REPORT
EVALUATION OF 4TH COUNTRY PROGRAMME
2002-2008

THE GOVERNMENT OF SUDAN

THE UNITED NATIONS POPULATION FUND ((UNFPA))

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Abbreviations and Acronyms

AIDS  Acquired Immune Deficiency Syndrome
AHV  Assistant Health Visitor
ANC  Ante-natal Care
CAFA  Community Animator Friendly Association
CCA  Common Country Assessment
CO  Country Office
CP  Country Programme
CPA  Comprehensive Peace Agreement
CPAP  Country Programme Action Plan
CST  Country Support Team
EDC  Early Detection of Complications
EOC  Early Observation of complication
EmOC  Emergency Obstetric Care
EmONC  Emergency Obstetric and Neonatal Care
FGM  Female Genirtal Mutilation
FMOH  Federal Ministry of Health
FP  Family Planning
GPI  Gender Parity Index
GPs  General Practicioners
GBV  Gender Based Violence
HCP  Health Care Provider
HIS  Health Information System
HIV  Human Immunodeficiency Virus
HV  Health Visitor
IEC  Information Education and Communication
HPI  Human Poverty Index
ICPD  International Conference on Population Development
IUD  Intra Uterine Device
JAM  Joint Assessment Mission
MDA  Maternal Death Audit
MDGs  Millennium Development Goals
MoH  Ministry of Health
MoF  Ministry of Finance
MOSSWWCA Ministry of Social Welfare, Women and Child Affairs
MOGSWRA Ministry of Gender, Social Welfare and Religious Affaairs
MOU  Memorandum of Understanding
MMR  Maternal Mortality Ratio
MMRC  Maternal Mortality Reduction Committee
NCCW  National Council for Child Welfare
NCDS  National Comprehensive Development Strategy
NGOs  Non Governmental Organizations
NPPP  National Professional Project Personnel
OECD DAC  Organization for Economic Cooperation and Development
<table>
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<tr>
<th>Acronym</th>
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<tr>
<td>PAC</td>
<td>Post Abortion Care</td>
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<td>PD</td>
<td>Project Director</td>
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<td>PNC</td>
<td>Post Natal Care</td>
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<tr>
<td>PTS</td>
<td>Project Technical Staff</td>
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<td>QOC</td>
<td>Quality Obstetric Care</td>
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<td>RH</td>
<td>Reproductive Health</td>
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<td>SBA</td>
<td>Safe Birth Attendant</td>
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<td>SDPs</td>
<td>Service Delivery Points</td>
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<td>SGBV</td>
<td>Sexual and Gender Based Violence</td>
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<td>SMW</td>
<td>Sister Midwife</td>
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<td>SOCM</td>
<td>Standard Obstetric Case Management</td>
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<td>SSCCSE</td>
<td>South Sudan Commision for Census, and Evaluation</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>TORs</td>
<td>Terms of Reference</td>
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<td>TOTs</td>
<td>Training of Trainers</td>
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<td>VMW</td>
<td>Village Midwife</td>
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<td>United Nations</td>
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<td>United Nations Development Programme</td>
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<td>United Nations Children’s Fund</td>
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<td>UNFPA</td>
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<td>UNV</td>
<td>United Nations Volunteer</td>
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Executive Summary

The Demographic Socio-economic Context:

The demographic socio-economic context demonstrates: the low commitment for population policy and the paucity of information for effective planning for population development and for addressing the situation of resources, economy, and population movement after the CPA. Despite the economic progress the incidence of poverty is high with considerable variation in poverty levels between and within states. The demographic indicators indicate a critical situation as with increased maternal and child mortality rates.

UNFPA programme – North Sudan

The programme was first designed for 2002-2006 but then an interim programme was considered to cover the period 2006-2008, until the development of the programme 2009-2012.

The Country Programme has three sub-programmes: Reproductive Health; Population and Development Strategies, Advocacy. In 2004 the UNFPA responded to the crisis situation in Darfur by designing and implementing an emergency Programme for addressing the reproductive health and GBV needs. After the signature of the CPA, in 2005, the UNFPA considered the establishment of an office in the South and a special assistance Programme was launched and implemented. The country programme evaluation looked at the programme in South Sudan and North Sudan with specific consideration to the programme of Darfur.

The CCA/UNDAF covered the period 2002-2006. To bridge the gap until the next UNDAF cycle 2009-2012, an interim Programme considered the extension of most of the projects with very minor changes in the projects’ outputs. In the adjusted programme advocacy was considered as cross-cutting while gender considered as component.

Country Programme North Sudan:

- The review of the sub-programmes projects showed that consultation with relevant stakeholders was undertaken but was not inclusive and not planned to ensure local/national ownership. Although the consultation done for the 2009-2012 programme showed some improvements, the UNFPA still needs to reconsider the consultation process more tactically to ensure the commitment of partners and to promote national/local ownership. Specific efforts must be done to ensure engagement of the relevant civil society groups.
- The analysis for design of the sub-programmes and projects documents demonstrated weak capacities in the design of project/programmes and in the reporting capacities. Training on result-oriented programming is recommended for all those involved in programming.
- The design and implementation of the RH, PD and gender components neglected the integration and complementarity of the sub-programmes. The coordination of activities was
generally very weak. The programme approach would help in the logical integration of the processes of the components and in the strategic management of the interventions within the existing contexts.

- There is a need to promote understanding on capacity building and development and differentiate it from training. It is important to consider strengthening of the current process of the manual standardization but the manuals should be reviewed periodically to ensure the cultural sensitivity and relevance to population dynamics. The quality of the training needs to be improved through establishment of roster of trainers for different RH specializations and gender and exposure of trainers to update methodologies and techniques.

- The UNFPA programme had several monitoring and evaluation tools that were not designed to be result-oriented. The effectiveness of monitoring was constrained by the paucity of information on population and development, gender and RH. It is recommended the UNFPA considers need assessment before any intervention and the results should be used for establishing data base. For some issues such as the population dynamics, FP and GBV, KAP surveys and researches are to be planned to update the 2006 SHHS and enrich the data expected from the census. There is a need to change the attitudes and practices among UNFPA staff and partners for reviews and evaluation. The reviews and evaluation should be considered as tools for ensuring relevance, efficiency of the intervention and examining accountability to ICPD/PoA and MDGs.

- The manuals and messages developed for the sensitization of the communities in the programme under consideration should be reviewed to consider the integration of gender, RH, RR, HIV/AIDS, fistula and the population development issues and to emphasize rights and responsibilities.

- The implementation arrangements should consider the current national approach but with strategy to promote the management capacities of partners’ institutions. There is need to consider engagement of CSOs in the implementation arrangements more strategically.

- There is need to extend partnership to the universities in the transitional and war affected areas in the East and Darfur. The universities should be encouraged for researches, studies and courses at the undergraduate and graduate level on population dynamics, RH and gender issues.

- The partnership for the RH, gender and population development interventions needs to be interactive with the government ensuring sharing of responsibilities and resources for results. The partnership with civil society has to be interactive and inclusive. With the other UN agencies and INGOs there is need to strengthen the coordination experiences experienced during the UNDAF preparation.

**RH Sub-programme - North Sudan:**

**Findings, conclusions and recommendations:**

- The mobilization and advocacy for RH helped in the formulation of the RH strategy and in some states the maternal mortality committees were formed. But still the environment is not very conducive to promote RH as i) there is no commitment for resources for capacity building of RH, ii) FP has been neglected in Women
Empowerment Policy and the anti-FGM, iii) the anti-FGM article in Child Law was not changed and to approve practice of the mild type of FGM iii) the political sensitivity to FP is still prevalent.

- The review of the projects’ delivery demonstrated that most of the sub-programme outputs were achieved as the planned activities for training of hundreds of midwives and providing them with kits, the training on EmOC, and syndromic approach for management of STIs for relevant health providers were done. In addition support was provided for the development of guidelines for service delivery addressing standard obstetric case management, and for the provision of equipment to promote the capacity of some secondary health care level (referral hospitals). Furthermore, the sub-programme demonstrated the leadership role of UNFPA in addressing the fistulas. Support for HIV/AIDS education and services were given. But the results of this support were generally very limited for the following: i) no arrangements were done to link the trained midwives with formal health system, ii) the trainings in most cases were poorly planned as it was mostly not based on need assessment and no follow up is done to ensure that impact of training on practices; iii) the promotion of SDPs was for very limited SDPs thus most trained practitioners may not find the needed facilities to practice skills gained in trainings. **Thus it can be concluded that the contribution of support of the sub-programme to access to RH is very limited.**

- Although the sub-programme achievements included a wealth of IEC materials and experiences in the community education on very sensitive issues, yet the community education results were very limited as it was not based on a clear strategy. The sensitization of communities on risks of maternal deaths and safe motherhood responsibilities was done undertaken strategically to address needs of the different groups and the specific cultural barriers, and without ensuring availability of improved community-based care and essential obstetric care. **Therefore, the contribution of RH education to creation of demand for RH services was very limited.**

- Advocacy for promotion of RH should be intensified and target policy-makers and community leaders across Sudan emphasizing their responsibilities to the RH Strategy and the Women Empowerment Policy (and anti-FGM law in case approved). The FMoHRH Directorate should have alliances from the media (TV, radio and newspapers national and private ones) for production of culturally/gender sensitive, well-designed programmes, messages and articles on RH issues specifically FP, FGM and GBV to be delivered on regular basis. Media programmes for adolescents and youth in radio are specifically recommended.

- The strategy to reduce maternal mortality should be more strategic and comprehensive in linking the capacity building of RH human resources, the improvement of the service delivery points and the community education. The entails also focussing on specific priorities of the context without neglecting other aspects. The UNFPA efforts should be coordinated with efforts for promoting RH by national and international actors.
• The training for health providers need further strengthening as follows: a) Targeting the more stable cadre (qualified nurses– the majority being female staying with their families in the states) with training in FP, counseling and other relevant courses would be another scenario that sustain the results of the training; b) In-service training on EmOC should be expanded to all secondary health care facilities in order to raise their capacity to reduce morbidities and mortalities resulting from delays of provision of the adequate care in the right time. c) In-service training on SOCM for VMW should be expanded to cover all previously graduated and currently functioning VMWs in order to secure coverage by trained midwives; d) The campaigns for the treatment of fistula should be intensified in all centers to reach all affected women and raising awareness on RH should consider the fistula causes and complications.

Population and Development Sub-programme- North Sudan:
Findings, Conclusions and Recommendations:
• The findings on the sub-programme indicated the conduction of the census as the major contribution for the North and South. Other achievements included the establishment of NIIS in the CBS and monitoring and evaluation system in the NPC, production of qualified cadre of demographers with noted contributions in few government institutions, some trainings and regional exposure to the NPC staff and their partners and the improved knowledge of policy makers on population concepts and MDGs goal.

• The focus of the PDS should be on strengthening the population information and systems through innovative and unconventional ways of working with specific partners. The UNFPA can consider the formation of an expert group for the preparation of a research agenda on population development issues and population dynamics for academic and research institutions. Some of the researches can be conducted on competitive bases and supported by UNFPA. A priority issue for research and surveys are maternal mortality, GBV, IDPs, KAP on RH of youth and the priority focus for research and should be conflict affected areas. The expert group can advice in identifying the relevant institution for leadership and management of the research agenda.

• The census is one major achievement for the sub-programme. The census was politicized as it is related to wealth sharing. In addition it was conducted in difficult and unfriendly contexts in the conflict areas. The experience of the involvement of the international monitors in the census is new for the Sudan should be documented to draw lessons for the coming election.

• The CBS and SSCCSE are to be supported for undertaking the post-census activities recommended by JAM Clusters Report for Information and Statistics.

• There is need for more focussed approach for the NPC. The UNFPA support should focus on supporting the NPC to consolidate its strengths and design a strategy for building trust and commitment from the government for financial support. NPC should be encouraged to design a fund mobilization strategy.
**Gender Component - North Sudan:**

**Findings, conclusions and recommendations:**

- The National Women Empowerment Policy was a major achievement with objectives for ending violence against women specifically FGM and for the support for the improvement of RH. The component projects produced results including: qualified cadres with capacity for gender analysis, CBOs with commitment for community raising-awareness capacities for gender equality, eradication of FGM, RH and RR and a wealth of training manuals and IEC materials. The support for the NCCW for the anti-FGM initiative is important achievement for strengthening coordination. The pilot anti-FGM volunteerism initiative had had results that encourage replication. The sub-programme noted success stories for empowerment of youth and women for RH advocacy and service utilization. Also good practices of reporting and record keeping are also noted in some gender project.

- The results of the component were limited considering the challenges of gender in the post-conflict Sudan and the period of the programme. More significantly, the component has not been strategically planned for results nor coordinated with the interventions of other agencies. As there are many donors and actors interested in gender mainstreaming and issues UNFPA has to be strategic in its support and focus on gender issues related to RH issues and inequities and GBV.

- A strategy for GBV should consider putting GBV in a gender power perspective and to link/decentralize the Federal state and Darfur initiatives to the states with clear division of responsibilities and coordination perspective, reviewing the current existing coordination mechanisms, lead by UNFPA, for inclusion and participation of more local partners and for creation of local groups for GBV at the community level to link the groups to the communities.

- For the coming programme the gender component should have one outcome and three outputs for i) gender mainstreaming (policies and information) ii) GBV iii) gender awareness. The proposed outputs and related results, to be identified, should help in clear division of responsibilities and coordination of interventions among the old partners but need considering new partners. The MOSWWCA is to focus on the outputs/results related to policies, plans and advocacy for policy at Federal and State levels. IWSGD/Ahfad can take the responsibilities for building capacities of NGOs and universities on gender mainstreaming. The new partners are the CSOs at the state level specifically the CBOs who are to be responsible for community sensitization. The new partners may need mapping and capacity development. The latter would be done by NGOs trained by Ahfad.

**South Sudan Special Programme:**

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The findings for the components sub-programmes of the SS Programme demonstrated results relevant to the context of SS and responsive to the urgent needs of GoSS as well as the community needs identified by the assessments done for planning the interventions.

The current programme was designed as three separate sub-programmes that were coordinated sometimes at the activity level. There is need to change orientation of the staff and partners to be result-oriented and sensitive to a programme approach. That means that there is need to identify results for the activities at the design stage and the implementation processes and the implementers should be oriented to produce results rather than just implement activities.

The RH programme did need assessment for the 10 states before planning interventions and this was considered as one of the best practices that should be followed in all UNFPA initiatives. The recommendation is that the assessment results should be shared and used as baseline for the coming programme.

The sub-programme and project documents’ and reports were available in the office with responsible officers as well as monitoring and evaluation officer but for improved documentation of records for the long term, there is need for a shared drive. A webpage would also make documents available to all interested partners.

The implementation modalities used were the most feasible in the context of South Sudan and with the presence of large number of INGOs with long experience in SS and at the state level. However two issues were noted for modalities used. The direct implementation by the office staff was time consuming but ensured quality of the training and therefore should continue but with involvement of local staff from the relevant ministries to build their organizational capacities. Also it should be as a condition for the partner NGOs sub-contracted for implementation of activities to identify at least one local organization or local staff in the relevant local administration and involve it/him/her in the implementation of the activities, again promoting capacity building.

The team discussed the achievements in relations to the costs incurred and the effectiveness of outputs produced is confirmed regarding the challenges of the difficult environment and lack or the unreasonably high costs of the basics for training and for movement from one state to another. Consequently regarding the critical needs of the SS and the post-conflict challenges the team recommend strongly that budget for the office to be more than doubled from the core resources and a resource mobilization strategy has to be developed and made operational to ensure that the coming programme produce the intended results for promoting peace in Sudan.

**RH- sub-programme- South Sudan:**

**Findings, conclusions and recommendations:**
• The results of RH interventions are indicated in the institutions operational within the Ministry and the teaching hospitals with the basic facilities and the trained health practitioners specifically the midwives and the active coordinating mechanisms. Other results for UNFPA assistance are: the increased access of NGOs working on RH at the state level for RH trained practitioners and RH facilities, the engagement with youth providing them with information and services. The limited interventions at the community level helped in the creation of groups including local administrators, community leaders, youth groups with knowledge and commitment to work together for RH, or ASRH or HIV/AIDS.

• The RH sub-programme had strengths that need to be maintained and intensived to reach more states. These include: training of midwife, EmOC training, rehabilitation and provision of supplies but there should be consideration for following up of those trained to know how they manage the knowledge and skilled gained.

• The adolescents and youth groups initiative stared in Juba needs to be strengthened and the center established has to be used effectively. The initiative has to be replicated in several areas in Juba and other states. But the initiatives should be planned to come out with specific results such as a solidarity group against GBV in one neighborhood, GBV Forum, etc.

• All the RH components need to be integrated and coordinated. This may not be easy in the South Sudan context but at least in the generation of data for the assessment and in the community awareness initiatives, the messages should be integrated considering HIV/AIDS, RH and GBV, fistula issues and FP as well as the rights and responsibilities.

• The maternity ward in Juba Hospital should be assisted to find an effective strategy for addressing shortage of basic supplies.

• There should be more campaigns for fistula to ensure reaching the majority of affected women.

• In addition, raising awareness for prevention of fistula should be intensified.

• The sub-programme has to continue the good practice of conducting need assessments.

• As the implementation is done by NGOs, the sub-programme needs to intensify its monitoring mechanisms to ensure effectiveness and quality.

**Population and Development Sub-programme- South Sudan:**

**Findings, conclusions and recommendations:**

• The main results that can be noted for the PD sub-programme achievements are: availability of a population secretariat as a government mechanism for promoting the population issues; availability of information from established data base including all SHHS; and the improved knowledge of policy makers on population concepts and MDGs goal. Considering the paucity of information noted above the results are important
contributions to the planning process. The sensitization and advocacy to policy makers is timely as in post conflict context the population development issues are likely to be inadequately conceptualized with the other post-conflict urgent issues of security, poverty and the different governance issues.

- The sub-programme should use the available data for intensive consultation on priorities for effective planning for reconstruction and peace-building. That should consider involvement of local governments in the data generation to be relevant to the decentralization. Plans for dissemination of the existing data to the relevant states and for collecting data for priority states and locality should be considered.

- Support should be provided to the Population Secretariat, established, for having a strategic plan that considers strengthening its roles and responsibilities at the state and local level.

- Capacity development for Population Secretariat should be extended to other government institutions for analysis of sectoral indicators.

