

# **Sudan**

## **Country programme document 2013-2016**

The draft country programme document for Sudan (E/ICEF/2012/P/L.34) was presented to the Executive Board for discussion and comments at its 2012 second regular session (11-14 September 2012).

The document was subsequently revised, and this final version was approved at the 2013 first regular session of the Executive Board on 8 February 2013.

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*Basic data*<sup>†</sup>  
(2010 unless otherwise stated)

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Child population (millions, under 18 years)	16 <sup>a</sup>
U5MR (per 1,000 live births)	94 <sup>a</sup>
Underweight (% , moderate and severe)	32 <sup>b</sup>
(% , urban/rural, poorest/richest)	24/35, 40/17
Maternal mortality ratio (per 100,000 live births)	..
Primary school enrolment/attendance (% net, male/female)	74/69 <sup>c</sup>
Survival rate to last primary grade (% , male/female)	82 <sup>c</sup>
Use of improved drinking water sources (%)	61 <sup>d</sup>
Use of improved sanitation facilities (%)	27
Adult HIV prevalence rate (% , 15-49 years of age, male/female)	..
Child labour (% , 5-14 years of age, male/female)	..
Birth registration (% , under 5 years of age)	..
(% , male/female, urban/rural, poorest/richest)	..
GNI per capita (US\$)	1 270 <sup>e</sup>
One-year-olds immunized with DPT3 (%)	61
One-year-olds immunized against measles (%)	70

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<sup>†</sup> More comprehensive data on children and women can be found at <http://www.childinfo.org/>.

<sup>a</sup> Underweight estimates are based on the World Health Organization (WHO) Child Growth Standards adopted in 2006.

<sup>b</sup> Unofficial estimates from the United Nations Population Division.

<sup>c</sup> This estimate refers to attendance for eight years of compulsory education (7-14 years), which includes both primary and lower secondary school. The age group differs from the ISCED standard.

<sup>d</sup> This estimate is based on the standard definition of improved drinking water sources. Using the country's definition, which includes water transported by tankers or carts from an improved source, the estimate increases to 81 per cent coverage.

<sup>e</sup> Pre-separation estimate.

## Summary of the situation of children and women

1. The separation of South Sudan on 9 July 2011 marked a new era and a different programming environment for the Republic of Sudan. While the Darfur states are moving towards early recovery and development, the resurgence of conflict in the border areas of South Kordofan and Blue Nile, as well as in Abyei pose major challenges to peace and reconstruction. Sudan has a young population, with 15 million children below 18 years and 4.5 million below five years of age.<sup>1</sup>

2. Although Sudan has made progress in reducing poverty and hunger, 46 per cent of the total population lives below the national poverty line.<sup>2</sup> According to the Sudan Household Health Surveys (SHHS) of 2006 and 2010, the under-five mortality rate declined from 102 to 78 per 1,000 live births; 42 per cent of the deaths were due to neonatal causes. According to the Ministry of Health statistics

<sup>1</sup> Fifth Sudan Population and Housing Census, 2008.

<sup>2</sup> Sudan National Baseline Household Survey, 2009.

(2010), the main causes of under-five deaths were pneumonia, diarrhoea, and malaria.

3. The prevalence of global acute malnutrition among under-five children is 16 per cent and severe acute malnutrition is 5 per cent. The rate of stunting among the under-fives is high (35 per cent), as are rates of severe anaemia (38 per cent). Children in the poorest quintiles are the most affected. Household consumption of iodized salt is low at 9.5 per cent nationally. In terms of infant and young child feeding, only 41 per cent of children are exclusively breastfed and 49 per cent are introduced late to complementary foods.<sup>3</sup>

4. The gross enrolment rate in basic education increased from 68 per cent in 2008 to 73 per cent in 2010 (77 per cent for boys, and 69 per cent for girls).<sup>4</sup> Some 3.2 million children aged 6-16 are out of school, 53 per cent of whom are girls.<sup>5</sup> The rate of out-of-school children is highest among nomadic populations, in rural areas and among the poorest households.<sup>6</sup> These disparities are intensified by conflict, and the high cost of education, especially in rural areas, where parents have to pay informal school fees. The attitudes of parents in rural areas towards child marriage contribute to gender disparity in girls' education. A weak curriculum, inadequate training of teachers (41 per cent of whom are untrained)<sup>7</sup> and inadequate provision of educational materials affect enrolment and retention.

