



## Economic and Social Council

Distr.: Limited  
8 July 2011

Original: English

**For discussion**

---

### United Nations Children's Fund

Executive Board

**Second regular session 2011**

12-15 September 2011

Item 4 (c) of the provisional agenda\*

### Summary of midterm reviews of country programmes

#### Middle East and North Africa region

#### *Summary*

This regional summary of midterm reviews of country programmes conducted in 2010 was prepared in response to Executive Board decision 1995/8 (E/ICEF/1995/9/Rev.1). The Executive Board is invited to comment on the report and provide guidance to the secretariat.

---

\* E/ICEF/2011/13.



## **Introduction**

1. This report covers the midterm reviews (MTRs) of the country programmes for Djibouti, Jordan and Sudan. The Djibouti review was conducted in 2009-2010, the Jordan review in 2010 and the Sudan review (excluding southern Sudan) in early 2011.\*\*

## **Midterm reviews**

### **Djibouti**

#### **Introduction**

2. The MTR of the programme of cooperation was carried out as part of the overall review of the 2008-2012 United Nations Development Assistance Framework (UNDAF) for Djibouti. The country programme and UNDAF are both in line with the National Initiative for Social Development (INDS), which is the main frame of reference for the country's development.

3. Sectoral reviews on education were held in November 2009 and for all other sectors in September 2010. The final MTR meeting, chaired by the Minister Delegate for International Cooperation, was held on 13 March 2011, with the participation of representatives of Government, resident United Nations agencies and development partners, as well as advisers from the UNICEF Regional Office for the Middle East and North Africa.

#### **Update of the situation of children and women**

4. With a relatively small population (818,000 according to the 2009 census, with an annual growth rate of almost 3 per cent) and sustained economic growth (an average 5-6 per cent a year since 2006), Djibouti recently qualified for lower-middle-income-country status. However, it is still considered a least-developed, food-deficit country, and food insecurity caused by recurrent drought and rising prices of basic commodities, has compounded the incidence of poverty, malnutrition and rural-urban migration. Environmental changes occurring since the UNDAF was formulated have required some adjustments in the cooperation strategies of the United Nations system, with greater emphasis on humanitarian aid.

5. In spite of significant progress in education, health, access to safe drinking water and protection of children's rights, social indicators are still weak. Despite well-established priorities in the current national development plan and the large share allocated to social sectors in the national budget (14 per cent for health and 25 per cent for education), Djibouti is not on track to achieve the Millennium Development Goals on child nutrition, universal primary education, HIV/AIDS, malaria, sanitation, child mortality and maternal health. Recent national surveys estimate that 29 to 33 per cent of children under the age of 5 are underweight, and primary school enrolment rate stands at 73 per cent. Djibouti is on track to eliminate gender disparities in primary and secondary education by 2015, with gender parity rates of 0.99 in primary and 0.82 in secondary education (in 2006).

---

\*\* In view of the impending formal secession of southern Sudan in July 2011, the MTR for the Republic of the Sudan was done excluding the provinces of southern Sudan.

6. Under-5 mortality rate declined from 123 deaths per 1,000 live births in 1990 to 95 deaths per 1,000 live births in 2008, but the current rate of decline is not sufficient to achieve the Millennium Development Goals target of 41 deaths per 1,000 live births in 2015. According to a recent health equity study by the UNICEF Regional Office, there are significant disparities in the under-5 mortality rates within the country. Progress in reducing maternal mortality has been slow, with 300 maternal deaths per 100,000 live births (as per the latest (2008) United Nations estimate), compared to 370 per 100,000 live births in 1990. HIV prevalence was above 2 per cent as of 2008 and there are more than 10,000 people living with HIV in the country. HIV prevalence among youth aged 15-24 years is relatively low, at 1.7 per cent.

7. From 2005 to 2009, the total number of pupils in public primary schools increased at an annual rate of 3 per cent, and the annual growth rate for the enrolment of girls was 4 per cent. Schooling rates as a whole grew rapidly; the gross enrolment ratio (GER) increased from 64 per cent in 2008 to 74 per cent in 2009 and to 79 per cent in 2010. Despite this rapid progress, the UNDAF objective of 93 per cent GER is perhaps too ambitious and unlikely to be achieved.

8. Djibouti has experienced many hazards and disasters, including persistent droughts, desertification and floods. Rural-urban migration has led to the concentration of more than 70 per cent of the population in Djibouti City. According to a joint rapid assessment of the impact of drought in rural areas, conducted by the Government and United Nations agencies in February 2010, pastoralists have lost 70-80 per cent of their livestock over the past five years. Malnutrition has increased since the previous survey in October 2007; 20 per cent of children under 5 are malnourished, 6 per cent of whom are severely malnourished.