- The fora on population Development should reach the states and localities with prioritization of the states with the highest maternal mortality rate. Efforts should be made to consider participation of the local organizations in the fora. But the effectiveness and results of the fora should be assessed after six months to take decision for its strengthening or discontinuity.

- The sub-programme should consider seriously the **two opportunities:** i) the commitment of the government and ii) the interest of the donors in supporting PD programmes such as census, researches and capacity building for strengthening the above results and addressing the tremendous needs for information and data on critical population issues.

- The SSCCE needs to be supported for the analysis and desmination of the census data, for updating DevInfo system with census data and for implementation of the post-census activities as suggested in the JAM Clusters Report, Statistics and Information Cluster.

- The collaboration and coordination with research institutions for census data analysis and for researches and surveys is very crucial at this critical moment as it came in the work plan of the current SS programme.

**Gender Component-South Sudan:**

**Findings, conclusions and recommendations:**

- The results of the component assistance were substantive and indicate clearly the relevance and timeliness for the post-conflict situation. In fact, office premises, furniture and equipment are the basics for a start for the new Ministry. The Gender Policy was the road map for the newly-established MGSWRA. The sub-programme maintained the leadership role of UNFPA for coordinating GBV strategies and responses and in fact excelled in endorsement of GBV strategy.
• The gender sub-programme successfully contributed to addressing the priority needs for promoting gender development in South Sudan post-conflict situation. There is need to strengthen the sub-programme achievements considering the following:

• The Community Training manual for GBV is a good initiative and inclusive to basic related issues and perhaps unique for the Sudan. The manual is still a draft. Thus there is a chance to review it so that GBV is put within the perspective of gender power relations and should emphasize the reproductive rights and responsibilities issues.

• The sub-programme should revise the ToRs prepared for GBV TF to promote its role from coordinating for specific events to be an effective coordination mechanism for coordinating GBV and all gender development initiatives. Efforts must be put to ensure the commitment of MoGSWRA to the TF and representation of local groups must be considered.

**UNFPA Darfur Programme:**

The UNFPA initiatives in Darfur had major achievements including: institutionalization of RH in PHC services in the camps and in other regular health service institutions; the strong partnership with those providing services in the camps and more significantly with the government institutions; the establishment of coordinating and supporting mechanisms in collaboration with states’ governments and other actors in Darfur; the capacity building for RH practitioners and institutions and the provision of needed supplies and commodities and the coordination for assessment and data generation.

The UNFPA has been the lead agency on GBV in Darfur. The intensive trainings undertaken by leadership of UNFPA during the last three years had the following results 1) existence of knowledge and concerns among some officials in Darfur with GBV prevalence in the conflict areas and camps 2) the improved capacity of trained health staff in Darfur states to provide comprehensive, confidential, post-rape treatment to survivors and 3) improved capacity of targeted government staff to provide minimum, basic emotional support to GBV survivors.

**Conclusions and recommendations for Darfur Programme:**

• The UNFPA initiatives in Darfur had major achievements including: institutionalization of RH in PHC services in the camps and in other regular health service institutions; the strong partnership with those providing services in the camps and more significantly with the government institutions; the establishment of coordinating and supporting mechanisms in collaboration with states’ governments and other actors in Darfur; the capacity building for health practitioners and institutions and the provision of needed supplies and commodities and the coordination for assessment and data generation.

• The UNFPA has been the lead agency on GBV in Darfur. Considering that the GBV treatment and counselling never existed and the intensive trainings undertaken by
leadership of UNFPA during the last three years the following results can be cited: 1) knowledge and concern among some officials in Darfur with GBV prevalence in the conflict areas and camps  2) the increased capacity of trained health staff in Darfur states to provide comprehensive, confidential, post-rape treatment to survivors and 3) increased capacity of targeted government staff to provide minimum, basic emotional support to GBV survivors.

- UNFPA should consolidate these strengths and address the challenges as well as start early recovery initiatives to ensure that RH is taken in consideration in the post-conflict context and with the start of the peace-building momentum. This may further help to ensure that the resources availed during the war continue to be used in the post conflict situation and strengthened further for peace-building process.

- For the coming programme UNFPA should continue its support to the current partners for the RH and GBV services, But at the same time the CO office should: 1) *update* the mapping of the health cadre trained in the Darfur Emergency Project;  **arrange for an assessment** of i) the quality of services provided by partner organizations in the three states; ii)the use, distribution and management systems of FP commodities, and the treatment for GBV survivors; iii) the functions of the women centers and their prospects in providing assistance in GBV prevention and empowerment of GBV victims; 2) *process the data* produced to be the **baseline for the coming UNFPA programme** and **consider improving the information system** in use; 3) *arrange for discussion* of the assessment results and with the states’ governments and other actors and donors, interested in Darfur, **design intervention strategy** for RH aiming to consolidate the on-going initiatives and start early recovery processes that address needs of the Darfur States for integrating RH in PHC system. 4) *design a separate strategy for GBV*, if possible to be coordinated and integrated with a national one suggested for the coming UNFPA programme – gender component; **conduct a research** on KAP reslated to RH specifically FP and **deseminate research result** to policy makers; 5) **conduct a mapping of local organizations** to identify those with concerns for advocacy and awareness raising for RH and GBV and provide support to build their capacity tand involve them in the implementation of the strategies proposed.

**Lessons learned:**

The lessons learned covered three issues: the design and implementation of the programme, the partnership and coordination and the monitoring and evaluation.

**General Recommendations:**

The recommendations for the way forward consolidated all the above recommendations and foussed on the programme design and implementation.
INTRODUCTION

1.1. Country Demographic and Socio-economic Context

Background

Sudan with its largest area in Africa has the population of about 36 million, the majority of which (72%) live in the rural areas. Sudan is ruled by a decentralized federal system of government. The government of South Sudan (GOSS) represents an autonomous level of governance with its ten states governments under the GOSS. There are great variations among the states in the level development and still the decentralization process has not been effective.

Despite the socio economic progress in the last years Sudan is still a low income country which ranked 139 out of 177 countries based on human Development Index (0.505) for the year 2005, and according to Human Poverty Index (HPI) Sudan ranks 53rd among 88 developing countries. The incidence of poverty is high with considerable variation in poverty levels between and within states.

The signing of CPA (2005) has provided good opportunities for development initiatives in the country. The Joint Assessment Mission (JAM) was set to determine the developmental priorities to be addressed by the country and its donors. One important issue considered by the JAM is the limited information base. The need is not only for the basic data on the economy and land, there is urgent need for community- based data on RH specifically maternal mortality and related factors such as harmful traditional practices, FP and access utilization of RH services as maternal mortality is an indicator of poverty and a constrain to development.

The demographic indicators highlight the critical situation of population in Sudan. About 45% of the total estimated population (SHHS, 2006) was below the age of 15 years. The population of less than five years children was estimated at 14.8% and women in the age 15-49 constituted about 22% of the estimated total population. The HDI are very poor for Sudan as only 53.7% of children of primary schools age in Sudan are attending schools, implying that a significant proportion of them remained out of school, the infant mortality rate (IMR) in Sudan as a whole was 81 per 1000 live births, with great variations among the different states. (SHHS, 2006)

The Reproductive Health (RH) data show that the percentage of women aged 115-49 years currently married or in union who were using contraceptive method was only 7.6% with the highest rate in the Northern State (22.4) and the lowest in Jonglie (0.1%).
The findings of the SHHS (2006) indicate that 69.6% of the pregnant women received antenatal care (ANC) one or more times during pregnancy. The percentage of pregnant women receiving ANC at least once during pregnancy was highest in Khartoum (94.8%) and lowest in Jonglie (22.4%). In Sudan as a whole, 63.7% of women aged 15-49 years who gave birth in the two years preceding the survey had received ANC from qualified health personnel (physician, nurse or midwife). 14.5% received ANC from a medical doctor, 20% was attended by an auxiliary midwife while about 12.7% was attended by a nurse/midwife.

Concerning maternal mortality ratio, the complications of pregnancy and child birth are a leading cause in the country for the death among women of reproductive age in Sudan. The maternal mortality ratio (MMR) estimate indicate that the national average 1107 per 100000 live births with a large variations ranging from 94 in the Northern state to 2327 per 100000 live births in western Equatoria. That shows the serious magnitude of the set back for this indicator.

The demographic indicaors generally are worrse for the rural areas in all states in the north, east and south and the condition is more serious in Darfur with the continuity of the conflict and the desperate situation in the IDPs camps.

The gender situaison in Sudan is rather critical. The gender gap in education, job opportunities, access to resources and political partoicpation are wide and unfavourable to women as compared to men. The majority of women in the south, west and east are experiencing poverty violence and injustices. Many men are in IDPs camps with no resources for production. The Gender Based Violence has been the major obstacle recently for women in many communities, adding to the heavy toll of high maternal mortality, the resistance to family planning and the preference to high number of children. Thousands of young men and women are jobless and lack knowledge for protecting themselves from risks of STIs/HIV/AIDS.

The demographic indicators and the socio-economic dynamics demonstrate the challenges to the realization of the MDGs.

1.2. Background to the End of Programme Evaluation.

The 4th Country Programme 2002-2006 had been developed in consultation and close collaboration with the relevant government institutions, NGOs and UN Agencies to continue the UNFPA suport for the improvement of quality of live of the Sudanese people. The Programme was built on the experiences and achievements of previous UNFPA programmes and designed with consideration to the national priorities. The documents consulted included: the National Comprehensive Development Strategy (1992-2002), the Sudan Programme of Action for Development (2001-2010) and the Government Reproductive Health policies and strategies, the Country Population Assessment (undertaken jointly by UNFPA with the Government and NGOs) and the UNFPA sponsored National Safe Motherhood Survey – 1999” and the draft
United Nations Plan of Action which is a combination of the modified common country (CCA) and United Nations Development Assistance Framework (UNDAF).

The 2002-2006 Sudan Country Programme Cycle sets as its objective: “to contribute to the creation of a peaceful enabling environment conducive to the fulfillment of rights of the Sudanese people to survival, development and equal participation”

The Country Programme has three sub-programmes outputs:
- Reproductive Health; providing support to strengthening the reproductive health commodity security with an objective to reach a contraceptive prevalence of 15% by 2006;
- Population and Development Strategies, with the purpose of contributing to an integration of population policy that reflects the effects on national development and sector policies, plans and programme of such factor as migration, labor force requirements, environmental safety, the health-care needs of women, adolescent, youth and older population, and ethnic conflicts.
- Advocacy, with the objective of creating an improved environment conductive to reproductive health, reproductive rights and gender issues.

In 2004 the UNFPA responded to the crisis situation in Darfur by designing and implementing an emergency Programme for addressing the reproductive health and GBV needs.

After the signature of the CPA, in 2005, the UNFPA considered the establishment of an office in the South and a special assistance Programme was launched and implemented.

The CCA/UNDAF covered the period 2002-2006. To bridge the gap until the next UNDAF cycle 2009-2012, an interim Programme considered the extension of most of the projects with very minor changes in the projects’ outputs. In the adjusted programme advocacy was considered as cross-cutting while gender was considered as component with specific projects.

A review of the North Programme was done in 2003, a mid-term review/self assessment was done by UNFPA and partners in 2004, an evaluation was done for the Darfur ECOH dunded components in 2007 and 2008. An evaluation to the PD sub-programme in 2007 and conducted in 2007.

The current report is an end evaluation for the 2002-2008 UNFPA Programme.

1.3. The Purpose and Objectives of the Evaluation

According to the ToRs the purpose of the evaluation is:
To make an overall judgment about the effectiveness of UNFPA Programme 2002-2008 in Sudan, and to generate knowledge about lessons learned and good practices that would be considered for the formulation of the upcoming country Programme 2009-2012.

The objectives of the evaluation are three fold: to ascertain results (output, outcome, impact) of the UNFPA Programme 2002-2008 in Sudan, to assess the effectiveness, relevance, and efficiency, impact and sustainability of the Programme; to identify the gaps that can be addressed by the upcoming country Programme 2009-2012; and to draw some of the lessons learned and good/best practices.

The Evaluation Terms of Reference (Annex1) emphasize the identification of the Programme’s strengths, weaknesses, and the gaps that would be considered by the upcoming programme. Specifically, the evaluation aims to reflect on the Programme quality of delivery and management; to identify lessons from successful strategies; and to give the stakeholders the opportunity to have a say in the Programme’s outputs, results and quality.

1.4. Structure of the Evaluation Report:

The report consists of six sections. The first section, the introduction, presents the country socio-context and the background for the evaluation; section two explains how the evaluation was undertaken specifying the methodological approaches and the data collection tools; section three includes three sub-sections that deal with the findings as well as the recommendations and conclusions relating to RH, PD and gender components for the North Sudan, South Sudan and Darfur emergency programme. The fourth section highlights the lessons from the CP and the recommendations that should be taken in consideration for the coming programme. The Annexes included are those providing insights into issues included in the text.

2. Methodology:

The Terms of Reference has clearly indicated the importance of a participatory methodology that includes a combination of tools and stakeholders. The evaluation followed the established OECD DAC evaluation criteria in the way that the methodology design was structured and the questions were developed and organised.

The approach to the evaluation, is issue-driven and participatory. The issues of the Programme and projects’ design, delivery and performance had been taken as basis for the development of evaluation questions. The data collection processes intended to ensure a high degree of participation by all key stakeholders. The evaluation team prepared an interview guide and checklists are considered for specific issues, observation or for specific individuals or groups. In
addition, specific criteria are developed for the identification of best/good practices and success stories.

The evaluation process included three phases: in the first phase the team developed an inception report and discussed it with UNFPA staff in Khartoum and then started the desk review and some interviews in Khartoum. The second phase included visits to the states-Gezira, Gadaref, Kassala, South Kordoofan and the White Nile. In South Sudan, the team worked in Juba only and for the time constraints was not able to visit the states and a debriefing to the office staff was conducted. The third phase finalized the meetings in Khartoum and gave a presentation on the preliminary findings to the UNFPA CO staff.

2.1. Data Collection Methods

The evaluation methods comprised a mix of desk-based review of existing reports, and secondary data and interviews, group discussion and observation.

Desk review: This is done based on the check list prepared to ensure the comprehensive coverage of the evaluation questions and a consistent approach to the documents’ reviewed.

The relevant studies, national assessments, specific peace agreements, JAM reports, UN country analysis and other existing relevant surveys and reports were examined to provide an analysis of the demographic and socio-economic context, articulating the issues of population dynamics and development, advocacy, RH challenges and the gender issues.

A comprehensive literature review of the existing documents of the CP and the Special Programme of South Sudan including: the sub-programme and project documents, reviews, programme assessments, annual project reviews, annual reports, was undertaken to reflect on the background, relevance to the country context and the achievements of the projects’ implementation.

The evaluation for Darfur Programme was based mainly on desk review of the available documents including annual progress reports and latest 2007 and 2008 evaluation reports.

Group discussion: The team prepared gender –sensitive guidelines for issues to be discussed according to the special role of the group in the programme/ project. Specific questions on the results of the implementation, constraints, lessons learned, partnerships, coordination and sustainability were included. Group discussions were carried with projects’ directors and the staff, relevant officials in the ministries and beneficiaries. Group discussion was carried out with project directors and UNFPA staff in Khartoum on partnership and coordination.

Semi-structured interviews: Based on the evaluation questions developed some topic guides were prepared prior to interviews to help ensure systematic coverage of questions and issues with consideration to the differences of involvement of the persons interviewed in the programme. As
the guide is semi-structured, the interviewers had had chances to explore the unforeseen avenues of enquiry as issues arisen. Semi-structured interviews were used with the heads of academic institutes, the directors senior officials in the governments’ ministries and relevant staff of the UN agencies and the embassies.

*Observation:* This was used mainly for service facilities in Kassala, Juba and Khartoum and for interaction between service providers and clients in the hospitals and health centers. The observation was based on specific criteria and checklists.

### 2.2 Limitations of the Evaluation

One of the limitations was the poor record keeping for the project documents. Most of the reports for 2002-2004 were not accessible mainly for high turn-over of project directors. The quality of reports is also a limitation. Most reports just confirm that the activity is done without explanation of the issues raised or discussed, number and gender of participants in case of trainings or sensitizations and it is very difficult to come out with results from activities narrated in modest reports. That made most of the findings very general and most of the results noted were identified by the evaluation team during the discussions.
3. **FINDINGS**

**North Sudan**

3.1. **Reproductive Health Sub-programme:**

*Sub-programme objectives, outputs and strategies*

The RH sub-programme is expected to contribute to three outcomes including: policy environment promotes RH/R, access to comprehensive RH services is increased; demand for RH services is strengthene. The RH sub-programme Result Resourses Framework included the activities for the output and some indicators related to the four prority areas of intervention in RH including: the capacity building (involving both the sites for service delivery in terms of rehabilitation and equipping and the service providers in terms of basic training and in-service training); advocacy for RH; upgrading, or even creation of, sound health information system; and service delivery.

The RH sub-programme was designed to be jointly executed by UNFPA and the relevant government institutions at the Federal and state levels. The UNFPA execution role was confined to provision of equipment, contraceptives and essential drugs. Technical backstopping and specific expertise was provided by UNFPA Country Support Team (CST).

The sub-programme output was expected to be produced by the sub-outputs of nine projects designed to be implemented in Khartoum and other states in the north. (See Annex 1 for outputs and achievements of RH Sub-programme projects)

3.1.1. **SUD/2002/PO1-Capacity Building to Promote Reproductive Health– Federal Ministry of Health**

*Assessment:*

It is clear that the document had been designed in a way that respond to the real needs and challenges to RH as the intended capacity building activities for RH health cadre, the areas identified for training, the technical assistance and the institutions capacity development focus on reduction of maternal mortality.

However, some inadequacies can be highlighted in the design as some activities were not properly designed to produce the related outputs, for example, the Output (Information pertaining to RH policy, situation, problems and service gaps are provided on timely bases) could be addressed by activities directed to exert improvement of the information system yet the two activities in the document (formulate base line information on RH care providers, SDP and availability of required supplies and requirement against the standard) were not relevant;
The progress reports of the project demonstrated that most of the activities planned were undertaken. But there are some that were delayed to be carried in 2009. Some results can be highlighted from the achievements; i) The RH Directorate has a RH strategy ii) improved capacity of the FMoH to conduct training with standarized manuals; iii) improved capacity of the service delivery points, supported by UNFPA, with the needed supplies and equipment for providing RH services and for addressing women need for FP commodities; iv) increased number of SBA providing services to pregnant women and able to take the right decision of referral and that is expected to minimize the delays.