5. According to SHHS 2006, the maternal mortality ratio (MMR) was 638 per 100,000 live births nationally, with three states having an MMR of over 1,000 per 100,000 live births. The 2008 Sudan Population and Household Census reported an MMR of 415 per 100,000 live births, and the SHHS 2010 an MMR of 215 per 100,000 live births. However, the states of West Darfur and South Darfur have a higher MMR, with 335 per 100,000 live births and 322 per 100,000 live births, respectively. The leading causes of maternal deaths are haemorrhage, hypertensive disorders, sepsis and obstructed labour. While HIV prevalence in Sudan is less than 1 per cent among the general population,<sup>8</sup> it increases to 7.7 per cent in most-at-risk populations.<sup>9</sup> Major challenges are the low levels of testing and inadequate knowledge of how to prevent HIV transmission.

6. While 61 per cent of the population has access to improved drinking water sources, disparities persist between rural (58 per cent) and urban (67 per cent) areas. Similarly, while 27 per cent of the people have access to improved sanitation facilities, only 18 per cent in rural areas versus 47 per cent in urban areas have access.<sup>10</sup> The water, sanitation and hygiene education (WASH) sector is faced with considerable challenges, including low awareness on key practices, depletion of groundwater aquifers, recurring drought, and sector policies still awaiting official approval.

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<sup>3</sup> SHHS 2010 (all figures in paragraph 3).

<sup>4</sup> Ministry of General Education, *Educational Statistics, 2009-2010*, 2011.

<sup>5</sup> UNICEF, *Out-of-school study*, 2011.

<sup>6</sup> World Bank, *The Status of the Education Sector in Sudan*, 2012.

<sup>7</sup> *Ibid.*

<sup>8</sup> UNAIDS estimate, 2010.

<sup>9</sup> Integrated Biological and Behavioural Survey, Sudan 2011. (Not yet published at the time of this report.)

<sup>10</sup> SHHS 2010 (all figures in paragraph 6).

7. Nationally, 59 per cent of births are registered, with the lowest rates in states affected by armed conflict (23 per cent in West Darfur). Women are particularly affected by harmful practices, with 88 per cent of those between the ages of 15 to 49 having experienced some form of female genital mutilation/cutting (FGM/C). Prevalence of child marriage increased from 34 per cent in 2006 to 38 per cent in 2010.<sup>11</sup> Despite recent legislative reforms, there are important gaps in the application of international standards in justice for children. This is evident in inconsistent judicial practice related to the age of the child, and common recourse to informal settlements in cases of child victims and offenders.

8. Adolescents aged 10-18 years constitute 22 per cent of the population; however, social services targeting them are weak and policies do not particularly address their rights. Especially adolescent girls have limited space to express their opinions; they are rarely consulted. Furthermore, the education system does not respond to the needs of the labour market. This has led to high unemployment rates among youth, estimated at 25 per cent.<sup>12</sup>

## **Key results and lessons learned from previous cooperation, 2009-2012**

### **Key results achieved**

9. The country's polio-free status and high vaccination coverage have been maintained although inadequate coverage levels have sporadically led to outbreaks of measles. Coverage of Integrated Management of Childhood Illness (IMCI) increased from 38 per cent in 2009 to 53 per cent in 2011.<sup>13</sup> There has been a noticeable reduction in clinical cases and deaths from malaria. Between 2001 and 2010, reported malaria cases decreased by 60 per cent and reported deaths dropped by 53 per cent, largely due to increased availability and use of insecticide-treated nets and free availability and use of Artemisia combination treatment.<sup>14</sup> Skilled assistance at delivery increased from 57 per cent in 2006 to 73 per cent in 2010.<sup>15</sup> About 95 per cent of under-five children, totalling 6 million, were provided with vitamin A during each of the Child Health Day campaigns carried out twice a year since 2007.<sup>16</sup>

