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Draft country programme document***

Sudan

Summary

The draft country programme document (CPD) for Sudan is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of \$29,066,000 from regular resources, subject to the availability of funds, and \$240,000,000 in other resources and \$440,000,000 emergency other resources, subject to the availability of specific-purpose contributions, for the year 2009-2012.

* This document was submitted late due to internal consultations.

** E/ICEF/2008/9.

*** In accordance with Executive Board decision 2006/19 (E/ICEF/2006/5/Rev.1), the present document will be revised and posted on the UNICEF website no later than six weeks after discussion of the CPD at the Board session. The revised CPD will then be approved by the Executive Board at the second regular session of 2008.

*Basic data
(2006 unless otherwise stated)*

Child population (millions, under 18 years)	17.7
U5MR (per 1,000 live births)	89
Underweight (% , moderate and severe)	31
Maternal mortality ratio (per 100,000 live births, 2005) ^a	450
Primary school attendance (% net, male/female)	56/52
Primary schoolchildren reaching grade 5 (%)	90
Use of improved drinking water sources (% , 2004) ^b	70
Use of adequate sanitation facilities (% , 2004) ^b	34
Adult HIV prevalence rate (% , 2005)	1.6
Child work (% , children 5-14 years old, 2000)	13
GNI per capita (US\$)	810
One-year-olds immunized against DPT3 (%) ^c	78
One-year-olds immunized against measles (%) ^c	73

^a The figure is a 2005 estimate, developed by WHO/UNICEF/UNFPA and the World Bank, adjusted for underreporting and misclassification of maternal deaths. Please see <http://www.childinfo.org/areas/maternalmortality/>.

^b Data for water and sanitation indicators are 56% and 31%, respectively; source: Sudan Household Health Survey (SHHS) 2006.

^c Data for DPT3 and measles indicators are 55% and 66%, respectively; SHHS 2006.

Introduction

1. The country programme will help Sudan expedite progress towards achieving the Millennium Development Goals, address socio-economic and geographical disparities, and support the five-year Strategic Plan (2007-2011) of the Government of National Unity and the three-year Budget Sector Plan (2008-2010) of the Government of Southern Sudan. It will encourage increased effectiveness of fiscal and administrative decentralization by the Government, build capacity for effective planning and resource allocation, and promote convergence and scaling-up of basic service delivery. Within the framework of inter-agency coordination, the country programme will continue to support the humanitarian response to the crisis in Darfur. Overall, it will continue to build upon the progress made for children since the signing of the Comprehensive Peace Agreement in 2005.

The situation of children and women¹

2. **Health and nutrition.** The under-five mortality rate (U5MR) is 112 per 1,000 live births while the infant mortality rate (IMR) and the neonatal mortality rate are 81 and 41 per 1,000 live births, respectively. In the North, U5MR declined from 104

¹ Except where indicated, all statistics are from the results of the 2006 Sudan House Household Survey (SHHS), conducted by the Government of National Unity/Government of Southern Sudan and supported by UNICEF, the United Nations Population Fund (UNFPA), the World Food Programme (WFP), the World Health Organization (WHO), the League of Arab States and the United States Agency for International Development (USAID).

per 1,000 live births in 2000² to 102 in 2006; in the South, it declined from an estimated 250 per 1,000 live births in 2001 to 135 in 2006. However, disparity among states remains, ranging from 52 per 1,000 live births (IMR) and 63 per 1,000 live births (U5MR) in Gezira to 151 per 1,000 live births (IMR) and 192 per 1,000 live births (U5MR) in Western Equatoria. In 2006, coverage of three doses of combined diphtheria/persussis/tetanus vaccine (DPT3) for children under one was 53 per cent nationally (64 per cent in the North and 23 per cent in the South) and the measles immunization coverage for the same age group was 59 per cent nationally (68 per cent in the North and 28 per cent in the South). The nutrition situation is poor; some 15 per cent of the population suffers from acute malnutrition. Nationally, 31 per cent of children under five are moderately or severely underweight and 33 per cent suffer from moderate or severe chronic malnutrition. Complications in pregnancy and delivery are the leading causes of maternal death and disease. The maternal mortality ratio (MMR) in 2006 was an average of 1,107 per 100,000 live births (2,037 in the South and 638 in the North). Fifty-eight per cent of women aged 15-49 years are assisted at delivery by skilled personnel, the figures ranging from 98 per cent in the North to 20 per cent in Northern Bahr El Gazal. The Millennium Development Goals target of reducing the MMR by three quarters by 2015 seems currently beyond reach.

