

Sudan Report

**Fifteen year after the International Conference on
Population & Development , Cairo (ICPD@15) and
Dakar/ Ngor declaration**

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Foreword

What follows is Sudan's country report for the fifteen-years review and assessment of the implementation of the International Conference on Population and Development (ICPD) Programme of Action and the Dakar/NGOR declaration.

The report consists of eleven thematic sections that map the whole spectrum of the recommendations included in the programme of action arising from the 1994 ICPD in Cairo. For each thematic area, the report provides a succinct overview of the status and trends, the action taken and the achievements during the five years since Sudan's last ICPD progress report in 2004. The report ends with a set of recommendations on further actions required to enable Sudan to make a more solid progress towards the effective achievement of the objectives encapsulated in the ICPD programme of action.

The preparation of the report was guided by a Steering Committee comprised of the key government ministries relevant to the thematic areas covered by the report. A Consultant was hired to write the report based on the information provided by ministries in response to questions in a questionnaire dedicated for the purposes of the report in addition to other relevant materials, such as policy and strategy documents and reports. The General Secretariat of the National Population Council was responsible for coordinating the report preparation and publication processes.

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Section One

Background Information

Status and Trends

The Sudanese economy is mainly dependent on agriculture, which contributed 39% of GDP in 2006, and provided employment to 55% of the total labour force. It is the source of the bulk of staple foods in Sudan and 50% of raw materials for the agro-processing industry, and is pivotal in the functioning of the services sector and is major source non-oil hard currency earnings. The agricultural sector has a great potential as only 13 percent of the total estimated arable land of 120 million acres has so far been exploited. Although mechanized farming has been introduced, the majority of the agriculture labour force consists of subsistence farmers. Sorghum and millet are the main crops and are produced almost in the whole country by both mechanized and traditional farming methods. Cotton, oil seeds, ground nuts, sorghum, gum Arabic, sugar and livestock constitute major exports.

The Government of National Unity (GONU) development plan and the National Five Year strategic plan and budget sector plans for the Government of Southern Sudan (GOSS), have captured the key elements of the peace agreements necessary to support the transition from recovery towards equitable and inclusive state-led development. Progress includes the lack of major violations of peace agreements and establishments of decentralised government systems to support state led development. Major challenges to decentralisation include absence of legal framework for decentralised governance, lack of state and country infrastructure, inadequate institutional and human capacity for planning, programming, monitoring, and ensuring delivery of basic services, with Southern Sudan experiencing the extreme end of these challenges.

Government spending in the social sectors is extremely low. In the education sector, less than .7% of GDP in 2005 went to education in Northern Sudan, while Southern Sudan has the lowest school attendance rates. The lack of investment in education affects participation and completion rates particularly for girls, and increases the likelihood for child labour and poverty. Likewise in the health sector, approximately 60% of health spending comes from private sector, This is manifested in the poor coverage and inaccessibility of health services at the

primarily and first referral level, and a greater focus of health provision at tertiary levels. In southern Sudan, less than 1/3 has access to adequate health services, and women here have the world's poorest quality of life indicators.

Maternal mortality rates of 1,107 per 100,000 (638 per 100,000 in north Sudan, and 2,037 per 100,000 in southern Sudan) is the highest in the world and show the severe disparities by age, rural –urban, and socio-economic status. Fistula is highly prevalent consistent with the inaccessibility for emergency obstetric care particular at the primary and first referral level, and the poor quality of maternity services. Most women (77%) still prefer to give birth at home. Contraceptive prevalence rates are extremely low (8% in North and 1% in South), with high unmet need for family planning services. Teenage pregnancy rate is estimated at 204/100,000 in Southern Sudan is extremely high.

The new and growing oil industry has delivered new wealth and accelerated GDP growth; however this is not reflected in improved living conditions across the board.

The Sudanese population comprises over 500 tribes and its people around 300 languages, vernaculars and dialects. The significant majority of people in Sudan follow the Islamic Faith, but sizable proportions are Christians or practice mainly local traditional religions, including animism. However, the country could be divided into two distinct cultural or regional entities, namely those African origin in Southern Sudan. They practice mainly local traditional religions, Christianity and Islam and speak different languages in addition to Arabic which is also spoken in the region. Other parts of Sudan which comprises the remaining 6 regions are inhabited mostly by people who believe in Islam with small minorities of Christians and African Animists. Arabic is the main language amongst people living in Northern Sudan.

A federal system of government was established on the basis of an interim constitution following the signing of the Comprehensive Peace Agreement (CPA) in January 2005. The government of each State, under a Wali, exercises clearly defined functions related to the administration of the state. Matters on national importance which are excluded from the powers of the state include sovereignty, defense, internal security, foreign affairs, currency and coinage, customs, foreign trade, educational planning, air and river transport, post and telegraph, national communication and public audit. The states have the authority to establish their own local authorities according to the national policy and allocate a definite

portion of the state revenue to these local authorities to ensure good delivery of services.

Sudan's development process has been severely challenged by the existence of conflict in various parts of the country since 1955 to date. While the Comprehensive Peace Agreement (CPA) signed in 2005 ended the 20 year war between Northern and Southern Sudan (reflecting a one country two system code of conduct), the Eastern Sudan Peace Agreement (ESPA) signed in 2006 resolved the conflict in Eastern Sudan between Beja Congress and the Government of Sudan. The conflict in Darfur however is still ongoing. In addition, recurring floods and droughts have added to the country's burden of humanitarian crisis.

The estimated total number of people in Sudan in 2006 was 38.6 million and grows annually by 2.53 per cent, one of the highest growth rates compared to developed and many other developing countries in Africa, the Arab and Muslim worlds and elsewhere. The high growth rate of population in Sudan is a combination of accelerating decline in mortality and a high, but very slowly declining fertility rate. The total fertility rate in Sudan (5.9 children) is more than double the rate required for a population to replace itself (2.1 children). According to projections by the Central Bureau of Statistics (CBS), the total population of Sudan is expected to reach 48.1 million by 2018. Sudan's position in the Human Development Index has not improved during the past 10 years; its position remained within the range of 138 and 158. According to the 2001 HDR, based on 1999 data, Sudan ranks 138 in the Human Development Index.

The following are some of the key characteristics of the Sudanese population:

- the number of births per 1,000 population is 37.8, and the average number of children a women is expected to give birth to is 5.9;
- in 2006, 45 % of the total population were aged less than 15 years of age, and 52,3 % were aged 15-64 years and 65 or more years respectively. The proportion of the Sudanese population aged less than 15 years remained around 45 % of the total population since the 1955/56 census;
- Age at first marriage is young but is showing an increasing trend over time – it increased during the two decades between 1973 to 1993 from 18.8 to 22.7 years for females and from 22.9 to 29.3 years for males;

Action Taken

During the period 2004 2008, a number of national very important national strategies, action plans, programs and laws had been with primary focus on peace-building, improving livelihoods and productive sectors, basic services and governance, rule of law and capacity building. Details of these initiatives and developments and some of the achievements resulting from them are detailed in the relevant sections in the remainder of this report and the Appendices and Attachments.