10. A national nutrition strategy was endorsed in 2009, with the adoption of the Community-Based Management of Acute Malnutrition as a national protocol. The number of children treated for severe acute malnutrition increased from 11,335 in 2007 to 75,588 in 2011.<sup>17</sup> However, the proportion of children treated is still only 15 per cent. Preventive activities and a nutrition information system are now functioning in 15 of the 17 states. Six states now have laws banning the sale of non-iodized salt.

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<sup>11</sup> SHHS 2006 and SHHS 2010 (all figures in paragraph 7).

<sup>12</sup> Ministry of Welfare and Social Security: National Population Council/General Secretariat; Sudan, *Millennium Development Goals Progress Report 2010* (all figures in paragraph 8).

<sup>13</sup> IMCI programme, Ministry of Health administrative data 2009, 2011.

<sup>14</sup> National malaria programme, Ministry of Health, 2001, 2010.

<sup>15</sup> SHHS 2006, SHHS 2010.

<sup>16</sup> EPI programme data, Ministry of Health, 2007-2011.

<sup>17</sup> Nutrition Feeding Centres database, 2007, 2011.

11. UNICEF contributed to the development of the National Interim Basic Education Strategy (iBES) as well as the sub-sector strategies for nomadic and girls' education. These led to a national gross primary school intake increase from 71 per cent in 2007 to 82 per cent in 2010.<sup>18</sup> Out of 15,000 teachers targeted nationwide, 12,000 were trained in child-centred methodologies. In addition, a sub-sector strategy for out-of-school children was developed, which, since its launch in 2009, has allowed 110,000 targeted children to access alternative learning programmes. Evidence-based planning and policy analysis at national and state levels were improved with UNICEF support, allowing Sudan to become eligible for the Global Partnership for Education.

12. With UNICEF support, 1.4 million additional people in rural areas gained access to improved water facilities, and 305,000 to sanitation facilities<sup>19</sup> — a nationwide increase of 4 per cent and 1 per cent, respectively, over a three-year period (2009-2011). Moreover 161,400 additional schoolchildren (a 3 per cent increase for 2009-2011) now have access to improved water and sanitation facilities.<sup>20</sup> Since 2009, there has been no reported case of acute watery diarrhoea and cholera in Sudan.<sup>21</sup>

13. Sudan's Federal Child Act (2010) enshrines the protection of key child rights by domestic law. Family and child protection units have been scaled up from a 2007 pilot project in Khartoum to cover 15 states providing child-friendly justice services annually to about 12,000 children in contact with the law.<sup>22</sup> Children deprived of parental care now benefit from an alternative family care policy, and a national network for family tracing and reunification. Efforts to address FGM/C have resulted in legislative bans in six states, in the collective abandonment of the practice in 409 communities, and in the reduction in women's intention to cut their daughters, from 56 per cent in 2006 to 48 per cent in 2010.<sup>23</sup> The effects of armed conflict on children have been mitigated through the implementation of a children's demobilization, disarmament and reintegration programme, which has supported the release of 1,549 children from armed groups and forces over the period 2009-2011.<sup>24</sup>

### **Lessons learned**

14. The transition from "One country, two systems" to two separate countries leaves an important lesson learned: that the early adoption of a management structure mirroring the Comprehensive Peace Agreement since 2005 effectively facilitated a seamless transition to two separate country programmes. While keeping a strong coordination and support mechanism in Khartoum, greater autonomy was given to the South Sudan area programme during the Comprehensive Peace Agreement period. At the same time, close cooperation and flexibility in programming continued for the border areas in terms of the protection of returnees.

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<sup>18</sup> World Bank. The Status of the Education Sector in Sudan, 2012.