3. **Basic education.** In the North, the gross enrolment rate increased from 60 per cent in 2004 to 68 per cent in 2007.³ In the South, enrolment has almost tripled, from 343,000 in 2005 to 850,000 in 2006⁴ and to over 1.2 million in 2007, with at least 30 per cent being girls. Gender parity in primary education is currently 0.91 in the North and 0.43 in the South.⁵

4. **Water, sanitation and hygiene.** Some 56 per cent of the population is using improved sources of drinking water, ranging from 81 per cent in Sinnar to 22 per cent in Jonglei. In the North, access decreased slightly from 60 per cent to 59 per cent in 2006 while the South saw an increase from 25 per cent in 2004 to 48 per cent in 2006.⁶ The distribution of the burden for collection of household water for women and men is 59 and 21 per cent, and 8 and 7 per cent for girls and boys, respectively. Some 31 per cent of the population lives in households using improved sanitation facilities, but in 8 out of the 10 states in Southern Sudan, fewer than 10 per cent of residents use improved sanitation facilities.

5. **Child protection.** Many children in Sudan are unable to realize their right to protection from violence, abuse or exploitation due to gaps in the protective environment, mainly in the legal and administrative frameworks and in the capacity of the social welfare sector to provide support to the most vulnerable and poorest children and their families. In Sudan, 36 per cent of women 15-49 years old are married before age 18 (up to 56.8 per cent in Unity State). Early marriage compromises their development and education, and often resulting in risky early pregnancies. The prevalence rate of female genital mutilation/cutting (FGM/C) among women in the 15 Northern states, where the practice is widespread, has declined from an estimated 90 per cent (1999) to 69 per cent (2005). In several

² Multiple Indicator Cluster Survey (MICS) 2000.

³ Federal Ministry of General Education (2007).

⁴ Federal Ministry of Education, Science, and Technology / UNICEF (2006).

⁵ Rapid Assessment of Learning Spaces (2006).

⁶ MICS 2000; Joint Assessment Mission (JAM) 2004.

states in the South, the abduction of children and women, linked to tribal clashes and the presence of the Lord's Resistance Army, remains a concern. Birth registration is only 33 per cent (as low as 1.1 per cent in Lakes State). About 8,000 children in Sudan remain associated with armed forces and groups; in Darfur, violence against women and girls, including sexual assault, continues.

6. The spread of HIV/AIDS is considered to be a generalized epidemic in Sudan. In the North, the estimated adult HIV prevalence rate is 1.6 per cent. In the South, the estimated HIV prevalence rate among the population in 2003 was 2.3 per cent.⁷ According to a 2002 survey,⁸ about 79 per cent of the population had heard about HIV and AIDS, but comprehensive knowledge was low, and over half the respondents showed discrimination in their attitudes. Only 4 per cent of the women (15-49 years old) had a comprehensive knowledge of HIV prevention.

Key results and lessons learned, 2007

Key results achieved

7. Support to immunization led to a decrease in measles cases, from 493 in 2006 to 392 by October 2007 in the North, and from 2,488 in 2004 to 893 in 2007 in the South. Polio-free status was largely maintained, with only one polio case imported to Darfur. DPT3 coverage for children under one reached 91 per cent in the North, compared to 85 per cent in 2006, and 22 per cent in the South, up from 17 per cent in 2006. In the North, UNICEF support helped reduce malaria, down from 2,097,060 cases and 1,686 deaths in 2006 to 1,939,471 cases and 656 deaths by September 2007. More than 3 million people affected by the conflict in Darfur had access to primary health care services and 155,000 pregnant women had access to quality basic and emergency obstetric care. In the North, skilled assistance at delivery increased from 43 per cent in 2006 to 49 per cent in 2007, while in the South, 26,500 pregnant women had access to improved facility-based and community-based referral antenatal services. UNICEF supported the response to four disease outbreaks and a flood emergency in 2007. Support to child and maternal nutrition helped with the treatment of over 55,000 moderately and severely malnourished children throughout Sudan, and Vitamin A supplementation campaigns reached nearly 7 million (over 80 per cent) children under the age of five.