### **Progress and key results at midterm**

9. Community-based interventions were scaled up to address malnutrition, childhood illnesses, and promotion of access to water, sanitation and hygiene (WASH). The Communications for Development programme of UNICEF played a major role in promoting these initiatives. A number of communities regularly screen under-5 children for malnutrition and are able to treat acutely malnourished cases without complications within the community. The Integrated Management of Childhood Illness (IMCI) approach has been extended from two to five districts with more than 5,000 or 14 per cent of the total under-5 population having benefited from the programme. Efforts are ongoing to accelerate implementation. An additional 90,000 people — over 64 per cent of the planned 162,000 — have secured access to safe drinking water (25,000 through water trucking); and water management committees are better prepared to face disruptions of service. External assistance in the water sector, including fuel and technical assistance, remains critical to rural communities. More than 12,000 households have been sensitized on best hygiene practices, notably hand washing with soap, and household water treatment and storage techniques; and 8,000 households have been sensitized on best sanitation practices. UNICEF has been coordinating hygiene-related interventions among government departments and ministries, and a WASH promotion network has been created.

10. Of the 38 health facilities, 21 offer services for the prevention of mother-to-child transmission (PMTCT) of HIV, and 12,000 pregnant women have access to

these services. However, expansion of services to the remaining 17 health facilities has been hindered by a shortage of resources. Through advocacy, including by UNICEF, PMTCT is now the focus of high-level political commitment and involvement.

11. The child protection programme<sup>1</sup> has contributed to the establishment of a juvenile justice system through training of the police and justices. A national action plan for children has been developed and adopted through a participatory approach. A law ratifying the two optional protocols of the Convention on the Rights of the Child, and the African Charter on Rights and Welfare of the Child was adopted by Parliament in February 2009. Some 13,000 orphans and vulnerable children out of the estimated 42,000 benefit from social services, including provision of school kits, access to tutoring, vocational training, and access to microcredit for caregivers. Of an estimated 5,000 street children, some 265 are benefiting from recreational activities, learning and sensitization on HIV/AIDS at a centre supported by an international non-governmental organization (NGO). At least 100,000 adolescent boys and girls were trained in HIV/AIDS prevention and other life skills during summer sports competitions countrywide.

12. Young people from community development centres and partner NGOs have been trained as trainers on life skills, including negotiation skills. A qualitative survey on the vulnerability of adolescents and young girls was conducted with the participation of local NGOs, such as the National Union of Djiboutian Women, the Union of Cultural Development as well as consulting firms that provide training and advisory services to local NGOs. About 200 boys and girls actively participating in the fight against female genital mutilation/cutting (FGM/C) were trained on gender and sensitized about substance abuse, including the widespread use in Djibouti of the narcotic plant *khat*.

13. To improve capacity and access to primary education, 18 prefabricated classrooms were built with support from Dubai Cares Foundation. Additionally, 30 preschool rooms were created in elementary schools and in community development centres. With support from UNICEF, the Ministry of Education and the Ministry of Women and Family Affairs were able to sustain implementation of the national policy on holistic care for young children. An evaluation of the preschool pilot project was carried out as part of the MTR process and recommendations have been made to the Ministry of Education on scaling up the model. Gross enrolment rate of 73 per cent was achieved (national annual statistics do not provide information on net enrolment rates).

### **Resources used**

14. During 2008-2010, the total expenditure was \$16.1 million, of which \$3.3 million was from regular resources and \$12.8 million from other resources. Emergency funding constituted \$8.3 million, or 65 per cent, of other resources mobilized.

---

<sup>1</sup> The Child Protection Programme comprises three components: (1) Follow-up on the implementation of the Convention of the Rights of the Child (child rights focus on justice for children); (2) Female genital mutilation/cutting; and (3) Orphans and vulnerable children.

### **Constraints and opportunities affecting progress**

15. Despite well-identified national development priorities in the current poverty reduction strategy (incorporated in the INDS) and the allocation of a significant proportion of the national budget to social sectors, acute disparities and substantial child poverty and vulnerabilities still prevail in the country. Djibouti's small size and apparent political and social stability and economic growth act as constraints in the competition with neighbouring countries in the Horn of Africa for official development assistance, particularly funding for longer-term projects. While the Government is proactive and eager to take the lead in development issues, its institutional capacity in aid coordination, accountability and governance are limited, thereby also impacting programme implementation.

16. The MTR presented an opportunity to reflect on the strengths and weaknesses of the United Nations country team, its capacity to deliver on planned assistance to the country and to revisit collaboration strategies. The development of an "international health partnership country compact" and the National Plan of Action for Children offer opportunities to strengthen national capacity for coordination of development aid, and to improve transparency.

