United Nations

DP/FPA/CPD/SDN/8

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

Distr.: General
5 December 2025

Original: English

First regular session 2026
2 to 5 February 2026, New York
Item 16 of the provisional agenda
UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Sudan

Proposed indicative UNFPA assistance:	$85.2 million: $11.6 million from regular resources and $73.6 million through co-financing modalities or other resources
Programme period:	Three years (2026-2028)
Cycle of assistance:	Eighth
Category:	Tier I
Alignment with the UNSDCF Cycle	United Nations Sustainable Development Cooperation Framework, 2026-2028

Note: The present document was processed in its entirety by UNFPA

I. Programme rationale

1. Sudan is one of the largest countries in Africa, covering 1.9 million square kilometres, and shares borders with seven countries and the Red Sea. According to the 2024 Common Operational Dataset-Populations Statistics (COD-PS), the population is estimated at 47.5 million people. The gender ratio is 51 per cent female and 49 per cent male, with 31 per cent of the population aged 10-24 years. The total fertility rate is 4.3 children per woman, almost twice the global fertility rate of 2.3. Sudan's Human Development Index in 2023 was 0.511, placing it 176 out of 193 countries.

2. An outbreak of conflict in April 2023 has fragmented the country, resulting in serious human rights violations and abuses against civilians, and exacerbated many of the country's existing challenges, with a profound impact on the society, economy and environment. Currently, Sudan faces the world's largest displacement crisis and one of the most complex humanitarian crises globally, in terms of scale and scope. The crisis has deepened poverty levels and left more than half the population (30.4 million people) in need of humanitarian assistance in 2025, with children (51.4 per cent), women (24.4 per cent), persons with disabilities (15 per cent), and older people (5.3 per cent) among the most affected. Indiscriminate attacks on civilians, infrastructure and humanitarian workers, as well as food insecurity, disease outbreaks, floods, loss of livelihoods, disruptions to education, exposure of girls and boys to further risk of abuse and exploitation by armed groups and traffickers, and destruction of economically vital assets, have resulted in the displacement of a quarter of the Sudanese population (12 million), with an estimated three million fleeing to neighbouring countries. Sudan continues to host refugees, asylum seekers and migrants from past crises in Ethiopia, South Sudan, Eritrea and others, numbering an estimated 840,000.

3. The Central Bureau of Statistics reported in May 2025 an inflation rate of 143 per cent. Unemployment stands at 47 per cent, up significantly from 7.5 per cent in 2022. As a result of the conflict and economic downturn, essential service delivery has been significantly disrupted. Before the war, in 2020, only 8 per cent of Sudan's total government expenditure was allocated to health, indicating a low public investment in the sector. At the same time, out-of-pocket total health expenditure accounted for 54 per cent of per capita current health expenditure, reflecting a heavy financial burden on individuals.

4. Access to the most remote and vulnerable populations remains a challenge due to insecurity, dilapidated roads and high population mobility. The deliberate destruction of health infrastructure and indiscriminate attacks on health care workers have left almost 11 million people without medical services and severely restricted access to life-saving reproductive services and skilled providers. The health workforce is amongst those that have been affected by displacement or through threats and attacks. Community-based maternal healthcare systems are failing, as midwives lack infection prevention supplies and access to transportation, and face fluctuating levels of insecurity, limiting their ability to provide adequate care. In the most heavily impacted regions, less than one quarter of health facilities remain functional. Fuel shortages, power outages, and limited ability to transport supplies and pharmaceuticals have further exacerbated facility operations, resulting in suspension of emergency obstetric and neonatal care (EmONC) services.

5. Of the people in need of humanitarian assistance in 2025, 7.29 million are women of reproductive age, while 726,500 are estimated to be currently pregnant, with approximately 15 per cent of pregnancies requiring emergency interventions for obstetric complications. In 2023, the maternal mortality ratio was 256 per 100,000 live births. Experts note that the ratio has likely worsened further since the crisis, making it challenging to achieve the global SDG target (less than of 70 per 100,000 live births) or the supplementary threshold (less than of 140 per 100,000 live births) by 2030. Obstetric fistula – a complication of prolonged and obstructed labour and a largely preventable injury – is a persistent and life-altering issue in Sudan, with 5,000 new cases diagnosed per year.