Achievements

The socio-political context of Sudan is currently drastically changing and subject to further changes in the near future due to several interconnected factors, including the adoption of the transitional constitution reflecting values and principles of human rights, multiple political system, liberty and freedom of speech and political formation, decentralization, women empowerment and gender equality are an opportunity for a major change in governance and rule of law and a road map to democracy and civil rights including reproductive rights and gender equality.

Signing the peace agreements that stopped the regional wars in the South, East South Blue Nile Province and Nuba Mountains is by far the most significant achievement, as they pave the way for better social, political and economic development opportunities. Even better opportunities will be created when the Dar Fur conflict is resolved.

As a result of the signed peace agreements voluntary and organized return and reintegration of large numbers of internally displaced people is now taking place. Further, Sudan is now emerging from being in humanitarian and recovery phase into development phase.

Section Two

Poverty, Population and Sustainable Development

Status and Trends

A number of socio-economic indicators and empirical indices of the intensity of poverty confirm the poor living conditions of the majority of Sudanese people. The main indicators include: very high annual growth, at 2.53%; low life expectancy at birth, 55 years; very high infant, children under five years and maternal mortality, at 112 and 81 per 1,000 and 1,107 per 100,000 respectively in 2006; about 31% of children under five are moderately or acutely underweight and 32.5% of children suffer from moderate or severe chronic malnutrition, indicating inadequate food intake; diarrhea, undisclosed fever pneumonia, vaccine preventable diseases (e.g. measles) are some of poverty associated causes that contribute to high child mortality; existence of high levels of unemployment and underemployment with over 60% of urban workforce earn their living in the informal or peripheral sector; health insurance covers 25% of the population, and pensions and social security cover only 10% of the population; there is a very high level of underage dependency ratio, about 43% of total population is under 15 years and 12% of households are headed by females, and in such household the level of poverty can be expected to be elevated as women are a disempowered and disadvantaged group in terms of education, employment, access to credit and land ownership.

Both the urban and rural population has been affected by the severe poverty situation. The remote rural areas, some people, particularly children, women, the aged, the disabled and the internally displaced, are the most affected. Children are particularly the most vulnerable and suffer from malnutrition and illness at very early age. Women are often disempowered and burdened by heavy productive work, strained by birth and childcare and other household and community responsibilities.

The population in the Sudan is very young – all censuses since 1955/56 show that the number of persons aged less than 15 years of age constituted 45 % of the total population. This means that the population has a high growth potential and can be expected to maintain such a momentum for decades in the future. Also, the experience of developed and developing countries that have gone through the demographic transition phase (from high fertility and high mortality to a situation

of low fertility and low mortality) indicate that the decline in mortality occurs more faster than the decline in fertility before they both stabilize. There is no obvious reason to expect that the experience in the Sudan should be any different. Accordingly, and given the current comparatively high fertility rate and its very slow declining trend, and with a very low use of family planning (contraceptive use is currently 7.6%), the country is highly likely to receive a 'demographic bonus' in terms of growth in population numbers.

The key issue and main challenge for Sudan is neither the population size *per se* nor the carrying capacity of its mass of land. The issue and the challenge is the extent to which the quality of life for its people, irrespective of the size of the population, continues to improve and the overall well-being is enhanced.

Socio-economic development, productivity and hence GDP and per capita income growth are inextricably linked to population size, growth rates, distribution and mobility. Improvement in the quality of life and well-being of the population requires high economic growth rates, equitable distribution of incomes and massive investments in education and training, primary and other health services, housing, clean drinking water, sewage and waste disposal infrastructures and adequate provision of social services for vulnerable groups. Such requirements are not satisfactorily met for the current population of 38.6 million, and therefore continued high population growth rates into the distant future presents a truly difficult national challenge. The challenge is a double-barreled one – improving the currently lagging socio-economic indicators for the existing population, as well as providing an improved level for the large number of expected additional numbers. For example:

- the 2006 SHHS indicates that only 23 percent of families in the country have access to clean drinking water as well as adequate sewage and waste disposal facilities;
- Almost 350,000 primary school aged children cannot be enrolled owing to lack of schools/classrooms. There are also very drop-out rates, reaching up to more than 30 % in some states;
- there is very high unemployment rate; in particular youth unemployment reaching more than 20 % among university graduates; and most importantly
- at present, poverty level in the country is very high with estimates ranging from 55 to 95 percent of the population living below the poverty line;
- the UNDP December 2005 detailed assessment report, based on existing benchmarks and performance, in respect of achievement of the Millennium

Development Goals in Sudan by 2015 indicates the highly unlikely probability of such a prospect in respect of any of the 8 goals; and

- The scope and level of the threat to the ecosystem is linked directly to human population size and resource use per capita. Resource use, waste production and environmental degradation are accelerated by population growth. Also, increases in population often reduce per capita wealth and can even reduce a nation's total wealth.

Action Taken

Effective implementation of the 2002 National Population Policy (NPP) for Sudan provides a significant opportunity in a generation for addressing the population issues and challenges listed and discussed above. Currently there is a comprehensive Program of Action (PoA) for progressing the implementation of the NPP. The PoA adopts the MDGs framework. The National Population Council coordinated the development of the PoA in partnership and close consultation with relevant government departments and agencies. NPP/PoA addresses all the MDGs including poverty reduction.

GONU poverty-reducing spending increased significantly (albeit from a low base) during the Phase I, from 3.4% of GDP in 2004 to 6% of GDP in 2007.¹ Pro-poor spending is still far from adequate and is the main drawback of the development derives.

Sudan economic growth shows a strong up-ward trend for the last six or seven years and GDP growth topped eleven percent last year to become one of the fastest growing economies of the continent. Increases in oil production and international prices contributed to this vibrant performance, but the sector is not without weaknesses. Operational problems plagued output and export of crude during most of this period. Non-oil growth was strong buoyed by strong non-agricultural activity, particularly construction and services sectors. While average inflation was about 8 percent, recent increases in world food prices are already putting upward pressures on prices, posing the first major risk to the macro-fiscal stability of the country in the post-CPA period.

¹ Note that these outcome data refer to the MOFNE's releases and thus on GONU's intent rather than known impact on service delivery. The World Bank is about to undertake a Public Expenditure Tracking Survey (PETS), which will provide useful information about the impact of these pro-poor spending.