<sup>19</sup> Water and Environmental Sanitation database 2011, Ministry of Water Resources.

<sup>20</sup> Ibid.

<sup>21</sup> Weekly Statistical Report of Communicable Diseases, Ministry of Health (all reports since 2009).

<sup>22</sup> 2011 administrative data, Family and Child Protection Units.

<sup>23</sup> SHHS 2006 and SHHS 2010.

<sup>24</sup> Annual National Child DDR (disarmament, demobilization and reintegration) programme reports, 2009, 2010, 2011.

15. The Federal Child Act explicitly assigns the State as duty-bearer for the care and protection of children. However, implementation suffers from a lack of clarity on what critical components of the child protection system need to be in place, who is accountable for delivering these services, how much they cost, and how they should be funded. Further efforts to address capacity gaps in child protection must be accompanied by appropriate budgetary, regulatory and policy measures. Similarly, legislation to protect children can only have a limited impact when social acceptance of certain practices harmful to children is widespread. The “Saleema” campaign to end FGM/C has shown promise not only in influencing the social norms relating to the practice, but also in engaging in dialogue on children’s rights. UNICEF has learned that an environment of respectful dialogue on culturally sensitive issues is a requirement to sustain changes in behaviour, attitudes and practices.

16. The Child-friendly Community Initiative (CFCI), an intervention launched in 2002 by the Government with support from UNICEF, established mechanisms for community-based provision of integrated development interventions in 918 out of 3072 disadvantaged communities. The midterm review of the 2009-2012 country programme noted that the Initiative developed effective monitoring systems at the community level, using community-based approaches; community-based structures such as the community development committees, along with the Government’s commitment for decentralization and disparity reduction, facilitated community-led management of basic services in an inter-sectoral manner. The Government, communities and partners have shown their readiness to take over the scaling up of this approach, committing over 108 staff and over 80 per cent of the total resources allocated to this Initiative. Therefore, a transition plan to mainstream this approach into programming should be developed in close collaboration with the Government.

17. Evidence gathered through studies, evaluations and reviews indicates that further reductions in child mortality require a focus on maternal and newborn health, as well as the treatment of children with severe acute malnutrition. Community management of acute malnutrition requires a strong partnership between the Government, civil society and communities. While the Government has increased its financial contributions for treatment, the increased numbers of malnourished children and the high cost of supplies will require enhanced efforts by the Government and its development partners, including UNICEF, to shift gradually towards more cost-effective interventions.

18. The Community Action for Total Sanitation approach, which includes WASH in school and health facilities, has resulted in greater ownership and coverage. While being staff intensive, the comprehensive and integrated water, sanitation and hygiene interventions and use of various media channels have had a positive impact in containing outbreaks of cholera or acute watery diarrhoea in the last three years. Such success indicates that communication for development should be mainstreamed into all sectors of the country programme of cooperation. Across all sectors, UNICEF should ensure that care and positive practices for children are effectively communicated and promoted.

19. Despite strong government commitment to the development of education policy, the translation of policies into tangible action requires funding and human resource capacity that is currently unavailable. In order to reach the disadvantaged rural populations, the education programme must develop strategies for overcoming

geographic disparities. Training of teachers in child-friendly pedagogy and child-friendly school construction standards and designs are the most cost-effective way to mainstream and scale up the child-friendly schools concept in Sudan.

## The country programme, 2013-2016

### Summary budget table

<i>Programme components</i>	<i>(In thousands of United States dollars)</i>		
	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Child rights and disparity reduction	15 529	71 000	86 529
Transition from emergency to early recovery and sustainable development	14 557	120 400	134 957
Social policy, monitoring and evaluation and communication	6 426	35 387	41 813
Cross-sectoral	4 868	16 213	21 081
<b>Total</b>	<b>41 380</b>	<b>243 000</b>	<b>284 380</b>

### Preparation process

20. The preparation of this CPD was carried out in close collaboration with the Ministry of International Cooperation, guided by the 2011 midterm review of the current country programme. Intensive brainstorming sessions with sectoral ministries at national and state levels produced a clear set of priorities for the next country programme. These meetings were followed by more structured and separate technical-level consultations with government ministries, United Nations agencies, donors and NGOs in February and March 2012. A final validation workshop was conducted with participation of high-level government officials in May 2012.

