u>Target:</u> Population, RH and gender are fully integrated in 5 national and at least 5 sectoral annual plans.	CO supported capacity building for integration through training of officials (locally and in Cairo) on population projections, targeting 5 Federal Ministries (Health, Labour, Education, Youth & Agriculture); 5 orientation sessions on integration held and operational plans prepared with the five sectors; generic manual for the integration prepared; and 5 operational sectoral plans developed; draft National Strategic Development Plan (2012-2016) developed but without integration of population issues; Population policy/strategies being reviewed and upon finalization, integration is expected to be achieved before the Plan is endorsed. On awareness creation on integration the CO supported the (1) organisation of 4 NGO quarterly forums on ICPD@1; production of 4 pamphlets on population dynamics, and M&E; dissemination of demographic indicators and periodical newsletters to all partners and relevant organisations; organisation of media forums; participation of senior Government officials in UN summits, Arab State Population Council and Committee meetings, and the Africa meeting in Addis Ababa on ICPD @ 15 in 2009.	<u>The objective to achieve integration of population issues into development policies and plans has not been met.</u> Population policy undergoing a revision, and sets a limit on integration of policy strategies into the 5-Year Plan still to be finalized. Political commitment is necessary, therefore need for advocacy.
Indicator 2: Percentage increase in (availability) access to information and services across local areas by all population groups	<u>Baseline:</u> Population information system not available <u>Target:</u> Functional Population Information System	With the CO support, census data and reports have been published at Federal and State levels and disseminated widely, making information generally available and accessible through the DevInfo. The CO also supported NPC to conduct research and use research results to increase availability of information on population issues at national, state and local level: i) Research agenda on population & development issues in Sudan prepared in collaboration with Gezira University and report disseminated; ii) 2 studies based on census data on internal migration in Khartoum completed and disseminated; iii) Research on internal migration in Sudan completed (2009) and disseminated; iv) Rapid appraisal of socio-cultural factors in maternal mortality I Sudan (2011) completed & disseminated; v) Manual (generic) on integration produced.	<u>No population information system established yet; but the objective to make information on population more accessible has largely been achieved.</u> NPC plans to conduct the Second phase of socio-cultural study on maternal mortality in Sudan; this should receive UNFPA support as well.
Output 3: Promotion of young people's participation and empowerment in development			
Indicator 1: Evidence-based national dialogue on investing in youth	<u>Baseline:</u> Minimal debate on investing in youth <u>Target:</u> National annual event on investment on Youth observed	The CO has supported dialogue and advocacy for integrating youth issues in planning through research works, workshops, radio and TV broadcasts and the print media. More than 360 young people have been trained on leadership, management, advocacy through Y Peer at national, state and locality level (Kassala and Gadarif). The CO supported 3 studies (1 at national level and 2 in Kassala and Gadarif State) and the youth training needs assessment in Kassala have been conducted, reports available in English and Arabic and disseminated to partners; UNFPA provided support to the efforts made by the FMoYS to establish Youth Parliament, leading to the establishment of 15 State Youth Parliaments (SYPs) and the National Youth Parliament which are all	<u>The objective to have evidence-based national dialogue has been achieved.</u> Both the NYP and the SYPs attend sessions of the National Assembly and State Legislative Councils although