The fiscal position markedly deteriorated during 2005–07, reflecting both revenue shortfalls and expanding expenditures. The average cash deficit remained slightly above 3 percent of GDP during this period relative to a surplus of 1¾ percent of GDP in 2002–04 . Total revenues were generally weak, largely on account of the narrow tax base as well as sizeable tax exemptions and incentives for businesses. At the same time, current and capital expenditures, and transfers to regional governments increased significantly, the latter to meet development needs and peace-related commitments under various peace agreements. The fiscal position, on a cash basis, started improving in 2007. In August 2008 the deficit , at 0.8% of GDP and expected to widen to 4.4% in 2009².

Sudan’s debt overhang constrains access to concessional finance. Outstanding external debt stands at about \$28 billion in net present value terms, with about \$24 billion in arrears.³ A joint World Bank-IMF Debt Sustainability Analysis (DSA) found continued debt distress, even assuming prudent macroeconomic policies and further increases in oil revenues. Moreover, Sudan is highly vulnerable to both oil production and price shocks

The whole world faces uncertainty. For Sudan to manage it, it needs to control fiscal and external imbalances, strengthen the financial sector, and improve the business environment. This can be achieved by improved revenue collections through strengthened tax administration, reform of the personal income tax, and strict expenditure controls consistent with available cash resources. Reduced dependence on oil, implementation of structural reform agenda, prudent financial sector supervision, and better debt management are also important. Finally, it is critical to improve the business climate to attract more investment in economic activities.

Rapid acceleration of development efforts are needed, particularly in war-affected and disadvantaged areas, if Sudan is to make progress towards achievement of the MDGs. The SHHS (2006) results indicate that there exist pronounced variations among states, as well as between the poorest and the better-off, in terms of most of the MDG indicators. This indicates that despite improved economic performance, Sudan continues to have uneven economic development and insufficient progress on economic and social indicators.

² The economist intelligence report (August 2008). P.4.

³ Of Sudan’s total outstanding debt, World Bank (IDA) arrears amount to about \$480 million and IMF arrears amount to about \$1.6 billion.

At present, many challenges impede sustainable development in Sudan. These include limited administrative, financial and policy management capacity; risk of continued armed conflict and human insecurity in Dar Fur or conflicts flaring up again in other volatile regions; assessment and resource management related to violent conflict over land, pasture and water; overgrazing and desertification of arable or pasture land, as well as accelerating deforestation, thus leading to degradation and unsustainable use of forest, pasture and water resources; high factor costs and inadequate access to credit, business development service and training; and weak infrastructure or conducive regulatory or policy environments for supporting private sector development, productivity enhancement and investment.

Achievements

Availability of data on progress towards achieving the MDGs, however, is expected to improve significantly during the coming four years because: the results of Sudan's 2008 census will become available.

The Strategic Five Year Plan (2007-2011) has established mechanisms for monitoring and evaluating performance in terms of achievements of its seven Key Result Areas, which include "alleviating poverty and making real progress towards achieving the MDGs"

Progress had been made in respect education for all and MDGs goals of universal primary education and gender equality in education; primarily due to private sector and community participation. Net primary attendance rates increased from 48% in 2001 to 67% in 2006/07. Gender parity in education is also improving and currently stands at 0.93, but some regional variations exist. For example it is 1.06 in the Red Sea State but only 0.74 in Dar Fur.

With the signing of the CPA, ESPA, and efforts underway to resolve the conflict in Darfur, Sudan has its greatest opportunity in a generation to build peace and to improve the lives of all Sudanese – especially the poor and war-affected communities.

The growth of Sudan's oil industry has provided new wealth. Other natural resources, agriculture and the country's growing workforce have the potential to further boost the economy. The international community is harnessing this opportunity through the following: the deployment of UN peacekeepers in support of the CPA, and multilateral/international donors are contributing funds to support the peace, address any remaining humanitarian needs and support the recovery and

development efforts across the country. Related to these efforts, it is recognized that that sustainable natural resource development will be key for stability and effective longer-term development in Sudan.

Section Three

Gender Equity, Equality and Empowerment of Women

Status and Trends

Identification and analysis of gender-based impediments help ensure that policies and plans are designed to focus on areas where gender disparities and insensitivity are most acute and where payoffs are likely to be largest.

The Millennium Development Goals (MDGs) provide the internationally agreed targets against which the needs of the people of Sudan can be assessed, and reveal that rapid acceleration of development is needed, particularly in war-affected and disadvantaged regions. All MDG indicators show inequalities with respect to gender, rural-urban residence, and at the regional and sub-regional level.

Data on trends show limited progress since 1990, especially with respect to maternal mortality, child nutrition, and access to safe water. Gender disparities are marked in the North and South, with differences within regions by ethnic group. Poverty and lack of security are the most pervasive problems affecting women in South and Darfur, factors that have been exacerbated by the militarization of Sudanese society.

In the face of the manifest shortcomings, the Comprehensive Peace Agreement (CPA) establishes a basis for Sudan to embark on a new era of justice, equality, rule of law and good governance principles. Since the implementation of the CPA and the Interim National Constitution (INC), new developments took place.

In spite of this political commitment there has been minimal progress in the actual status of women inconsistent with targets set within the Interim National Constitution (INC). For instance, and despite the considerable progress noted in the literacy rate for women in Northern Sudan having improved from below 20% in 1990 to 62% in 2007 progress is uneven and disproportional by state and sex. Primary school completion rate is very low (21%) and disadvantaged girls, being particularly pronounced among children living in poor households show a completion rate of 2.1%. (SHHS, 2006) In addition, Economic, socio-cultural and religious factors often affect completion rates and some parents refuse to send children to co-education and/ or succumb to early marriage. Public spending in

education is exceptionally low being at .7% of GDP in 2005 for Northern Sudan and expected to be even lower for Southern Sudan. Furthermore education is costly and for poor household it discourages participation of girls⁴, and increases parent's reliance on child labor to meet household needs.

Though women's participation in economic activities has increased as reflected in women's increased contribution to household income constituting approximately 41%, a majority of women work in rural areas, in harsh conditions, very low paying jobs and have little control over household income and major spending decisions. For instance, in Northern Sudan about 70% of the population lives in rural areas which provides employment to 55% of the total labor force and a majority of the workforce are women (78%). For urban areas in Northern Sudan approximately 77% of women are employed with a majority (85%) working in the informal/private sector. These women are engaged in petty trading, selling tea and food, and are usually poor, young, and displaced resulting from the lack of concrete livelihood opportunities. For those women working in the formal sector (26%), few are in strategic ministerial positions (8.6%) and fewer still in top professional positions (2.4%) while most are middle level professional (44%) technical positions (24%), and clerical positions (35%). (HDR, 1999)

In spite of some progress in improving the political representation of women in the national assembly 19.7%; ministerial posts 8.6%; federal ministries 6.8% and council state ministries 4%; a majority of women are still outside the political and decision making process. There is need for improved structural and resource base to promote gender equality and women empowerment critical in ensuring integration and participation of women.