21. A screening for environmental impact indicated that all programmes and projects either have none or minor potential impact on the environment. However, an environmental impact assessment of the programmes that have significant construction elements will be conducted.

22. The proposed more compact programme structure with only four programme components will facilitate inter-sectoral convergence. This programme will support the mainstreaming of the inter-sectoral approach of the CFCI as a key strategic element of the country's National Development Plan, with increased attention to simultaneous community-level interventions in all sectors. During this country programme cycle, UNICEF will support the Government in streamlining and replicating the CFCI modality within the National Development Plan.

### Programme components, results, and strategies

23. The overall goal of the 2013-2016 programme of cooperation is to protect the fundamental rights of all children recovering from the effect of conflict and natural disasters while supporting a more equitable development for children. As part of the equity focus, the country programme will identify and address key bottlenecks and barriers to the needs of disadvantaged children. These are children living in low

performing districts in terms of access to decentralized basic services, in rural areas, in urban slums or in nomadic and internally displaced persons' communities, as well as children affected by conflict. UNICEF will play a convening role around child rights issues and facilitate inter-sectoral approaches that will strive to leverage resources to achieve the goals of this country programme.

### **Programme components**

24. **Child rights and disparity reduction.** This programme component will support service delivery and advocate for increased public investments in health (including HIV/AIDS), education, nutrition, WASH and child protection, while strengthening systems at the federal and state levels and promoting social mobilization in support of the achievement of results for children.

25. Children will benefit from scaled up and sustained high impact child survival, maternal health and HIV/AIDS interventions with a focus on equity. Increased routine immunization coverage will ensure that 95 per cent of children under one year of age receive three doses of pentavalent vaccine, with major efforts towards reaching marginalized groups and low performing districts in all 17 states. While national IMCI coverage is currently around 53 per cent,<sup>25</sup> UNICEF will support the Government to increase it to 80 per cent by the end of 2016. This will be done through a bottlenecks analysis and the expansion of services, with priority to low coverage areas. Through partnerships with United Nations agencies, the proportion of deliveries by skilled health personnel will be increased from 73 per cent<sup>26</sup> to 90 per cent. Routine HIV testing of women receiving antenatal care will be increased from 2.5 per cent<sup>27</sup> to reach eventually 21 per cent of all women who will have received antenatal care over the period 2013-2016. The objective of UNICEF and its partners is that by 2016, 700 women will have received antiretroviral treatment to reduce the risk of mother-to-child transmission of HIV.

26. Disadvantaged children will be identified and benefit from interventions to reduce stunting from 35 per cent to 30 per cent.<sup>28</sup> The focus will be on the adoption of food fortification laws, the promotion of appropriate young child-feeding and maternal nutrition packages through systematic behaviour change interventions. Surveillance data will be used to ensure better targeting and effectiveness of the programmes. UNICEF will work with the Government to ensure that by 2016, all 17 states enforce salt iodization laws and enact the International Code on Breastmilk Substitutes. In the area of micronutrients, the aim will be to sustain the high coverage of vitamin A supplementation through biannual campaigns.

27. Access to improved WASH services will be increased to benefit 1.4 million people, especially those who live in areas with low access. Moreover, UNICEF will prioritize support to the Government in the bottlenecks analysis to facilitate the operationalization of national WASH policies in order to substantially expand coverage. This programme will strengthen the managerial, technical, planning, coordination, monitoring and evaluation capacity of the WASH sector at national and sub-national levels. UNICEF will advocate for a substantial increase in WASH

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<sup>25</sup> IMCI programme, Ministry of Health administrative data 2011.

<sup>26</sup> SHHS 2010.

<sup>27</sup> SNAP-PMTCT data, 2011.