6. Women in Sudan face a 1 in 91 lifetime risk of maternal death – significantly higher than the global average of 1 in 190, highlighting the heightened vulnerabilities during pregnancy and childbirth in fragile health systems. The number of qualified medical providers is currently anticipated to be much

below the Sphere[1] recommendations of 23 skilled birth attendants per 10,000 people.[2] In 2023, the midwifery workforce in Sudan had 14,300 (mostly community) midwives. This equates to an average of 4.1 midwives per 10,000 people – far below the global average of 4.4 (SOTWM, 2021).[3] Pre-service education curricula in Sudan do not currently meet the recommended International Confederation of Midwives global standards, resulting in a less competent workforce with a limited ability to deliver safe and high-quality services.

7. Vaccination coverage and famine are major issues of concern, particularly for women during the antenatal period. National vaccination coverage has plummeted – from 85 per cent before the conflict to approximately 50 per cent, with rates in active conflict zones averaging only 30 per cent. Women who are unvaccinated risk transmitting infection to their infant and increasing the risk of serious disease or death. Projections suggest that acute food insecurity will affect 24.6 million in Sudan. including at least 638,000 people at catastrophic levels. Famine has already been detected in five camps/areas in El Fasher and the Western Nuba Mountains; and it is projected to expand to 17 locations at high risk of famine. Lack of adequate nutrition during pregnancy and in the early postpartum period contributes to negative health outcomes of both women and their infants.

8. Sudan's ongoing conflict has severely disrupted HIV prevention and treatment services, with only one-third of HIV service-providing health facilities remaining functional. Over 54,000 adults and children were estimated to be living with HIV in 2024 – driven by mass displacement, sexual and gender-based violence and the collapse of health infrastructure.

9. Contraceptive use remains low among women of reproductive age (15-49 years), with only about one in ten women (12 per cent) using any method. Use of modern methods is equally low (11 per cent). In 2024, the unmet need for family planning remained high among married women (27 per cent). One in seven girls is pregnant by the age of 18, increasing the risks for obstetric complications, preterm birth and low-weight infants; this is compounded by systemic barriers to availability, accessibility and awareness of reproductive health services for women of all ages, including adolescents.

10. The humanitarian crisis has significantly worsened the situation for women and girls, with over 12.1 million at risk of gender-based violence (GBV) in 2025 – an 80 per cent increase from 2024 and a 350 per cent increase since the war began in 2023. The scale of GBV is intensifying, particularly in areas marked by continued insecurity and the collapse of protection systems, including referral pathways. UNFPA safety audits indicate heightened risks of conflict-related sexual violence during displacement, limited access to safe shelters, and significant gaps in access to clinical care for survivors. Significant underreporting of sexual violence is expected, given the limited transportation options to case management, poor access to operational health facilities, and social stigma.

11. The 2025 sexual exploitation and abuse risk overview ranks Sudan sixth for risk of sexual exploitation and abuse, exacerbated by the continued conflict and the ever-increasing demand for humanitarian support. Eroded traditional coping mechanisms and a depressed economy drive further the numbers of child marriages and the prevalence of female genital mutilation (FGM). The prevalence of girls married before the age of 18 (currently 37 per cent) is being impacted further by severe economic hardship; girls as young as 11 years are being married off to reduce household expenses and address food insecurity. In 2014, the FGM prevalence rate was 87 per cent; however, women and girls visiting UNFPA-supported facilities have reported that community midwives' increasingly engage in FGM as a source of income. A dangerous community misconception – that FGM can protect girls from sexual assault – has led to its increased practice, even in communities that had previously abandoned FGM. During the conflict, the incidence of trafficking of women and girls has increased, as have cases of abduction, rape and gang rape, particularly in situations involving scarce resources and the seeking of food, fuel and water.

12. The conflict has particularly devastated Sudan's youth, whose education prospects have been severely curtailed. Prior to the crisis, fewer than half of adolescents completed upper secondary

[1] Sphere was started in 1997 by aid workers who wanted to improve the level and approach of emergency response. Sphere standards aim to uphold the dignity and rights of crisis-affected people through principled, accountable and quality humanitarian action. The **Sphere Handbook** is one of the most widely known and internationally recognized set of humanitarian principles and minimum standards.
[2] This figure represents the minimum recommended by the World Health Organization (WHO) to achieve at least 80% of births attended by skilled personnel.
[3] *The State of the World's Midwifery* (SOTWM) 2021.

education, and youth literacy rates were below 75 per cent. The crisis has pushed even more young people out of classrooms; the absence of peace and security has led to a significant increase in harmful practices affecting youth, further jeopardizing their future and undermining the long-term recovery and development of the country.