Consistent with the Interim National Constitution (INC), capacity building measures in relation to the judiciary have been initiated including the strengthening of Ministry of Justice in the North in combating violence against women and children. Still special challenges related to the protection of women and children's rights persist including that caused by the dual system in administration of justice through formal courts and customary law, both having minimal expertise in ensuring gender sensitive procedures. Therefore there is need to understand further the extent to which these customary laws affect and protect women and children in terms of access to land, property ownership and access to justice particularly for cases of exploitation, sexual and gender based violence (SGBV).

Socio and economic inequities make women more vulnerable to HIV infection and to gender based violence. Prevalence of Female Genital Mutilation/Cutting (FGM/C) for instance is at 70% in Northern Sudan, and in spite of the health and social consequences of FGM/C, the SHHS noted that a majority of ever married women (53.6%) still intended to mutilate/cut their daughters. It is clear that socio-cultural and religious beliefs towards women and girl's health and social status needs to be further understood, in order to influence the dynamics and structures for social change towards ensuring fundamental rights for women and girls.

Action Taken

Since 2004 the following actions to improve the status of women were undertaken:-

- A Directorate Women Affairs was established in the Ministry of Social Welfare;
- A National Policy for Woman Empowerment and Gender Mainstreaming was endorsed in 2007; and a plan of action to implement had been developed.
- The plan of action was integrated in the country's five years strategies plan for 2007-2011;
- A family strategy was developed and ratified by the Minister of Social Welfare.
- Political parties law for 2007, article 12,14 is about gender equality in political participation
- The National Civil Society law 2007, article 3, article 22, focuses on gender equality in job opportunities and job description.
- Election law 2008, has adopted positive discrimination, and ruled a 25% quota for women.
- Nationality law 1994 amendment 2005, article 4 gives the Sudanese mother the right to her children to have the Sudanese citizenship;
- The Presidential decree No 537 for 2005 established "Violence against Women Unit" in the Ministry of Justice.
- Ministerial decree No 13 for 2006 concerning the ending of violence against women in Darfur. (Formulation of national committee).

Achievements

- Adoption of the National Policy for Women Empowerment 2007 in Sudan was a major breakthrough towards advancing gender equality and access to justice.
- The establishment of the national machinery for gender at the Ministry of Social Welfare, Women and Children affairs in the North, the formulation of the Unit to combat violence against women and children through the Ministry of Justice; and the appointment of Wali Gender advisor at the state level tasked to address all forms of gender based violence are specific national efforts aimed at promoting access to justice and promote women empowerment.
- The interim constitution part 2 articles 20 emphasizes the equality before the law, equal rights of families, women and children, article 32 of the Interim National Constitution as well as the Human Right chapter is important milestones for achieving gender equality.
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- The Constitution for the first time in the history of Sudan has provided that all rights and freedoms enshrined in international human rights treaties, covenants and instrument ratified by the Sudan to be an integral part of the Bill of Rights. Affirmative action for the promotion of women's rights and the guarantee of equal rights of men and women in all fields has been newly introduced under Article 32. Also the right of women to maternity and child care and medical care for women.
- Women are given a quota of at least 25% representation in national or state parliaments in the 2008 Electoral Law.
- A range of practical and important activities aimed at addressing gender-based (GBV) violence had been undertaken by national and international actors in partnership with key stakeholders. These included: work by the Violence against Women Unit together with the state committee in Dar Fur; raise public awareness about GBV; training of police and health care workers; and developing and issuing, together with the Ministry of Health, of Clinical Management of Rape Guidelines.
- Significant progress had been achieved in literacy for women between 1990 and 2007, from 20% to 62%.

Section Four

Youth empowerment and adolescent sexual and reproductive health

Status and Trends

According to the CBS, in 2004 youth (defined as aged 15 to 34 years) constituted 41% of the population the total population in Sudan (34.7 million).

The challenges confronting youth in Sudan include: language and technical illiteracy; high unemployment; impact of globalization; youth health, including RH and being a risk group regarding HIV/AIDS infection; reduction societal violence influences of rising tribalism, regionalism; lack of vocational skills, participation, empowerment and development. Poor funding of youth focused activities and programs; in addition to structural weaknesses of institutions handling Youth issues at federal and state levels.

Almost half of those infected with HIV are from among the youth (SNAP, 2005). Another KAP survey conducted by the Ministry of Culture, Youth and Sports (MOYS) in 200^o in six states indicated that within the age group (14-24) 54.4% of the males and 45.6% of the females who are in schools were aware of HIV/AIDS. Paradoxically, only 23.4 were aware of its transmission through unprotected sexual intercourse.

A national KAP survey conducted in 2007 by Ministry of Culture, Youth and Sports and UNICEF among youth aged 14-25, showed 98% of the sample had ever attended school. However, poverty of families was a major cause for school dropout (38%), besides poverty.. The survey has reflected generally poor knowledge of young people about adolescence and related issues. In terms of accessing information about sex education 85% youth indicated that they don't get it from their family. 49% indicated that their first time knowledge about puberty came from their teachers. A considerable number (43%) of respondents did not know what contraception means (44% females and 56% males). Among the 54% who knew about contraceptives, 33% had inadequate knowledge about reproductive health.

A number of factors are opportune for progressing youth empowerment and adolescent and reproductive health, and these include: the existence of decision-

making circles that understand and sympathetic to youth issues, youth organizations that espouse their causes, increasing use of information technology, massive expansion of higher education in all states, increased linkages to regional and international youth organizations and fora, and increasing engagement of civil society organizations and networks in youth issues. However other factors that impede progressing youth empowerment also exist; and these include: lack of adequate funding for strategic youth projects, negative impacts of globalization – in particular exposure to influences of different cultural and value systems on global media outlets via the internet or satellite TV, high youth unemployment and its negative impacts, increase in HIV/AIDS and drug use and social violence as a result of armed conflicts and internal displacement, weak coordination between government and non-government organization involved in youth activities both at and between federal and state levels. Young IDPs from urban areas may not have the requisite skills that enable them to reintegrate easily and establish sustainable livelihoods.