However, it should be noted these results are very minimal and limited regarding lifetime of the programme under evaluation and the needs for the reduction of maternal mortality. The trainings focussed on promoting technical capacities of RH providers without considering strategically the specific constraints and problems at the locality and community levels.

The training for the enhancement of supportive supervision was considered an important achievement but its operationalization would likely to be faced with constraints of ineffective decentralization and limited resources and facilities at the local level.

**Issues:** The interventions of the FMoH had not addressed the specific challenges and constraints to family planning including misconceptions, limited awareness of FP among communities and lack of an effective strategy for promotion of FP.

**Conclusions and Recommendations:**

- It is apparent that HIS was not given the needed consideration. Thus it remains a gap that will constrain the planning and programming for RH.
- Another gap noted is the mapping and need assessment of RH cadre that is basic for planning and monitoring of accessibility, quality and coverage of services.
- The FMoH needs to undertake a KAP research on FP and design an advocacy strategy for FP with consideration to the cultural diversity and sensitivity of the issue and to ensure improved knowledge, awareness and utilization of commodities. The strategy should consider building alliances with influencing politicians, religious leaders and decision–makers. The management system of FP needs assessment and reconsideration to consider storage of commodities noted in some projects.
- The FMoH needs to consider a national strategy for RH education that specifically considers the radio and specifically private channels as means to reach women, men, adolescents and youth. The strategy should include an effective monitoring system.
- The training of medical assistants on FP and ANC need to be expanded to utilize the available technical cadre to the maximum. This can be done more systematically by integrating RH issues in the curriculum of medical assistants’
schools to sustain the knowledge and skills but short courses for MA are needed to strengthen their skills and update their knowledge. This is a responsibility of the FMoH.

- The RH Directorate at the Federal level has to advocate for the recruitment of trained village midwives and should build alliances and synergy with the Parliament Health Committee. RH dialogue forum can be established with membership of politicians and influencers and CSOs partners to discuss and to coordinate RH issues. At the state level the MMR Committee, planned/formed, would do the functions of the forum.

- There is need for clear plans by the FMoH and States’ ministries for effective decentralization with clear responsibilities of Federal and State RH directorates in capacity building and access to resources while emphasising coordination and sharing of information, experiences and best practices.

- To strengthen training capacities and standardization initiatives and to maximize utilization of human resources it is crucial for the FMoH to develop a roster of trainers and trainees by training undertaken and by state. The roster can be done as a data base that has to be updated quarterly by Directorates at Federal and state level and shared with all relevant institutions. The roster should be used for selection of trainers and for considering strengthening their capacity and for their exposure to more advanced trainings methods and issues. The roster also should be used to reflect on the health cadre turnover and address gaps in cadres needed and consider needs of the trained persons in new premises. The roster can also help in monitoring of the trainees and providing further trainings to ensure capacity building of needed skills.

- The managerial arrangements of the project need to be reconsidered to specifically activate the steering committee (SC) to undertake full responsibility of the project decision for resources and to promote coordination in the management of the project. But that entails reviewing the composition of the SC to include all relevant stakeholders and adjusting the ToRs to ensure the accountability of PD to SC. One of the basic responsibilities of SC is to institutionalize the project within RH Directorate and FMoH plans and budget. If this is done adequately, the project will be integrated in the Directorate plans and that would help in securing some budget allocations and would gradually promote local ownership of the project.

3.1.2. SDN6R203- Capacity Building to Promote Reproductive Health– Gezira State

**Assessment:**

The outputs and activities intended by the project are quite relevant to the problems and priorities of the Locality. The work plans suggested a long list of indicators for the monitoring of the
project activities and to facilitate reporting. But most of the indicators were activity-oriented, some were inadequately or vaguely designed and others were completely irrelevant to the activities or outputs in the WP.

The project had good contribution to the improvement of RH practices and service providers’ capacities in the target locality. All the achievements contribute to some improvement in the access to quality Maternal Care and EmNOC services and information in the locality.

The establishment of infection control committees in Elmanagil hospitals was a result of the training and an important mechanism for promting a culture of infection control. But the committees are not yet functionnning effectively and with the expected discontinuity of the project the committees were likely to disappear. The concern for maternal auditing at the locality and ministry level can be considered as an achievement of the project activities but was most likely to fade away soon with the expected withdrawal of assistance and in the absence of an exit strategy.

Regarding activities implemented and budget allocated it can be noted that the process was cost-effective. The implementing staff tried to manage activities efficiently coordinating their efforts and resources with other units in the State Ministry to reach the locality and as many service providers as possible.

Issues: Despite that most of the activities were done according to the plan, it was difficult to confirm that outputs were produced. This is because of the deficiencies in the design of outputs and activities.

The project demonstrates the problem of the ineffective decentralization as the project though focusing on a locality but was totally managed and controlled by the RH Directorate in the State Ministry and the locality remained just a recipient.

Another issue is that the research results were not considered for dissemination for use by planners and or for raising awareness.

The main constraints to delivery mentioned by the project staff, was the delay in the release of funds from UNFPA CO although the PDs used to send the financial report according to format and timely.

Regarding the maternal mortality rate, the Gezira is not among priority states, thus the project is unlikely to continue and there is very little possibility for project activities to be sustained.

Lesson Learned: Unless there is strong justification for intervention in a state or locality and unless there is opportunity for continuity of support to ensure the sustainability, the support is likely to be a waste of resources as limited achievements and impacts will fade away soon.
**Recommendation:**

- The Experience of working with the locality has to be discussed for lessons learned as UNFPA has to promote its engagement at the locality level to reach the most vulnerable groups. Experiences from Egypt and other African or Arab States can be sought.

**3.1.3. Capacity Building to Promote Reproductive Health - El Gadarif State**

**Assessment:**

The design has similar problems of logical framework and indicators as other projects. The interventions planned were relevant and addressing core problems in the Gadaref State. The management arrangements were also centered at the State MoH which tried to be inclusive of all localities in the capacity building processes.

Most of the activities were achieved and very few were delayed mainly waiting the standartized manuals to be produced by the RH Directorate at the federal level. The activities can be considered as important contribution to the improvement of capacity building for RH services in the State as the currently trained midwives will soon be providing services within their communities. The EmOC services were enhanced by trained doctors although the quick turnover of doctors remained as a constraint as the training has not been planned to consider new comers.

An important achievement for the project was the formation of a youth as well as a media professionals groups for raising awareness on HIV/AIDS. But there were no clear plans for capacity building for these groups to be independent and committed for continued community education.

From observation the team noted the effectiveness of support for rehabilitation and provision of equipment for midwifery school. The discussion with the staff and students demonstrated that the students were from the different localities in the State, had the basic knowledge for their career and were aware of their responsibilities in combating FGM practices.

To address the constraints of midwives in provision of services and motivate them, the RH Directorate took the innovative initiative of the design of a local ambulance, (a cart pulled by a donkey) for use by the midwives. The ambulance is expected to help midwive to available where she is needed in the right time and that in turn would shorten the delays in referral. However, the cart would also be used for income generation for the midwife mainly in water distribution by connecting the tank instead of the ambulance. This is an initiative that needs assessment for its effectiveness, cultural and gender sensitivity as socially that water distribution by cart is dominated by men.

**Conclusions and Recommendations:**
- As the Director General of the State MoH assured that the Ministry has no commitment for RH capacity building, there is need for a strategic and participatory approach to promote local ownership of the project.

- It is important to consider strengthening of the media and youth groups to be functional, independent and engaged effectively in community sensitization on issues of RH, RR, gender, FP and HIV/AIDS. The groups should be linked to the anti-FGM committees in the State formed by NCCW initiative to ensure coordination and complentarity of messages and activities.

- The local ambulance initiative should be assessed, supported if proved effective and expanded to cover SBAs in the state. Replication of this initiative in other states sharing similar characteristics of the Gadarif State should be investigated and supported.

- The RH and HIV/AIDS activities should be integrated in messages for the community. Use of peer educators has to be explored and considered for promoting demand for RH services.

3.1.4. Capacity Building to Promote Reproductive Health- Kassala State

Assessment:

The design of this project document had the same deficiencies as other sub-programe project documents in addition the workplans include unspecific and unclear activities such as the activity “advocacy component” and activity “supervision and follow up for midwifery services in the states” and “consultancies for reporting and technical assistance”. The monitoring and supervision was put as an output and its activities were very general.

The main achievement of the project was the training of the midwives. The selection took in consideration the representaion of the different localities. However, no provisions have been made to ensure that midwives will go back to serve in their home villages. There is the risk that the midwives would prefer to work in towns to secure incomes.

The local radio was used to reach large groups of population in the state with messages on risks of HIV/AIDS. This should be an adequate approach but needs to be planned strategically to address the risky cultural practices known in the State among the different groups.

Issues: It is very difficult to elaborate on the training undertaken as the PD avoided meeting the evaluation team and took all relevant files and document with him. The information was taken from the newly appointed NPPP who had been acting as deputy PD in the period December 2004-October 2006.
The main problem of the project was the lack of interest from the State Ministry as indicated by i) the insistence of ex-minister to take the project vehicle for his personal use for a long time, ii) the reluctance of SMoH to change the PD who caused the delays of project activities despite that UNFPA raised the issue to the Ministry several times and iii) the confirmation of the current Director General to the evaluation team that the Ministry will not allocate resources for RH capacity building, if UNFPA assistance stops. The UNFPA CO initiative of recruitment of NPPP would address partially the problems of the project as the NPPP succeeded in giving support for implementation of delayed activities. These issues demonstrate that UNFPA has to take in consideration seriously the building of local ownership and ensure the government commitment to the RH priorities before starting interventions.

**Conclusions and Recommendations:**

- The start of the next cycle of UNFPA support for the State has to be planned differently with intensive advocacy and building of alliances that ensure commitment to the intervention not at the state level only but at locality level. But that can be done effectively only if joint efforts were done with other UN agencies and INGOs for need assessment to avail data for advocacy and programming.

- UNFPA should identify the other international actors supporting RH in Kassala to coordinate resources.

- The youth coalition created in El Gadaref should be considered for Kassala State. The next programme for this State should start with mapping and assessment for the RH service providers including those trained to identify the gaps and plan for increased access, improved quality and coverage of RH services.

**3.1.5. SDN6R203 Capacity Building to Promote Reproductive Health-White Nile Project**

**Assessment:**

The outputs considered were relevant to the priorities and challenges of the State as confirmed by the Minister of SMoH in the meeting with the evaluation team.

Almost all the training activities for VMW and HV were achieved in time and it can be confirmed that related outputs were delivered. Regarding the achievements and the funds allocated the interventions can be considered as cost-effective. With the technical assistance of the NPPP, the activities were implemented with efficiency.

**Issues:** The training of medical assistants on FP would be an isolated if not compounded by intensive community raising awareness to promote demand for services and FP commodities.
The wide concern among government officials with reproductive health indicated in the resource mobilization initiative for RH, was considered by the evaluation team as an encouraging result that should be utilized for creating long term commitment for RH in the State.

**Good practices:**

- Involvement of CBOs together with the government in the implementation of activities is a *good practice* that indicates a sense of ownership at all levels.

- The involvement of state legislative councils, CBOs and the private sector in the campaign for reduction of child and mother death is an opportunity and a *good practice* for the project that need to be taken in the up-coming UNFPA programme.

**Conclusions and recommendations:**

- The official concern of the State for the RH should be translated into commitment from the government for budget for RH as the fund mobilization done was a shift of responsibilities to the private sector and communities and that may stop at any time and may have negative effect of community resistance to RH. The advocacy for budget allocation for RH from the State budget should be considered. The state should be responsible for specific outputs for improved RH facilities. UNFPA role would then be complementary. This would be a demonstration of concern and use of mobilized resources.

- The coming UNFPA programme should strengthen the engagement of the current (and the next) State Legislative Council in advocacy for RH specifically for FP.

- Opportunities for collaboration with and support from the private sector should be assessed and considered strategically.


**Assessment:**

There was inadequacy in the design of some activities such as “participation of project staff in external meetings, study tour, training and workshops”. Another issue in the design was the activity for condom distribution. It was put without consideration to the cultural sensitivity related to the condoms in the area. The basis for estimating the number of condoms to be distributed yearly was not clear. The explanation given by the PD of relating the 500 condoms for year one to the population of the target area was also not justifiable. Again the distribution by CHP who were non-professional cadre was not an adequate approach.

The project results were quite evident in the continuity of the services of the Center with quality after 2 years from stoppage of UNFPA assistance. The Center has been well managed by the
NNGO and working independently with no external assistance. The results as related to the budget conform further the cost- effectiveness of the interventions and efficiency of delivery. The establishment of the new buildings following the MoH standards for health centers and proper keeping of assets and medical equipment and diagnostic facilities was a clear prove of sustainability. The Center had been capable in maintaining the service delivery through cost-recovery model using affordable user's fees.

The success of the intervention is related to several factors: i) the initiative is community- based and the close interaction among women enhance demand for services; ii) the availability of the Center in the area iii) most of the practitioners providing services are living in the area thus influencing demand for services through their interaction, iii) the interest and competence of the SFCA in providing quality services.

_Success story: Impact and Sustainability:_ The impact of the project was confirmed by the interviews of women attending the clinic. The Evaluation Team met cases coming for ANC for the second and third pregnancy but with spacing as a result of information and assistance provided by the Center. The team interviewed young women coming for the first time to the center encouraged by their friends and neighbours and relatives who are regular customers to the Center. It is evident that there is demand for RH services

**Issues:** As stated in some project reports and encountered in the random sample of clients met by the evaluation team, the problems of early marriage are still prevalent. Pregnancy before 20 is a common problem encountered in the Center and the team met two cases. This problem justifies more advocacy efforts in the area.

**Lesson learned:**

- Local NGOs with capacities and grass roots experiences are the best partners for sustaining the support and interventions and promoting local ownership.

**Recommendations:**

- The Center is working in an area characterized by high population dynamics and large groups of IDPs/ migrants, thus it may be worthwhile for UNFPA to resume its support to the Center in strengthening the health education currently undertaken in the center to be extended to the community to reach the new comers and update the knowledge of the communities in general.
- The support should consider addressing the GBV among new comers to the area as indicated by the cases of early marriage.
- The SFCA should be supported to mobilize the CBOs in the area to build their capacities for community education specifically for FP and HIV/AIDS prevention.
3.17. SDN6R203: Averting Maternal Mortality in Nuba Mountains - South Kordofan

Assessment

The project was designed to carry out a wide range of relevant activities including capacity building and service provision. Objectives were broad and outputs wording were not specific. The focus of the improvement of RH for 163000 married women in the Nuba Mountain areas needs further specification as to the localities or area and more justifiable explanation and criteria of selection. In addition, the “full enjoyment of their reproductive rights” in the main aim seemed unrealistic.

The replenishing of the used midwifery kits is an important activity for sustaining quality service and more relevant to the post-conflict situation as the long years of war deprives practitioners from basics supplies.

The document succeeded in highlighting an important PHC principle (community participation).

Most of the planned activities were achieved except for the procurement and delivery of modern contraceptives and FP commodities as these have been delayed at the federal level.

The RH Team Leader and NPPP helped the Directorate in ensuring community participation in several of the raising awareness sessions undertaken. The project was successful in formulation of the Maternal Morbidity Reduction Committee at the state level with specific terms of reference. The Committee was launched in the celebration of Mothers’ Day. In addition, two technical groups including senior obstetricians were formed in Dilling and Kadugli Hospitals for Maternal Deaths auditing.

The project provided technical assistance to the Ministry to develop the five year strategic plan. In addition, during the implementation, the GBV emerged as a serious problem in the state in addition the project was requested by the Ministry of Social Welfare to consider addressing the GBV problem. With the approval of the SK-MoH, the project responded by arranging discussion with all the concerned local and international partners and is leading the process of formation of a GBV coordinating committee for a strategic response. All partners met commended the leading role of UNFPA as represented by the Team Leader and NPPP in leading RH interventions and GBV initiatives.

The Project Team Leader contributed to the needs assessment in one of the crisis situation and helped in coordinating responses including RH issues and that leading role is commended by other UN agencies and International organizations. UNFPA leadership role on RH in the state is recognized by the international actors who mostly approach the office to ensure coordination of
their activities with UNFPA, the case of WB and Midair organization. It is apparent that despite the constraints and delays the project is able to work effectively and address emerging needs.

Until recently the HIV/AIDS budget from UNFPA was with RH project budget, but recently it was separated. There was no staff in SNAP in SK/MoH so the implementation of activities for the last quarter of 2008 actually started with the recruitment of a HIV/AIDS Advisor by the State Ministry. The team attended one of the training for medical assistants in the SK on HIV prevention and noted the good capacity of the trainer. There is close collaboration between the RH/UNFPA staff and the HIV/AIDS Team Leader.

The management of the project had improved a lot with the UNFPA support of the Team Leader and NPPP who were able to give needed technical assistance to the project director in the implementation of activities. The UNFPA staff in the SK was successful in gaining trust of the new Director General of MOH and that addressed many of the constraints to the project. However, still the project faces many challenges. These include: working in two localities only in a post-conflict context creates further imbalances and gaps in the state; the strengthening of coordinating and monitoring mechanisms with local partners needs a leading role of MOH; the lack of a financial system in the SK-MOH constrain accountability to the external funding specifically in case there are several sources of funding for similar activities.

Although the project was activity-oriented yet some results can be highlighted. These include the growing concern for maternal mortality and risks of GBV in the state, the concern for coordination of responses for RH services and awareness, and good experiences of partnership with localities and youth CBOs.

Issues: There some delays caused as the Director General of SK-MOH has not been aware of rules and regulations of UNFPA assistance and tried to interfere in project budget allocations. The FMoH contributed to the delay as the SK MOH has to wait for production of standrdized manuals for training and the manuals were not produced timely.