13. Sudan lacks reliable, up-to-date quantitative, nationally owned data to inform humanitarian, recovery and development efforts. The absence of a national census since 2008, compounded by the collapse of statistical and health information systems following the 2023 conflict, has left the country without a functioning framework for data collection and analysis. Existing efforts are largely limited to humanitarian needs assessments, providing only partial insights and constraining evidence-based planning, monitoring and strategic decision-making across sectors.

14. Evidence drawn from recent evaluations, including the UNFPA Sudan humanitarian response evaluation have shown: (a) limited strategic integration of sexual and reproductive health (SRH) and GBV, particularly at the service delivery points; (b) limited data on people in need, key populations and vulnerable groups, including people with disabilities, to inform humanitarian planning, adjustment and decision-making; (c) inconsistent 'last mile' delivery of supplies, equipment and kits due to inefficient supply-chain and logistic systems; (d) lack of a comprehensive behavioural change communication strategy to guide the change in social norms; and (e) weak and fragmented community-based protection and referral networks.

15. These findings require: (a) promoting access to integrated SRH and GBV services for women and girls; (b) building national capacities and systems for availability of disaggregated and geo-referenced population data for humanitarian programming; (c) strengthening the supply-chain and logistic systems to ensure that services are delivered to the last mile; (d) structured dialogue for awareness and advocacy – both upstream and downstream – to effectively guide change in social norms; and (e) integrating and building the capacity of community-based structures to deliver high-quality prevention and response services for SRH and GBV.

II. Programme priorities and partnerships

16. The proposed country programme is derived from the United Nations Interim Cooperation Framework (ICF) 2026-2028, and priority areas are aligned with the Sudan Vision for Economic Reconstruction 2024. The programme has been designed in partnership with the Sudanese national and state governments, United Nations entities and local actors, including national women-led and youth-focused organizations. The programme acknowledges the fluid and fragile context in Sudan and recognizes the need to support recovery efforts to sustain the gains made in the previous cycle and to leverage foundational work towards national systems strengthening, sustainability and social protection. Given the precarious humanitarian situation, programme efforts will take into account the variable needs across the country, shaping strategic interventions in response to the context, targeting the furthest left behind first, thereby contributing to achievement of SDGs 1, 3, 5, 10, 13 and 17.

17. The country programme is aligned with the UNFPA Strategic Plan, 2026-2029, grounded in its four interconnected outcomes: accelerating progress on meeting the unmet need for family planning; accelerating progress on ending preventable maternal deaths; accelerating progress on ending gender-based violence and harmful practices; and adapting to demographic change to strengthen the resilience of societies for current and future generations. It is informed by relevant sector analyses and assessments, including the 2024 common country analysis and the Humanitarian Needs Overview, as well as lessons learned from past programmes, including from the independent Sudan humanitarian response evaluation. A comprehensive theory of change centres the programme priorities of saving lives and building resilience while supporting the dignity and rights of women, girls and people in need.

18. The programme impact will be enhanced through collaborative partnerships with stakeholders who have complimentary agendas. To address protection and health priorities, UNFPA will engage UNDP, UNICEF, the Food and Agriculture Organization of the United Nations (FAO), the United Nations High Commissioner for Refugees (UNHCR) and the World Health Organization (WHO), seeking joint programming opportunities, where possible. Close collaboration with the Commission for Combating Violence Against Women, youth-led and women-led organizations and local civil

society organizations, as well as partnerships with national and state authorities for health, social development and social welfare, will further enhance programming reach and results.

19. Guided by a human rights-based approach, the programme will focus on the most vulnerable, particularly through SRH and GBV services. Applying the minimum standards for both humanitarian and early recovery strategies will ensure that all future interventions will have a solid foundation from which to expand, such as the Inter-Agency Standing Committee (IASC) minimum standards for GBV programming and the Inter-Agency Working Group of Reproductive Health in Crises (IAWG) minimum initial service package for SRH. UNFPA will continuously evaluate both country needs and internal capacity, adapting to changes and ensuring that the potential impact is maximized while the quality of the interventions is maintained. Interventions addressing social norms and harmful practices triggering early and forced marriage and FGM will address the exacerbation of gender inequality. Interventions will also be tailored in contexts where relative stability allows for scaling up, including in newly accessible areas.