		operational. Sensitization of youths in conflict-affected settings was supported by UNFPA in South Kordofan State (Kadugli and Dilling) in 2010 through the local NGO, Turath; major activities included: i) 4 community mobilization workshops for 100 participants in Kadugli and Dilling (2 workshops in each locality) on adolescent RH including issues of FP and HIV/AIDS; (ii) 2 training workshops for 50 peer educators on adolescent RH messages in Kadugli and Dilling; and (iii) 2 BCC workshops for 50 participants on adolescent RH in Kadugli and Dilling, including IEC sessions on behavioural change.	without the right to vote; their mandate is to act as a 'pressure group' advocating for youth issues. Focus should now be on aspects of youth empowerment, particularly health and RH issues, and employment opportunities.
Indicator 2: National strategy on young people submitted for approval	<u>Baseline:</u> Draft National Youth Strategy available. <u>Target:</u> Program of Action for National Strategy fully funded	The CO assisted the FMoYS with the process of reviewing the 5-year Strategic Plan (2007-2011), and producing and finalizing the National Youth Strategy 2007-2031 (NYS), together with the Action Plans. To strengthen capacity for strategy implementation, the CO procured audio-visual equipment and facilities (multimedia projector, digital camera, laptop) to support the FMoYS, and renovated and equipped the project office with tables, chairs, cabinet, computer, and stationeries. The HCYS in Kassala was also supported with one motorcycle. Nine youth centres (6 in Kassala and 3 in Gadarif) have been supported with multimedia projectors, TVs, cameras, tables, chairs, cabinets, sport uniforms. On youth economic empowerment, the UNFPA supported the government in Kassala in training 110 female youths (47 from localities) on food processing and household economy, and 22 male youths from New Halfa locality received vocational training on general electricity.	<u>The objective of formulating national Youth Strategy has been achieved.</u> The challenge is full implementation of the objectives of the strategy, which where Government full funding is required.
GENDER			
Output 1: Strengthened technical and institutional capacity for gender analysis, mainstreaming and budgeting at national and state levels			
Indicator 1: Percentage increase in gender focal points and units trained at national and state levels	<u>Baseline:</u> Program of Action for National Strategy fully funded <u>Target:</u> % increase in trained GFP at national and state level.	UNFPA supported the MoWSS to carry out 2 Need Assessment Surveys on: assessing the capacity gaps for the gender focal points in the federal line Ministries; and assessing training needs of gender focal points in the 5 target states; the CO supported Ahfad University in carrying out 2 surveys to i) map out the existing NGOs, CBOs, FBOs working on gender issues in the five target states; and ii) undertake capacity assessment of these organizations. Also CO strengthened the Women and Family Directorates in the 5 target states, (White Nile, Blue Nile, Gadarif, Kassala, and South Kordofan) through provision of furniture, computers and printers.	<u>Activities carried out were relevant to achieving the objective of this indicator;</u> scale-up needed to cover focal points in all 17 States.
Indicator 2: Percentage increase in budget to strengthen gender focal points at state level	<u>Baseline:</u> 2 GFP trained on engendering budget. <u>Target:</u> 100% of gender focal point at state level trained on engendering budget.	In support of women empowerment and gender-sensitive planning and budgeting at national, state and local level, the CO assisted MoWSS to deliver a series of training packages on gender analysis, mainstreaming, and budgeting have been delivered to i) 59 participants from all federal line ministries and 173 from line ministries and NGO's in the target states; ii) 23 policymakers drawn from 15 federal Ministries; iii) Policy advocacy with Ministries of Finance (national and State level) to increase financial allocation for the implementation of WEP- PoA; iv) 93 activists/supporters from political parties and NGOs.	<u>Activities carried out were relevant to the objective of this indicator;</u> but the impact on project funding is yet to be realized.
Indicator 3: Number of sectoral plans integrating gender concerns	<u>Baseline:</u> Minimal integration of gender in sectoral plans <u>Target:</u> Full integration of	Training was conducted on Visionary Leadership and Gender-sensitive Project Design for various NGOs in 4 of the target states (Kassala, Gadaref, Khartoum, South Kordofan) to approximately 80 participants. Gender concerns integrated into the National Strategic Development Plan (2012-2016); and in the setor plans of Min. of Agriculture, Health, Education, Labour,	<u>Objective of indicator largely achieved;</u> more efforts required to achieve comprehensive coverage