Good Practices.
- The organized reports and good record keeping including assets inventory are noted as a good practice found in this project while missing in all projects implemented by the government institutions.
- Further the good linkages of the project UNFPA staff with the different Directorates of the Ministry and close collaboration with the HIV/AIDS is commended by the evaluation team as a good practice unique to this project.
Conclusions and recommendations:

- There is no doubt that the project had no adequate consultation process with the relevant stakeholders as the main partners were the first to try to contrain the implementation. However, that indicates also the inadequate start of the project mainly the negligence of formation of steering committee. Putting the responsibility of the implementation and decision making for the project activities under a Committee, formed from the relevant government institutions and civil society would definitely help in avoiding any personal interference.
- This project as others shows that the UNFPA and its partners are far away from result-oriented approach.
- The problems met by the project are typical of a post-conflict situation but many would have been avoided if planning has considered SK as specific context in transition. There should be documentation of lessons learned to be of use in post-conflict Darfur.
- The project achievements and the critical situation in the State entail the continuity of UNFPA support to RH needs of the state. However, the intervention need to consider a more strategic approach that addresses the basic factors causing the maternal deaths in the state with more intensive advocacy at the state level and more community based initiatives in specific priority localities with specific targets and for specific results to avoid spreading thinly in all localities.
- The GBV should be a second area of intervention but with focus on critical issues of teenage pregnancy noted as serious increasing problem in the State. The GBV should be considered within the gender power perspective.
- The UNFPA project should in the coming programme strengthens its successful coordination experiences but according to a strategy. The coordination with Midair and WB should be strengthened for more sustainable services.

3.1.8. SUD/02P05 National STIs/HIV/AIDS Prevention, Management and Capacity Building and Awareness-raising

Assessment:

The project document and work plans addressed the basic needs for HIV/AIDS capacity building. Developing manuals that enable care provider to adopt standardized quality care was a breakthrough in building the capacity. Targeting the sex workers and out of school young people as important sectors vulnerable to HIV/AIDS reflected the flexibility of the plans in this cycle to admit and react to the problems in realistic approach rather than denying their existence.

There planned training had been accomplished and the raising awareness reached many target groups with relevant IEC delivery. It can be noted that the achievements contributed to the outputs. Although the trainings were not result-oriented some results can be cited such as: the
availability of health cadres with knowledge and skills to provide assistance to the affected people; ii) availability of data on two of the most vulnerable groups to be used for planning monitoring and for data base development; iii) availability of manuals and modules for training. These results are very limited regarding the risks of the HIV/AIDS. In addition, the interventions done were not based on assessment of the risky practices among the health practitioners and communities.

**Issues:** The role of SNAP HIV/AIDS coordinators is essential for monitoring service provision as it entails sharing experiences experience and discussing challenges, constraints and solutions. However, that role would not be effective as SNAP in many states is with limited capacities, resources and unclear strategies and weak linkages with SNAP at Federal level.

The focus group discussion with six of the SNAP staff highlighted the need for coordination of support to SNAP by the UN Agencies to ensure that SNAP has the needed resources to conduct its responsibilities.

Reporting seemed a challenge for SNAP staff as there are different reporting systems and format for the different supporting agencies.

**Conclusions and recommendations:**

- It is evident that the project intensified trainings at the state level and it is timely now to have specific assessment for the results of these trainings, to know and reflect on the efficiency, experiences and practices of the trained cadre. The assessment is important to know how the trainings are put into practices. This is important for UNFPA to plan its role in education by the new division of responsibilities among UN agencies.
- Generally, at the national and state level there is dissociation between RH and HIV/AIDS activities and the integration needs to be considered.
- SNAP should consider strengthening its support to PLWHIV, youth groups at the state level and the AIDS network.
- There should be assessment to SNAP capacities at state level for implementation of activities as advisors on part-time basis may be needed.
- Another issue is how the project activities and resources are coordinated with activities funded by other agencies. Coordination is crucial for effective use of resources.
- UNFPA should conduct a study to identify the perception of youth on condom and design a strategy for condom promotion for HIV/AIDS prevention.
3.1.9. **Fistula intervention:**

(The team has had no access to the project document and according to PD there is no project document)

The intervention was very relevant and addressing a critical problem and a pressing need for women in Sudan. The PD commended that UNFPA advocacy.initiative had drawn attention to the problem and the Center and UNFPA support was behind the commitment of government for funds for the Center. But this commitment needs to be at the state level as the Center in Nyala is not fully operational.

The effectiveness of the intervention was reflected in the high level of success of operations (91%) and considering that the complexity of the operation was difficult this is also a recognizable result. Other results included the availability of centers equipped, operational and with demand for services and the patients’ recovery and resumption of their roles and responsibilities.

**Issues:** The challenge for Khartoum Center is the rehabilitation process for fistula patients. This is under consideration as the premises for the rehabilitation Center was secured and it will be used as reception for the patients, for accommodation for the co-patients as well as for rehabilitation of the patients after operation.

The problem of the Fistula Centers is the availability of interested trained specialists. This affects the sustainability of the centers in the states.

**Conclusions and Recommendations:**

- The support has yielded results that need to be consolidated to reach all the affected women. But there is need to address at the same time the Fistula causes and focus on support for prevention. The PD who is a specialist in fistula has confirmed that recently there are increasing cases of fistula caused by trained practitioners. This is related to the general weakness of the training the RH practitioners as the focus has recently been on quantity not quality. Accordingly, there should be intensive training for the midwives, doctors and all related practitioners for the prevention of fistula. The fistula complications should be integrated in raising awareness for RH, RR and against FGM.
- The problem of shortage of specialists can be solved by encouraging the current functioning specialists to establish a network of fistula specialists and link it to the regional or international networks to give specialists opportunities to participate in the regional campaigns and international events.

3.1.10. **Conclusions and Recommendations on RH Sub-programe:**

- The mobilization and advocacy for RH helped in the formulation of the RH strategy and in some states the maternal mortality committee were formed. But still the
environment is not very conducive to promote RH as i) there is no commitment for resources for capacity building of RH, ii) FP has been neglected in Women Empowerment Policy and the anti-FGM, iii) the anti-FGM article in Child Law was not changed and to approve practice of the mild type of FGM iii) the political sensitivity to FP is still prevalent.

The above narration on the projects’ delivery demonstrates that most of the sub-programme outputs were achieved as the planned activities for training of hundreds of midwives and providing them with kits, the training on EmOC, and syndromic approach for management of STIs for relevant health providers were done. In addition support was provided for the development of guidelines for service delivery addressing standard obstetric case management, and for the provision of equipment to promote the capacity of some secondary health care level (referral hospitals). Furthermore, the sub-programme demonstrated the leadership role of UNFPA in addressing the fistulas. But the results of this support were generally very limited for the following: i) no arrangements were done to link the trained midwives with formal health system, ii) the trainings in most cases were poorly planned as it was mostly not based on need assessment and no follow up is done to ensure that impact of training on practices; iii) the promotion of SDPs was for very limited SDPs thus most trained practitioners may not find the needed facilities to practice skills gained in trainings. Thus it can be concluded that the contribution of support of the sub-programme to access to RH is very limited.

Although the sub-programme achievements included a wealth of IEC materials and experiences in the community education on very sensitive issues, yet the community education results were very limited as it was not based on a clear strategy. The sensitization of communities on risks of maternal deaths and safe motherhood responsibilities was done undertaken strategically to address needs of the different groups and the specific cultural barriers, and without ensuring availability of improved community-based care and essential obstetric care. Therefore, the contribution of RH education to creation of demand for RH services was very limited.

The training for health providers need further strengthening as follows: a) Targeting the more stable cadre (qualified nurses– the majority being female staying with their families in the states) with training in FP, counseling and other relevant courses would be another scenario that sustain the results of the training; b) In-service training on EmOC should be expanded to all secondary health care facilities in order to raise their capacity to reduce morbidities and mortalities resulting from delays of provision of the adequate care in the right time. c) In-service training on SOCM for VMW should be expanded to cover all previously graduated and currently functioning VMWs in order to secure coverage by SBAs.

Trainers and trainee roster and map are needed to follow up and maximally utilize the trained personnel in face of the rapid turnover of the staff (bank of resource personnel).
• The campaigns for the treatment of fistula should be intensified in all centers to reach all affected women and raising awareness on RH should consider the fistula causes and complications.
• Review and standardization of the IEC material on RH by an expert group that adapts a multi-disciplinary approach is essential to address the post-conflict dynamics. In addition, to the right information, the best drawing or the hearty message that draws attention and initiates the cycle of changing knowledge, attitude and behavior, consideration to the relevance and sensitivity to the socio-cultural context is of paramount importance.
• Advocacy for promotion of RH should be intensified and target policy-makers and community leaders across Sudan emphasizing their responsibilities to the RH Strategy and the Women Empowerment Policy (and anti-FGM law in case approved). The FMoH-RH Directorate should have alliances from the media (TV, radio and newspapers national and private ones) for production of culturally/gender sensitive, well-designed programmes, messages and articles on RH issues specifically FP, FGM and GBV to be delivered on regular basis. Media programmes for adolescents and youth in radio are specifically recommended.
• To promote efficiency and effectiveness UNFPA needs to strengthen sharing of information, experiences and good practices among the field staff. The relocation of RH advisors and NPP in the different states may be specifically effective in this connection.
• The problems encountered in the implementation of some the projects were due to a great extent to the weaknesses of Project Directors as the selection of Project Directors in all projects was left to implementing agency and it seems not to be done based on criteria. Since the Project Directors and Project Coordinators are the corner stone in building project activities clear specific selection criteria should be set for Project Directors and Project Coordinators. Moreover clear guidelines for project management should be agreed upon between the executing bodies in the MOU. The Steering Committee should be formed to take responsibilities of decisions and monitoring implementation of activities.
• Partnership (sharing responsibilities) with the civil society - community-based organizations, specifically youth and women groups, for implementation of the activities of mobilization and advocacy to RH service would be more effective and would contribute to the capacity building of grass-roots groups. The MoH would help providing the technical support in terms of developing training materials and health education messages.
• The RH sub-programme in the coming UNPA programme needs to consider the following: i) plan to start with assessments to consider working at the locality level in the priority target states to ensure reaching the most needy communities and the vulnerable groups. As the decentralization needs a long time to be functional, the capacity of the states’ ministries to reach the local communities is still very limited and thus the activities implemented reach communities that the ministries can access and they
may not be the intended groups; ii) **Mapping of services and RH providers** is recommended to locate the cadres trained, specifically midwives, and examine if they are in the relevant locations and to identify gaps in coverage of RH services by location. iii) There is need for **KAP reseraches** to reflect on change/improvement in knowledge and the new emerging practices related to population displacement and resettlement;

### 3.2. Population and Development Sub-programme

*Sub-programme objectives and outputs:*

The PDS Sub-programme, along with the other interrelated sub-programmes (RH and Advocacy) was designed with a view to contributing to the goal of CP. The sub-programme document highlighted the main population issues including the insensitivity of the policies and sectoral plans to population development issues and dynamics and the paucity of the population information. Accordingly, the population and development sub-programme focused on stimulating a better understanding among policy-makers on the importance of linkages between population and development, integrating population dimensions into development strategies that reflect the individual needs of men, women, youth and adolescents, strengthening national data systems and analytical capabilities for policy formulation, policy analysis and programme development and monitoring and for researches on gender and critical RH issues.

Basing on that, the PDS sub-programme was structured to contribute to improved social and political commitment to the integration of the population and development concerns into plan and programmes. Two outputs were expected from that:

1. Strengthened national capacity to develop, implement and monitor gender sensitive integrated population and development plans in line with ICPD/ PoA and other global initiatives.

2. Strengthened national capacity to produce and disseminate gender disaggregated population related data

To achieve these outputs a set of relevant key activities, inputs and strategies were planned and implemented through design of several sub-components projects. The indicators suggested that the interventions were intended to influence awareness among policy-makers, health service providers and users of these services regarding areas of population and RH.

### 3.2.1 SUD/02/P07, Population Training and Research at Population Studies Center (PSC), University of Gezira.

**Assessment:**
The project was well-designed with specific outputs and activities. The expected outputs of the project address gaps in capacities for population analysis and policy formulation.

The project results were very clearly indicated by the number of demographers currently working in the different positions in the government and high education institutions in different parts of Sudan. Some of them had been directly involved in the 5th Sudan Population and Housing Census. Others contributed to the design of the National Population Policy/PoA. But still the government has not been able to utilize effectively the cadre of demographers graduated. In addition, according to CST review in 2005 the demographic training of the center remained conventional and less reactive to the needs of other institutions in remote and marginalized areas.

The research activities had very limited results as it was not disseminated to policy makers for addressing issues of FP and the data was not considered as a seed for a data base on FP in the State. The training on research methodology and gender ended as isolated incidences and has not been institutionalized in the Center for contributing to capacity building as well as addressing the demand for such skills in the State as such training is centralized in universities in Khartoum.

**Issues:** The support of UNFPA to the PSC stopped since 2006 and the Center is still providing services mainly for private students while the administration of the University covers the running costs and staff salaries. The challenge is how the center would promote itself to address needs of remote areas and institutions and the post-conflict dynamics. The administrations of the center and the university have to address this challenge and this is not difficult as there are national qualified experts who can give needed guidance.

3.2.2. SUD/2002/P09-Institutional Framework for the Implementation, Monitoring and Evaluation of the National Population Policy

**Assessment:**

The outputs and activities were related to the national priorities, and were considerate to and built on previous experiences.

Concerning the project delivery, reports and interviews showed that all activities in the document were implemented with some changes in the planned timing of implementation. The delays were either for busy schedule of some officials who were expected to participate in the activities or sometimes for the late release of funds. The activities achieved definitely contributed to strengthened capacity of NPC and related institutions for advocacy and policy dialogue on the population issues.

The implementation of the project’s activities was done in collaboration with some national and international consultants to secure relevance. The equipment and supplies provided by UNFPA.
were received, utilized and maintained. Reports were regularly and timely submitted. The budget set for activities seems to be justifiable compared to the activities accomplished.

**Issues and challenges:** Many trainings were conducted for the NPC staff and their partners. Some of activities focus on the NPP which is not up to the satisfaction of the government since its endorsement. In addition the population issues and dynamics have changed tremendously after the CPA, and therefore it is imperative that the NPP should be reviewed to be relevant to the situation in the country. The challenge of NPC is how to make use of the opportunity of availability of the census data and the presence of some donors and UN agencies interested in accessing data that can help in planning and monitoring peace-building interventions, to start generating population information and strengthening the DevInfo systems.

The start of the process for development of the plan of action for the NPP was a forward step but still remains the **challenge** of developing a gender-sensitive integrated population and development plans for the different sectors and at the state level. Another concern for the NPC is the strengthening of the state level population councils to be capable of tailoring their specific population policy objectives and with resources to implement, monitor and evaluate the policy.

**States Population Councils:**

The UNFPA has no support for the State population Council but indirectly the NPC was expected to extend it capacity building support to the state population councils in the five priority states. The evaluation team visited the Councils in the Gezira and Gadaref States to consider some recommendations for UNFPA.

*The Gezira State Population Council* was established in 1996 as a branch of NPC. It was restructured in 1999 and in 2005 the Council became under the responsibility of the states according to the CPA. In 2007, the Gezira State Population Council was relocated under the Ministry of Social and Cultural Affairs chaired by its Minister and membership of the several government ministries and institutions. The Council has an yearly budget from the Ministry used for the premises rent and few activities such production of a brochure for the Council and several workshops.

The Council has good coordination and partnership with the Central Bureau of Statistics, Gezira State, and civil society organizations in the State, the Population Studies Center (PSC) and the legislative councils of the different localities.

*The Gedarif State Population Council* is headed by the Director of the Sudanese Red Crescent (SRC). The Council is an office within SRC. The staff is seconded from the Ministry of Social Development, Gedarif State. The GS of the State Council is chaired by the Governor with membership of all the ministers and commissioners in the states. The budget allocated for the Council was very small and thus the Council had not been functional as confirmed by the staff.
Apparently, the state population councils have been facing challenges of identity and recognition as independent institution. The staff of both councils were not aware of any support by UNFPA or NPC but were invited sometimes to participate in activities arranged by the National Population Council.

**Conclusions and Recommendations:**

- The UNFPA assistance helped in the improvement of the NPC capacities for designing policies and organizing forums and dialogue but the capacities for policy analysis, monitoring and report production on population dynamics remained limited.
- The NPP endorsed in 2002 was criticized as it has not addressed the ICPD/PoA and the government during its endorsement called for its revision as stated in the narrative report of UNFPA CO 2004.
- The long term support for NPC needs reconsideration as outputs from the assistance has been very limited as noted in some review reports. UNFPA should continue support to NPC for a short term and with focus to end the long term dependency. The support for the NPC should be focussed on updating of population policy and PoA in addition to establishing/strengthening population information systems.
- The NPC can advocate and encourage the academic and research institutions for researches on population-related to ensure good quality research.
- It is evident that the state population councils are not functional or engaged in activities that are marginal to the mandate of the council. UNFPA should consider an integrated approach in the targeted states. Accordingly the support for state population councils should be coordinated with RH activities and with assistance of NPPP. However, before deciding on the support some assessment and consultation is needed with the Ministry of Social Welfare in the target states, to examine their commitment for population policies and for contribution of the Ministry in activating the Council. The consultation should specifically consider the response of the Ministry to the proposed coordinated support through the MoH. More significantly, the UNFPA has to consider the role of the comparative advantage of the population council at the state level in relation to the recently established strategic planning bodies in the states to serve purposes of the National Strategic Planning Council.

**3.2.3. SND/O2/PO3/Support for NIIS & Census: Central Bureau of Statistics (CBS)**

*The evaluation team was not able to access any reports for achievements of the support to the Capacity building of CBS and NIIS 2002-2006.*

*Support to Census in the UNFPA Interim Country Programme for Sudan (2007-2008):*
The CP responded to the post conflict situation in South Sudan after signing of the CPA in 2005. UNFPA was the sole UN agency mentioned in the CPA as the coordinating agency for conduction of the 5th Population and Housing Census.

**Assessment:**
The UNFPA support to the Census was considered as well planned and effective by all partners despite the political challenges. The technical support by the international staff was effective and added to the accumulated experiences of the national staff of the CBS.

Continuous monitoring of census activities had been made through bi-annual monitoring meetings, field visits by UNFPA staff and bi-annual review meetings.

The expected results of the census will serve the entire peace processes in Sudan as well the coming UNFPA/ CP with its three components. In fact the census will be the base for any data and surveys for years to come. In addition, the mapping operation has availed maps for the Sudan for use by the local governments and development planners.

**Issues and Challenges:** The concerns of CBS staff were: reports were mostly not reviewed or discussed and the NPPP was not appointed for this cycle. Generally, the main obstacles were due to the delay of the release of the local component and sometimes the bureaucracy of disbursements of funds from UNFPA. The donors noted the weaknesses of reporting from UNFPA as a major obstacle.