20. Continued partnerships with United Nations agencies will allow for a multilateral approach for advocacy and policy development. Collaboration on data collection and sharing with local and national authorities, as well as the monitoring, evaluation and learning working group, the information management working group and relevant international agencies, including the International Organization for Migration (IOM), the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), UNHCR, WHO and the World Bank, will allow for synergies in collecting and sharing data sources and provide a more robust set of SRH and GBV responses.

21. Preparedness activities will enable the country office to more proactively respond to climate-related conditions and new or rapid-onset emergencies; this includes prepositioning of emergency supplies in the country for quick deployment to vulnerable populations during crises. Joint rehabilitation and restoration efforts of both static facilities in strategic locations and the utilization of mobile units in hard-to -reach areas will enhance the ability of UNFPA to provide a continuity of services, supporting the national and state authorities to build back better. Attention to essential services will foster the renewal of communities, representing an investment in durable longer-term solutions.

22. In line with the Grand Bargain Implementation Agenda 2025-2026, the inclusion of affected people will be reflected in decision-making processes, including the elderly and those living with disabilities, to guide the strategy and establish a programme that is representative and inclusive of all stakeholders. The engagement of community members will allow for the broader involvement of local populations and authorities, including women's representatives, in the planning and implementation of reproductive health and GBV programming.

23. Implementation modalities and programme prioritization will align with the outcomes of the ongoing United Nations reform processes, including the UN80 initiative. Globally, the funding landscape experienced drastic changes in 2024, further deteriorating in 2025. Reductions in resources have considerably hampered the ability to establish critical and life-saving services to scale in Sudan. The health sector has reached only 26.5 per cent and protection only 20.9 per cent of the projected 2025 funding needs. As a result of the far-reaching and unmet funding scenarios, the United Nations is placing a greater emphasis on localization, efficiency and accountability. Within this new framework, UNFPA will scale up its localization work, engaging with women-led and youth-led organizations as well as critical national counterparts. The country office will leverage its position in the humanitarian country team and related coordination structures to continue highlighting the vital importance of reproductive health and GBV issues, linking them to rights-based programming and evidence-based data.

24. The programme vision is to ensure that the most vulnerable, including women, girls and people in need, have equitable access to high-quality SRH and GBV services, through rights-based approaches that build resilience and ultimately drive progress toward the 2030 Agenda for Sustainable Development.

A. Output 1. Improved access to integrated, lifesaving and high-quality sexual and reproductive health and gender-based violence services, adapted to local contexts and targeting those most in need.

25. This output directly contributes to the ICF strategic priority and outcome 1: Restoration of inclusive essential services; by 2028, more people across Sudan - particularly groups in vulnerable situations - have improved access to functional, inclusive, equitable, integrated, quality, safe, and sustainable essential services that enhance their well-being and resilience.

26. As a result of the wide geographic area, the varied scope and acuity of needs, and access constraints to the population, this output strategizes both SRH and GBV activities through a contextual lens, based on a localized approach in an effort to reach those furthest behind. This will be addressed through several modalities including: (a) adapting the delivery of services based on context and scaling up; (b) integrating GBV and SRH services and ensuring the availability of multidisciplinary skilled providers; (c) improve the number of quality women and girls safe spaces, youth-sensitive services and accommodations made for people living with special needs; (d) increasing the quality of care, set to global minimum standards; (e) improving supply chain mechanisms, transportation, quality storage, distribution of health supplies, hygiene items, and pharmaceuticals, and last mile assurance; ; (f) increasing the capacity of and technical support to service providers, with a focus on clinical management of rape and case management; and (g) enabling access to care through the utilization of cash and voucher assistance (CVA).

27. Adaptation of service delivery modalities will be accomplished by: (a) increased utilization of mobile units in remote locations particularly in humanitarian and conflict-affected areas; (b) provision of temporary units where the degree of damage to the health infrastructure prohibits the delivery of care; and (c) the refurbishment and resupply of established static facilities during the recovery phase. The number of facilities with integrated services will be increased as will the number of sites with dedicated youth-sensitive programming. The programme will expand accommodations for those with disability, including elderly women, and the inclusion of psychosocial services and referral pathways for mental health and psychosocial support within established facilities or from community-led outreach activities.

28. Preparing and responding to climate-related shocks will include resilience building of health infrastructure and provider capacity, reinforcing facilities with climate-resilient infrastructure, such as solar panels, prepositioning supplies in flood and drought prone locations, and strengthening community-based early warning and response mechanisms to be gender-response and aligned with the needs and realities of people in need (i.e. IDPs, persons with disabilities).