Actions Taken

A comprehensive National Youth Strategy (NYS) was launched in late 2008. The Strategy was developed in consultation with and input from key stakeholders in the government and non-government sectors and also took into account the recommendations and guidelines arising from the African Youth Charter Project, Arab Youth Empowerment project and the UN's World Program of Action for Youth to 2000 and Beyond. The NYS seeks to address the issues and challenges faced by young people and enhance opportunities for their involvement in decision-making in respect of issues relevant to them and their effective participation in all spheres of life and to live their lives fully. The main themes of NYS covered enhancing access to education and employment opportunities, adequate food and nutrition, providing a social and physical environment that avails good health and protection from disease, securing human rights and freedoms; and access to sports, cultural and recreational activities. Coordinated action programs and initiatives mapping the themes of the NYS will be pursued via partnerships and an inclusive approach.

The Vice President endorsed the “National Coalition for Youth and HIV/AIDS issues and has donated a considerable fund for its institutional set up.

Achievements

The recently adopted NYS is an expression of commitment by the government and recognition of the Youth as a strategic focus area, and the President has declared 2009 as the “Youth Year”.

Significant progress had been made in peace-building in Sudan following the signing of the Comprehensive Peace Agreement in January 2005 and Eastern Sudan Peace Agreement in October 2006, thus paving the way for socio-economic development and alleviating poverty and as a consequence better services and life opportunities, including youth which a special needs group.

A Graduates Employment Scheme has been instituted to provide support to graduate through self-employment projects, by providing credit and small business management skills training.

As part of poverty alleviation government initiatives, micro-credit can be provided to families to assist in boosting their level of income, which could make them better able to support their youth members have more and better opportunities in terms of health, education, nutrition and employment.

Section Five

Reproductive health, Reproductive rights

Status and Trends

By world standards, maternal mortality and morbidity is extremely high in Sudan. In 2006, it stood at 1,107 per 100,000 pregnant women. A Sudanese woman, on average, gives birth to about six children, and such frequency of pregnancy and delivery can be expected to have some negative association and impact on mother's health and physical and emotional well-being. Early marriage is also very common; especially in rural areas where 12% of girls are married before they reach 15 and 27% marry before age 18. However, age at first marriage is negatively associated with a woman's level of education and urban residence. Female genital mutilation also practiced at high rates (about 70%). Significant maternal morbidities also exist such as vesico-vaginal fistula.

While the WHO expected optimal range of deliveries by caesarian section is 5 to 15%, such deliveries in Sudan represent only 4.5%, which implies a high unmet need for emergency obstetric care, and the consequence is the observed complications of pregnancy and delivery as a leading cause of death and disease for women of childbearing age.

In Sudan 7.6 % of married women are using family planning: 4.3% using a modern method and 1.3 % a traditional method. However, unmet need is very high. According to SHHS 2006, 38.3% women in reproductive age are in need of family planning services. Adolescents, young women and older women are less likely to have access to contraception than other women. The contraceptive use rate was lowest (4.2 per cent) among those in the age group 15-19 years as compared to 9.9 per cent among those in the age group 30-34 years and 40-49 years. The SHHS had also shown that there was a positive correlation between a woman's level of education, level household income and urban residence. The same survey also showed some significant difference of contraceptive: the rate was highest in the Northern State at 22.4 percent followed by Khartoum State at 20.3 percent and the lowest in Jonglei State at 0.1 percent

There is a need for improving health care infrastructure, facilities and quality of workforce training; as well as enhanced government capacity, in particular service delivery and performance monitoring harmonized systems...

Action Taken

A National Reproductive Health Strategy (NRHS) 2007-2011 was launched in June 2006. Its primary objective is “acceleration of progress towards meeting the nationally set and international agreed upon Reproductive Health (RH) targets as specified in MDGs”. This will be achieved through a number of principles including:-

- Setting strategic targets within the time period of this strategy (2007~2011)
- Human rights principles including the right of all persons to the highest attainable standard of health through provision of all needed RH services especially maternal and neonatal health.
- The basic right of all couples to decide freely and responsibly the number, the spacing and timing of their children and to have the information and means to do so.
- Promotion of gender equity and empowerment of women.
- Adolescents & youth will have special attention as regards the provision of RH information and services.
- Emphasis on the role of the community and its involvement in supporting, planning and implementation of the RH program.
- Partnership approach to be emphasized through involvement and proper co-ordination with the private sector, NGOs and international development partners.

The following priorities of RH are set accordingly:

- Maternal and Neonatal health
- Family Planning. The strategy set its target as increasing contraceptives rate from 7% in 2007 to 20% by 2010.
- STI/ HIV/ AIDS
- Harmful Traditional Practices (HTP)
- Adolescents & Youth RH. No Target set in the strategy for this priority area.
- Infertility
- Screening for breast cancer, cervical cancer, and management of menopause

A National Strategy for combating FGM had been developed through wide consultation with the key stakeholders, including NGOs and main gate-keepers and at the community level. 2008.

Achievements

A detailed road-map for implementing the RH has been formulated and its implementation is already underway in a coordinated manner and with a performance monitoring mechanism in place.

Training of skilled attendants at birth and village midwives increased from 57% to 66% in the three years to 2006.

A law banning FGM was passed by the Council of Ministers and is currently being endorsed by the National Assembly.

Section Six

HIV/AIDS, Malaria, TB and Other Communicable Disease

Status and Trends

Decades of civil war and limited epidemiological data make it difficult to clearly assess the status of HIV/AIDS in Sudan. However it is generally agreed that the country is in the early stages of a generalized HIV epidemic, with an almost exclusively heterosexual transmission pattern. Conflicts and displacement, combined with other factors such as food insecurity and poverty, have increased the vulnerability of large parts of the population to HIV infection. Many displaced people developed coping mechanisms that increased their risk of contracting HIV; such as involvement in casual or commercial activity, increased interactions between civilians and military personnel who often exhibit more risky sexual behavior in conflict zones. The level of public health education and mechanisms also suffered from the conflict, resulting in low levels of public awareness on ways to protect themselves from HIV/AIDS. An increased need exists to deal with prevention and social impact of HIV on individuals, families, communities and sectors.

According to the national survey conducted by the Sudan National AIDS Program (SNAP) in 2002, Sudan is the most severely affected country in North Africa and the Middle East with an estimated 500,000 people living with HIV, and mostly in need of antiretroviral therapy (ART). The adult prevalence rate of HIV/AIDS has been estimated at 1.6%, with specific population group prevalence rates ranging from 0.5% to 2.5% in the northern part of the country.

The 2002 survey showed a low awareness of HIV/AIDS, with only 53% of the population being aware of the sexual transmission risk of HIV/AIDS, and a total of 640,000 individuals being infected with HIV. It has been reported that 0.5% limited sentinel surveillance testing during 2004 yielded prevalence rates of 0.95% (18/1900) among pregnant women, 1.9% (9/465) among symptomatic STD patients, and 2.3% (33/1436) among TB patients. False beliefs about HIV transmission were common as were indicators of strong stigma. In fact 44% of respondents said that they would not share a meal with an infected individual, 31% would not nurse a patient, and 30% would not allow an infected child or teacher to attend school.