Dissemination of the census data and indicators were the responsibility of the CBS and SSCCSE but from discussion with the concerned staff, the process needs external support. The in-depth analysis will be left to the user but the accessibility of users to the data and analysis are issues that need consideration and intervention to ensure effective use of the data produced.

The management of the census has been sometimes challenging for the differences in decision making and methodologies between the centers in the North and South and for the continuation of conflicts and the insecurity situation in IDPs camps in Darfur and for the minor tribal disputes in several places.

However, one important **lesson learned** to be noted is that the coordination and cooperation between the CBS and SSCCSE has been successful as it is based on technical cooperation with no consideration to the context political challenges.

**Conclusion and recommendations:**

- The SSCCSE as a newly established institution had been successful in conducting census processes but the Commission needs support to analyse the census data, strengthen the Devinfo system established, advocate and provide needed assistance for the integration of the socio-economic indicators in the sectoral as well as the state plans. Thus the support
for the SSCCSE may need to be intensified to ensure that the post–war newly established Commission is operational and data is accessible to the relevant users.

- The support for CBS at the national level has continued for a long time with some tangible results indicated in the capacity of CBS cadre to conduct surveys and lead the census processes. It is recommended that UNFPA coming programme provides a minimum support for the CBS for disseminating census data, establishing mechanism for users to access the census data and for designing a strategy to update the census data regularly by surveys and for mobilizing the needed resources to start preparation for the surveys. This support should be considered as an exit strategy and that has to be discussed with and clarified to the CBS.

3.2.4. SUD/02/PO2 Reproductive Health and Population Issues, Sudan Academy for Communications Sciences

Assessment:

The implementation of activities for advocacy for population and RH issues was done in an efficient manner as the relevant expertises were used together with relevant facilities and technologies. These activities were mostly implemented in partnership with MIC and UNFPA. The project built the capacity of some cadres. Most of the audio-visual equipments are still available, but are only used for regular limited trainings conducted by the Academy of Communication Sciences. There are also courses related to population issues in the curriculum of the Academy. But the project activities stopped. According to the interview with the Ministry, UNFPA withdrew without any exit strategy and the Ministry was not prepared to continue.

The lesson learned is that the lack of exit strategy dismantles all activities accomplished. The exit strategy should be in the original design of the intervention.

3.2.5. SUD/2002/PO4, Development Projects Coordination and Follow-up System in Sudan

Assessment:

[There were no project reports accessible to the evaluation team].

The project document design was inadequate. The situational analysis did not articulate the relevant issues and problems addressed. The outputs were not clearly stated and some activities were not logically related to outputs.

According to the interview with the former PD the activities implemented included: the rehabilitation of the conference room, procurement of equipment, design of manual for data system and the study tour. With the change of PD the implementation stopped.
**Issues:** The 2005 PDS sub-programme review report confirmed the irrelevance of the project to the UNFPA mandate and the decision to stop funding the project was in the right direction.

### 3.2.6. Conclusions and recommendations for Population and Development Sub-programme:

- The design of the sub-programme needs improvement to consider the integration, complementarity and coordination of the component projects. Despite the instrumentality of the PD sub-programme to the other two sub-programmes, the linkages and coordination among sub-programmes have been completely neglected. The main suggestion is that the approach for the design of the PD sub-programme should be different from the previous years and from the other sub-programmes. The UNFPA and all concerned partners should first agree on the basic needs for population data, information and policies that are relevant for the development of Sudan for the coming years. Then the exercise should consider the specific results expected and finally to select the relevant institutions to produce these results based on their capacities. That process would add new partners to UNFPA and would ensure that the conventional partners have responsibilities relevant to their mandates and capacities. If we consider that the data analysis and researches are basic needs for improved planning of the population dynamics and RH in the post-conflict situation and for promoting peace-building then the universities and research institutions would be among the new partners.

- The focus of the PDS should be on strengthening the population information and systems through innovative and unconventional ways of working with specific partners. The UNFPA can consider the formation of an expert group for the preparation of a research agenda on population development issues and population dynamics for academic and research institutions. Some of the researches can be conducted on competitive bases and supported by UNFPA. A priority issue for research and surveys are maternal mortality, GBV, IDPs, KAP on RH of youth and the priority focus for research and should be conflict-affected areas.

- The census is one major achievement for the sub-programme. The census was politicized as it is related to wealth sharing. In addition it was conducted in difficult and unfriendly contexts in the conflict areas. The experience of the involvement of the international monitors in the census is new for the Sudan should be documented to draw lessons for the coming election.

- The CBS and SSCCSE are to be supported for undertaking the post-census activities recommended by JAM Clusters Report for Information and Statistics.

- There is need for more focussed approach for the NPC. The UNFPA support should focus on supporting the NPC to consolidate its strengths and design a strategy for
building trust and commitment from the government for financial support. NPC should be encouraged to design a fund mobilization strategy.

3.3. Gender Component:

Background: In the previous programme the gender has been considered as cross-cutting and the gender mainstreaming projects were included in the PDS sub-programme. But currently the gender is the third component of the CP. The component includes three projects, two are funded by UNFPA and implemented by Ministry of Social Welfare, Women and Child Affairs and the Ahfad University for Women. The third project is a joint initiative between UNFPA, UNV (SVF) and Ahfad University for Women.

3.3.1. SUD/2002/Po6/ Inergrated RH, Gender, Equity, Equality and Women Empowerment

Assessment:

The situational analysis emphasised the linkages to the Sudan Country Strategy Note and the other sub-programmes rather than articulating the issues that should be addressed by the intervention. The design of the document was rather inadequate as outputs were not clearly stated and some activities were not logically related to outputs. The indicators were also poorly designed without specifying means of verification. This inadequacy was noted in the 2003 project annual report.

The specificity of the project was in integrating RH and RR in capacity building and sensitization processes. Thus the project was addressing a priority area for promoting gender equality in Sudan and thus contributing to MDGs 3.

The groups targeted by the capacity building and sensitization were indicated in the activities but no explanation was given to explain their relevance or the criteria for selection to ensure inclusiveness or gender balance.

The implementation arrangements in the document included a list of responsibilities for the Institute of Women Studies and Gender Development (IWSGD). The role of NPPP was narrowly defined as monitoring thus neglecting the main responsibilities of technical assistance and advisory role. The steering committee of the project was to be responsible for coordination as stated in the document but there were no specific TORs for its role.

The project document mentioned that GAD and GEEW frameworks would be used for monitoring but no explanation how this would be done. Also no indicators were specified for these frameworks.
The project document had not identified any risks despite that the prevalent political resistance to gender might be a threat to the effectiveness of the capacity building for gender mainstreaming, the focus of the project. Similarly, the prevalence of stereotypes on RH might challenge the results of sensitization intended for youth.

The project document adequately emphasized that the capacities, expertise and commitment of Ahfad ensured sustainability of activities. However, there was no explanation as to the sustainability of the results of activities. It was not clear how the capacities promoted for gender mainstreaming would be utilized and how the sensitization with information would influence attitude and behaviour of communities reached.

The activities included research but with no plans were considered for sharing the research results with other institutions and policy makers.

The annual workplans were adequately prepared and used in reporting of activities.

**Assessment:**

The review of reports confirmed that all outputs of the project were produced as planned and in the most efficient manner utilizing the relevant expertise, methods, facilities and technology. The project had successfully helped in the provision of gender expertise at the national and state level. The graduates of the Institute were holding major responsibilities in women’s programme at the state level in Nyala, South Kordofan, the East and the South being employers of the government or in NGOs or research centers and universities.

The project in 2008 started to target the political parties for improved capacities for gender mainstreaming. This was important and timely relevant shift to contribute to the coming critical period in the history of Sudan. The intended result of these activities, if consolidated, was to encourage the political parties to consider the gender and RH issues in their election programmes.

The implementors used to monitor and evaluate regularly the activities and tried to address any emerging weaknesses or constraints. Two trainings were addressed specifically to males as it was noticed that the majority of participants nominated by the government institutions and NGOs for trainings were women. Generally, the project was to be commended for the excellent reports and the documentation of all activities.

**Impact:** No research has been done to assess the impact however some results indicated the impact. During the programme duration IWSDG had become a resource institute and service provider, related to gender and women empowerment. This was evident in the increase in demand for manuals, IEC and experts services by the government institutions, NGOs, UN agencies and academic institutions.
The revolving fund demonstrated an impact as: women beneficiaries have become economically independent and empowered to take decisions, to communicate and negotiate outside household; They gained wider knowledge about importance of education and RH issues; they have become more confident in taking decisions related to harmful traditional practices, RH, and as well as financial decisions at the household level; being income earners they contribute to the well-being of the family and that boosted their respect and appreciation within the family; the improved women’s skills in business increased their self-confidence and esteem.

**Success Story: Sustainability:** the Ahfad owns the initiative and have strong commitment to all initiatives supported by UNFPA. As the Director of the Institute commented “UNFPA started its partnership with Ahfad with the support for the “women empowerment course” which then developed into women’s studies unit, the base on which the Institute was built. Although the Institute and the University have diversified sources of support yet the UNFPA support had been basic for any success that happened in the Institute and sustained”

**Conclusions and Recommendations:**

- The support for IWSGD was effective and indicated a successful and sustainable capacity development process. The expertise and training resources produced by the IWSGD demonstrate clearly the contribution of UNFPA support to the enhancement of gender mainstreaming process in Sudan. Realizing such results the support to the Institute should be considered as an investment that would continue to yield more benefits and impact at the national and state level.
- IWSGD should assess the results and identify the lessons learned from the community sensitization by students' field trip or its partner CAFA. The assessment should consider the impact of outreach on demand for RH services at the community level.
- The new focus of dialogue on RH, RR in democratic perspectives with political parties should be strengthened to influence political parties to consider gender and RH in its election programme. But there should be a strategy for the process to be inclusive to all political parties.
- The MSc fellowships support should be specified for graduates from the South and Darfur and the East.
- The Institute should highlight the GBV issues in its undergraduate and MSc curricula.
- The Institute should plan to create partnership with universities from the South, the three areas and the East to assist these universities for developing undergraduate and postgraduate gender studies according to the capacities and interest of universities.
- The IWSGD needs to organize regular training seminars for the MSc graduates to reflect on gender mainstreaming with consideration to RH.
- The Institute should regularly review its manuals for improving its relevance and should consider distributing the manuals for wider use by NGOs and relevant interested institutions.

**3.3.2. SUD/2002/PO8M/WSD/Women Empowerment and Gender Mainstreaming:**
**Assessment:**

The development of gender policy and strengthening of Women Directorate were main and relevant priorities. However, the design of the project document was poor. It should be noted that the outcomes and outputs for 2007 differed from those planned in the original project document and different outcomes and outputs were identified for 2008 although the activities remained almost the same since 2002. The changes in outcomes, outputs and activities were done with no clear justification and were not based on evaluation.

The Women Empowerment policy produced was an important achievement. It indicated the Government’s commitment for combating GBV and FGM and for promoting RH. The endorsement of the WEP was an important contribution to UNFPA general goal and objectives. The policy would an important framework for all interventions related to women. However, the main short-coming of the policy was the complete negligence to FP.

The enhanced capacity for planning, programming, monitoring and evaluation was a top priority after policy formulation; however the trainings undertaken were with no focus on gender as confirmed by the Project Director. This raised questions on the results and relevance of the training undertaken.

The collaboration with the CBS for production of gender disaggregated data was a good initiative to address the paucity of information of gender disaggregated data and would be a good seed for data base for gender sensitive planning and programming.

Generally, the evaluation team noted the use of resources as satisfactory. The equipment provided by the project to the Directorate at the Federal level were still in good use but the PD mentioned that there were problems at the state level as the equipment provided to support the gender focal points were mostly taken by other units or administrations of the concerned ministries.

**Issues:** The PD explained that the policy developed was changed from “gender development” to “women empowerment” as the political environment is still not very friendly with gender concept.

The activities for orientation of the communities on RH and HIV/AIDS were out of mandate of the Directorate as the responsibilities of the Directorate were for policies, coordination and advocacy with policy makers.

**Conclusion and Recommendations:**

- Although most of the planned activities were achieved but the results produced were generally very limited considering the long time taken for policy production, the continuity of unfriendly environment for gender equality and the weakness of the state focal points/units despite extensive training by UNFPA and other agencies.
The WD has to i) collaborate with the FMoH to advocate for Gender Budgeting for MMR ii) focus on and intensify the advocacy on gender equity/equality, GBV, RR and for reduction of MM among the government decision makers at the federal and state level; iii) to consider alternative strategies and mechanisms at the state level to contribute to the effectiveness of the decentralization; iv) coordinate with CBS and other information centers for production of gender-sensitive data/information.

3.3.3. SUD/VXX UNV Volunteers Support to Conduct Female Genital Mutilation (FGM/C in Sudan (2005-2006 extended to 2008)

Assessment:

No Consultation was done with the community before the design of the project document. The design of the original document was inadequate. The situational analysis was a general background description on the FGM practice and did not provide a justification for the intervention. Reference to previous anti-FGM interventions was general and the criticism was not justifiable because most anti-FGM intervention addressed the male community leaders and religious men. The analysis did not justify the volunteerism and youth involvement although these demonstrate the uniqueness and difference of the intervention. The justifications for selection of the area were not strong as the criteria set were typical to many areas in Khartoum.

The document put responsibility of mitigation of risks, partially to SNCTP and National FGM Network yet the strategy did not explain how such responsibilities were to be considered.

The mobilization of the community was effective in creating wide commitment to stop the practice and in exposing the students in the area to the risks of the practice. The use of youth volunteers in the area was an adequate approach and resulted in the formation of a CBO named MENATH from youth including males for fighting the practice. This is an encouraging result but needed a long term support to ensure effectiveness of the organization in sustaining the commitment of the community for ending the practice.

Engaging the uncircumcised university graduates and presenting them as celebrity were very innovative and effective strategies in empowering young girls to refuse the operation for themselves and for their daughters in the future.

Issues and challenges: The raising awareness among the school children encouraged the girls to convey messages against FGM to their parents. This was a new challenge to the gender power relations as culturally girls are not expected to discuss such issues with elders. The involvement of youth male volunteers in the interventions and their public discussion of the issues related to women is also challenge to their traditional roles as shaped by the gender power relations. The girls and youth are able to do that because the environment in the area has become conducive and they got access to information. The challenge is how to empower the girls and youth for
challenging other gender inequalities and how to sustain the momentum for anti-FGM in the area.

The male community leaders in the area had been strongly supporting the initiative and ready to participate in any anti-FGM advocacy in other areas. The challenge is how to sustain their commitment.

Other challenges were mostly external factors including: the unemployment of volunteers and the support and approval of some religious leaders and traditional medical doctors to the mild form of the practice.

From baseline and endline assessment the 2007 project report considered the 37% of girls in one school who came back from holiday uncircumcised as an indicator of project impact. It is important to take into consideration that girls can be pressured by their families not to declare that the operation is done.

The sustainability of the project is a problem as combating FGM needs long term intervention to change mindset and deal with the risks and the threats of influence of those supporting the practice. The needs for sustaining the initiatives are beyond the capacities of the target communities if assistance stops without an exit strategy.

**Conclusion and recommendations:**

- The approval by the government of the mild type of the practice by law is a very serious setback to the anti-FGM movement and the impact of this law on the community and specifically the leaders needs assessment.
- The exit strategy for the project should focus on supporting MENATH for another year to do the following: to widen its base from the diverse groups in the community, to establish partnership with other CBOs in the area, to intensify the work with the schools and communities. In addition, MENATH should be linked to the NCCW and should have a strategy for resource mobilization considering building partnership with some local organizations that have the resources and the high level support and the interest in supporting women issues. The current PD should be considered as an advisor for MENATH in the exit strategy.
- However, the experience needs to be replicated at the state level using expertise of voluntarism developed in Abu Seeid and advocators from Abu Seeid community leaders. But the initiative has to be integrated as gender-based violence within RH intervention. Kadugli is a potential area as the anti-FGM interventions was demanded by the communities and their leaders who noted that the practice is increasing. Al Gadaref is another potential area as RH Directorate was a reasonable entry point for the East where
the prevalence is high and there is need to support the momentum started by other organizations in the Red Sea and Kassala states.

3.3.4. Anti- FGM support to the National Council of Child Welfare:

**Assessment:**

The workplan given to the Evaluation Team included very isolated activities as the intention seemed filling gaps for another project not included in the current evaluation. The workplan lacked justification and was very short –sighted. The FGM Advisor in NCCW ensured that there was some improvement in monitoring and evaluation processes in the NCCW as a result of the training supported by UNFPA but still further trainings would be needed. That means the results of the trainings were very limited and this was expected as the need was for capacity building. The meetings of partners, international agencies, donors and civil society organizations, undertaken as planned, were important to share knowledge and update partners on progress of work by NCCW, as the leading government institutions. The meetings were significant to orient ant-FGM actors on progress of activities and encourage them for coordination of activities and resources. But the meetings should have been planned for results such as division of responsibilities among partners for law advocacy or for developing a coordination mechanism. This should have been the result because the meeting with NCCW noted the problem of the resistance of some internarional agencies to coordinatation of resources and the reluctance of some local organizations to coordinated activities for fear of lossing internationl support. The problems of coordination and collaboration are very common in development interventions in Sudan but the challenge to be addressed by UNFPA is how to design an anti-FGM strategy for coordinated response to all types of violence within a gender power relation perspective.

This component intervention was very limited and focused and thus the issue of impact and sustainability was not relevant although the Secretary General of NCCW in the meeting confirmed to the Evaluation Team the Government commitment to the anti-FGM strategy.

**Conclusions and Recommendations:**

- The activities were very limited and with no clear linkages and results.
- There should be an assessment for coordination of resouces for FGM to design a strategy to address the consequences of the law approving Sunna type of FGM.

3.3.5. Conclusions and Recommendations for the Gender Component:

- The results of the component were limited considering the challenges of gender in the post-conflict Sudan and the period of the programme. More significantly, the component
has not been strategically planned for results nor coordinated with the interventions of other agencies. As there are many donors and actors interested in gender mainstreaming and issues UNFPA has to be strategic in its support and focus on gender issues related to RH issues and inequities and GBV.

- A strategy for GBV should consider putting GBV in a gender power perspective and to link/decentralize the Federal state and Darfur initiatives to the states with clear division of responsibilities and coordination perspective, reviewing the current existing coordination mechanisms, lead by UNFPA, for inclusion and participation of more local partners and for creation of local groups for GBV at the community level to link the groups to the communities.