### **Adjustments made**

17. Following the conclusions and recommendations of an internal review meeting with regional advisors, expected programme results and strategies were slightly adjusted to align better with organizational change initiatives and with emerging global and national priorities, including pursuit of an equity approach, as well as disaster risk reduction measures, and to focus on UNICEF's comparative advantages. On the basis of the MTR, the Djibouti country office has introduced a revised programme structure from 2011 to sharpen the focus on facilitating equitable access to health, nutrition, and water, sanitation and hygiene services to the most vulnerable populations. A human rights-based Situation Analysis is scheduled for 2011 for developing the new country programme of cooperation and to establish the knowledge base necessary to address equity issues as well as the political factors hampering child survival, development and participation.

18. In view of Djibouti's vulnerability to droughts and increases in food prices, and their combined impact on the lives of children, the country office will continue to advocate for the involvement of all concerned stakeholders to place nutrition at the centre of the national development agenda, with separate legal and policy frameworks and budget. The country office will concentrate on accelerating progress towards the health-related Millennium Development Goals by scaling up high-impact interventions on child survival and development; strengthening outreach using mobile teams to expand access to health and nutrition services; playing an active role in nutrition response coordination; and supporting the Ministry of Health in introducing new vaccines and mobilizing resources to accelerate PMTCT interventions.

19. In education, priority will be given to initiatives addressing obstacles to access and/or retention of girls and the most vulnerable children in school, promoting early childhood development and to the child-friendly schools initiative. The focus of the child protection programme will be on shifting towards more strategic and upstream interventions. To overcome difficulties encountered in monitoring and evaluating results, the UNICEF country office will work with other United Nations agencies to

support the Government for putting in place mechanisms for monitoring programme activities, including enhanced use of the integrated information system (DevInfo) as a tool to monitor progress towards achieving the Millennium Development Goals targets.

## **Jordan**

### **Introduction**

20. The MTR of the 2008-2012 programme of cooperation started in May 2010, culminating in a one-day meeting in November 2010, chaired by the Secretary General of the Ministry of Planning and International Cooperation, with the participation of government partners, resident United Nations agencies, NGOs, donors, UNICEF Regional Director and advisers from the UNICEF Regional Office. The review process included a pre-MTR meeting, field visits, a desk review of significant evaluation and donor reports and studies, sectoral meetings and a comprehensive review of all programme components by stakeholders. The MTR also drew on the 2006 Jordan Situation Analysis which was updated in 2010 on the basis of a 2009 Demographic and Health Survey, a 2010 poverty report from the Department of Statistics, the 2010 Millennium Development Goals Report, and a wide range of studies by UNICEF, NGOs and other development organizations.

### **Update of the situation of children and women**

21. Jordan has achieved the Millennium Development Goal for universal education and is likely to achieve the goals for maternal health and HIV/AIDS. The goals on poverty and hunger, gender equality, child health and environmental sustainability also remain within reach. According to the 2010 poverty report by Jordan's Department of Statistics, the rate of extreme poverty was less than 2 per cent in 2008, while the overall poverty rate was 13.3 per cent.

22. According to the 2009 Demographic and Health Survey, the infant mortality rate was 22 deaths per 1,000 live births, neonatal deaths accounted for 65 per cent of total infant deaths, and the under-5 mortality rate was 25 deaths per 1,000 live births. Jordan will need to reduce the under-5 mortality rate by 2.3 deaths per 1,000 live births and the infant mortality rate by 1.8 deaths per 1,000 live births annually in order to achieve the Millennium Development Goals targets. Infant mortality rates vary according to geographic location, family income and the educational level of mothers. Maternal mortality fell from 48 to 19 deaths per 100,000 live births between 1990 and 2009. A key health challenge is to control anaemia, which is prevalent in 25 per cent of females of child-bearing age and nearly 30 per cent of ever-married women. Exclusive breastfeeding rates are still very low. On average, 8 per cent of children 0-59 months of age are stunted or chronically malnourished, while fewer than 2 per cent in the same age group are wasted.

23. Vaccination coverage against measles, mumps and rubella reaches more than 100 per cent, as it also includes non-Jordanian children, particularly Iraqi children, currently living in Jordan. However, a critical consideration for the national immunization programme is its sustainability, given the Government's current financial constraints. Jordan has a low prevalence of HIV/AIDS. As of December 2009, the cumulative number of all HIV/AIDS cases detected was 713.

24. Jordan has achieved gender parity in basic education, with net enrolment rates almost at 98 per cent for both boys and girls. Despite the progress achieved in ensuring universal enrolment of 6- to 15-year-olds, disparities remain among the governorates on net enrolment rates for basic education, according to data for the 2008/2009 school year. Disparities remain a challenge, especially in the realization of inclusive and quality education, access to proper schooling for children with disabilities, and access of the poor to higher education. The current economic slowdown may have compounded these disparities.

25. Jordan is preparing its fourth and fifth reports to the Committee on the Rights of the Child, which are due in November 2011. While between 2008 and 2010 many pieces of legislation promoting the rights of women and children were signed into effect or passed, reservations persist on Article 14 of the Convention on the Rights of the Child regarding children's right to thought, belief and religion, and on Article 20 on alternative custody of children who are deprived, temporarily or permanently, of a family environment and Article 21 on adoption. The draft Child Rights Act was amended in 2008 to align its child-related provisions further with the principles of the Convention.

