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Short-duration country programme document

Sudan

Summary

The short-duration country programme document for Sudan is presented to the Executive Board for discussion and approval. The Board is requested to approve the aggregate indicative budget of \$7,649,000 from regular resources, subject to the availability of funds, and \$70,000,000 in other resources, subject to the availability of specific purpose contributions, for the year 2008.

* E/ICEF/2007/8.

The situation of children and women¹

1. One of the most significant developments in analysing the situation of children and women in Sudan has been the finalization of the Sudan Household Health Survey (SHHS). The survey provides the first national population-based data (disaggregated by state) relating to key indicators in the social sectors — health, nutrition, water and sanitation, basic education, food security, child protection — for Sudan as a whole since the 1980s. It also represents the first project jointly implemented by the Government of National Unity and Government of Southern Sudan following the Comprehensive Peace Agreement in 2005. Data from the SHHS will greatly enhance rights-based programming through improved targeting of underserved groups in the country.

2. The humanitarian situation in Darfur continues to be of great concern. Access to the internally displaced persons in December 2006 was the worst since April 2004. From June 2006 to date, more than 250,000 people have been displaced and many non-governmental organizations (NGOs) providing primary health care have had to suspend or minimize their activities. Renewed efforts in 2007 to find ways to reach a conclusive peace agreement involving all parties in the conflict hold great prospects for a sustainable political settlement to the conflict and rapid recovery and development in Sudan.

3. In 2006, significant progress was made in Southern Sudan in terms of establishing relevant line ministries, many of which are now operational, and in developing sectoral programmes. However, limited capacity for implementation and lack of delineation of the respective responsibilities and organization of some line ministries, including structures to facilitate appropriate delegation of decision-making within ministries, remain a concern.

4. In Eastern Sudan, the populations in Kassala, Gadarif and Red Sea States are under stress from chronic food insecurity and poverty, which have strained inter-community tensions. The East Sudan Peace Agreement signed by the Government of National Unity and the Eastern Front rebels on 14 October 2006 is expected to help improve security and economic development in Eastern Sudan, which is effectively Sudan's gateway for imports and exports, including oil.

5. In the north of the country, the Government of National Unity budget for 2006 proposed a substantial increase in "pro-poor" spending, from 3 per cent of the gross domestic product in 2005 to over 5 per cent, a commendable increase in commitments though still well below regional comparators which average nearly 8 per cent.² There is also a need to redistribute this pro-poor expenditure towards poorer states.

6. Currently, Sudan is not on track to meet most of the Millennium Development Goals by 2015. Some 41 per cent of children under five years of age in the north and 48 per cent in the south are underweight. The 2006 Darfur-wide Food Security and

¹ Except where indicated, all statistics are from the provisional, preliminary results of the 2006 Sudan Household Health Survey 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).

² HIPC Initiative — Status of Implementation, IMF and World Bank, August 2005, Appendix, Table 2A.

Nutrition Assessment, released in October 2006, shows that despite the current security situation in Darfur, the overall malnutrition levels have mostly stabilized as a result of the massive humanitarian effort that has been undertaken. The assessment found that while the malnutrition rate among children under age five years rose slightly, from 12 to 13 per cent, it remained significantly below the 2004 rates in Darfur, which stood at 22 per cent. In the north, the infant mortality rate (IMR) and under-five mortality rate (U5MR) were 68 and 105 per 1,000 live births respectively in the late 1990s. In the south, the IMR and U5MR were estimated in 2001 at 150 and 250 per 1,000 live births, respectively.³ Although the gross enrolment rate in the north was 60 per cent in 2004-2005 and 25 per cent in the south in 2003, SHHS data show that 53 per cent of primary school-age children in the country currently are attending primary or secondary school, ranging from 91 per cent in River Nile to 4 per cent in Unity State.

7. In comparison with estimated measles immunization rates of 74 per cent in the north and 20 per cent for the south in 2005, the current national coverage rate for Sudan is 59 per cent, according to the SHHS. Currently, approximately 42 per cent of infants aged 0-3 years are exclusively breastfed, a slight increase compared to the results of the multiple indicator cluster survey (MICS) in 2000. An average of 67 per cent of children aged 6-59 months currently receive a high-dose vitamin A supplement, with variations in coverage between states from more than two thirds of children in the 15 northern states to fewer than one half of the children in the 10 states of Southern Sudan.