- Some officials in the Ministry of Finance and the Central Bank are discussing the gender budgeting and UNIFEM is a leading institution for supporting the capacity building for gender budgeting. UNFPA should collaborate with UNIFEM, MoH and the FMoF to advocate for a budget for maternal mortality reduction. It is important to consider building partnership and arranging for capacity development for the parliamentarians to enable them to undertake gender budget analysis of the national budget processes and to ensure adequate resource allocation to Gender, RH and population issues.

- For the coming programme the gender component should have one outcome and three outputs for i) gender mainstreaming (policies and information) ii) GBV iii) gender awareness. The proposed outputs and related results, to be identified, should help in clear division of responsibilities and coordination of interventions among the old partners but need considering new partners. The MOSWWCA is to focus on the outputs/results related to policies, plans and advocacy for policy at Federal and State levels. IWSGD/Ahfad can take the responsibilities for building capacities of NGOs and universities on gender mainstreaming. The new partners are the CSOs at the state level specifically the CBOs who are to be responsible for community sensitization. The new partners may need mapping and capacity development. The latter would be done by NGOs trained by Ahfad.

- The linkages of this component to the other components at the different level have to be worked out. That entails considering gender issues in the prioritization process and identifying gender-sensitive results and indicators. The quality assurance for the programme documents and workplans should include a gender-auditing process. In the implementation process there is no doubt that the CSOs working on gender can work for advocacy for RH and PD. All policies should be gender-sensitive and all capacity building processes should integrate gender.

- The manuals and messages developed for the sensitization of the communities in the programme under consideration should consider the integration of gender, RH, RR, HIV/AIDS, fistula and the population development issues and should emphasize rights and responsibilities.

- There is need to extend partnership to other universities in the transitional and war affected areas in the East and Darfur. Universities are to be encouraged for gender
studies courses at the undergraduate and graduate courses for short training courses on
gender mainstreaming and for gender related research.

- The membership of the current UNFPA Gender Steering Committee should be reviewed to
  include resource persons on gender and the ToRs should be reworked to include:
  monitoring relevance of gender interventions to the country context and the coordination
  of results of gender component, identifying emerging gender issues and the needed
  responses, reviewing strategies used in the component implementation to ensure
effectiveness and identifying success stories and best practices. The Gender Steering
Committee should develop a mechanism for sharing information and experiences and
joint advocacy efforts should be considered as good practice to be adopted.

3.3.6 Success Stories:

<table>
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<tr>
<th>Box 1: CAFA</th>
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<td>The Community Animators Friendly Association (CAFA) was established in 1996 with support from the United Nations Population Fund (UNFPA); it is a youth group of animators from Umbadda community committed for undertaking outreach activities (awareness raising and advocacy) on RH issues and community development using innovative methods such as mobile theatre and musical band. The rationale behind CAFA is to understand and realize the needs of the poor urban communities by forming local animators and act as a link between the university and the neighbouring communities. The choice of CAFA group from within Umbadda, the target project site is both creative and effective as an intervention mechanism and received acceptance and openness by the community and minimized resistance to behavioural change, particularly when dealing with sensitive and perceived as embarrassing issues related to RH and FGM. The use of recreational programme (musical performance, mobile theatre, and community conversation) attracted a large number of audiences. In the last six years, CAFA members carried out 150 IEC sessions including musical and theatrical performances, public lectures, open days and focused group discussions and participated in the annual rural extension field trips for reaching the poor women and families. CAFA became an outreach arm of AUW and has created partnerships with different NGOs, amongst them are Babiker Bedri Scientific Association for Women’s Studies (BBSAWS), Sudanese Population Network, Canadian Organization, National Organization for Human Development, Sudanese Association for Youth Development, Sudanese Network for Eradicating FGM.. The activities of CAFA has extended to the regional level, for instance they participated in the African Summit for AIDS Prevention with a musical performance. CAFA’s future vision is to be affiliated to the United Nations.</td>
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Box 2: Testimony of a Successful Story of Micro Credit Beneficiary

I am Umballa Hassan, a mother of 8 children and a wife of a poor uneducated man. I migrated from Kordofan, Western Sudan in 1987 due to draught and desertification and sought refuge in Umbadda, hara 17 in a shanty area. My elder children (5 boys) dropped out of school to earn income for supporting the family. Two of my sons had been working in the market selling water, one with a man who had a donkey cart. The 3 girls were admitted to the primary school in Umbadda.

The first time I heard of the micro-credit fund was from CAFA in their first meeting with the community members in 1997. I then applied for a loan to buy a donkey cart. I attended the lectures about RH issues and management of the loan and how to maintain a successful business. They were really useful. I visit the AFHC for family planning service regularly and I have not circumcised my daughters despite the psychological pressure I experience from the community.

After paying back the loan, I applied again for a second loan to buy another donkey cart to increase my income and be able to build a room from mud. I succeeded in repaying the loan and applied for a third time to buy a horse cart, rent it and take my boys back to school. Since the start of the project I have been involved in conducting community awareness sessions with the women through conversation in coffee gatherings and encourage them to be financially independent.

I managed to save some money and applied for the fourth time to buy a raksha. The government granted me ownership of the land, I was able to build a kitchen and bathroom and have electricity. I expanded my business with another loan from the project to buy television and satellite dish to rent for the men and children in the community to watch football and news and for the kids to watch children programme. This has been a successful experience and business.

I then bought a refrigerator to make and sell ice cream, partially funded by a loan from the project. It was rewarding. I was able to build another bed room and a living room. My elder daughters have completed their high school and now one of them in the University of Sudan studying economics, the second one in ElNileen University studying commerce and the third one in the secondary high school.

I was determined that my girls complete their higher education, a privilege that I am able to enjoy.
3.4. UNFPA Special Programme in Southern Sudan 2005-2008

**Background and context:**

Southern Sudan covers a vast territory of about 640,000 sq km with an estimated population of 7.5 million (2003). The population is expected to grow by as much as 4.5 million in the next six years as a result of the returnees. The overall population density is low averaging about 16 persons per sq. km with wide variations in regions ranging from 40 persons per sq km to below 10 in other areas.

There are millions IDPs and refugees that are expected to return and contribute to peace-building process. A priority need for the GoSS is to formulate development policies and plans for making the decentralization effective. Because of the war, the statistical information of any kind was extremely scarce, and whatever was available was largely ad-hoc, non-representative and of dubious quality. After the signature of CPA, the demand for disaggregated statistical information on the economy, the land and its people is needed to define and design the development strategies, most particularly there is need for data on health and education and the different indicators related to MDGs.

The prolonged period of conflict has further led to serious deterioration of the basic infrastructure. The most affected are road network. Public transport system is non-existent in many areas and rudimentary in the rest of the region. Thus, access to the many states and the areas for providing support is very difficult.

The health indicators are extremely poor. Based on the results of the SHHS (2006), the percentage of women aged 15-49 years currently married or in union who were using contraceptive method in South Sudan was only 3.5%. The highest was found to be in North Bahr al Ghazal (5.3%) and the lowest in Jonglie state (0.1%). The finding also indicated that the average of 42.2% of pregnant women received ANC once or more during pregnancy. This figure ranged between 78.9% as the highest in Western Equatoria and 22.4 as the lowest in Jonglie states. The survey also showed that only 10% of the births in South Sudan were delivered by qualified medical personnel, with the highest rate in Western Equatoria state and the lowest in Eastern Equatoria state.

Concerning maternal mortality ratio, the national estimate was 1107 while MMR in South Sudan averaged 2053 per 100000 live births, ranging between 2327 per 100000 live birth in Western Equatoria as the highest and 1861 per 100000 live births in Jonglie as the lowest.

Health facilities and referral centers are limited in number and most of them lack basic equipment, drugs and qualified personnel. The states’ institutions including the MoH at best make educated guesses on the Total number of health facilities. It is estimated that there is only
One medical doctor for every 100,000 persons. These factors lead to obstetric complications, high maternal morbidity and mortality.

One of the key issues in the adolescent sexual and reproductive health in Southern Sudan is early/child marriage. The post-conflict situation is reported to have led to an increased incidence of rape, often gang rape. Coerced sex and sex for food portions or basic daily needs are reported.

Access to primary education is low with net enrolment ratio of 20% and female / male enrolment ratio at 35%. Youth literacy rate is as low at 31%. The consequences are high rates of sexually transmitted infections, unwanted pregnancies and unsafe abortions with attendant consequences.

HIV/AIDS prevalence for Sudan is estimated at 3.1% (HIV Commission, South Sudan, 2008) among the reproductive age group 15-45 years. The prevalence is higher in South Sudan because of the conflict situation and the higher prevalence in neighboring countries. It is well known that women and people aged 15-25 years are the most affected. HIV/AIDS and other Sexually Transmitted Diseases will be a very serious and complex issue as both refugees and IDPs return especially along the return routes and as soldiers become demobilized. The consequence will be grave on health services and resources but also on education, agriculture and productivity. Above all it is likely to become the most challenging adolescent health issue.

The war has affected drastically and differently the social and cultural contexts of the different communities. There are challenges to the community cohesion, solidarity and mechanisms of social control, conflict prevention and resolution. But one issue that needs specific consideration is the gender power relations as war increased women’s responsibilities in unfriendly environment. The challenge for women leaders and the government is to design strategies to help women, men and youth to overcome conflict challenges and negative impacts and achieve gender equality.

**UNFPA South Sudan Programme:**

UNFPA established offices in Southern Sudan in July 2005. The key programme focus areas includes Reproductive Health (including HIV/AIDS, Adolescent Sexual Reproductive Health, Reproductive Health and HIV including DDR populations), Population and Development including the Census as a special CPA mandated project and Gender and Gender-based Violence. Currently, core programmable resources amount to 1.6 million USD per year. In 2008, UNFPA raised 2.4 million USD for the regular programmes and 10 million USD was made available for the Census project from Donors.

**3.4.1. South Sudan Reproductive Health Sub-programme**

3.4.1.1. **Background:** The UNFPA started collaboration with the SS-MoH with a short term plan developed with consultation of the technicals in the Ministry. The Plan focussed on advocacy for RH and institutional and human resources capacity building. In 2006 a review to UNFPA programme in Sudan was done and based on review recommendations and JAM objectives and
consultation with the MoH a document was developed for a sub-programme to contribute to the goal of the UNFPA/ in Sudan. The RH sub-programme was planned to start in May 2006 and continue for a period 20 months.

**Assessment:**

The short term plan for 2006 with which the office started its RH assistance in SS was very practical as it considers the very basic needs of a region destroyed by war. The activities were accomplished successfully. The renovation for the existing midwivery schools was done, the standards, policy and curriculum for training community midwives were designed with sensitivity to the context of South Sudan and 36 midwives were selected from different communities for training.

Other important achievements for strengthening and capacity building of the MoH are: a) the provision of office furniture, equipment and a vehicle to the MoH. b) the support for the formation of RH Working Group including representatives of all stakeholders working in RH in SS and the formation of the HIV/AIDS Technical Working Group on Monitoring and Evaluation. UNFPA distributed the RH Kits to all NGOs, working on RH, in the different parts of Southern Sudan.

The sub-programme document was done in consultation with the SS-MOH. The planned outputs are the relevant and realistic for building the RH on a solid ground with needed information for planning and policies, and strengthened capacities for service delivery at all levels. Based on this sub-programe outputs and situational analysis of RH and ASRH conducted in the ten states the workplans for 2007 and 2008 were developed with sub-outputs aiming to realise the purpose of the sub-programme.

**Outcome 1:** Contribute to the creation of an enabling legal and social environment and conditions for everyone, every family and community to promote utilization of RH services and information.

**Outcome 2** Contribute to increased access of the target community to comprehensive RH, HIV/AIDS, and CBS services.

The activities implemented, as explained in Annex 1, resulted in the availability of information, policies and plans to guide the work of the partners SSMoH. The construction of the basic infrastructure, the provision of the needed equipment and the training of the relevant practitioners promoted the capacities for RH service delivery and contributed substantially to the increased availability and accessibility of RH services in Juba and some target states. The sensitization and raising awareness of communities to RH including HIV/AIDS risks, complications and prevention created demand for services and that is evident in the Maternity Ward in Juba Hospital. The intervention for fistula helped in provision of services that responded effectively to the demand raised by campaigns organized by UNFPA support. The
trained midwives were expected to contribute to RH services at the community level. The raising awareness addressed the emerging RH risks among the adolescents and youth.

The RH sub-programme was implemented mainly through sub-contracting NGOs but some activities were implemented directly by collaboration between UNFPA office staff and the relevant ministries and NGOs. These were the relevant modalities regarding that the government has limited capacities for implementation of RH programmes. That made the results of UNFPA assistance very clear as indicated by the institutions operational within the Ministry and the teaching hospitals with the basic facilities and the trained health practitioners and the active coordinating mechanisms. Other results for UNFPA assistance are: the increased access of NGOs working on RH at the state level for RH trained practitioners and RH facilities. The limited interventions at the community level helped in the creation of groups including local administrators, community leaders, youth groups with knowledge and commitment to work together for RH, or ASRH or HIV/AIDs.

The challenge is how to maintain and sustain these results. The maternity ward is operational but started to run short of basic supplies. Still the ward is run by TBA, supervised by one certified midwife. The storage and blood bank are still managed by UNFPA. The groups formed at the community level need strengthening and support to be functional, efficient and gradually independent.

3.4.1.2 Conclusions and recommendations:

- The support of UNFPA contributed to the availability of basic RH services and as well created some demand for these services. It is important to note that these results are still very limited considering the needs of post-conflict situation but a more strategic approach and comprehensive strategies are needed with consideration to the risks and threats of the situation and the needs of the recovery processes. There is need to consider all aspects of RH to ensure contribution to reduction of maternal mortality. More efforts for orientation and provision of services for FP are needed.

- The RH sub-programme had strengths that need to be maintained and intensified to reach more states. These include: training of midwife, EmOC training, rehabilitation and provision of supplies but there should be consideration for following up of those trained to know how they manage the knowledge and skilled gained.

- The adolescents and youth groups’ initiative started in Juba needs to be strengthened and the center established has to be used effectively. The initiative has to be replicated in several areas in Juba and other states. But the initiatives should be planned to come out with specific results such as a solidarity group against GBV in one neighborhood, GBV Forum, etc.
• All the RH components need to be integrated and coordinated. This may not be easy in the South Sudan context but at least in the generation of data for the assessment and in the community awareness initiatives, the messages should be integrated considering HIV/AIDS, RH and GBV, fistula issues and FP as well as the rights and responsibilities.
• The maternity ward in Juba Hospital should be assisted to find an effective strategy for addressing shortage of basic supplies.
• There should be more campaigns for fistula to ensure reaching the majority of affected women.
• In addition, raising awareness for prevention of fistula should be intensified.
• The sub-programme has to continue the good practice of conducting need assessments.
• As the implementation was done by NGOs, the sub-programme needs to intensify its monitoring mechanisms to ensure effectiveness and quality.

3.4.2. Population and Development Sub- programme- South Sudan

3.4.2.1. Background: The Government of Southern Sudan, in collaboration with UNFPA and various development partners in South Sudan, has embarked on the building of some milestones crucial for the establishment of the Southern Sudan Population Secretariat (SSPopSec) in 2007.

The Secretariat of the PD, per the request of the MoFEP/GoSS, was collectively agreed to be hosted by the Commission (SSCCSE). Thus, the SSCCSE, per the recommendations of the brainstorming meeting and in collaboration UNFPA, was tasked with the identification of key PD stakeholders’ in Southern Sudan, to include institutions that have mandates with a bearing on population and development issues. Focal persons were identified in the key relevant Ministries and Commissions. The SSCCSE has succeeded to ensure that a Population and Development Desk was created in the Ministry of Finance and Economic Planning (MoFEP). Currently the desk is having one focal person responsible for all PD issues that are directly under the jurisdiction of the Ministry.

Assessment:

The sub-programme document was done as a result of intensive consultations with relevant government institutions and thus the document captured all the priority issues discussed. The purpose and outputs identified were very relevant to the priorities of GoSS and objectives of the ICPD/PoA.

The sub-programme document analysed the situation of population dynamics and development issues and articulated the main priority issues to be addressed. Three outputs were stated with related activities. The indicators were stated specifying the means of verification. Monitoring and evaluation mechanisms are specified to help in close follow up of achievements of results.
Steering committee role was considered with a clear ToR. It is important to note that outputs should have been more specific to the South Sudan rather than the national level.

The workplans detailed the activities with identification of groups targeted by each workshop and emphasis to consider gender-balance of participants. The activities included research with internal and international institutions but these are not included in work plans set.

On the delivery aspect and according to the reports and interviews, all the planned activities were timely and implemented which shows the good experience of the staff.

Most of the activities were implemented through SSCCSE. An important achievement for the SSCCSE to be highlighted was its collaboration with CBS in the planning and implementation of census process successfully.

The main results that can be noted from the above achievements are: availability of a population secretariat as a government mechanism for promoting the population issues; availability of information from established data base including SHHS; and the improved knowledge of policy makers on population concepts and MDGs goal. Considering the paucity of information, noted above, the results are important contributions to the planning process. The sensitization and advocacy to policy makers was timely as in post-conflict context the population development issues are likely to be inadequately conceptualized with other post-conflict urgent issues of security, poverty and the different governance issues.

The fora on PD issues for relevant stakeholders was the best mechanism for consultation for updating population issues, capturing emerging issues of post-conflict context and for soliciting support for promoting the integration of population issues in sectoral plans and practices. The initiative to have focal points for PD in the different sectoral ministries was the best strategy for the integration of PD issues into the process of policy development and the design and implementation of development programs if the focal points are made operational. There is no doubt that the wide dissemination of information regarding PD issues through documentation and publication using a variety of channels would address a gap of the accessibility to population data for planning.

Despite these results the sub-programme is facing challenges including:

- Weakness of the implementing agencies in monitoring and evaluation
- Limited capacities of partner institutions
- South Sudan is very large and lacking infrastructure
- Juba is a very expensive town for running activities such as seminars, workshops, etc
- Lack of research institutions currently in South Sudan
3.4.2.2. Conclusions and recommendations:

- The sub-programme should use the available data for intensive consultation on priorities for effective planning for reconstruction and peace-building. That should consider involvement of local governments in the data generation to be relevant to the decentralization. Plans for dissemination of the existing data to the relevant states and for collecting data for priority states and locality should be considered.