26. In 2009, Jordan lifted its reservation on Article 15, paragraph 4 of the Convention on the Elimination of All Forms of Discrimination against Women, thus conceding women equal rights regarding freedom of movement and freedom to choose their residence and domicile. The Government maintains its reservation on Article 9, paragraph 2 of the Convention on granting women equal rights with men with respect to the nationality of their children, as well as paragraphs 1c, 1d, and 1g of Article 16 on marriage and family relations.

27. Jordan continues to host some 450,000 Iraqi refugees, according to Government estimates. They do not have the right to work, although the Government provides free primary health care to their children and has granted all Iraqis, regardless of status, access to public education at no cost. There are also nearly 2 million Palestinian refugees in Jordan, and they are eligible for free education, health and other human-development services from the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA).<sup>2</sup>

### **Progress and key results at midterm**

28. The Young Child Survival and Development programme has achieved all of its goals for 2008-2009 and has contributed to putting in place the foundation for the second five-year National Plan of Action for Early Childhood. Ministries and NGOs have continued to mainstream better parenting practices by allocating funds in their annual budgets, and the Arab Gulf Programme for Development (Agfund) has provided funding through the National Council for Family Affairs. To date, more than 83,000 caregivers and families (accounting for about 8 per cent of households of the 15 per cent planned target ) have gained knowledge on proper care practices at home through parenting courses conducted by 13 national partners involving 165 imams, 210 facilitators and 70 liaison officers.

---

<sup>2</sup> UNICEF programme interventions for Palestinian children and women are covered under a separate area programme document for Palestinian Children and Women in the occupied Palestinian territory, Jordan, Lebanon and Syria.

29. The Ministry of Health has adopted IMCI as its strategy for under-5 health and is expanding IMCI coverage to 10 of the 12 governorates, reaching 23 per cent of the planned 30 per cent of infants and under-5 children. In cooperation with UNICEF, a national neonatal mortality study was initiated in 2010 to examine the causes, risk factors and circumstances of infant deaths.

30. Early childhood development standards, indicators and benchmarks have been adopted and the Early Development Index was adapted to the Jordanian context and used to conduct a national learning readiness study.

31. A national dialogue on amending the Child Rights Act involved consultation between practitioners, academia and lawmakers, led by the Ministry of Social Development. The reporting mechanism of the Convention of the Rights of the Child and on the Convention on the Elimination of All Forms of Discrimination against Women are being utilized to secure gains for women's and children's rights — notably the lifting of reservations on the Convention on the Elimination of All Forms of Discrimination against Women and publishing the two conventions in the Official Gazette.

32. UNICEF undertook an analysis of the social protection environment to identify gaps in service provision. A national study on violence against children, conducted in 2007, resulted in a three-year national campaign (*Ma'An*, or "Together") against violence in public schools. A new section was established in the Ministry of Health to detect child abuse, and Family Protection Committees were set up in 10 hospitals and six comprehensive health centres to follow up on abuse cases. Five juvenile units have been established and are partially functional in handling and resolving juvenile cases outside the court system, through mediation. Law enforcement officers and social workers have been trained to support juveniles and children in need of protection.

33. Of the planned 25,000, some 22,000 adolescents (at least half of them girls), were provided with learning opportunities through youth centres and community-based organizations to empower them to make informed decisions about lifestyles, including HIV/AIDS, and future careers. The preparation of national criteria for adolescent-friendly youth centres started in 2009, in cooperation with the Higher Council for Youth and other governmental and non-governmental organizations.

34. School principals in 66 per cent of Jordanian schools have been familiarized with new regulations from the Ministry of Education regarding Parent-Teacher Associations and student councils. The concept of school-led initiatives has been introduced, resource materials developed and a system established in the Ministry for monitoring student councils. Education on life skills is currently reflected in textbooks and teachers' guidebooks and all adolescents in government schools now have access to learning life skills that enable them to lead healthy lifestyles.

35. Progress has been made towards ensuring that strategic information and data for monitoring and reporting progress on child rights are updated and used. DevInfo was brought online under the auspices of the Prime Minister and is now fully "owned" by the Government. A five-year engagement plan on child-friendly budgeting was prepared with the Government: a training manual on budgeting for better results for children was developed and a team on child-friendly budgeting was formed and trained. UNICEF worked closely with the media to improve the visibility of projects aimed at advancing the environment for children. Media



professionals were brought together in committees to increase their knowledge of UNICEF programmes and communication campaigns.

36. An emergency education programme for Iraqi refugees in Jordan was initiated in 2008 to provide safe spaces for Iraqi children to acquire quality education and psycho-social services through public schools and community-based interventions. A 2010 evaluation indicated that the programme had reached 228,000 children directly and 1.6 million children indirectly and facilitated the integration of Iraqi guest children into the local environment. The major achievement was to ensure access of all school-aged Iraqi children to equitable education, free of charge.