8. The maternal mortality ratio (MMR) in the 15 northern states was 509 per 100,000 live births in 1999 and estimated to be 1,700 for Southern Sudan in 2001. Nationwide, 69 per cent of women aged 15-49 years currently are assisted at delivery by skilled personnel, with rates of 89 per cent in five states and less than 40 per cent in nine states, the lowest in North Bahr El Gazal State (20 per cent). The SHHS indicates that 13 per cent of women aged 15-49 years were married before age 15 years and 37 per cent before age 18 years, which in itself has serious implications for protection of girls and maternal mortality. The percentage of women married before age 15 ranges from 6 per cent in Northern State to 24 per cent in Upper Nile. The SHHS results indicate that the average prevalence rate of female genital mutilation/cutting among women aged 15-49 years in 15 states where the practice is prevalent is 69 per cent, varying between 40 per cent in West Darfur and 84 per cent in River Nile State.

9. In 2003, the adult HIV prevalence rate in Sudan was estimated to be 2.3 per cent, and the SHHS found that the proportion of women aged 15-49 years who could both correctly identify ways of preventing sexual transmission of HIV and who rejected major misconceptions about HIV transmission was 9 per cent on average, with figures ranging from 27 per cent in River Nile to 1 per cent in Warap State.

10. Overall, 60 per cent of Sudanese are using an improved source of drinking water, with rates ranging from 81 per cent in Sinnar State to 28 per cent in Jonglei State. Some 31 per cent of the population of Sudan are living in households using improved sanitation facilities, but in 8 of the 25 states, fewer than 10 per cent of residents use improved facilities. These include Jonglei (5 per cent), Upper Nile

³ The SHHS data on IMR, U5MR and MMR were being finalized at the time the present report was written, so 2001 data and estimates are used.

(7.5 per cent), Unity (5.5 per cent), Warap (2 per cent), North Bahr El Ghazal (5 per cent), Western Bahr El Ghazal (8.5 per cent), Lakes (6 per cent) and Eastern Equatoria (5 per cent). The distribution of the burden for the collection of household water is 60 and 21 per cent for adult women and men, respectively, and 8.3 and 6.8 per cent for girls and boys, respectively.

The country programme, 2008

Summary budget table

<i>Programme</i>	<i>(In United States dollars)</i>		<i>Total</i>
	<i>Regular resources</i>	<i>Other resources*</i>	
Health	920 000	15 000 000	15 920 000
Nutrition	558 000	3 500 000	4 058 000
Water and environmental sanitation	920 000	15 000 000	15 920 000
Basic education	920 000	15 000 000	15 920 000
Child protection	920 068	6 500 000	7 420 068
HIV/AIDS	1 004 000	2 500 000	3 504 000
Communication and advocacy	516 000	1 000 000	1 516 000
Planning, research, monitoring and evaluation	866 000	1 000 000	1 866 000
Cross-sectoral costs	1 024 932	10 500 000	11 524 932
Total	7 649 000	70 000 000	77 649 000

* An additional \$110 million-\$120 million is expected through contributions to the United Nations and Partners' Work Plan for Sudan for 2008. The overall programme value remains the same as in 2007 with a different proportion between emergency and other resources.

Reason for short-duration programme

11. In view of the evolving political situation in Sudan, particularly related to preparations for elections in 2008 and the unresolved situation in Darfur, the United Nations country team (UNCT) agreed with the Government of National Unity initially to extend the 2002-2006 United Nations Development Assistance Framework (UNDAF) to 2007, necessitating a one-year short-duration programme in 2007. Subsequently, the UNDAF was further extended to 2008 by the UNCT, in agreement with the Government of National Unity, with a view to having a multi-year UNDAF for 2009-2012. UNICEF therefore will have a corresponding one-year programme for 2008, followed by a full-length country programme for 2009-2012.

Goals, key results and strategies

12. The new SHHS data provide a good opportunity to identify emerging geographic disparities in socio-economic indicators, resulting in more equitable geographic targeting and scaling-up of programme interventions in "focus states" in the country. Within the focus states, most disadvantaged communities will be targeted for convergence of interventions, using the integrated community-based recovery and development (ICRD) approach, under the United Nations joint

programming framework, to increase development results for underserved children and women. Efforts to promote joint United Nations programming at the community level will be intensified.