<sup>28</sup> SHHS 2010.

public investment and for scaling up WASH services, using schools and health facilities as entry points.

28. In the area of education, UNICEF will play a strategic role as the coordinating agency of the Global Partnership for Education and will support the Government in implementing the iBES to ensure that 80 per cent of school-aged children have access to quality basic education. The child-friendly schools approach will be mainstreamed into the education sector through standards pertaining to school construction, teachers' training, and curriculum review. UNICEF will design a training module for capacity building of parent-teacher associations in the management of school assets. UNICEF will support the 17 states to develop plans aligned with the country's education sector strategic plan for 2012-2016. The Education Management Information System will be strengthened at the state level to monitor sector performance. The iBES management structure will be operationalized to optimize the use of donor funds and to attract additional financial support.

29. UNICEF will support the Government to strengthen national capacity to roll out the basic components of a comprehensive child protection system in all states. This will comprise the implementation of an appropriate legislative and policy framework; integrated social welfare and justice service delivery for children at risk of violence; and systems to ensure registration of all children at birth. These efforts will be underpinned by the promotion of protective social norms against the practices of early marriage and FGM/C.

30. Adolescents, especially those out of school, will enjoy a strengthened policy environment and adolescent-focused services provided by the Government and civil society organizations. A situation analysis of adolescents in selected states will inform policy development and facilitate dialogue. Interventions for adolescents will target girls and boys equally, broaden opportunities for them to express their views, develop leadership skills, participate in policy dialogue and engage more actively in their communities. UNICEF will support the enrolment of a greater number of adolescents in alternative learning programmes offering life skills and vocational skills components with referrals to employability schemes.

31. Communication interventions will include the effective promotion and sustainability of positive norms and behaviour change, and improved family care to reduce under-five mortality, prevent stunting, protect children from sexual abuse and violence, and increase the social acceptance of uncut girls and women at family and community levels.

32. **Transition from emergency to early recovery and sustainable development.** UNICEF will work with partners to strengthen emergency preparedness and response and contingency planning at national and state levels. UNICEF will continue to protect the rights of children recovering from the effect of conflicts and natural disasters as well as children living in states with global acute malnutrition rates of above 15 per cent. It will pursue its role as a strong advocate for sustained access to populations in need and for the principles established for the protection of civilians, guided by the principles of international humanitarian law, and building resilience among populations affected by malnutrition.

33. Additionally, a more integrated approach to cross-sectoral programming will be undertaken to simultaneously and coherently address short, medium and long

term needs and support local government systems and civil society structures in providing social protection and access to quality basic services for vulnerable communities and families.

34. Children in emergencies will be reached with timely and effective life-saving health, WASH, and nutrition interventions as per the Core Commitments for Children in Humanitarian Action. In coordination with the Government, non-governmental organizations (NGOs) and United Nations agencies, UNICEF will contribute to preventing acute watery diarrhoea and cholera outbreaks through extensive chlorination campaigns and hygiene promotion interventions. Prevention of acute malnutrition will be pursued through emergency infant and young child feeding to all affected children. Treatment coverage among under-five children with severe acute malnutrition will be increased from 15 per cent in 2012 to 50 per cent in 2016. Adequate coverage of immunization and health services will be ensured.

35. Children in situations of natural disaster, armed conflict and those who are internally displaced will benefit from education support and improved protection from violence, abuse and exploitation. The child protection programme will promote and sustain children's rights to family-based care and to protection from violence, abuse and exploitation. In humanitarian action, UNICEF will catalyse efforts of partners to protect children from harm, meet their psychosocial needs, avert family separation, and reintegrate conflict-affected children.

36. **Social policy, monitoring and evaluation, and communication.** Through this programme component, the institutional capacity of the Government will be strengthened in knowledge generation and management with emphasis on equity monitoring and analysis. In coordination with the Central Bureau of Statistics, critical knowledge will be generated, at state and sub-state levels, to identify pockets of deprivation. Advocacy tools such as state-level equity profiles will be developed, while support for investment cases in two strategic sectors will help leverage resources for interventions that are proven to work for disadvantaged children. UNICEF will ensure that the governmental decentralization process takes into account evidence generated on the needs of children and results in increased budget allocations for them. UNICEF will support the Government in developing a comprehensive national social protection strategy, which will include development of national capacity, in partnership with academia.