### **Resources used**

37. Total expenditures over the 2008-2010 period reached \$20 million, of which \$2 million was from regular resources and \$18 million from other resources. Out of the available \$17 million emergency funds, \$15.6 million had been utilized at the time of the MTR.

### **Constraints and opportunities affecting progress**

38. Despite all programme objectives being on track or ahead of schedule, sustaining projects and integrating them into partners' plans and budgets are still a challenge in the wake of the global economic crisis. Across all programme areas, behavioural change campaigns require considerable human and financial investment, and this has been difficult to mobilize. High turnover among Government and partner organizations, as well as delays in the recruitment of a few UNICEF country office posts, have had the potential to hinder progress across programme areas.

39. Certain target groups remain hard to reach as at-risk families are less likely to seek out services across several programme areas and may be difficult to locate. Achieving legislative change requires stability at the ministerial level and a change of thinking among legislators and this has required a concerted effort by all partners. Additionally, ministries have yet to promote and create an environment that fosters evidence-based decision making, and there are delays within a number of institutions in adopting new initiatives into their institutional frameworks, leading to shortcomings in overall impact and sustainability. Social factors continue to contribute to a lack of programme effectiveness. These factors include reluctance on the part of parents as well as medical personnel to report on violence against children and gender-based violence, because of fear of retaliation. Media professionals still lack access to reliable information on child-related issues. The issue of vulnerable Iraqis in Jordan remains sensitive.

### **Adjustments made**

40. While programmes are on target to meet objectives by 2012, a number of key adjustments to the country programme were discussed in the MTR. These included strengthening the social protection environment through support for the National Aid Fund and *Zakat* Fund (cash transfer schemes); aligning UNICEF's education activities with the Education Reform for Knowledge Economy Project to ensure quality education and a safer environment for children; strengthening the use of child-friendly budgeting as a primary strategy for achieving children's rights; strengthening strategic dialogue with counterparts; improving the monitoring and assessment of equity indicators; and further strengthening advocacy and results for

the *Ma'An* campaign to combat violence against children in schools 41. The review recommended that attention be given in the remaining programme period to a plan for phasing out the emergency programme for Iraqi refugees and Jordanian vulnerable children, as funding is shrinking and the Government is encouraged to take greater responsibility for the Iraqi refugees. The review also recommended that UNICEF should work in concert with UNCT and Government counterparts to reduce poverty and protect children's rights in accordance with Government programmes and the equity tracker introduced by the Jordan country office in the latter part of 2010. The equity tracker prescribes specific results for the next two years with a focus on capacity building for institutions directly involved in poverty reduction efforts and social protection, early child care for disadvantaged communities, access by disadvantaged children to inclusive quality sports, guidance on child-friendly budgeting, and closing gaps in policy and legislation.

## **Sudan**

### **Introduction**

41. The MTR of the Sudan country programme was undertaken in March-April 2011 as input to the MTR of the UNDAF, excluding southern Sudan.<sup>3</sup> Six zonal meetings and seven programme meetings were held. The review included an update of the situation of children and women; desk reviews of programme reports; findings from studies, research and surveys, and consultations between UNICEF and the Federal and state Governments. The final review meeting, held on 27 April 2011, was chaired by the Minister of International Cooperation, with the participation of the UNICEF Regional Director for the Middle East and North Africa, and representatives of the Federal and state Government, resident United Nations agencies, international development partners, NGOs, academics and the media.

42. At the time of the MTR, it was foreseen that the country programme structure in the Sudan would change with the formal secession of southern Sudan in July 2011. Under the Comprehensive Peace Agreement, Sudan has been operating on the principle of "one country, two systems" with two area programmes (North and South Sudan), covered under a single country programme document and country programme Action Plan. Hence, UNCT agreed to proceed with an MTR in the North in anticipation that the South would opt for a different programme planning framework in the post July-2011 period.

### **Update of the situation of children and women**

43. According to the 2008 census, the total population of Sudan, excluding southern Sudan, was 30.9 million. Children aged 0-18 make up 51 per cent of the population; the under-5 population is 4.53 million, about 61 per cent of whom live in rural areas. A referendum on self-determination for South Sudan was held in January 2011, paving the way for the creation of an independent State in July 2011. The continuing conflict and tensions in Darfur, South Kordofan and Abyei remain a threat to sustainable peace. Large-scale population displacement continued in 2009 and 2010. There are some 4 million internally displaced persons in northern Sudan, including 1.9 million in the western region of Darfur.

---

<sup>3</sup> In view of the impending formal secession of southern Sudan in July 2011, the MTR for the Republic of the Sudan was done excluding the provinces of southern Sudan.