8. Access to improved water supply was supported through the provision of new and expanded water supplies for over 2.1 million people through the drilling of boreholes, the installation of hand pumps, the provision of water storage facilities and the repair of existing water-supply systems. Cases of dracunculiasis fell from more than 16,000 in 2006 to 5,000 in 2007.

9. Installation and repair of community and household latrines assured the provision and re-establishment of adequate sanitation for nearly 480,000 people. Hygiene promotion and education activities, including house-to-house visits, school-based education sessions and extensive radio campaigns, reached some 5.4 million people.

⁷ UNAIDS (2006). Actual HIV rates among high-risk groups in Southern Sudan may be much higher.

⁸ Situation Analysis: Behavioural and Epidemiological Surveys, and Response Analysis, report of the Sudan National AIDS Programme (SNAP), Federal Ministry of Health (2002).

10. UNICEF support to education led to an increase in primary school enrolment, with an additional 268,000 primary school children enrolled in the North, including more than 95,000 nomadic children; in the South, 350,000 additional children were enrolled, with some 1.2 million children now in school.

11. A total of 1,326 school classrooms were constructed or rehabilitated, including more than 100 for nomadic children. As a result of UNICEF activities in schools, nearly 37,000 students enjoyed improved access to water and some 79,000 had access to improved sanitation facilities in their schools.

12. More than 10,600 teachers were trained in basic teaching, language skills and methodology. Community participation and leadership for education were enhanced with the training of more than 3,000 young people in the Southern Sudan's Girls' Education Movement and the recruitment of nearly 5,000 members in parent teacher associations. Voluntary organizations such as these play an active role in the management and development of local schools.

13. The **child protection programme** supported the establishment of family and child protection units in the North, introducing child-friendly and gender-sensitive procedures to address the needs of children and women as victims, witnesses and offenders through the provision of comprehensive social, legal, medical and psychosocial assistance to those affected by crime. This unit is currently being rolled out to cover all 15 Northern states. Some 525 abandoned children in the North benefited from a new programme of alternative family care, reducing reliance on institutional care while encouraging the reunification of children with birth parents.

14. UNICEF supported disarmament, demobilization and reintegration programmes for children associated with armed forces and groups, and 1,326 children were registered and 770 demobilized and returned to their communities. More than 203,000 vulnerable children benefited from psychosocial projects supported by UNICEF, including accelerated learning and vocational training. In the South, 140 child welfare committees brought together community members to help monitor the situation of vulnerable children.

15. A total of 1,306 African Union troops in Darfur received training on child rights and protection, and more than 1,000 community leaders and staff from non-governmental organizations (NGOs) benefited from training on gender-based violence. Awareness campaigns on key child rights were launched in the North, as were specific campaigns on the prevention of FGM/C, leading to 200,000 people publicly declaring their abandonment of the practice.

16. The **HIV/AIDS programme** conducted the Unite for Children, Unite against AIDS initiative and supported the development of prevention of mother-to-child transmission (PMTCT) policy guidelines, HIV/AIDS paediatric treatment and care guidelines, and a curriculum on living with HIV for primary and secondary education in the North. Peer education programmes delivered vital information and advice on HIV and AIDS to more than 370,000 out-of-school children to reduce their vulnerability. At 19 PMTCT sites, some 56,969 pregnant women attended antenatal care. UNICEF, in collaboration with government counterparts, reached 1,150 people living with HIV and 2,112 infected or affected children, providing psychosocial support through home-based care visits, non-food items and income-generating activities. UNICEF supported the development of a national strategic

framework for HIV/AIDS for Southern Sudan. In the North, the first-ever comprehensive behaviour-change communication campaign, supported by UNICEF in collaboration with the Sudan National AIDS Programme and the Federal Ministry of Information, reached more than 10 million people with a comprehensive package of information on HIV/AIDS.