Programme components

13. **Health.** The Government of National Unity/Government of Southern Sudan will be supported to implement the “road map” for the African Child Survival Initiative (ACSI) developed in 2007 in collaboration with all partners. To help the country in “jump starting” the ACSI, UNICEF will support a one-time, nationwide campaign with an integrated package of interventions (measles and tetanus toxoid immunization, vitamin A supplementation, deworming, provision of long-lasting insecticide treated nets and re-treatment of nets) to reach 95 per cent of children under age five years in the north and 75 per cent in the south, and 40 per cent of women of child-bearing age in the north and 35 per cent in the south. In addition, selected localities in the focus states will be supported through local health systems to undertake “pulse” delivery (every six months) of a package of key interventions for health, nutrition, hygiene and HIV/AIDS, to reach 282,000 children under age five years in 15 localities in the north, and 180,000 children under age five years in 10 vulnerable and at-risk counties in the south.

14. In addition, 107,000 (25 per cent) of children under age five years and 60,000 (60 per cent) of pregnant and lactating women in 18 localities in focus states in the north, and 62,500 (25 per cent) of children under age five years and 50 per cent of pregnant and lactating women in 14 counties in the focus states in the south will benefit routinely from a comprehensive package of health, nutrition and water and environmental sanitation interventions (promotion of exclusive breastfeeding and growth monitoring, the Integrated Management of Childhood Illness (IMCI), defaulter tracing for immunization, re-treatment of bednets, basic emergency obstetric care, promotion of hand-washing, cord care for the newborn and HIV/AIDS information).

15. Support will be provided for nutrition-specific interventions aimed at reducing the rate of acute malnutrition for children under five years of age from 25 to 10 per cent in high-risk areas in the focus states in the north and from 20 to 15 per cent in the focus states in the south; and at improving the rate of access of severely and moderately malnourished children to appropriate therapeutic and supplementary feeding centre services from 30 to 60 per cent in the targeted areas in the focus states in the north and from 40 to 60 per cent in the focus states in the south.

16. **Water, sanitation and hygiene.** The programme will contribute to: increased access to improved drinking water sources, from 51.5 to 53 per cent in rural areas in the north and from 60.5 to 64 per cent in the south; increased access to improved sanitation facilities, from 23.6 to 25 per cent in rural areas in the north and from 6.4 to 7.9 per cent in the South; and reach 2.5 million people in the north and 2 million in the south with key messages on improved hygiene practices and household water safety.

17. **Basic education.** Support will be provided for the enrolment of 350,000 children in quality basic education with gender parity in the north; and of 1.6 million children (35 per cent of them girls) in the south, with 750 schools receiving support for providing a good-quality basic education.

18. The **child protection programme** will contribute to strengthening sustainable protective systems for vulnerable youth and children. In the north, 200,000 schoolchildren will benefit from psychosocial support, an estimated 3,000 children in contact with the law will benefit from women and children's units in the police and an estimated 150,000 displaced children will benefit from protection and psychosocial support. In the south, 1,000 vulnerable children will be supported by government social workers, 5,000 children will benefit from mine-risk education programming, 1,000 children will benefit from community-based reintegration activities and 10,000 returnee children protected from abuse while en route to their places of reintegration. An estimated 2,000 children in Sudan associated with armed forces and groups will be released and those in need of support or follow-up will be provided with services for their successful reintegration into society.

19. **HIV/AIDS.** The programme will contribute to the following results: 500,000 young people in school and 500,000 young people who are out of school in the north and 350,000 young people in school and 300,000 out-of-school youth in the south will be supported to have correct information and relevant life skills to reduce their vulnerability to HIV/AIDS; in the north, 75 per cent of pregnant women and infants attending 10 antenatal care and health facilities in the focus states will receive routine counselling and testing and infected pregnant women and their infants will receive nevirapine and cotrimoxazole; in the south: 80 per cent of women receiving antenatal care at 20 prevention of mother-to-child transmission (PMTCT) sites will receive routine counselling and testing, all HIV-positive pregnant women attending PMTCT sites and their infants will have access to nevirapine before and after delivery and 25 per cent of HIV-positive women will receive follow-up care after delivery.

20. Significant efforts were made in 2006 and 2007 to focus on **policy development and institution-building** in virtually all UNICEF-supported programme sectors: child protection; health; nutrition; water, sanitation and hygiene; and education. Support for upstream interventions in 2008 will be geared towards building on previous policy initiatives and making preparatory arrangements for a child-friendly social budgeting initiative that will be part of the 2009-2012 country programme.

21. An estimated 23 million people (representing 80 per cent of the general population in 15 northern states who have access to radio) and 5 million in the south will be reached with messages and **communication programmes** resulting in improved knowledge and adoption of safer and healthier practices and behaviours on priority programme issues.