44. In 2010, 86 per cent of export revenues came from oil, and the loss of this income after the separation of the South (where most of the oil reserves are located) could present economic challenges. The per capita income of Sudan, including southern Sudan, increased from \$1,227 in 2008 to \$1,500 in 2010. However, the annual economic growth rate fell from 10 per cent to 5 per cent in the same period, and the incidence of poverty is 46 per cent, with disparities in income distribution found among states and between rural and urban areas. The Government and UNICEF attach a high priority to poverty reduction through social policy and social protection advocacy.

45. The under-5 mortality rate in Sudan, excluding southern Sudan, was 91 deaths per 1,000 live births in 2010, while the infant mortality rate was 59 deaths per 1,000 live births. The prevalence of stunting among children under 5 remains at 34 per cent, while wasting exceeds the emergency threshold of 15 per cent. Limited access to basic health and nutrition services (including as a result of conflict) and uneven distribution of maternal and child health-care services hamper achievement of health-related Millennium Development Goals. Weak implementation and limited budgetary allocation are major problems. Only about 25 per cent of births are assisted by trained personnel, while 24 per cent are institutional deliveries.

46. Child vaccination coverage has improved from 93 per cent in 2008 to 95 per cent in 2010. Measles outbreaks continue to be a challenge due to low routine coverage and vaccination failures, and a majority of the population remains at risk of contracting malaria, which still causes considerable mortality, especially among young children and pregnant women (accounting for 16 per cent of hospital deaths). However, malaria morbidity has been effectively reduced by 60 per cent and mortality by 57 per cent as a result of shifting to a new drug policy, social mobilization and increased use of insecticide-treated bednets. The maternal mortality ratio was estimated at 435 deaths per 100,000 live births in 2008. The proportion of pregnant women receiving one or more antenatal care visits dropped from 82 per cent in 2006 to 77 per cent in 2010.

47. Figures for 2008 showed that only 70 per cent of the population of Sudan, excluding southern Sudan, had access to improved water supply (94.5 per cent in urban areas and 58.5 per cent in rural areas). Access to improved drinking water sources increased in rural and most vulnerable areas by 4.5 per cent in 2009-2010, providing new access to an additional 1.1 million people. There are disparities among states (97 per cent coverage in the state of Khartoum compared to 45 per cent in West Darfur, for example). In 2008, access to improved sanitation was available to 57 per cent of the population of Sudan, excluding southern Sudan (87 per cent urban and 42 per cent rural). Good progress on meeting water and sanitation targets is being made.

48. The gross enrolment rate in basic education schools increased from 68 per cent in 2008 to 72 per cent in 2010. Net enrolment improved from almost 30 per cent to 48 per cent in the same period, and the completion rate increased from 27 per cent to 50 per cent. The gender parity rate is 1.0. Still, approximately 1.9 million children and young adolescents are out of school; 62 per cent of children not enrolled are girls and 84 per cent live in rural areas.

49. The Federal Child Act promulgated in March 2010 raises the age of criminal responsibility from 7 to 12, prohibits corporal punishment in schools, and criminalizes child exploitation and abuse. The Act outlines a comprehensive

juvenile justice system, with child courts and specialized units for children in contact with the law. It does not criminalize FGM/C but FGM/C is illegal in three states: Southern Kordofan, West Darfur and Gedaref. Although there is no significant change in FGM/C prevalence since 1990, attitudes appear to be changing.

50. About 4 per cent of all children 0-14 years of age are orphans. There has been no decrease in the number of infants abandoned in the streets of Khartoum and the number of those who die before receiving assistance. The lack of accessible birth registration facilities, cost of registration and low general awareness of birth registration remain serious challenges, particularly in rural areas.

51. HIV prevalence is estimated at 0.67 per cent in Sudan, excluding southern Sudan. The limited data show high prevalence rates in the states of Red Sea, White Nile, South Darfur, South Kordofan, Gadarif and Khartoum.

### **Progress and key results at midterm**

52. A national health accounts study on household health service utilization and health expenditure was completed. Child vaccination coverage has improved. No polio cases have been reported since June 2009. Use of the IMCI approach has been expanded. About 60 per cent of under-5 children who are taken to health facilities with common childhood illnesses are managed by the IMCI approach. Antenatal care coverage (at least one visit) was 75 per cent in 2010.

53. During the midterm review, the Government and UNICEF emphasized the need to prioritize nutrition interventions since no substantial progress has been made in reducing the malnutrition rate in the country over the last 20 years. The Government has adopted a national nutrition policy and a well-structured nutrition information system in the 15 states and a functioning nutrition surveillance system in Darfur have been established.

54. All states affected by emergencies in 2009 and 2010 (outbreaks of meningitis, dengue fever and measles, and floods) had access to life-saving health and nutrition interventions. A total of 6 million people have been reached with hygiene, sanitation and water safety messages, including 2 million people in the Darfur area, hence achieving the target of 6 million set for Sudan, excluding southern Sudan, over a four-year period. An additional 1.1 million people were provided with new water access, while another 1.7 million had their water access re-established. Of 694,000 people provided with access to sanitation, 134,000 were schoolchildren.