17. **Planning, Research, Monitoring and Evaluation.** UNICEF worked with the Government and partners to complete the 2006 Sudan Household Health Survey, which provides baseline data for monitoring international development targets. The data was widely disseminated, and capacity-building for the establishment of an information and knowledge bank in Southern Sudan was initiated. A comprehensive Situation Analysis of Children and Women was begun in 2007 and is due for completion in early 2008. Through UNICEF advocacy and technical facilitation, the concerns of children and women were mainstreamed in all relevant sections of the 2009-2012 United Nations Development Assistance Framework (UNDAF). UNICEF also contributed to a United Nations pilot joint programme on integrated community-based recovery and development (ICRD) in South Kordofan and the implementation of a child-friendly community initiative in 650 communities in the North.

18. Communication and advocacy activities contributed to the creation of broad-based support and partnerships to increase community knowledge and household skills to improve child care. The Sudan Information Campaign for Returns made information available to internally displaced persons (IDPs) to enable them to make informed decisions regarding their right to remain or return to their places of origin.

Lessons learned

19. Lessons learned through the annual review of the 2007 short-duration programme included: (a) adequate preparedness, including pre-positioning of supplies for emergency response, effectively mitigated disease outbreaks and flood impact; (b) harness government commitment in the area of justice for children; (c) build the capacity of highly active community-based women's and youth groups in Southern Sudan in the fight against HIV/AIDS; (d) utilize new opportunities in emerging media for consistent public messaging and to reach niche audiences with specific messages; (e) build partnerships with parent-teacher associations in inaccessible areas to guarantee continued access to education for children and to offer flexible alternative education opportunities, which increase the demand for education of nomads beyond the first four years.

The country programme, 2009-2012

Summary budget table

<i>Programme</i>	<i>(In thousands of United States dollars)</i>		<i>Total</i>
	<i>Regular resources</i>	<i>Other resources*</i>	
Health and nutrition	5 970	63 362	69 332
Water and environmental sanitation	3 164	51 267	54 431
Basic education	2 890	51 267	54 157
Child protection	3 164	20 977	24 141
HIV/AIDS	3 453	8 245	11 698
Communication and advocacy	2 246	3 375	5 621
Social policy, planning, monitoring and evaluation	3 327	3 375	6 702
Cross-sectoral costs	4 852	38 132	42 984
Total	29 066	240 000	269 066

* An additional \$440 million in funding is expected through contributions from humanitarian appeals.

Preparation process

20. The country programme was prepared in tandem with the development of the UNDAF for Sudan. The UNDAF revolves around four main areas related to the five-year Strategic Plan of the Government of National Unity and the three-year Budget Sector Plan of the Government of Southern Sudan: peace building; governance, rule of law and capacity-building; livelihoods and productive sectors; and basic services. Coordinated by the Ministry of International Cooperation and the Ministry of Regional Cooperation, the preparation of the country programme includes: (a) an ongoing comprehensive assessment and analysis of the situation of children and women in Sudan, which involved the strong participation of young people in the North, and the development of the United Nations Common Country Assessment, followed by the UNDAF process; (b) consultations with major programme counterparts in the ministries and agencies to develop sector-specific input for the country programme; (c) consultations with major state-level counterparts to identify state and region-specific priorities and strategies; (d) a national strategy meeting involving representatives from the Government of National Unity, the Government of Southern Sudan and United Nations agencies to finalize programme goals, expected key results and strategies and the draft country programme summary results matrix.

Goals, key results and strategies

21. The overall goal of the country programme is to support the consolidation of peace, to promote the progressive realization of the rights of children to survival, development, protection and participation and to facilitate the country's progress towards achieving the Millennium Development Goals.