	gender concerns in 8 sectoral plans.	Information, and Finance.	
Indicator 4: Percent increase in project funding to support women's empowerment.	<u>Baseline:</u> 2 GFP trained on engendering budget <u>Target:</u> 100% of gender focal point at state level trained on engendering budget,	The CO supported Policy advocacy with Ministries of Finance (national and State level) to increase financial allocation for the implementation of WEP-PoA. MoWSS supported to deliver a series of training packages on gender analysis, mainstreaming, and budgeting. There are now GFPs in all the sectors and in all the states in the country and all have been trained on engendering budget.	<u>Indicator objective met.</u> Further capacity building to strengthen the GFPs and the Women Centres.
Output 2: Responses to gender-based violence, including female genital mutilation and domestic and sexual violence, and to early marriage are strengthened through improved policies, security and protection systems, and community mobilization, including inemergency and post-emergency situations			
Indicator 1: National strategy on gender-based violence submitted for approval and operationalization	<u>Baseline:</u> National GBV strategy does not exist <u>Target:</u> A draft national strategy on GBV is prepared and submitted for approval.	UNFPA supported the VAW Unit of the MOJ in formulating the National GBV Strategy, which include provision for combating FGM/C; strategy is yet to be ratified by government, but the VAW Units at the national and state level have produced the Strategy's operational work plans. The CO has supported the advocacy agendas of the parliamentarian's advocacy group, journalists, media, health personnel, and civil society campaigns (82 CSOs) to minimise GBV. UNFPA has supported institution and human capacity building to effectively address GBV in Sudan by assisting the VAW Unit in training: 30 women police officers and investigators at national level on the International Conventions of Human Rights and GBV concepts necessary for an appropriate response in managing the GBV issues; 182 community volunteers in integrating FGM/C and early marriage and human rights into RH; 215 members of NGO's, CBO's, NCCW, SMOH (Kosti) in M&E and advocacy skills; (iii) 80 community group members in child rights protection; orientation and advocacy for 95 participants from formal and popular media, together with CRPGs and SCCW's; 750 women in community development at Gadarif University,, with 1-year Diploma. UNFPA also provided technical assistance for the development of the GBV training manual. To manage rape survivors in post-conflict settings in South Kordofan, UNFPA has trained service providers on the Clinical Management of Rape (CMR) and prevention and response to GBV with a special focus on sexual gender-based violence.	<u>The indicator target has been achieved.</u> Future activities to be carried out should focus on capacity building and resource mobilization for implementing the framework.
Indicator 2: Number of sectoral plans addressing gender-based violence	<u>Baseline:</u> FGM/C national Strategy integrated FGM/C in 2 sectors plans <u>Target:</u> Increase of sectoral plan integrated initiatives on GBV (for FGM/C to integrate FGM/C in 3 sectors).	UNFPA has extended support to the state-led processes of reviewing, drafting and ratification of the Child Act, with the result that: (i) the Child Act in South Kordofan ratified with an article banning FGM/C; (ii) the Child Acts in Gadarif and River Nile are pending ratification; (iii) the Child Acts in Red Sea and North Kordofan with an article banning FGM, still being reviewed; (iv) the State Child Act recently drafted in South Darfur includes the banning of FGM/C; and (v) support provided to the SMOH in Khartoum State to draft the RH Law that clearly bans FGM/C.	<u>The objective of this indicator has not been met.</u> However, the activities carried out were preliminary capacity building that will lead to formulation of sectoral plans addressing FGM/C.
Indicator 3: Gender-based violence information and monitoring system in place	<u>Baseline:</u> VAW unit in place and reporting annually from national level <u>Target:</u> 5 states reporting on GBV.	UNFPA has i) supported the government in the establishment of 3 VAW Units in White Nile, Kassala, and Gadarif State; ii) facilitated the formation of a network of CBOs working on FGM/C and early marriage in Gazira Aba (White Nile State) to organise for community mobilisations and develop the awareness-raising strategy; (ii) established the voluntary Child Rights Protection Group (20 youths) in White Nile working as the monitors for FGM/C, early marriage, and maternal health advocacies; (iii) trained 1-year diploma programme on Community Development in the Gadarif	<u>A national GBV information system is not yet in place;</u> with fine-tuning efforts in the areas described could lead to the achievement of the indicator objective. As aptly demonstrated in Darfur, UNFPA is

		University, who later formed 14 CBOs at in their respective communities in order to support the initiatives on banning FGM/C; and (iv) established the Gender Coordination Forum in South Kordofan, chaired by the MSDWCA-VAW, to co-ordinate GBV related activities at the state level; (V) organised regular meetings for the CRPG's; (vi) organised exchange visits for 9 members of the CRPG to relevant institutions in Khartoum and Blue Nile states. A website on FGM/C has been designed; and UNFPA has engaged 220 religious leaders to deliver messages that support the abandonment of FGM; IEC/BCC and advocacy materials with different messages on FGM/C and early marriage developed and disseminated to the target local communities. In Darfur, following expulsion of all NGOs, UNFPA worked with the Ministry of Justice VAW unit have worked together to advocate for upgrading the services to include adult women and men survivors in the Police Child Protection units. UNFPA supported Women Centres in Darfur for the promotion of income generating activities and for combating GBV.	well placed, given its mandate, which includes both Reproductive Health and GBV, to take the lead on a multi-sectoral approach to GBV.
Indicator 4: National policy/laws on appropriate age at marriage developed	<u>Baseline:</u> Family Law existing but needs to be revised <u>Target:</u> Amended and approved family law to reflect appropriate age.	UNFPA supported efforts to further expand outreach to all primary , secondary and passive advocacy constituencies by organizing 6 orientation and advocacy workshops for the media (TV, radio), which resulted in developing and broadcasting of various awareness materials on FGM/C, <u>early marriage</u> , GBV, and other forms of violence against women. Public discourse on age at marriage supported in Youth projects.	<u>The objective of this indicator has not been met.</u> Number of NGOs and CBOs working in the abandonment of FGM and against early marriage has increased by 10 in 2011.