22. Efforts will be made to accelerate implementation of ICRD interventions under joint programming with United Nations and other partners, including increasing the number of beneficiary communities from 15 in 2007 (representing 45,000 people) to 45 (135,000 people) in the north and from 30 in 2007 (90,000 people) to 40 (120,000 people) in the south. The number of disadvantaged rural communities from focus states in the north benefiting from the Child-Friendly Community Initiative will increase from 195 (552,000 people) in 2007 to 350 (991,000 people) in 2008.

Major partnerships

23. The global partnership on ACSI between UNICEF, WHO, the World Bank and the Government of National Unity/Government of Southern Sudan will be strengthened at the country level.

24. UNICEF will partner with other United Nations agencies at community level to support ICRD activities.

Monitoring and evaluation

25. Support will be provided to determine the effectiveness of strategies for a comprehensive, integrated package of health-related interventions based on the Millennium Development Goals, to ensure that the strategies are proven enough to go to scale. A relevant monitoring and evaluation framework for accelerated child survival will be developed and implemented.

Summary results matrix: 2008 Government of Sudan/UNICEF country programme
(See attached list for non-standard abbreviations)

UNICEF MTSP focus Area	Key results expected in this focus Area/baseline estimates for these results	Key progress indicators	Means of verification of results	Major partners, partnership frameworks and cooperation programmes	Expected key results in this focus area will contribute to:
1. Health Young Child Survival and Development (YCS)	1.1 DPT3 increased from 84% to 88% (969,621) and TT2 coverage from 46% to 50% (615,956 pregnant women) in the north; DP3 increased from 35% to 50% in urban counties (100,000) and TT2 from 20 % 30 % (80,000 pregnant women) in the south. OPV coverage maintained at 95% (4,842,648) in the north and increased from 83% to 90% (2,500,000) in the south for children <5 years through NIDs. Vitamin A supplementation increased from 83% to 90% (4,587,772) in the north and from 27.9% to 75% (1,200,000) in the south for children 6-59 months through polio NIDs	1.1.1 - (%) of infants that receive 3 doses of DPT; - (%) of children < 5 years receive 4 doses of polio vaccine; - (%) of pregnant women that receive 2 doses of TT - % of coverage of vitamin A by state/locality	1.1 - FMOH reports; - Coverage evaluation of EPI; - Field monitoring reports.	FMOH, Ministry of Health, MOH-GOSS and State Ministries of Health; WHO, INGOs/NGOs Frameworks: GAVI, EPI Plus, Global Immunization Initiative	MDGs 1,4,5,6&7 and JAM targets for health- and nutrition-related MDGs Same as above
	1.2 ACSI: 95% in the north and 75% in the south, of <5 children receive a one-time package of interventions (measles vaccination/long-lasting ITN/deworming) and 40% (3,217,172) in the north and 35% (700,000) in the south of women of child-bearing age receive 1 dose of TT vaccine as part of accelerated child survival campaign and complete the remaining doses through routine immunization; and 4.5 million conflict-affected and disadvantaged populations in the north continue to access health humanitarian and emergency preparedness and response services.	1.2.1 % of < 5 children that receive a one time package of measles vaccination, long-lasting ITN and deworming. 1.2.2 % of women of child-bearing age receive 1 dose of TT vaccine as part of the accelerated child survival campaign; % of women that receive the second dose through routine EPI	1.2.1 & 1.2.2 FMOH/MOH-GOSS Reports; Coverage evaluation of EPI/long-lasting ITNs; field monitoring reports of UNICEF and GONU/GOSS; locality health records; reports from partnering INGOs/NGOs		