Although awareness of AIDS among women is 70.4% (SHHS, 2006), comprehensive knowledge about HIV prevention is only at 4%; and awareness about mother-to-child transmission of HIV was at 26.4%. In the same survey, only 9.7% of young people could correctly identify two ways of preventing HIV, indicating the need for inclusion of HIV/AIDS education in the curriculum. A recent survey amongst people aged 12-25 showed that 75% of males aged 19-25 who were sexually active, less than 1.7% reported using condoms.

Malaria in Sudan is a major public health/ problem. Almost 80% of the population in Northern Sudan is at risk of malaria transmission. In addition, between 8-16 million are at risk of malaria epidemic. According to the Malaria Indicator Survey (MIS), in October 2005 the prevalence of malaria among children under the age of 5 years, ranged between 0.4-15.5% and between 3.7%-10.3% for pregnant women.; and these rates are a lot higher in rural compared to urban areas.

In 2005, the incidence of new TB cases was estimated at 36,740 cases; and the annual risk of infection was estimated at 180 cases per 100,000 populations, half of them being smear-positive. The TB case detection rate was 35% and this far below the 70% target. The TB treatment success rate in 2005 was 81% which is close to the 85% target set by the WHO.

Action Taken

Federal Ministry of Health heavily depend on international cooperation to the National AIDS program , UNDP, with the support of the Global Fund to Fight AIDS Tuberculosis and Malaria (GFATM), launched in April 2005 Fighting HIV/AIDS in Sudan project. The project's ultimate objective is to contribute to reduce HIV/AIDS transmission and mortality in Sudan.

In April 2005, with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), UNDP launched the Malaria Prevention and Control project.

The overall goal of the project is to reduce the malaria burden to the extent that it is no longer a public health problem. The target groups/beneficiaries are children under five, women of child-bearing age and the general population at risk of malaria.

With peace taking roots the national program is currently preparing for 2nd national HIV/AIDS survey that will include all southern region of the country. In addition

Achievements

Inclusion of HIV/AIDS education in the curriculum and teaching of the subject commenced in 2008; and 200 teachers trained.

In respect of malaria, 5.4 million people with uncomplicated malaria received correct diagnosis and treatment. In addition:

- Distributed 480,000 Long Lasting Impregnated Nets (LLIN) in the Northern states. In particular 40,000 LLIN in the first year in Southern and West Darfur, in addition to the distribution of 15,000 LLIN in South Darfur and 17,000 LLIN in West Darfur for the second year.
- 26,600 people with severe complicated malaria received correct diagnosis and treatment.
- 1400 service deliverers trained in malaria case management.
- 480,000 bed nets distributed to people at risk.
- 70,000 pregnant women received intermittent preventive therapy.
- 2900 service delivery points strengthened to provide diagnosis and treatment.

Section Seven

Population distribution urbanization and internal migration

Status and Trends

Sudan is a sparsely populated country with an average population density of 13.4 people per square kilometer; with concentration of people along the Nile strip and its tributaries, and the rich savanna areas from east to west of the country. According to 1993 census, the highest population densities are in Khartoum (238) and Gezira (163) states, and the lowest are in Northern (2) and 4 in Red Sea and West Bahr Elgazal states;

In 2006, 36.6% of people in Sudan lived in urban areas and 62.4 % in rural areas. The proportions of rural and urban residents varied significantly between the Northern and Southern parts of the country. While in the South 81.4% and 18.6 % of people lived in urban and rural areas respectively, the proportions in the North were 59.8 % and 40.1%. Khartoum (87.9 %) and the Red Sea (74 %) states are the most urbanized; Western Darfur (14.5 %) and the Northern (16.5 %) are the least urbanized states

According to 1993 census, the number of internal migrants (i.e. those who moved from one state to another) was 3.4 million people; mostly males (85.1 %) and about half of them (1.5 million) migrated to Khartoum and 48 per cent of them came from urban areas in other states and 46.1 per cent from rural areas. The dominant pattern of movement was from urban to urban areas (37.5 % of total movers); followed by 30.5 % who moved from rural to urban areas. There was also significant movement from rural to rural areas, but the lowest percent (9.1 %) of internal migrants were movers from urban to rural areas.

Males are more inclined towards migration than females. They constituted about 85.1% of the total migrants, while females constituted only 14.9%. It is also noticed that migration to urban centers constitutes the larger proportion by amounting to 71.4%, while that to rural centers amounted to 28.6%. In respect of age, the group (25- 39) showed the highest rate of migration. It constituted (38.4%) and (16.2%) in urban and rural areas respectively, bearing in mind that this is the productive age. On the other hand, migrants from the age group (50+) represented the group which is less inclined towards migration.

The tempo of urbanization is expected to have increased significantly during the 15 years since the 1993 census, due to increased volume of rural to urban migration, the movement of millions of internally displaced people to urban centres and towns, as well as natural growth of the urban population. The results of 2008 census will establish the magnitude of internal migration and urbanization.

Massive movement of people, in particular internal displacement resulted from armed conflicts in many parts of Sudan; namely Southern Sudan, Eastern Sudan, Nuba Mountains, south of the Blue Nile Province, Ayei area at the and most recently Dar Fur. This massive displacement of people has had significant impact on the size, the age-sex structures, and cultural, ethnic and religious profiles of the populations of both the affected and receiving areas. State capital cities in particular the national capital Khartoum were the main destinations, in addition to large numbers of IDP camps scattered all over the country. In fact, internal displacement of people as a result of armed conflict now dwarfs other form of internal migration, including rural to urban migration. While the movement of people owing to internal migration was 3.4 million, the movement of people due to armed conflict amounted to 8.2 million, of whom 6.5 million were IDPs and 1.7 million refugees in neighbouring African countries. Such large scale mobility of people, irrespective of whether it is voluntary or involuntary, has far reaching implications for social, political, economic, national security, and hence to development.

Action Taken

Sudan's Five Year Strategic Plan (2007-2011) aims at influencing population distribution and movement through even regional development. The new federal arrangements authorize and enable state governments, through annual financial transfers, to manage their own affairs, including investment and economic development projects; thus creating more local opportunities for employment and sustained livelihoods.

The GONU and GOSS in partnership with relevant UN agencies and the IOM developed and are implementing plans for the return and reintegration of IDPs and refugees in their areas. However, this effort is constrained by the inadequate flow of pledged funds by donors. And the problems of IDPS from the Dar Fur conflict are yet to be addressed, because the conflict is yet to be resolved

Achievements

With the exception of Dar Fur, all regional armed conflicts had been resolved politically and peace agreements were signed, thus stemming the flow of IDPs that continued for nearly two decades. Between 2004 and 2007 about 155, 00 IDPs returned to their original area through voluntary and organized programs.