37. Building on the conclusions of the midterm review, UNICEF is committed to contribute and cooperate with national authorities to adopt the approach and plan to mainstream and scale up the successful lessons of the CFCI to support all development partners' key community development programmes that are tailored to address the local causes and consequences of inequity.

38. Partnerships with national and state media, civil society and donors will be strengthened to advocate and promote child rights. UNICEF will support the achievement of the first two programme components of this country programme by raising the profile of issues that affect children. Advocacy for children will be enhanced, through the establishment of effective partnerships with civil society, donors and the media, as well as the effective use of websites and social media.

39. **Cross-sectoral.** Costs include those related to transport, logistics and warehousing, human resources management and rental costs of offices and field-

based guesthouses, security, information and communication technology, administration and finance. While this is the least visible of UNICEF interventions, it is nevertheless crucial, as without it results for children cannot be achieved. Information and communication technology support for the programmes and partners will be strengthened and become more direct in the areas of innovative technologies for development and outreach to the hard-to-reach areas.

#### **Relationship to national priorities and the UNDAF**

40. The country programme will help to achieve the priorities of the National Five-Year Strategic Plan of Sudan (2012-2016), interim poverty reduction strategies, and the UNDAF which comprises four pillars: (a) poverty reduction, inclusive growth and sustainable livelihoods; (b) basic services; (c) governance and the rule of law; and (d) social cohesion, peace consolidation and peace dividends. While UNICEF will play a key role in the achievement of the basic services outcome of the UNDAF, it will contribute to the other three outcomes as well. The country programme is also largely influenced by other programmatic frameworks that are particular to Sudan, such as the Integrated Strategic Framework for Darfur. The medium-term strategic plan, with increased emphasis on social policy and strengthened focus equity, guided the development of this new country programme.

#### **Relationship to international priorities**

41. This country programme is guided by the Convention on the Rights of the Child, the Committee on the Elimination of Discrimination against Women, the Millennium Declaration, the Millennium Development Goals, and *A World Fit for Children*. The results achieved will contribute to all the focus areas of the medium-term strategic plan. Sudan is also a member of the 2015 Countdown Initiative and of the International Health Partnership.

#### **Major partnerships**

42. UNICEF will continue to build upon its long-standing partnership with the Government of Sudan, expanding to the sub-national level when and where feasible, in collaboration with other United Nations agencies, the League of Arab States, NGOs and multilaterals. UNICEF will also provide support to strengthen the capacity of Sudanese civil society organizations, especially those that advocate for children's and women's rights and development, religious leaders, sports associations and youth organizations. Major partnerships, such as the Global Partnership for Education, the Global Fund for AIDS, Tuberculosis and Malaria, as well as the GAVI Alliance, will have an impact beyond their sectors in the achievement of results for equity. UNICEF will strive to ensure clearer division of roles and responsibilities within UNDAF for recovery and development, similar to the cluster coordination mechanism that has been reinforced in humanitarian situations. UNICEF will broaden its donor base with new alliances, engaging non-traditional partners, including the private sector.

#### **Monitoring, evaluation and programme management**

43. In addition to regular programme implementation monitoring through field visits, bottlenecks analyses for major interventions will be periodically undertaken to assess the achievement of results for the most disadvantaged children. A multiple

indicators cluster survey will be conducted in partnership with the Government and United Nations agencies to assess the achievement of the Millennium Development Goals. The Government and UNICEF will oversee programme implementation, through mid-year and annual reviews of workplans and a mid-term review of the country programme. These activities and key programme evaluations will be implemented and managed using the Integrated Monitoring and Evaluation Plan, to be agreed with the Government of Sudan.

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