		1.2.3 % of conflict affected population that have access to PHC services			
	<p>1.3 (a) ACSI : 107,000 (25%) % of <5 children and 60,000 (60%) of pregnant/lactating women in 18 localities in focus states in the north and in the south, 25% (62,500) of <5s and 50% of pregnant/lactating women in 14 counties in the focus states routinely benefit from a comprehensive package of health, nutrition, WES interventions: [promotion of exclusive breastfeeding and growth monitoring, IMCI, defaulter tracing for immunization, mosquito net re-treatment, basic and comprehensive emergency obstetric care , post- partum vitamin A, promotion of hand-washing, cord care for the newborn, HIV/AIDS information]</p> <p>1.3 (b) ACSI :282,000 children <5 years in 15 localities (all the localities in 3 states) in the north, and 180,000 <5 children in 10 vulnerable/risk counties of the 3 focus states in the South provided twice a year with a package of health/nutrition/WES interventions through campaigns.</p>	<p>1.3.1 % of < 5 years in focus communities that have access to comprehensive package provided routinely at family and community levels</p> <p>1.3.2. % of post partum women receiving Vitamin A by locality;</p> <p>1.3.3 Number of children attending growth monitoring and promotion sessions</p> <p>1.3.4. % of child exclusively breastfed</p> <p>1.3.5 % of < 5 children that benefit from an integrated/comprehensive package of health/nutrition/WES interventions twice a year, through campaigns</p> <p>1.3.6 % of pregnant mothers in focus states/locality/ that have access to basic and comprehensive emergency obstetric care, newborn care [north only]</p>	<p>1.3.1 to 1.3.8 FMOH/SMOH-GOSS reports</p> <p>Coverage evaluation of EPI/long-lasting ITNs</p> <p>Field monitoring reports of UNICEF and GoNU/GOSS</p> <p>Locality/county Health records</p> <p>Reports from partnering INGOs/NGOs</p>	<p>FMOH, MOH-GOSS, SMOH</p> <p>WHO</p> <p>UNFPA</p> <p>World Bank</p> <p>INGOs/NGOs</p> <p>Frameworks: EPI Plus; Accelerated Child Survival; Roll-Back Malaria, The Global Fund</p>	

		1.3.7 % of pregnant women in 3 states in the north and 5 states in the south with access to antenatal care, including iron/folate supplementation; IPT in pregnancy; and long-lasting ITNs			
2. Nutrition Programme (YCSD)	2.1 Acute global malnutrition in <5 children reduced to 20% to 15 % in focus states in the south and from 25% to 10 % in high-risk area in focus states in the north. And access of severely and moderately malnourished children to appropriate therapeutic and supplementary feeding services improved from 30% to 60% (25,000 children on therapeutic feeding and 50,000 children on supplementary feeding) in the targeted areas in the focus states in the north and in the south, from 40% to 60% in the focus states	2.1.1 Prevalence of Global acute malnutrition rates in high risk areas in 10 states in the south and 10 states in the north. 2.1.2 % of severely and moderately malnourished < 5 children that receive effective case management.	FMOH/SMOH reports; MOH-GOSS nutrition reports; routine data from therapeutic feeding centres and supplementary feeding programmes and Nutrition surveys at state, county/locality level.	FMOH, MOH-GOSS, SMOH; and NGO partners Nutrition-related Ministries (Agriculture Livestock and others); WHO, WFP, FAO, UNFPA, UNAIDS); INGOs/NGOs	JAM targets for health- and nutrition-related MDGs
	2.3 Prevent and control micronutrient deficiency (goitre) and increase the percentage of household using iodized salt in all states in the north from 7% to 50% and by 10% of the 2007 level in the affected states in the south.	2.3.1 No. of women and children who received Lipiodol supplement 2.3.2 % of households consuming iodized salt	FMOH/SMOH NID campaign reports; MOH-GOSS routine nutrition reports; Survey reports and routine health centres data.	FMOH, MOH-GOSS, SMOH; Micronutrient Initiative (MI), Ministry of Industry (MOI), and NGO partners	Same as above.
	2.4 Contribute to reduction of mortality and morbidity rates associated with malnutrition in children under-five children and women of child bearing age in 9 focus states: 400 health facilities covering a catchment area of 850,000	2.4.1 Number (%) of health facilities providing minimum nutrition package. 2.4.2 % of care takers with knowledge and	2.4.1 to 2.4.3 FMOH/SMOH reports; MOH-GOSS nutrition reports; routine data and KAP survey	FMOH, MOH-GOSS, SMOH-and NGO partners	MTSP Focus Area 1, MDG 1, 4 &5