Section Eight

International Migration

Status and Trends

The level and volume of overseas emigration from and immigration to Sudan have both increased significantly during 2002 and 2007. The total number of annual overseas arrivals and departures of nationals and foreigners increased from 532,064 in 2002 to 1,242,617 in 2007. Or a 134% increase in a span of 6 years. The number of Sudanese departing to or coming from other countries also rose significantly during 2002-2007, when departures increased from 185,985 to 417,359 (124% increase); and arrivals increased from 228,265 to 388,930 (70% rise). The net overseas migration (i.e. total arrivals less total departures) of Sudanese nationals became negative since 2004 when departures exceeded arrivals by 14,699 and the deficit rose to 28,429 in 2007.

In 2008 the number of Sudanese nationals working abroad was about 800,000 scattered in 108 countries; but the significant majority worked in Saudi Arabia (513,411 or 64.2%) followed by Libya (56,617), United Arab Emirates (54,314), Iraq (52,391), Qatar (19,774), Yemen (19,528), Kuwait (9,416) and Oman (7,158). There are also sizeable numbers of Sudanese who migrated permanently to migrant receiving countries in Europe, USA, Canada, Australia and New Zealand. The greatest majority of Sudanese working overseas work in skilled (trades) and semi-skilled jobs (451,443); but large numbers work in professional occupations such as engineers (12,373), medical professions (10,253), university lecturers (2,406) and legal professions (1,160).

There is also quite a large number of foreigners in Sudan, including those who come to work, invest, as refugees, diplomats, UN or NGOs staff, to study or as tourists. The total number of foreigners in Sudan was estimated in 2007 at 1.3 million or 2.7% of the total population (37.6 million). Refugees, by far, represent the majority (723,974) of foreigners in Sudan in 2007. Residency permits to foreigners continued to rise steadily since 2000 when the number of such permits was 31,686 to reach 53,449 in 2007 (a rise of 158%). Many of these permits are for work. In the first half of 2008, 17,647 visas were issued of which 8,298 were for work in Sudan. The majority of work visas are issued for those who work in professional and highly skilled positions such as engineers (4,028 or 48.5%).

The armed conflict in Southern Sudan resulted in the exodus of large number of Sudanese refugees in neighboring countries; totaling over half a million in August 2008. The largest number of Sudanese refugees in neighboring countries was in Chad (200,000) refugees, followed by 196,514 Sudanese refugees in Uganda, and 57,473 in Ethiopia. The country with the least reception was Zambia which had only 20 Sudanese refugees

Action Taken

A National Migration Council, chaired by the Vice President, had been established in 2008 to review the country' current migration issues, policies and laws with the view to taking necessary actions/changes to maximize the benefits and minimize the cost associated with migration.

A program for the repatriation and reintegration of Sudanese refugees had been developed jointly by the GONU, GOSS, the IOM and the UNHCR and commenced its operations in 2006 for the organized return of refugees. However, as in the case of the IDPs return and integration, the program is hampered by the inadequacy of funds.

Achievements

Since the signing of the Comprehensive Peace Agreement in January 2005 and as at August 2008, 184,980 Sudanese refugees came back through organized return trips, 12,636 through assisted trips and 288,681 returned spontaneously on their own; the majority from Uganda (140,585), Ethiopia (48,035) Congo (41,824), Kenya (35,265), Central African Republic (19,298) and Egypt (31,217)

Section Nine

Crisis situation and emergency preparedness

Status and Trends

With the signing of the CPA, ESPA, and efforts underway to resolve the conflict in Darfur, Sudan has its greatest opportunity in a generation to build peace and to improve the lives of all Sudanese – especially the poor and war-affected communities. According to the JAM Assessment conducted by government (North and SPLM), the World Bank and the UN system in 2004, the root causes of conflicts have included South's historic underdevelopment and lack of inclusion in decision making; centralized regimes resulting in inequities related to development; local competition for water and land resources, contestation over – Southern Khordofan, Blue Nile and Abyei; political social and economic marginalisation especially for Eastern Sudan.

The implication of conflict have contributed to gross regional inequalities resulting from inequitable development, socio-economic differences, population movements and humanitarian crisis, where specifically women and children have been subjected to increased vulnerability to poverty. This lack of regional uniformity reflects varying development and recovery needs in the country making the context very complex.

The Darfur crisis has had a devastating impact on the people of Sudan, displacing about 2 million people in Darfur, with 200,000 refugees sheltering in Chad, and rendering severe hardships in the lives of several hundreds of thousand conflict-affected people. Despite the large humanitarian effort to date, an average of 30% to 40% of the affected population does not yet have access to assistance. Meanwhile humanitarian needs elsewhere remain high as a result of localized conflicts, prolonged displacement and crop failure.

The complexity of Sudan's security enhancement and socio-economic recovery and development challenges calls for strategic planning tools that help to clearly identify and adequately display the multiplicity of key security threats and socio-economic recovery risks facing the country. Effective mechanisms are needed to identify the inter-linkages between these threats and risks, while supporting the process of prioritizing, in terms of selecting responses and interventions,

undertaken through multi-stakeholder consultations, in a conflict-sensitive manner. The diverse experiences and contexts in Sudan make it difficult to generalize about transition to development in the country. Recovery and development needs vary considerably between regions.

The Ministry of Humanitarian Affairs is the national coordinator for all humanitarian activities. The joint communiqué signed by the GONU and the UN in 2004 paved the way for to facilitate a coordinated humanitarian response in Darfur. The communiqué addressed humanitarian issues, human rights, security and human settlement of the issue. But it still needs more capacity building to improve its coordination work. National and international NGOs are partners in this coordination mechanism yet the relationships are still in their infancy.

Action Taken

The government issued as many as 29 Presidential decrees to authorize exemption and lifting of a number of restrictions specifically related to humanitarian work in Darfur. The joint communiqué of 2004 was updated in 2007 to appoint a high level committee tasked with responsibility of addressing commitments of the government and the UN and also the policy and implementation matters related to the communiqué.

A tripartite joint technical committee (TJTC) consisting of the government, UNOCHA, and INGO was established in 2006, which frequently meet to discuss and agree on procedures and functions of the humanitarian work and address arising issues in greater Darfur ; however, later each of three states also formed their own joint committees.

Achievements

A robust and vertically and horizontally integrated crisis and emergency surveillance and response system is in place.

Section Ten

Resources mobilization, partnerships and coordination

Status and Trends

Sudan is endowed with vast natural resources with enormous development potential. In addition to the widespread human suffering, and the heavy financial cost, over two-decades of war have worsened the deep-seated structural and geographical disparities, limited the governance capacities and isolated the country, depriving it of development assistance.