Key results

22. The key results, aiming to move Sudan closer to achieving Millennium Development Goals 2, 3, 4 6 and 7, are defined as follows: (a) provide access to a minimum integrated package of health and nutrition interventions for under-five children (90 per cent in the North and 80 per cent in the South) and pregnant women (80 per cent in the North and 65 per cent in the South); (b) provide access to improved drinking water sources for an additional 2.5 million people, representing a nearly 6 per cent increase nationally (from 56 per cent to 62 per cent); provide access to adequate sanitation facilities for an additional 860,000 people, representing a 2 per cent increase nationally (from 31 per cent to 33 per cent); provide increased knowledge of adequate sanitation, hygienic practices and household water safety for 10 million people; (c) provide equitable access to quality basic education and secondary education for 5.2 million children and adolescents, with the net enrolment rate⁹ increasing from 54 per cent to 84 per cent; (d) place 95 per cent of all children without primary caregivers in family-based care; reduce the prevalence of FGM/C in the North (from 70 per cent to 40 per cent); reduce the number of early marriages (by 10 per cent in three selected states in the South and by 5 per cent in the eight focus states in the North); increase the percentage of children registered at birth (from 33 per cent to 53 per cent); provide access to enhanced justice systems for 7,000 children; reach 600,000 people through mine-risk education; and support release, family reunification and reintegration of all the estimated 8,000 children associated with armed forces and groups; (e) provide young people (6 million in school and 21 million out of school) with correct information, relevant skills and access to youth-friendly services, including voluntary confidential counselling and testing services to reduce their vulnerability to HIV; provide access to routine counselling for 3.5 million pregnant women through the integration of PMTCT (of HIV) services within antenatal care; and provide access to basic education, health and social protection services to 80 per cent of children affected by HIV/AIDS; (f) improve policies, systems and institutional capacity to increase investment in child-sensitive and social-protection policies, including safety-net systems and social budgeting for children; support national and subnational budgetary processes so that they are pro-poor, goal-sensitive and aligned with key results in the five-year Strategic Plan and the three-year Budget Sector Plan; and strengthen institutional capacity for decentralized gender-sensitive planning, implementation, monitoring and evaluation, with an emphasis on the convergence of development programmes at the community level; (g) reach 85 per cent of the general population, focusing particularly on young people, caregivers, women, nomadic groups and IDPs, with relevant information necessary for adopting safer, healthier practices and behaviour change; (h) continue to respond to the crisis in Darfur through each of the sectoral programmes assisted by UNICEF.

Strategies

23. Five main strategies support the programme goals: (a) support for upstream approaches, such as evidence-based advocacy for child-sensitive policies and systems, including social budgeting and social transfers to vulnerable children and their families; capacity development and institutional building; promotion of a sector-wide approach in the water, sanitation and hygiene and education sectors;

⁹ SHHS 2006. The baseline is measured by the net attendance rate indicator, which is a proxy for net enrolment.

(b) an area-based approach to programming that involves scaling up interventions, ensuring that they converge in the most disadvantaged communities within eight “focus states” in the North (Blue Nile, South Kordofan, North Kordofan, North Darfur, South Darfur, West Darfur, Al Gadarif and Kassala and Abyei) and five states in the South (Eastern Equatoria, Jonglei, Northern Bahr el Ghazal, Upper Nile and Warrap); (c) an integrated community recovery and development approach, focusing on community capacity-building to empower community structures to manage their own development, integrated delivery of basic social services at the community level and technical support by local governments; (d) accelerated child survival and development strategies, linking integrated basic health, nutrition and hygiene interventions at the community level, grassroots capacity-building and policy changes, with increased investment to scale up existing programmes to achieve the Millennium Development Goal targets on child survival; (e) rapid response to acute emergencies, such as conflict-related displacement, drought, floods and epidemics, including avian influenza and the growing spread of HIV/AIDS. Each of the sectoral programmes will maintain a high degree of emergency preparedness, with essential supplies, equipment and enhanced government capacity, to meet the needs of vulnerable populations affected by crises at national and subnational levels. Underpinning these strategies is a strong emphasis on integrating children’s rights to participation, disparity reduction, gender responsiveness, behaviour-change communication and HIV/AIDS prevention into all programmes.

Relationship to national priorities and the UNDAF

24. The country programme key results will help achieve the priorities in the five-year Strategic Plan and the three-year Budget Sector Plan, and contribute to three of the four pillars of UNDAF, emphasizing a protective environment for vulnerable children and their families and access to basic services, particularly in post-conflict areas of the country.

Relationship to international priorities

25. This country programme is guided by the Convention on the Rights of the Child, the Millennium Declaration and the Millennium Development Goals. The results will contribute to all medium-term strategic plan focus areas, particularly to young child survival and development, basic education and gender equality, and child protection, in response to the continued high rates of child mortality, low enrolment and standards of quality of basic education and inadequate protective environments for children.