	under five populations in the north are able to provide minimum nutrition package.	skills in the key care practices. 2.4.3 Number of SMOH staff trained in and implementing the minimum nutrition package.			
3. WES (YCSD)	3.1 Contribute to increased access to improved drinking water sources: In the north, from 51.5% to 53% in rural areas by providing access to 450,000 additional people and re-establishing access to 350,000 people. In the south, from 60.5% in to 64% through new access to 250,000 additional people in target communities, schools, health centres and way stations and 100,000 people in dracunculiasis-endemic villages	3.1.1 Number of additional people provided access to improved drinking water sources by constructing new water sources. 3.1.2 Number of people provided access to improved drinking water sources by rehabilitation. 3.1.3 Number of additional people provided access to safe drinking water in dracunculiasis-endemic villages	3.1.1, 3.1.2 & 3.1.3 : WES/WASH database and monthly & quarterly review reports.	North: MOIWR, NWC, SWC, local government, NGOs. South: MCRD, Ministry of Water Resources and Irrigation, State Rural Water Departments, Counties, NGOs, CBOs, Communities	MDGs to: Ensure environmental sustainability (Target: Halve, by 2015, the proportion of people without sustainable access to safe drinking water) Also contributes to MDG 4 & 6
	3.2 Contribute to increase the access to improved sanitation facilities: a) In the north, from 23.6% to 25% in rural areas by providing access to 200,000 additional people; in the south, from 6.4% to 7.9 %, by providing access to 150,000 people in target communities, schools, health centres and way stations	3.2.1 Number of additional people provided access to improved sanitation facilities.	3.2.1. WES & WASH database and monthly/quarterly review reports.	North: MoIWR, NWC, SWC, FMOH, SMOH, local government, NGOs South: MCRD, MOH, SMOH, counties, NGOs, CBOs and communities.	MDGs 7 - Ensure environmental sustainability and also contribute to MDG 4 & 6.

	3.3 Increased knowledge on improved sanitation, hygiene practices and household water safety by reaching 2.5 million people in the north and 2 million in the south with key messages.	3.3.1 % of mothers who wash hands before making food, after cleaning babies' faeces, before taking food, after using the latrine. 3.3.2 % of school-children who wash hands before taking food: and after using the latrine. 3.3.3 % of people using latrine. 3.3.4 % reduction in number of diarrhoea cases reported.	3.3.1; 3.3.2 & 3.3.4: KAP Survey; FMOH database; SMOH reports; MOH-GOSS surveillance reports on acute watery diarrhoea in the South.	North: MoIWR, NWC, SWC, FMOH, SMOH, local government, NGOs. South: MCRD, MOH, SMOH counties, NGOs, CBOs and communities	Contribute to: MDG 4, 6 & 7
4. Basic Education	4.1 In the north: 350,000 girls and boys in focus states enrolled in quality basic education (grades 1-8) with gender parity between girls and boys in 10 states. Baseline not available	4.1.1 Gross enrolment rate of girls and boys in 10 focus states, including Darfur 4.1.2 Number of pupils with access to teachers who have improved knowledge and skills in gender sensitive child-centred teaching and learning approaches	4.1.1 MoGE statistics and EMIS systems data in selected states. 4.1.2 Field monitoring reports and child-friendly schools checklist	4.1 Government institutions including, Federal and State Ministry of Education, civil society, UNESCO and bilateral agencies.	4.1 WFFC goal: Provide quality education. MDGs to 2 and 3: Achieve universal primary education, Promote gender equality and empower women; Combat HIV/AIDS
	4.2 In the south: 1.6 million girls and boys in focus states enrolled in primary school (35% of whom are girls) and Girls and boys in 750 schools accessing basic education of good quality Baseline 700,448 children enrolled (34% of them girls) in 2006 (Rapid Assessment of Learning Spaces)	4.2.1 Gross Enrolment (numbers) of girls and boys in the 10 States 4.1.2 Number of pupils with access to schools that are demonstrating at least 5 child friendly school characteristics 4.1.3 % of children	4.2.1; 4.2.2; 4.2.3 a) Annual education census data for 2008; EMIS data for 2007; 2007 general population census; 2006 Rapid Assessment of Learning Spaces data; sample survey conducted in schools in 2008; school-	4.2 + Ministry of Education, Science & Technology & other ministries, WFP, UNHCR, UNESCO, NGOs. + Ministry of Education, Science & Technology, other ministries and Education Budget Sector	4.2 AM targets on: increasing access; expanding alternative learning systems for out-of-school youth; increasing literacy through Assessment of Learning Spaces; and enhancing the quality and relevance of basic