55. The basic education programme strengthened the capacity of the Federal Ministry of General Education and the 15 state ministries of education in policy development, strategic planning, and monitoring and evaluation. The capacity of the Federal Ministry in information gathering was improved and an Education Management Information System was developed. A total of 715,713 children, including 315,626 girls, were supported through UNICEF-sponsored early childhood development centres and another 163,489 children through preschool centres, hence obtaining equitable access to basic education in 2009-2010 and is on track against the four-year target of 1.7 million. As a result of the efforts of the Federal Ministry of General Education, UNICEF, NGO partners and communities, the enrolment rate increased from 68 per cent in 2008 to 72 per cent in 2010. The net enrolment rate improved from about 30 per cent in 2008 to 48 per cent in 2010 and completion rate

rose from 27 per cent to 50 per cent due to the efforts of the Government, United Nations agencies, NGOs and the community.

56. Nationwide awareness-raising campaigns were carried out on such issues as FGM/C, birth registration, and prevention of child recruitment for armed conflict. The elimination of the practice of FGM/C was included in the Government's Five-Year National Strategic Plan for Childhood 2007-2011. The establishment of the Child Protection subsector (led by UNICEF) in 2010 as a Federal coordination mechanism was a major milestone. Family and child protection units were established in 14 states, and the implementation of a national telephone "help line" helped to break the silence on issues of sexual violence and led to an increase in cases reported to the Family and Child Protection units.

57. A total of 1,098 children — more than the target of 1,000 children — associated with armed groups were registered for disarmament, demobilization and reintegration, and 638 benefited from inclusive reintegration activities. The visit of the Special Representative of the Secretary-General for Children and Armed Conflict led to agreements with two of the main armed groups in Darfur, in July and November 2010, on stopping the use of children. UNICEF continued its advocacy efforts with non-State actors to end violations of children's rights, particularly the use and recruitment of children.

58. The HIV/AIDS programme contributed directly to the drafting and validation of several policies and strategies. A total of 702,404 pupils out of the planned 2.5 million and more than 1.5 million young people out of school (on target) have received life skills training for HIV prevention and HIV prevention messages. In addition, 1.5 million pregnant women received routine counselling and 6.6 million users of broadcast media were reached with HIV awareness messages.

59. SudanInfo, an integrated information system, was launched in 2009 and training was conducted for staff of the Central Bureau of Statistics in all 15 states. The second Sudan Household Health Survey was successfully completed. Two workshops were held in 2010 on social budgeting and social protection. Not all the planned sectoral interventions could be carried out in the 150 selected communities under the Child-friendly Community Initiative due to funding constraints and insecurity.

60. Poverty reduction and social protection measures gained higher priority in national policymaking, as the Interim Poverty Reduction Strategy Plan and the second Five-Year Plan were being formulated. The Communication and Advocacy Programme reached an annual average of over 18 million people with awareness messages on health, hygiene, nutrition, sanitation, HIV/AIDS, education and child protection issues. Some 500,000 internally displaced persons (IDPs) and returnees had access to accurate and timely information. Despite repeated problems in gaining access to IDP areas, an information campaign for returnees reached approximately 500,000 displaced persons and returnees.

### **Resources used**

61. The total expenditure over 2009-2010 was about \$173 million, of which \$8 million was from regular resources, \$33 million from other resources, and \$132 million from emergency other resources. The total planned amount for the same period was \$235 million.

**Constraints and opportunities affecting progress**

62. Constraints faced by the health and nutrition programme include limited Government funding, limited access to health services in some areas, weak management, and high turnover of government staff. There is a need to scale up community-based health and nutrition care programmes and to provide dedicated nutrition staff.

63. A major challenge to the community management of the acute malnutrition programme is maintaining its momentum, as caseloads increase and both the need for supplies and operational costs rise. Work in preventive nutrition, including promotion of infant and young child-feeding practices, was limited in the last two years, but it will be greatly augmented.

64. Partners have jointly agreed to phase out the community radio programme due to a change in programme priorities.

65. The challenges to WASH initiatives include inadequate Government and donor funding for WASH recovery and development programmes, insufficient implementation capacity at all levels, exclusion of sanitation from state-level planning, deficiencies in WASH institutional setups, inadequate WASH management information systems in some states, and dependence on UNICEF support for sector coordination.

66. Progress towards a coherent Government education policy and preparation of the Education Sector Strategic Plan has been slow and exacerbated by weak linkages between Federal and state-level planning, despite the support of the World Bank and other donors.

67. Increasing access for children with disabilities, nomads, street children, working children, and children in underserved rural and conflict areas, continues to be difficult to achieve. The drop-out rate at all levels, especially for girls, is very high.