The signing of the Comprehensive Peace Agreement (CPA) offered the opportunity for an important structural change in Sudan, with increased democratic governance, wealth sharing and decentralization, and greater social inclusion, ensuring a participatory recovery process and equitable distribution of benefits. It also brought about a renewed engagement between Sudan and the international community, leading to a substantial inflow of funds to be utilized strategically, efficiently and equitably to help lay the foundations for sustainable growth and recovery.

Action Taken

In January 2005, with the support of the European Commission, the Netherlands, and the UK's Department for International Development (DFID), UNDP launched the Capacity Development for Aid Management and Co-ordination project involving all national and foreign aid partners. The project aims to foster a strong partnership among all partners by linking the government, UN agencies, and donor countries through aid alignment. This project centrally supports the Ministry of International Cooperation (MIC) in its mandate to coordinate external assistance and to facilitate aid planning, monitoring and evaluation mechanisms in line with the Joint Assessment Mission (JAM), Results Framework for Sudan and localized Millennium Development Goals. The Aid Management and Coordination Unit (AMCU) in MIC is supported through the project with technical assistance and resource provisions. The Unit reports directly to the Undersecretary, and is tasked with implementing aid management activities in line with the Paris Declaration on Aid Effectiveness, to which Sudan became a signatory in 2006. To establish the effective reporting of aid flows, support has been provided to AMCU to establish and enhance the Sudan Information Aid Database (SAID) as well as links with key donors and stakeholders in Sudan.

The main objective of the project is to lay the foundation of a Government-led and results-based aid management system that handles external humanitarian and development resources in a transparent and accountable manner, in line with agreed national priorities. In a broader sense, the project aims is to ensure that Official Development Assistance (ODA) contributes effectively and efficiently to national reconstruction, poverty eradication and conflict prevention in the Sudan.

Achievements

- Established a Task Force with Ministry of International Cooperation, Ministry of Finance and National Economy, and the Ministry of Humanitarian Affairs to agree on aid coordination responsibilities in Sudan.
- Prepared assessments of the aid management system in Khartoum State, North and South Kordofan.
- The Paris Declaration Survey 2008 was jointly implemented in Sudan by the Aid Management and Coordination Units of MIC, the Ministry of Finance and National Economy support from the UNDP at the National level and the Donor Coordination Office in Southern Sudan. As a result, a total of 12 bi-lateral donors, 4 UN Agencies, 1 IFI, 1 regional donor (EC) and 2 other organizations participated in Sudan's survey.
- The draft results were formulated and submitted to the OECD on 31st March 2008 for further analysis and preparation of a draft chapter covering the country for inclusion in the report to the High Level Forum meeting on Aid Effectiveness to be held in Accra, Ghana during September 2008.
- In developing "The draft Aid Strategy" for GoNU to improve aid effectiveness in Sudan in line with the Paris Declaration Indicators and benchmarks; the project developed data collection tools and shared it with development partners of Sudan who were formally approached and requested to provide ODA data for 2005-2007 and their planned assistance for 2008-2009 for Sudan.

In support of transition for recovery there has been a consistent shift from humanitarian to recovery and development focus in Sudan during the last years; when funding for recovery increased from \$212 million in 2006 to \$560 million in 2007 (UN Sudan Country Analysis Report, November 2008)

Section Eleven

Monitoring and evaluation mechanism

Status and Trends

Until recently, there had been lack of monitoring mechanisms and standards that could ensure effective, efficient policy and decision-making to promote access and equity in respect of basic services. There was also lack of basic infrastructure, inadequate institutional and human capacity for planning, budgeting and programming to ensure effective delivery of basic services.

Action Taken

The country has approved National Quarter Century 2007-2031 Strategy that had involved all the national development sectors. The Five Year Strategic Plan (2007-2011) is the 1st five years action plan of the 2007-2031 Strategy, and alleviating poverty and progressing the implementation of MDGs is one of its seven Key Result Areas. The Plan of Action (2008) for the 2002 National population Strategy adopted the MDGs as a framework. Both documents are set to monitor and evaluate both the implementation process and achievements in respect of intended outcomes through identified performance indicators.

The national comprehensive strategy sets the following priorities for the period 2007-2031:-

- 1-Implementation of the National Population Policy.
- 2-Follow-up and evaluation of the national population policy.
- 3-Enhance international cooperation for population and development.
- 4-Develop the capabilities of the National Population Council.

Some of the key objectives of the NPP include:

- 1- Achieving integration between the requisites of comprehensive development, population growth rate and improving the quality of life.
- 2- Raising life expectancy at birth through reducing the general mortality rate and infants, mothers and children mortality rates during pregnancy and birth through 75% of the present rate by 2015.

- 3- Achieving food and water security and optimum exploitation of energy and natural resources, in addition to achievement of sustainable development, and especially local, rural and urban development which achieves the balance between the needs of economic growth and the necessities of environmental balance.
- 4- Enhancing inhabitants' educational capacities and skills through eradicating illiteracy (by 2020) and through generalizing basic education (by 2015), and through horizontal and vertical expansion of secondary, higher , technical and vocational education.
- 5- Achieving balanced geographical distribution of population through rationalizing internal and external population movements through expanding balanced development .
- 6- Enabling women to promote all their capabilities and insuring all their civil and political rights and enhancing their participation in decision making.
- 7- Achieving secure and safe motherhood and childhood to guarantee reproductive and breeding health; and
- 8- Enhancing coordination with International Voluntary Organizations, United Nations Agencies and the Donor International Corporations in the field of Population.

Achievements

A monitoring and Evaluation Unit has been established within the General Secretariat of the National population Council to monitor and evaluate implementation of the Program of Action of the National Population Policy; by collecting, analyzing and reporting on performance indicators data to provide regularly by the relevant line departments.

Section Twelve

Recommendations

- 1- The Sudan is host to a large number of refugees from troubled neighboring countries. The country is also confronting the massive challenge of the return and reintegration of large numbers IDPs and refugees from its own people. In order to cope with these critical priorities the country needs substantial increase in the level of support and financial assistance from the UN international communities.
- 2- Policy-makers need to be influenced to integrate population characteristic and dynamics into policies, plans and programs. Technical assistance needs to be focused on this policy and infrastructure capacity-building in order to enhance the effectiveness and efficiency of development planning and budgeting as well as the delivery of services. This capacity-building and effective coordination should involve line ministries at the national and state levels.
- 3- Given the current level of indicators related to health (mortality rates including MMR, diseases prevalence and burden) there is an urgent need for health sector reform to help the country achieve its global commitments through the development of integrated health management information system, logistic supply management, and human resource development