		reaching Grade 3 in the 10 states. (absolute numbers—crude) 4.1.3 % of teachers who are trained, by gender; 4.1.4 % of girls and boys acquiring basic competencies in numeracy and literacy & essential life skills;	based sample tests for literacy, numeracy and lifeskills in selected schools; and child-friendly school checklist.	Plan for 2007-2009;	education +MDG 2 & 3 and EFA Goals (Dakar Framework of Action) 1 & 6.
5. Child Protection	5.1 Contribute to strengthening sustainable protective systems and institutions for vulnerable youth and children: In the north: 200,000 school children benefit from psychosocial support; an estimated 3,000 children in contact with the law benefit from women and children's unit of the Police; Protection and psychosocial support provided for an estimated 150,000 displaced children and 2 relevant national and additional state legislations in 5 states reviewed and amended	5.1.1 (a): Number of school children benefiting from psycho-social care; No of children benefiting from Women and Children Units in the Police. No. of vulnerable displaced children benefited from protection services; and No. of national and state legislations relevant to child protection reviewed and amended within the legal review.	5.1.1 (a) MoE, monitoring & evaluation system, and field visits reports; Police/MoSA data management system on crimes against children; reports of Child Protection Working Group meetings and monthly reports; and legal reform committee reports	5.1.1 (a) NCCW, MOSWWCA, MoE, Police, the National Advisory on Human Rights, Parliamentarians, MOJ, MoH, National Mine Action Authority, local government, NGOs & United Nations agencies.	MDGs to: Contributes to MDG-1 & MDG-3. WFFC goal to: protect against abuse, exploitation and violence; Millennium Declaration, Section VI.
	In the south: 1,000 children supported by government social workers; 50 children benefiting from diversion programs; 5,000 children benefit from mine-risk education programming; 1,000 children benefit from community based reintegration activities, including psycho-social programming, recreational activities, and youth led child protection activities; 500 youth benefit from vocational/skills training; 250 youth run small businesses; 10,000	5.1.1(b): Number of children supported by government social workers, No. of children benefiting from diversion programs; No. of children benefiting from MRE programming; No. of returnee, demobilized	5.1.1 (b) Files and database maintained by government social workers; Police records, court records and social work files; MRE training reports; Reports from Child Protection partners and monitoring visits; graduation records from vocational/skills training	5.1.1 (b) Relevant central and state line Ministries; Children's Commission, UNDP, UNMIS, UNHCR, and NGO Partners. <i>Frameworks:</i> + State Ministry of Gender, Social Welfare & Religious Affairs budget and strategic plan for 2008	

	returnee children protected from abuses en route to their places of reintegration.	and other vulnerable children benefiting from community based reintegration activities, including psycho-social programming, recreational activities, and youth led child protection activities; no. of children/youth benefit from vocational/skills training; no. of youth running small businesses; no. of returnee children protected from abuses enrooted to their places of reintegration	programs; monitoring visits and reports from small businesses; reports and monitoring visits from way stations, barges and other points of passage for returnees.		
	5.2 Contribute to increased effectiveness and strengthening of systems and mechanisms that facilitate removal, reintegration of children associated with armed forces and groups and prevention of further recruitment of children:2,000 children in north and south released and those in need of support/follow-up work provided with services for their successful reintegration into the society.	5.2.1 Appropriate system to document and respond to cases of child recruitment implemented and operational in the 3 Darfurs, and 6 states in Southern Sudan; No. of children registered and demobilized; number of children monitored and participating in reintegration programming	Reports submitted under Security Council resolution 1612; UNICEF country programme data base and monthly reports by counterparts and partners. Monitoring visits and reports from Child Protection Units;	North - NCCW, MOSWWCA, NDDRC, MoE, local government, NGOs & United Nations agencies South – Relevant central and state line Ministries Office of the Vice-President, Southern Sudan Disarmament, Demobilization & Reintegration Commission, Ministry of Information, Ministry of Labour, Public Service & Human Resource Development, Children's Commission, UNDP, UNMIS, UNHCR, and NGO partners	

				Framework: + State Ministry of Gender, Social Welfare & Religious Affairs (MGSWRA) Budget and Strategic Plan for 2008; Comprehensive Peace Agreement; and UNSCR 1612	
6. HIV/AIDS	6.1 In the north, 500,000 young people in-schools and 500,000 young people out-of-school and in the south 350,000 young people in-schools and 300,000 out of school youth have correct information and relevant life-skills to reduce their vulnerability to HIV/AIDS Baseline: 10.8% of young women 15-24 years correctly identified ways of preventing sexual transmission of HIV and also rejected major misconceptions about HIV transmission (2006 SHHS).	6.1.1 Number of young people with correct HIV information on transmission and prevention and relevant life-skills reached through peer-education and youth-friendly centres.	6.1.1 Monthly/Quarterly project implementation reports from NGOs and Ministry of Education.	North: SNAP, FMOE, SMOE, FMOH, Federal and State Ministries of Youth and Sports NGOs, WHO, UNFPA. South: SSAC, State Ministries of Education, Science & Technology, State Ministry of Youth and Sports, SMGSWRA, UNFPA SSAC, other State ministries, Youth and Sports, UNFPA	General Assembly Special Session Declaration of Commitment, MDGs 2, 4, 5 and 6, National Strategic Plan on HIV/AIDS (2004-2009-North)
	6.2 (a) In the north, 75% of pregnant women and infants presenting in 10 antenatal care(ANC)/health facilities are receiving routine counselling; 40% of pregnant women receiving counselling accept HIV testing and 80% of infected pregnant women and their infants receive nevirapine and cotrimoxazole, in the focus states. Baseline: 30% pregnant women reached in 2007 (b) In the south: 80% women presenting for ANC at PMTCT 20 sites receive routine counselling testing(RCT); 10% of pregnant women receiving RCT accept	6.2.2 - % of women presenting for ANC who receive RCT; - % women receiving RCT who accept HIV Testing; - % of mother/baby pairs receiving nevirapine; - and % of HIV positive followed up.	6.2.2 North: Quarterly project implementation reports from State Ministries of Health South: ANC and RTC in-take forms; ANC records on deliveries and follow-up care roster.	SSAC/SNAP, FMOH, MoH/GOSS, WHO, UNFPA Federal and State Ministries of Health.	Same as above