Programme components

26. The **health and nutrition programmes** will be merged in one programme to improve delivery of an integrated package of community-level health, nutrition and water and sanitation interventions geared toward child survival. A key framework will be the Sudan Accelerated Child Survival Initiative, rolled out in 2008, with its three-tier approach of interventions: (a) in the ‘jump start’ phase, all children will benefit from a one-time package of interventions (measles and polio vaccinations, long-lasting insecticide-treated nets, hand-washing, deworming, vitamin A supplementation, breastfeeding promotion, and screening and referral for malnutrition); (b) through ‘pulse’ interventions, or Mother and Child Health Weeks,

children under five and pregnant or lactating women will benefit from a comprehensive package of health, nutrition and water and sanitation activities; (c) “routine” community-level interventions will further decentralize the health system, particularly in localities or counties in focus states where it supports convergence with child protection (birth registration, FGM/C, early marriage and access to primary health care services for vulnerable children) and basic education (school health/nutrition/hygiene). Expansion of emergency obstetric care services in focus states along with antenatal care will be the main strategy for reduction of maternal mortality. Aiming to support national efforts to scale up existing interventions to reduce maternal, neonatal, infant and under-five morbidity, mortality and malnutrition, the programme will support the following specific interventions: development and implementation of appropriate policies, systems and human resource capacity to increase access to a minimum package of health and nutrition services; appropriate legislation for marketing breast milk substitutes; capacity for food fortification; promotion of optimal infant and young child feeding; detection and treatment of acute malnutrition; and prevention and control of micronutrient deficiency disorders for children under five. Following the UNICEF Core Commitments for Children, the programme has a strong emergency response component: all reachable children under five in Darfur and other emergency areas will have access to life-saving interventions.

27. The **water, sanitation and hygiene programme** will contribute to Sudan’s efforts to achieve the Millennium Development Goal targets on access to safe drinking water and sanitation. The programme will support the development of a sector-wide approach, promote policies and systems, strengthen planning and implementation capacity at state, county and community levels, and foster partnerships with the private sector to develop systems and mechanisms for cost-sharing and cost recovery. Promotion of community ownership and management of water-supply facilities and utilization of services provided will be an important component. The programme will support rehabilitation of existing water systems and construction of new systems to serve rural inhabitants living in unserved or underserved communities. There will be an emphasis on the provision of new water systems close to schools and sanitary facilities for girls and boys in schools and health facilities. Improved water supply, sanitation and hygiene will be provided to conflict-affected populations in Darfur. Hygiene promotion and education activities, including the establishment of community-led sanitation promotion centres, and communication strategies targeting school children and community-level hygiene promoters will be supported.

28. The **basic education programme** will contribute to achieving Millennium Development Goals in primary education and gender parity. Interventions include support for the development of education systems, policies, curricula and institutions. It will support a sector-wide approach to facilitate enrolment, participation, learning and the completion of primary and secondary education, particularly during emergencies. Efforts will be made to extend the coverage of basic education, with a stronger focus on increasing access in underserved areas, particularly for girls, intensifying efforts on supporting school entry with a comprehensive school mapping and construction programme, and expanding educational activities that target returnees, nomadic children, out-of-school children, former child soldiers, children with special needs, orphans and other vulnerable children. The quality of education will be supported through the development of life-skills curricula and teacher education reforms; capacity development of

teachers; support to child-friendly schools; developing education management and monitoring of learning achievement systems; and the establishment of a Southern Sudan Institute of Education as a centre of excellence. Children and young people out of school and in hard-to-reach communities, particularly in Darfur and nomadic communities, will have access to flexible alternative learning opportunities, including virtual learning approaches.

29. The **child protection programme** will help protect children from all forms of abuse, violence and exploitation through appropriate legislation and policies and the empowerment of the most at-risk adolescents through relevant life skills, as well as capacity development and budgeting for administrative mechanisms and systems at federal, state and county levels. Legal reform and policy priorities will target children without parental care, trafficking in children, the prohibition of recruitment of children by armed forces and groups, as well as birth registration. Support will be provided for pilot testing free-of-charge birth registration in eight states and for establishing child-friendly procedures and strengthening systems to enhance justice for children in 20 states. Children without primary caregivers, including abandoned babies, street children and orphans made vulnerable by HIV/AIDS will benefit from formalized community and family-based care systems. Reduction in FGM/C (in the North) and early marriage (in three states in the South and eight states in the North) will be supported. UNICEF will help reduce the risk of injury from landmines and unexploded ordnance through mine-risk education, and support the release, reunification and reintegration of children associated with armed forces and groups. Cross-sectoral efforts include collaboration with the education sector towards the elimination of school violence and FGM/C; increased enrolment and psychosocial support services for vulnerable children; increased completion rates for girls to reduce early marriage; and collaboration with the health sector towards mainstreaming birth registration and eradicating FGM/C and early marriage.