- Support should be provided to the Population Secretariat, established, for having a strategic plan that considers strengthening its roles and responsibilities at the state and local level. The plan should also consider the establishment of a monitoring and evaluation system. Based on that plan the Secretariat should be given support for capacity building but with contributions from GoSS to ensure the sustainability of support given and to avoid long term dependency and weak government commitment that are happening to the NPC at the national level. There may be need for an advocacy strategy to ensure commitment for support for the Secretariat. Advocacy should consider alliances with parliaments at the regional and state level.

- Capacity development for Population Secretariat should be extended to other government institutions for analysis of sectoral indicators and integration of the socio-economic indicators in sectoral plans..

- The fora on PD should reach the states and localities with prioritization of the states with the highest maternal mortality rate. Efforts should be made to consider participation of the local organizations in the fora. But the effectiveness and results of the fora should be assessed after six months to take decision for its strengthening or discontinuity.

- The sub-programme should consider seriously the two opportunities: i) the commitment of the government and ii) the interest of the donors in supporting PD programmes such as census, researches and capacity building for strengthening the above results and addressing the tremendous needs for information and data on critical population issues.

- The SSCCE and PD need to be supported for the analysis and dissemination of the census data, for updating DevInfo system with census data and for implementation of the post-census activities as suggested in the JAM Clusters Report, Statistics and Information Cluster.

- The collaboration and coordination with research institutions for census data analysis and for researches and surveys is very crucial at this critical moment as it came in the work plan of the current SS programme. Therefore, the opportunity is that the University of Juba currently active in Juba has a Population Studies Center that dealt previously with researches on Population and RH issues but remained dormant during the war period. The Center would be a good starting base. Thus, the recommendation is to conduct
assessment for the center and consider reacting it to address a basic need for the GoSS different institutions as well as the University itself.

3.4.3. Gender Sub-programme – South Sudan Programme

3.4.3.1. Background:

The goal of the sub-programme is to contribute to government efforts to achieve gender equality and empowerment of women in Southern Sudan for the performance of sustainable development, peace and political stability.

*SDN6G1S2- Building local capacity for community based and multi-sectoral prevention and response to personal security of men and women in the public and private domain*

**Assessment**

The results of the sub-programme assistance were substantive contribution to institutional capacity building and indicated clearly the relevance and timeliness for the post-conflict situation. In fact, office premises, furniture and equipment were the basics for a start for the new MGSWRA. The Gender Policy was the best road map for the newly-established MGSWRA. The sub-programme maintained the leadership role of UNFPA for coordinating GBV strategies and responses and in fact excelled in endorsement of GBV strategy.

The processes of preparation of strategies considered mobilization of some grass roots groups, elites from the civil society. The challenges is how the Ministry will implement the strategies with consideration to involvement of the ethnically divided civil society.

The sub-programme initiated the Gender/GBV Working Group (G/GBVWG) in Juba. The working group then evolved into a Southern Sudan Gender/Sexual and Gender-Based Violence Working Group (SSG/SGBV WG) which was to coordinate all activities related to gender and SGBV in the whole of Southern Sudan. UNFPA will assist the Ministry of Social Development in the 10 states to establish and coordinate G/SGBV WG.

UNFPA a member of the Rule of Law Working Group (RoLWG) and the Regional Protection Working Group (RPWG) to ensure that GBV issues were incorporated in all programmes and interventions, to effectively share information and relevant documents among partners and enhance the UN coordinated approach.

The mechanisms created are needed to coordinate efforts and resources but there should be a consideration to the local ownership of these mechanisms to ensure its effectiveness. That means
building the capacity of the government and civil society institutions to participate in the operationlization of these mechanisms.

UNFPA Gender Team also participated in the different Budget Sector Working Groups to help the MoGSWRA in advocacy for streamlining gender concerns and gender budgeting into all sectors of the GoSS budget.

3.4.3.2. Conclusions and Recommendations:

The gender sub-programme successfully contributed to addressing the priority needs for promoting gender development in South Sudan post-conflict situation. There is need to strengthen the sub-programme achievements considering the following:

- The community training manual for GBV was a good initiative and inclusive to basic related issues and perhaps unique for the Sudan. The manual was still a draft. Thus there is a chance to review it so that GBV is put within the perspective of gender power relations and should emphasize the reproductive rights and responsibilities issues. Although the manual was informed by the assessments done yet there is need to strengthen its relevance to the cultural dynamics specifically the GBV practices, and discriminatory processes against women and youth among the different ethnic groups.

- The sub-programme should revise the ToRs prepared for GBV TF to promote its role from coordinating for specific events to be an effective coordination mechanism for coordinating GBV and all gender development initiatives. Efforts must be put to ensure the commitment of MoGSWRA to the TF and representation of local groups must be considered.

- The gender sub-programme should design its intervention to be at the three (macro-meso-micro) inerrelated and integrated levels- the macro-level of policies and plans and this has to focus on gender sensitive plans for targeted states and their local level administrations; at the meso-level the sub-programme should consider mapping of local organizations in targeted state and building their capacities for gender-sensitive planning, programming, resource mobilization and community mobilization and education. At the micro-level the sub-programme should consider supporting the trained local NGOs and INGOs for awareness- raising on gender and GBV prevention for the communities.

3.4.4. Overview on South Sudan Special Programme

The findings for the components sub-programmes of the SS Programme demonstrated results relevant to the context of SS and responsive to the urgent needs of GoSS as well as the community needs identified by the assessments done for planning the interventions.
The current programme was designed as three separate sub-programmes that are coordinated sometimes at the activity level. The programme is noted as activity-oriented as indicated in the planning of activities and reporting of achievements and as many of the partners were not very clear with results achieved from their implementation. There is need to change orientation of the staff and partners to be result-oriented and sensitive to a programme approach. That means that there is need to identify results for the activities at the design stage and the implementation processes and the implementers should be oriented to produce results rather than just implement activities. Although the coordination of activities is embedded in the programme–and-result-oriented approaches, it is important to have workplans with clear coordinated activities for partners to know and follow.

The RH programme has done need assessment for the 10 states before planning interventions and this is considered as one of the best practices that should be followed in all UNFPA initiatives. The recommendation is that the assessment results should be shared and used as baseline for the coming programme.

The evaluation team noticed that follow up for the training activities was included in the workplans as activities and not just mentioned in the monitoring section of the document and this was noted by the team as a good practice in the current programme. The follow-up may help in identifying the quality and effectiveness of the training done by partners or consultants. But the programme approach needs a strategy for an effective monitoring system. The recommendation is that at an early stage before implementation, the monitoring strategy has to be designed and efforts to identify means of verification should be done so the targets and indicators related to results are used in reporting.

The sub-programme and project documents’ and reports were available in the office with responsible officers as well as monitoring and evaluation officer but for improved documentation of records for the long term, there is need for a shared drive. A webpage would also make documents available to all interested partners.

As noted above the implementation modalities used were the most feasible in the context of South Sudan and with the presence of large number of INGOs with long experience in SS and at the state level. However two issues were noted for modalities used. The direct implementation by the office staff was time consuming but ensured quality of training and should continue but with involvement of local staff from the relevant ministries to build their organizational capacities. Also it should be as a condition for the partner NGOs sub-contracted for implementation of activities to identify at least one local organization or local staff in the relevant local administration and involve it/him/her in the implementation of the activities, again promoting capacity building.
Two issues are to be raised from reading reports of partner organizations implementing activities. One issue is that the visibility of UNFPA is sometimes completely neglected and that would confuse the local administration in case UNFPA planned to follow up activities.

In one of the reports on orientation sessions a good practice of ending the session with work plan was noted. According to the plan, each of the leaders in the session has a specific responsibility for orientation of other groups in the community and all are to report on their activities at a specific date. This is a good practice and approach for results if the plan is funded and monitored for results.

The team discussed the achievements in relations to the costs incurred and the effectiveness of outputs produced is confirmed regarding the challenges of the difficult environment and lack or the unreasonably high costs of the basics for training and for movement from one state to another. Therefore, reaching practitioners in the priority states and communities with capacity building and needs for services would be a very costly process specifically at the states level. Consequently regarding the critical needs of the SS and the post-conflict challenges the team recommend strongly that budget for the office to be more than doubled from the core resources and a resource mobilization strategy has to be developed and made operational to ensure that the coming programme produce the intended results for promoting peace in Sudan.
3.5. Darfur Emergency Reproductive Health Programme:

3.5.1. Background:

This report depends on the desk review of three technical reports for the three Darfur states in 2005 in addition to the evaluation reports for ECHO funded Emergency project in Darfur for 2006-2007 and the other for 2007-2008. Hence the evaluation is rather of limited scope.

In 2003 the Darfur armed conflict escalated, displacing about 2 million people in Darfur, thousands of refugees in the neighbouring countries and destroying the livelihood base rendering hardships for the thousands of conflict-affected people. This added to the prevalent and widespread severe poverty in the country and inequitable economic development. The large number of IDPs in the camps remained for long period deprived from basic needs and services. The substantial numbers of women in the displaced camps are suffering exploitation, violence and those pregnant lacking basic maternal care and delivering under very dangerous conditions. Despite the large humanitarian efforts, little attention was given to the RH needs and thus UNFPA took the lead in addressing and advocating for the RH needs by full implementation of MISP since the early phase of emergence in 2003. Then UNFPA was selected by all actors in Darfur as the lead UN agency to coordinate the GBV response in Darfur.

The range of activities implemented in the three states in Darfur include training for health practitioners to address RH needs and risks, outreach and networking, assessment, organization of fora, provision of RH supplies and commodities, and coordination of GBV responses.

Assessment:

UNFPA achievements in North Darfur State included:

Support was provided to midwives training and in 2005 85 trained midwives started providing services the IDPs camps.

UNFPA led the coordination RH and GBV working groups in the State and the establishment and chairing of HIV/AIDS WG in the North Darfur State in October 2005.

Technical support to SMOH and INGOs/NGOs in the State on RH and GBV programming was provided.

Support to the State health system with UNFPA RH Emergency kits which were distributed to PHC clinics in the IDPs camps and to EmOC referral hospitals.

Leadership, participation and technical support were provided by UNFPA, in collaboration with other UN agencies, for undertaking assessments for RH and GBV in several camps to identify
gaps, access baseline data and for developing strategies for RH/GBV response, programming and coordination.

UNFPA led the RH Task force to device a checklist which was endorsed together with the State MOH to follow up the skills acquired by multidisciplinary health cadre in North Darfur on the training on clinical management of rape

UNFPA provided support to the GBV Working Group in establishing a joint assessment mission group on GBV. The main role of the group was to undertake regular and emergency assessment missions to facilitate focussed review and analysis of GBV situation. The first assessment mission was done in January 2006.

UNFPA and the State MoH undertook joint assessment of women health facilities in December 2005 upon request from the WHO. The assessment undertaken was for the Saudi Maternity Hospital. The assesment team held detailed meetings with the Director and assessed the needs and accessibility of free and quality services by women IDPs. The assessment findings with relevant statistics were shared by UNFPA and SMOH with the RH Task Force members.

UNFPA took part in the discussions of the SMOH health’s vision and work plan for 2006 and advocated for and succeeded in incorporating into the work plan the establishment of a system for managing HIV/AIDS in the North Darfur State. After much consultation with the Director General of the SMOH in the ND State, UNFPA took the lead in formulating and establishing an HIV/WG in order to coordinate activities in this area and to support initiatives to fill the identified gaps.

UNFPA was designated coordinator of ‘fire-wood/fodder patrols’ in October 2005. The role of UNFPA was to collaborate with Civpol, to assist women’s groups and other leaders in the camps to initiate firewood patrols and also to promote safety measures for women IDPs.

UNFPA took the initiative and proposed to the GBV WG members for establishing the ‘GBV Trainings Management Committee’, which was welcomed by the relevant actors. UNFPA with support from the committee was expected to act as a clearing house for training material and provide necessary technical support.

UNFPA initiated and facilitated the GBV WG members in establishing a referral pathway to provide coordinated response and assistance to S/GBV survivors and provided support to organizations for services. UNFPA led preparations for launching refererral pathways in other camps.

Training and capacity building for RH/GBV programming were conducted to promote gender-based violence, post abortion, clinical management of rape, safe motherhood and STIs and HIV/AIDS. Under each of the RH areas a wide range of sessions and workshops organized for practitioners to equip them with the needed knowledge, skills and practices. Orientations sesions
on HIV/AIDS were organized for religious leaders, teachers, media personnel, police, barbers and youth union.

RH activities were coordinated at the state level by UNFPA and MoH PHC Directorate and each implementing partner covers specific sectors in the camps and specific geographical areas by localities. With the exception of ICRC all INGO’s with a health mandate operating in North Darfur were partially or fully supported by UNFPA.

Reporting on RH activities was carried out on monthly basis as part of the overall PHC data collection analysis. This sometimes confounds pertinent results for RH specifics. Coupled with delays and untimely reports the gap for data collection was highlighted and mechanisms for strengthening it were discussed in the RH Coordination Forum.

In **West Darfur State** the achievements noted in the reports included:

The activities carried out included continued capacity development through capacity building and provision of medical supplies and equipment to various secondary and primary health care facilities throughout the state. In-service training (formal and hands-on) was given to SMoH staff as well as those of interested NGOs. Some of the trainings conducted in 2005: 35 doctors and medical assistants trained on management of obstetric care, 30 midwives referred course on midwivery and 62 midwives on raising awareness on fistuls, midwives and doctors on safe motherhood and FP and supportive supervision; HVs on case management of pregnant women. Trainings on HIV/AIDS considered medical assistants and paramedical on STI syndromic treatment and infection prevention techniques while different health providers (50) were oriented on infection prevention related to HIV/AIDS. Awareness raising sessions on STI and HIV were delivered to IDP communities, uniformed forces (100), the youth (500 students), and women groups. In first quarter of 2007, five trainings were undertaken on data collection for RH, maternal nutrition survey methods and infection prevention for 203 participants.

UNFPA, in collaboration with UNICEF, carried out a situational analysis on “The effects of Conflict on Health and Well-being of Women and Girls in Darfur” and the findings were published and widely disseminated.

UNFPA led the response to GBV in the State supporting data collection, trainings for practitioners, orientation of the IDPs communities and design of standardized reporting format and was successful in advocacy for addressing constraints of conditioning the treatment with the filling of medical form for police procedures.

In November, 2005, under the leadership of the State Wali a ‘Wali Committee on the Elimination of Violence Against Women and Girls’ was formed, including the relevant government ministries, and local organizations and groups in addition to the international actors.
In South Darfur it was noticed that, after signing the MOUs with 15 implementing partners and MOH, coverage of RH services increased significantly with service expanded to previously uncovered areas. Standard management of STIs (syndromic approach) was a major concern hence a series of training workshops were conducted and condom distribution increased. UNFPA support to RH service covered wide range of activities including: antenatal care, tetanus vaccination for pregnant women, clean deliveries and postnatal consultations, STIs screening and treatment, family planning. Support to secondary level was provided to the blood bank to conduct HIV/AIDS, Hepatitis C and Syphilis testing. Free of charge treatment for IDPs (was secured to IDPs according to State MOH/WHO signed agreement for free treatments to IDPs in hospital and UNFPA/WHO/UNICEF were to provide drugs and equipments. However, according to the evaluation reports, the hospital administration noted the difficulty of identification of IDPs from other citizens remained a problem.

Training of around 500 health cadre from MOH and INGO was conducted in 2005 to cover standard obstetric care, EmOC, malaria prevention and treatment during pregnancy, STIs syndromic approach, clinical management of GBV survivors. While for community mobilizers, the training considered GBV issues, infection prevention, family planning, nutrition of pregnant and breastfeeding women, HIV/AIDS awareness raising and family health practices. TOT courses on HIV/AIDS peer education were conducted. The training modules of FMOH, UNFPA, WHO, UNICEF were used as resource material.

Out of the ten secondary health care facilities in South Darfur seven were supported by UNFPA namely, Nyala teaching Hospital, Kass hospital, Tulus hospital, Gerida Hospital, Buram hospital, Dain hospital, Adila hospital. For Nyala hospital the support was for the obstetric and gynecological ward, the operation theatre and the blood bank. RH kits were distributed to the partner NGOs and hospitals in town as well as health facilities in rural areas. 80 PHC centers were providing basic RH service and thus improving the accessibility of services to all IDPs in the state who were estimated to around 69% of the total population.

Monitoring: Regular supportive supervisory visits to IDP camps clinics were difficult to implement due to the fluctuating security status. Nevertheless monitoring and supportive visits were undertaken in all three Darfur States to ensure the involvement of local communities in the facilitation of the referral obstetric emergency cases.

Reports on RH activities were being regularly submitted to UNFPA from partners. These reports showed the major risk factors to be considered for planning the care needs. For example some reports showed that 60% of pregnancies were normal 8% with an associated pathology and 32% with one or more of the list of risk factors detected.

The challenges of the conflict situation as noted in the reports were tremendous and the most general to the three states are:
Safety threats from within and outside the region with no clear insight to a comprehensive peace agreement
- Increased banditry activities and continuous blatant violations of the cease fire agreement with unjustified killings of unarmed civilians
- The size of the population-affected by war is big and increasing and thus the gap in RH services continues to increase. There is need for more skilled birth attendants, care providers for STI/HIV and GBV services.
- There is need to develop a GBV strategy with relevant ministries and to consider involvement of men in GBV efforts.
- The sensitivity of condom distribution and the lack of clear outlets for that
- Support for technical and resource building of local organizations to become implementing partners is essential.
- The UNFPA partners are limited from coverage of services by insecurity of the areas.
- The women caught up in the conflict are keen and with strong desire to get involved in peace talks.
- The need for income generating activities for women to be empowered to take decisions regarding their reproductive rights and health.
- The importance of promoting the community participation in a context of tensions and cultural diversity.
- The monitoring/ updating of data in an unfriendly and risky environment.

3.5.2. Conclusions and Recommendations:

- The UNFPA initiatives in Darfur had major achievements including: institutionalization of RH in PHC services in the camps and in other regular health service institutions; the strong partnership with those providing services in the camps and more significantly with the government institutions; the establishment of coordinating and supporting mechanisms in collaboration with states’ governments and other actors in Darfur; the capacity building for health practitioners and institutions and the provision of needed supplies and commodities and the coordination for assessment and data generation.