	HIV testing; 100% of HIV positive pregnant women attending PMTCT sites and their infants have access to Nevirapine before/after delivery and 25% of HIV positive women receive follow up care after delivery.				
	6.3 Increased capacity at community and household levels to ensure protection of children affected by HIV/AIDS, reaching 250 HIV positive children in 3 states in southern and north Sudan, respectively.	6.3.2 number of HIV-affected children receiving assistance	<ul style="list-style-type: none"> Monthly/quarterly monitoring reports from implementing partners 	SSAC, SMGSWRA, Associations of People Living With HIV & AIDS	<ul style="list-style-type: none"> General Assembly Special Session Declaration of Commitment MDGs 3, 4, and 6.
7. Communicati on and Advocacy	7.1 23 million people of general population in north Sudan and 5 million in the south, reached with messages and communication programmes on child survival, growth and development, Basic Education, Child Protection , HIV/AIDS, resulting in improved knowledge and adoption of safer and healthier practices and behaviours on priority programme issues.	7. 1.1 % of population and households (disaggregated by demographic profiles) with access to correct information and skills and adopting behaviours and practices to ensure young child survival and development, Basic Education for all, Child Protection , prevention of HIV/AIDS	7.1.1 & 7.1.2 – Monthly, Quarterly and Annual programme reports; Audience Research; From radio/TV stations, print media, Community Radio Listening Groups; implementation reports from SRTC; Promotion/State Radio stations/ CFCI reports NGO Partners	South: Ministry of Info., State Ministry of Info, GoSS and UNMIS - Miraya, UNESCO, NGO partners, CBOs, faith-based organization, North: Ministry of Information and Communication, Sudan Radio and TV Corporation, EPI Social Mobilization unit.	Contribute to MDG 4, 5 & 6
8. Planning, Research, Monitoring and Evaluation	8.1 Evidence of effectiveness of strategies for comprehensive integrated package of health related MDGs-based interventions determined to ensure that the strategies are proven enough to go to scale.	8.1.1 Monitoring & evaluation framework for ACS strategies developed and implemented. and ACS strategies evaluated and results used to improve programme effectiveness underserved	Monthly Field monitoring report by partners. ACS evaluation report	Social Sector Ministries; North: Central Bureau of Statistics and South: Southern Sudan Center for Census and Statistics	JAM 2005-2011 targets for Local Govt and service delivery towards making significant progress to reduce disparities of service delivery between favoured states/communities and others.

List of abbreviations (non-standard)

ACSI	African Child Survival Initiative
EMIS	Education Management Information System
FMoH	Federal Ministry of Health
GoNU	Government of National Unity
GoSS	Government of Southern Sudan
JAM	Joint Assessment Mission
MCRD	Ministry of Cooperation and Rural Development
MoE	Ministry of Education
MoGE	Ministry of General Education
MoH	Ministry of Health
MoI	Ministry of Industry
MoIWR	Ministry of Irrigation and Water Resources
MoJ	Ministry of Justice
MoSWWCA	Ministry of Social Welfare and Women and Children
NCCW	National Council for Child Welfare
NDDRC	National Disarmament Demobilization and Reintegration Council
NWL	National Water Corporation
SMGSWRA	State Ministry of Gender, Social Welfare and Religious Affairs
SMoH	State Ministry of Health
SNAP	Sudan National AIDS Programme
SSAC	Southern Sudan AIDS Commission
SWC	State Water Corporation