Annex 7: Table showing changes in the definition of output indicators, baselines and targets for Gender

OUTPUT	2009-2010		2011-2012	
	Indicator	Baseline/Target	Indicator	Baseline/Target
Output 1: Strengthened technical and institutional capacity for gender analysis, mainstreaming and budgeting at national and state levels	Indicator 1: Percentage increase in gender focal points and units trained at national and state levels	<u>Baseline:</u> Program of Action for National Strategy fully funded <u>Target:</u> % increase in trained GFP at national and state level.	% of gender directorates regularly reporting on the status of women in five focal states.	T: %100 B/L: 0
	Indicator 2: Percentage increase in budget to strengthen gender focal points at state level	<u>Baseline:</u> 2 GFP trained on engendering budget. <u>Target:</u> 100% of gender focal point at state level trained on engendering budget.	# and types of guidelines and modules produced on gender mainstreaming at national level	T: 2 B/L: 0
	Indicator 3: Number of sectoral plans integrating gender concerns	<u>Baseline:</u> Minimal integration of gender in sectoral plans <u>Target:</u> Full integration of gender concerns in 8 sectoral plans.	# sectoral plans (out of 6) integrating gender concerns at national level	T: 5 B/L: 1

	Indicator 4: Percent increase in project funding to support women's empowerment.	<u>Baseline:</u> 2 GFP trained on engendering budget <u>Target:</u> 100% of gender focal point at state level trained on engendering budget.	M&E system established and operational at the federal level	T: DC tools developed and operational T: reporting tools T: M&E plan operational
			# and types of guidelines and modules produced on gender mainstreaming and gender budgeting at sub-national level	N/A
			# of NGOs, CBOs and institutions supported and trained in gender mainstreaming and budgeting (Added).	N/A
Output 2: Responses to gender-based violence, including female genital mutilation and domestic and sexual violence, and to early marriage are strengthened through improved policies, security and protection systems, and community mobilization, including in emergency and post-emergency situations	Indicator 1: National strategy on gender-based violence submitted for approval and operationalization	<u>Baseline:</u> National GBV strategy does not exist <u>Target:</u> A draft national strategy on GBV is prepared and submitted for approval.	# of communities abandoning FGM/C in 5 focal states (15)	T: 15 B/L: 2
	Indicator 2: Number of sectoral plans addressing gender-based violence	<u>Baseline:</u> FGM/C national Strategy integrated FGM/C in 2 sectors plans <u>Target:</u> Increase of sectoral plan integrated initiatives on GBV (for FGM/C to integrate FGM/C in 3 sectors).	# of CBO's advocating for abandonment of FGM/C and early marriage in 5 focal states (25)	T: 25 B/L :10
	Indicator 3: Gender-based violence information and monitoring system in place	<u>Baseline:</u> VAW unit in place and reporting annually from national level <u>Target:</u> 5 states reporting on GBV.	# of sectoral plans (out of 6) addressing gender-based violence in 5 focal states	N/A
	Indicator 4: National policy/laws on appropriate age at marriage developed	<u>Baseline:</u> Family Law existing but needs to be revised <u>Target:</u> Amended and approved family law to reflect	# of VAW units reporting on GBV issues in 5 focal states	N/A

	appropriate age.	
		Output 1 Targets/baselines for MoWSS
		Output 2 Targets/baselines for AUW-FGM

Annex 8: Community members and MARPs reached, as well as IEC materials and condoms distributed to MARPs

	2009-2010			
State	Community members reached	MARPs reached	IEC materials distributed	Male condoms distributed
White Nile	68,443	1,200	1,250	8,934
Blue Nile	23,561	17,129	21,000	25,160
Gadarif	39,358	2,750	1,200	38,824
Kassala	35,458	1,817	18,260	29238
South Kordofan	31,400	9,700	1,350	2,600
Khartoum	33,037	17,201	16,235	116,581
Red Sea	5,190	2,473	11,000	24,560
Sinnar	33,209	7,890	11,000	9,850
Northern	15,650	560	550	0
Gazira	25,256	9,700	268	21,450
River Nile	33,155	2,050	3,229	2,116
Northern Kordofan	11,450	1,300	3,860	7,000
South Darfur	1,605	580	700	TBC
West Darfur	TBC	TBC	TBC	TBC
North Darfur	4,000	600	1,300	TBC
All Northern States	360,772	74,950	91,202	286,313