68. Care and services for children affected by violence, neglect, abuse, exploitation and armed conflict continue to be inadequate, including for children with disabilities. Similarly, inadequate allocation of funds for child protection, high turnover of government counterparts, unclear roles and responsibilities and the lack of reporting procedures are major issues.

69. Regarding HIV/AIDS, staff turnover in the Sudan National Aid Programme and in health facilities has created a shortage of trained staff for delivery of PMTCT services. In addition, many doctors in charge of the Programme are not fully trained or even aware of PMTCT. HIV-related life skills training in schools faced resistance in some states and prevention activities in out-of-school settings were delayed in 2010 by administrative obstacles. Support provided by the Federal Ministry of Education and the national AIDS programme within the life skills curriculum has been questioned by some religious leaders. Sporadic surges in women tested for HIV have been seen in selected facilities when a social mobilization campaign and on-the-job training and incentives were provided.

**Adjustments made**

70. In the expectation of upcoming administrative reform and decentralization, as well as added emphasis on early recovery efforts and development, rather than on

humanitarian assistance, UNICEF's presence at state level will be reinforced, aimed at influencing social policies with a focus on equity.

71. Partners strongly recommended increasing support to maternal and neonatal health through a "continuum of care" approach. They also recommended separating nutrition from the health programme to address acute and severe malnutrition and stunting. Two new water and sanitation strategies — Community Action for Total Sanitation and the Community Action Plan including a School Action Plan — are showing good results and will be introduced in all states. This will require additional resources, particularly from the Government.

72. Targets for PMTCT are being amended for 2011-2012 because of low performance in 2009 and 2010. Particular attention will be given to reaching the most at-risk adolescents.

73. In order to build a sustainable child protection system, UNICEF will emphasize institutional development of the social welfare system, including capacity building, and strengthening social work practices. Providing access to child-friendly justice systems requires a multi-disciplinary approach and a strong referral system among the police, social service providers, and the judiciary.

74. Communications for Development will be embedded as a key strategy across all sectors to support achievement of behavioural and social change for enhancing child development and other national priorities.

75. Given the strong support by states and communities and in view of the appreciation of all stakeholders, it has been decided to continue the Child-friendly Community Initiative project for two years through the current programme cycle ending in 2012. In the meantime, the Government and UNICEF will undertake a thorough evaluation of the project in order to make a decision on its future.

## Conclusion

76. The MTRs of Djibouti, Jordan and Sudan reaffirm the critical importance of the exercise to revisit, recalibrate and adjust programming assumptions and operational environment strategies and set results targets as a valuable tool. Its importance has been further reinforced by recent developments in the Middle East and North Africa region, which has been affected by socio-economic and political upheavals since early 2011. While Djibouti and Jordan have not been as heavily affected, the root causes are present with varying degrees in nearly all countries in the region and mitigating measures have been taken by respective Governments.

77. The decision of the UNCT in Sudan to undertake an UNDAF MTR in 2011, taking into account the results of the January 2011 referendum for self-determination in South Sudan was consultative and endorsed fully by the Regional United Nations Development Group (former Regional Directors' Team). The UNICEF MTR was also timely to feed into the subsequent UNDAF MTR process in June 2011, excluding southern Sudan. As the UNCT will be pursuing distinctive programme planning processes in 2011 for Sudan, excluding southern Sudan, the MTR has provided the earliest opportunity to make the necessary adjustments to the current country programme of cooperation, while being cognizant of the results of January 2011 referendum results in southern Sudan.

78. Support to the national governments in the implementation of national development plans towards the reduction of poverty, disparities and the attainment of the Millennium Development Goals with equity remains the overarching aim of all three country programmes. However, the opportunities and challenges vary widely, with all three States having been classified as middle-income status countries. Djibouti, despite being accorded lower-middle-income-country status, is still considered least developed and faces immense development challenges similar to those of its neighbours in the Horn of Africa, beset by food insecurity caused by recurrent drought and rising prices of basic commodities, compounding poverty, malnutrition, child and maternal mortality rates. Constrained Government institutional capacity is an additional factor, while its commitment remains firm. Jordan, as a solid middle-income-status country, is well on track to achieve nearly all the Millennium Development Goals, albeit with large remaining pockets of disparities. Its “youth bulge” represents the greatest of the country’s opportunities and challenges, especially within the context of recent developments in the region. Work around sensitive issues related to social norms and behaviours affecting children and women remains laborious, while a number of opportunities have opened up in recent years, especially around violence against children in schools, with the Government having taken the lead in a public campaign and adopted measures to detect and end it. The country programme in Sudan has had to ensure a fine balance between delivering on results within a national development context, and concurrently responding to a number of massive humanitarian emergencies in different parts of the country, both natural and conflict-related, as well as working both upstream in evidence-based policy leveraging at the national level and downstream at community-based interventions that are equally critical for informing upstream work.

---