30. The **HIV/AIDS programme**, in collaboration with the United Nations Joint Team on HIV/AIDS, will contribute to reducing HIV prevalence among pregnant women and young people and to increasing the proportion of the population with comprehensive knowledge of HIV/AIDS. The programme supports updating strategic plans; providing access to voluntary counselling and testing for young people and PMTCT services for pregnant women; promotion of risk avoidance among children and adolescents through provision of information and services; paediatric care for infected children; and support for children living with or affected by HIV/AIDS. The programme will contribute to a national HIV survey, supported on an inter-agency basis and other data collection exercises, to inform policymaking and improve geographical targeting of interventions.

31. The **social policy, planning, monitoring and evaluation programme** establishes better linkages to national planning processes through involvement in the implementation and monitoring of the Millennium Development Goals, building capacities for decentralized governance and contributing to policy analysis and planning. Interventions include support for the development of protection policies, including safety nets for vulnerable families and their children. In collaboration with United Nations agencies, the World Bank and other partners, the programme will support national and subnational budget analysis. It will provide technical support to focus states on planning, including emergency preparedness; budget preparations, aimed at enhancing goal-based programmes and policies; analytical work on factors influencing child poverty and impeding children's rights; and national and

subnational database systems (DevInfo) for storage, management and dissemination of regularly updated data on development goals. The programme will support the establishment of child-friendly communities that foster community leadership in integrated child-focused development programmes. UNICEF will contribute to ICRD programmes by developing 800 new communities (650 in the North and 150 in the South). This will have a peace-building impact as communities collaborate in the shared development of basic social services.

32. The **communication and advocacy programme** will ensure that 85 per cent of the population, especially young people, caregivers, women, nomadic groups, IDPs and returnees, will be reached with relevant messages and activities necessary for adopting safer, healthier practices and behaviours. In addition, 1.5 million IDPs and returnees will have access to accurate and timely information to make informed decisions about their return options.

33. The **cross-sectoral costs** will cover office management support for the entire country programme, including security; vehicles; information and communication technology; private-sector fund-raising and media outreach; programme coordination; staff; and operating expenses related to supply, logistics, administration and finance. Regular resources will be used for advocacy and technical support for planning, monitoring and evaluation of all programmes. Other resources will support expansion of community-level service delivery.

Major partnerships

34. The programme will be implemented within the UNDAF framework. Through collaborative and joint programming, UNICEF will partner with the Government of National Unity and the Government of Southern Sudan, United Nations agencies, and national and international NGOs. Major collaborative programmes include the Sudan Accelerated Child Survival Initiative (with the World Health Organization (WHO) and the World Bank), ICRD (with the Food and Agricultural Organization of the United Nations (FAO), the United Nations Development Programme (UNDP), the Office of the United Nations High Commissioner for Refugees (UNHCR), the World Food Programme, WHO and others) and the Disarmament, Demobilization and Reintegration programme for children attached to armed forces and groups (with UNDP, the United Nations Mission in Sudan and the United Nations and African Union Mission in Darfur. UNICEF will also work closely with multilateral funding sources such as the Multi-Donor Trust Fund administered by the World Bank.

Monitoring and evaluation and programme management

35. The monitoring framework for programme results is based on the four-year Integrated Monitoring and Evaluation Plan, consistent with UNDAF monitoring matrices. The country programme results matrix includes key child development indicators to assess progress against expected results. Information sources for tracking indicators will include major national surveys, thematic studies and surveys and sector-based management information systems. Evaluations with donors will be conducted as required. The Ministry of International Cooperation, the Ministry of Regional Cooperation and UNICEF will oversee the programme. Mid-year and annual reviews with sectoral ministries and other government bodies will be coordinated by the Ministry of International Cooperation and the Ministry of Regional Cooperation.