- The UNFPA was the lead agency on GBV in Darfur. Considering that the GBV treatment and counseling are new experiences and the intensive trainings undertaken by leadership of UNFPA during the last three years the following results can be cited: 1) knowledge and concern among some officials in Darfur with GBV prevalence in the conflict areas and camps 2) the increased capacity of trained health staff in Darfur states to provide comprehensive, confidential, post-rape treatment to survivors and 3) increased capacity of targeted government staff to provide minimum, basic emotional support to GBV survivors. 3) the IDPs communities acquired knowledge on GBV risks and some
positive responses indicated in the participation of the communities in the camps for planning referral services for GBV.

- UNFPA should consolidate these strengths and address the challenges as well as start early recovery initiatives to ensure that RH is taken in consideration in the post-conflict context and with the start of the peace-building momentum. This may further help to ensure that the resources availed during the war continue to be used in the post-conflict situation and strengthened further for peace-building process. To do that UNFPA needs to strengthen its current efforts by considering a result-oriented approach. The progress reports documented the trainings conducted with no consideration as to how these are reflected in practitioners’ practices. Similarly there is need to know how orientation sessions influenced demand for RH services. The field staff was engaged in /leading several coordinating groups but the effectiveness of these groups and their best practices and lessons learned from their experiences were not reflected or documented although all these were essential in the context of conflict to save time and efforts in case groups are not effective. Sharing of experiences among field staff in different states is also important.

- For the coming programme UNFPA should continue its support to the current partners for the RH and GBV services, But at the same time the CO office should: 1) **update** the mapping of the health cadres trained in the Darfur Emergency Project; 2) **arrange for an assessment** of i) the quality of services provided by partner organizations in the three states; ii) the use, distribution and management systems of FP commodities, and the treatment for GBV survivors; iii) the functions of the women centers and their prospects in providing assistance in GBV prevention and empowerment of GBV victims. 3) **process the data** produced to be the baseline for the coming UNFPA programme and consider improving the information system in use; 4) **arrange for discussion** of the assessment results and with the states’ governments and other actors and donors, interested in Darfur, **design intervention strategy** for RH aiming to consolidate the ongoing initiatives and start early recovery processes that address needs of the Darfur States for integrating RH in PHC system; 5) **design a separate strategy for GBV**, if possible to be coordinated and integrated with a national one suggested for the coming UNFPA programme – gender component; 6) **conduct a research** on KAP related to RH specifically FP and HIV/AIDS and on GBV to note the change in perceptions and practices, gender issues and power relations related to the GBV. The research should consider the perception of the communities for the strategies for prevention of GBV and **disseminate the research result** and avail the findings for improving the relevance of strategies and practices and specifically for strengthening role of communities in RH and GBV interventions; 7) **conduct a mapping of local organizations** to identify those with concerns for advocacy and awareness raising for RH and GBV and provide support to build their capacity and involve them in the implementation of the strategies proposed.
4. LESSONS LEARNED

4.1. UNFPA Fourth Country Programme

4.1.1. The contribution of the Programme to the national priorities, ICPA, ICPPD +10 and MDGs:

- The relevance to MDGs and ICPD/PoA can be most effective if emphasized in the designing of results, if considered as the framework for data information systems and if put in the guidelines for the annual report

The outcome, outputs and activities of the 4th UNFPA programme comply with ICPD and ICPD+10 objectives as the main goals, outputs and activities considered the reduction of maternal mortality. The result of the activities implemented in all regions were expected to address the factors that cause maternal mortality and involved a process that would contribute to, but unlikely to meet, the Millennium Development Goal 5, and 4 on maternal health and child health. The Reproductive Health Programme in South Sudan developed a special attention to Adolescents Sexual and Reproductive Health programming given that adolescents make up the largest population in Southern Sudan (52%). This is one of the shortcomings of the programme in the North.

In the North and South Sudan, the UNFPA programmes contributed to HIV/AIDS raising awareness of the vulnerable groups and health practitioners and thus contribute to the attainment of MDG 6. In SS the programme provided solid technical assistance to the DDR programme on Reproductive Health and HIV prevention for DDR populations. Substantial institutional and technical support was provided to the South Sudan AIDS Commission.

The UNFPA was a leading organization in GBV and in the integration of gender in the national policies and plans. UNFPA initiated a Technical Working Group on GBV in Southern Sudan which articulates GBV concerns at the policy and implementation levels. UNFPA in the North supported the formulation of the Women Empowerment Policy and in the South UNFPA contributed to the design of the Gender and Development Policy. Thus, UNFPA programme addressed MDG3.

The engagement of the civil society organizations in the programme is rather weak. While there is good cooperation with the INGOS in the South and Darfur, the engagement with the national/local organizations in all regions was at a very minimal stage for the weak capacities of the civil society organizations. But in the post-conflict situation it is essential to consider building capacity of local organizations to ensure peacebuilding and sustainability of initiatives.
4.1.2. Programme Design and implementation

- The weak process of consultation generates weak support from local actors, weak commitment from the government, and sometimes resistance and may undermine the opportunities for local ownership and sustainability.

The consultation for the programme and projects were not considered as a process in the UNFPA programme. In most cases the project documents were prepared by the UNFPA staff or consultants. Some of the partners at the Federal level discussed and argued the issues in the documents and might have contributed to some changes. At the state level the partners were mostly recipients. This was the best that can be done as capacities for programming was rather weak among the government officials, main partners of UNFPA. But still the consultation needs to be more elaborate and inclusive to the relevant civil society groups and should aim for early commitment by partners for sustainability of interventions.

- The poor design of the programme/projects documents and workplans constrain achievements and monitoring. Well-designed outputs, indicators and targets promote accountability for results.

The design of the majority of programme documents was evaluated as inadequate and the outputs and indicators lack clarity and specificity, the relevance and logical relations of activities to outputs were mostly poor while targets and results were not in the culture of the programme.

- The design of a clear strategy/plan for the management and monitoring with clear responsibilities for the partners ensures accountability and promotes efficiency and effective use of resources

The management and monitoring section in most of the programme documents, was poorly written as the responsibilities of the different stakeholders were not explained clearly, the steering committee which should have the main responsibilities for implementation was sometimes mentioned but mostly neglected. In the implementation the majority of the partners had no concern with formation of SC and if formed remains dysfunctional. There is no doubt that the absence of non-functional or lack of SC delay of the implementation of activities and contribute to the misuse of resources and the poor quality of results noted in the evaluation process.

- The activity-oriented approach for the development interventions yields isolated results and constrain impact and realization of objectives.

The evaluation team tried to pinpoint some very minor impacts and results that were sometimes not justifiable considering long term support provided. After many years of support for RH still reduction in maternal mortality is minimal and still the population policy is weak and population data and systems are deficient.
Training is a very preliminary step in capacity building and/or capacity development process as it only adds to the knowledge and improvement of skills.

The programme involved intensive trainings for different skills, but that had not been promoted to capacity building or development. The trainings contributed to the development of skills and in-depth knowledge, but no consideration was given to follow up on how the knowledge acquired is used to improve functions/relations, solve problems, and how the knowledge is managed, strengthened, maintained, and sustained.

- **Long term support is likely to ensure sustainability of capacity development if the later is planned gradually, if there is local ownership and commitment from the local institution.**

There were no plans in the design of projects’ documents for sustainability and local ownership. No specific exist strategy and some of the projects were closed in 2006 with no evaluation and no discussion with the local partners on the possibilities of commitment for consolidating the intervention. However, the findings show that the SFCA has been able to sustain the health center and continue activity for the last two years after UNFPA withdrawal. The Gezira University Population Center has been able to continue its services as well, but the Academy of Communication Sciences- Ministry of Communications stopped the project activities with the sudden withdrawal of UNFPA assistance. Most of the project directors asserted that the government will not provide resources for sustaining project’s activities.

4.1.3. Partnership and coordination:

- **In the context of poverty unless partnership is well-defined, strategized, and built on principles of transparency, respect and equality, the development assistance will be constrained by resistance and lack of commitment.**

The issues of RH and FP remained sensitive and sometimes resisted by government officials because UNFPA office has not considered building a strategic partnership. What is going on is rightly defined as collaboration built on assistance by a project. Most of the partner institutions focus on the budget and not on the results. It is true that the environment is rather sensitive and unfriendly but some means and ways for building partnership are worth trying and that needs not only knowledge on the politics of Sudan but the culture of the Sudanese people and groups.

- **Development programmes can be effective only if all potential partners are mobilized strategically.**

UNFPA in the different regions has long term collaboration with ministries of health, gender and social welfare and short term collaboration with other ministries. There are variations in the strength of those partnerships. Few were interactive with close collaboration while others characterized by mistrust being mainly based on interest for implementation of a project. The partnership usually lasted for the duration of the project. The main constraints to constructive
partnership were the weakness in civil service in general in Sudan as indicated in weak capacities, high turn and the low morale. Therefore, the UNFPA partnerships depended on the effectiveness of the entry points and strategies used by its staff. While this had sometimes been successful in keeping things going, the challenge is that UNFPA strategic partnerships are needed for the effectiveness of the result-based programmes as emphasised globally by the strategic directions of UNFPA for 2008-2011.

The UNFPA is considered by all related UN Agencies as a very cooperative partner that keep momentum of coordination but that seems to be evident at the state level more that at the CO. The UNDAF gave the partnership a high momentum that needs to be maintained and strengthened. For UN-WHO the community-based initiative is an effective modality for coordinating activities with UNFPA at the community level for complementary PHC/RH interventions. The framework developed and agreed upon for coordinating the HIV/AIDS interventions among the concerned UN agencies is another good solid base for partnership. The GBV has had strong partnership mechanisms among the international actors in the South and Darfur led by UNFPA. These mechanisms have to be operationalized, monitored and evaluated to ensure effectiveness.

Partnering with Donors: UNFPA partnership with donors was mainly focused on GBV and the census support. The donors, met by the evaluation team, emphasized that there has been improvement in UNFPA performance in the last year. From discussion, the evaluation team noted the importance of strengthening the reporting capacity of the office. But the partnership with the donor community in general needs to be strengthened specifically for the programmes of the South Sudan and Darfur with clear strategy.

UNFPA partnership was strong with the INGOs in South Sudan and Darfur as INGOs are main implementers for the interventions. Although the experience generally is successful but needs to be more strategic. The UNFPA partnership with the local civil society is generally weak. The North programme has successful experiences with one university and an NGO. However, for promoting local ownership, and decentralization, partnership with local groups and NGOs should be strengthened and strategized to be focused and effective.

* Coordination of programmes and activities ensures effective capacity building, successful advocacy outcomes, strong outreach efforts and promotes synergism, efficiency and increased effectiveness*

The GBV and gender groups related to the UNFPA programmes in Khartoum, South Sudan and Darfur intended to coordinate responses and resources. The changes in ‘form 8’ in Darfur, and the Gender Development Policy in South Sudan were evident results of the coordinated activities led by UNFPA. But this coordinated efforts were for certain issues while the programme approach and the integration of PD, RH and gender initiatives required by result-based approach
entails coordination at all levels and for all processes of planning, implementation, monitoring and evaluation.

4.1.4 Monitoring and Evaluation:

- Monitoring and evaluation would be effective if planned adequately to contribute to improved quality of results

The indicators were poorly stated, except for South Sudan, and no targets were identified for monitoring, very rarely were base lines done to help monitoring change and no monitoring system seems to exist.

No indicators or target are set for reviews and evaluation. The concern for evaluation seems to be very limited.

- Good quality reports are related to availability of expertise and enhanced capacity of institutes and reporting on results helps effective monitoring and evaluation

The outline of the standard quarterly progress report was good but missing the lessons learned the best practices and challenges. Most of the project staff were concerned that UNFPA staff do not respond to the issues raised in the reports nor did they raise issues. The PDs confirmed that quarterly and annual reports were submitted to UNFPA timely. Most of the reports followed the standard format of reports. However, the evaluation team noted the following on monitoring reports: 1) the reporting was mostly on activities with no consideration to results or indicators. Even the annual progress reports did not relate activities to outputs or outcome. These weaknesses were due to the poor indicators and the poorly stated outputs. 2) Most of the reports just confirmed the occurrence of the activities without explanation of the knowledge given, interaction, responses of participants, challenges related to the specific activity during the implementation or unexpected results of the activity. 3) Only three projects reports actually included challenges and constrains related to the socio-economic context. This is very important in the unstable, conflict- and post-conflict context of Sudan. The team found that there were many challenges related to decentralization, high turnover in the partner Ministries and to the misunderstanding of the objectives, rules and regulations of UNFPA assistance. Challenges due to the weak capacities of the government officials are tremendous. 4) Very few documents identified the risks. Only two reports updated the original risks identified in the design of the project and mentioned the emerging ones. 5) The annual reports were just accumulation of activities reported in the quarterly reports with few exceptions. 6) The Country Office reports were generally well written but seemed to focus on achievements and neglect or try to minimize limitations. Some reports include contradictory and confusing remarks for the reader (See CO report 2004). 7) The format of the “Field Monitoring Visit Report” was good and comprehensive. Such form should be used by the NPPPs in the field in addition to his/her regular activity report and should be discussed in the Programme meetings at the CO level.
General Recommendations for the Way forward:

- Regarding the programmes the main recommendations is for more midwives training, intensive EmOC training, capacity building for gender analysis and gender mainstreaming and advocacy, more sensitization on RH, RR, gender, PD, GBV strategy, and for improved population data and information systems. But the next programme needs: to focus on the youth and adolescents for information, awareness and services and design a GBV strategy for more intensive interventions in SS, Darfur but also consider its relevance to the development issues in all other parts of Sudan. There is need to link all programmes with local media specifically the radio for improved outreach.

- The Darfur Programme has to consider an early recovery plan. There is need to strengthen RH initiatives and extend services to the host communities with increased involvement of the local groups. The GBV initiatives have to be replanned for specific targets and broadened to include different types of violence, in addition to rape, and should be put in a gender power perspective.

- Consider introduction of a result-based programme and undertake the necessary trainings for the UNFPA staff and partners. The programme approach entails an integrated GBV coordinated approach. The message is: work with outcomes, outputs and results and monitor with indicators and targets. In the post-conflict context of Sudan it is important to identify risks, measures to mitigate risks and update the risks. The workplans to be developed should be audited to ensure that the results are gender sensitive and for capacity building and not merely training. The capacity building has to be contextualized to the local circumstances, monitored and evaluated regularly. To ensure the commitment to MDGs and ICPD/PoA then specific results should be directly related to MDGs. The SSCCSE, CBS, National Population Council should consider putting MDGs as guide for data collection. The research agenda to be developed by UNFPA and partners should consider issues raised by ICPD/PoA.

- A decentralized programme approach should be considered. The results and targets for integrated PD, RH and Gender should be designed for the states as sub-programmes.

- Regarding the cultural diversity aspect of the Sudan population, it is also crucial to consider a culturally-sensitive approach in the programming process. UNFPA globally has developed expertise, technical know-how and capacities for such an approach. “This approach facilitates programme development based on a thorough understanding of the values and belief systems as well as social practices governing norms and it seeks to identify positive values and practices that would facilitate and more effectively promote locally reproductive health and rights. Cultural knowledge, awareness and engagement of local communities are vital to aid effectiveness and to sustainability of change” (UNFPA Strategic Plan, 2008-2011, p 9).
Plan a process for intensive consultation for the expected results of the next programme and workplans and engage the partners in the design of outputs, results, indicators targets and activities. That would be a process of application to the training done on programming using external technical assistance.

The local ownership should be a basic concern in the planning and implementation processess.

Consider the development of a strategy for monitoring and evaluation identifying the means of verification for the indicators. That needs planning some preliminary assessment and surveys. The monitoring mechanisms has to be practical and for accountability for results. Thus the formating for the reports should be changed to be result-based. The annual reports should consider specific questions on the results achieved, contribution to outputs, the relevancy to MDGs, coverage at the local level, coordinated efforts, partnership, challenges, best practices and success stories. Orientation sessions for partners before start of implementation by expert on monitoring and reporting may be needed. UNFPA staff should be monitoring the quality of reports, and send feedback to partners on the reports. In the design of interventions the follow-up and close monitoring activities related to the different types of training has to be planned as activities and responsibilities in the WPs. Before this process an orientation on CB and CD has to be conducted.

There should be a Programme Committees at the central level in Juba and in Khartoum and sub-committees at the state level with specific ToRs for taking major decisions concerning the programme implementation. UNFPA needs to explore the above recommendation for an advisory group for the programmes and sub-programmes to promote local ownership.

Seek technical assistance for the design of a partnership strategy and arrange dialogue with partners on partnership. The current partnerships are good bases for designing an effective a strategy. According to the UNFPA Strategic Plan 2008-2011, “being a strategic partner means working together towards common national results, based on unique abilities, comparative advantages and a clear division of responsibilities”. The strategy should extend UNFPA partnerships to parliamentary groups, media, civil society organizations including the religious and faith-based groups, academia and research partners, as well as non-traditional partners, including the private sector.

Because of the risk of complete collapse of institutions and discontinuity of some essential activities, and for the profound challenges of RH, the programme should have a longer term exit strategy with gradual withdrawal from certain activity. The recommendation is that UNFPA has to take decision for a one/two years exit strategy.
with the aim of building local ownership. However, the local ownership needs dialogue, discussion and strategy. But these efforts have to be done in collaboration with other agencies providing support on RH.

- Consider reviewing the IEC materials to ensure relevance and results. The monitoring and information section in UBFPA should ensure the sharing of IEC between the different regions for improved learning. Sessions for all partners and resource persons for review of IEC may be needed.

- There is need to consider improvement of engagement with the civil society. Working with the civil society may need mapping and capacity development for sensitization and provision of services for the communities. It is crucial to conduct assessment on CSOs and design a strategy for their engagement at the community level. It is important to realize the relationship of the CSOs to the government at the central and local levels. Due to the increasing number and various types of CSOs it is more practical to consider criteria for the selection of partners. The criteria should not only be the focus on experiences with RH, population issues and gender, capacity, transparency and accountability but also for the strong community-base and success stories for impact.

- As several ToTs have been conducted it is important to develop a roster for trainers by type of training and that have to be shared and updated regularly by the UNFPA in Khartoum, South Sudan and Darfur and in collaboration with implementing partners and the international relevant organizations and UN agencies.

- Consider developing a roster for the national and international consultants as individuals as well as institutions with the help of UNFPA Head Office and the regional offices in the Arab states and Africa. That would help in shortening the time for the procurement as it may depend on the desk review but even if ToRs are advertised those relevant in the roster can be encouraged to apply. The roster would ensure having the right expertise for quality services.