29. In an effort to increase the skilled work force, the programme will integrate capacity building and training opportunities, followed by mentoring and coaching sessions, as a strategy to further capacitate providers of reproductive health and GBV. Under this output, UNFPA will advocate for and promote task-shifting policies for mid-level providers to leverage their skills and expand their scope of practice. Being front and centre to reproductive health services, the programme will promote and support the reactivation of diploma level midwifery training and will deploy midwives and community health workers to remote locations with limited facilities. Training for outreach workers will be provided to enhance community mobilization for health education and promotion and GBV protection information and risk mitigation.

30. UNFPA, will scale up CVA modality to increase access to services. While situation and market dependent, this will serve as an option for emergency supplies, menstrual hygiene items, transportation to facilities, and / or for coverage of services costs. Use of CVA modalities to address the most urgent needs of women and girls will significantly reduce the need for international procurement, will boost local economies and can improve the autonomy of women and girls to utilize cash for their unique needs.

B. Output 2. Strengthened evidence-based programming and policy advocacy through enhanced data generation, monitoring and evaluation, and support to the national statistical systems.

31. This output supplements the Interim Cooperation Framework (ICF) strategic priority and outcome 1 (restoration of inclusive essential services, together with relevant stakeholders) and will contribute to the revitalization of nonfunctioning and strengthening of suboptimal operational data systems. The improvement of data quality and analysis will enhance the ability to target specific needs of the population across the peace, humanitarian and development continuum. It focuses specifically on (a) improving high-quality and disaggregated humanitarian data and information, including by strengthening the district health information system; (b) strengthening the national maternal death surveillance and response system for both reporting and auditing of maternal deaths; (c) expanding the mapping of SRH and GBV services and referral systems for programming and response purposes; (d) increasing the utilization of the gender-based violence information management system for GBV reporting and response; (e) ensuring the regular generation of common operational datasets on population statistics (COD-PS) for humanitarian response; and (f) advocacy for the revitalization of the national statistical system in Sudan. The output will use robust high-quality data to support and guide policies to address reproductive health issues as well as the linkages to rights-based programming and gender inequality, gender-based violence and harmful practices.

32. The programme will prioritize technical support and close collaboration with the local and national health authorities to strengthen reporting to the maternal death surveillance and response system and the health management information system and to institutionalize regular maternal death audits. Collection of this data will assist the authorities and responding agencies to prioritize critical gaps and address preventable maternal deaths.

33. The output will focus on increasing the accuracy of facility and service mapping for both reproductive health and GBV, helping to drive national and local strategies to fill gaps in services and strengthening the ability to refer women and girls to the needed services, including for the most vulnerable populations. Health facilities providing EmONC services will be assessed and categorized, as either basic or comprehensive, allowing for life-saving referrals to be made to the facility with the appropriate level of skills and supplies. Similarly, to ensure survivor-centred care, UNFPA will increase the accuracy of mapping GBV services, facilitating appropriate referrals to the closest qualified facility for confidential case management, mental health and psychosocial support, or clinical management of rape, thereby reducing the number of interactions for survivors of violence before reaching the correct provider.

34. UNFPA promotes use of census data to generate demographic intelligence for evidence-based programming across the nexus. This output will strengthen the generation and utilization of COD-PS for humanitarian response, in lieu of a formal census, which was last conducted in 2008. The programme will promote coordination among the various organizations involved in country-level data collection, in line with the pillars of UNFPA humanitarian data framework. Targeted analyses of population megatrends, including migration and displacement, will be conducted to inform programming and promote gender equality and social inclusion and increase access to sexual and reproductive health services. UNFPA also will support national stakeholders to strengthen gender-responsive early warning systems for climate-related shocks by leveraging sex and age-disaggregated data that can be used to inform anticipatory action initiatives. Further, the programme will lead advocacy for the revitalization of the national statistical system, including by supporting the national statistical office through South- South cooperation, learning and other capacity-building initiatives.

C. Output 3. Enhanced national and local capacities and community systems to foster positive social norms and behaviours, enhance women's and girls' empowerment, and promote gender equality.

35. This output directly contributes to the ICF strategic priority and outcome 3 (peace, justice and strong institutions: by 2028, more people across Sudan – particularly groups in vulnerable situations– live in a safer and more peaceful society with strengthened human rights protections, inclusive institutions, and equitable access to justice). This output focuses on building an enabling environment

for gender-sensitive and rights-based programming. Specifically, this output will address (a) increased skills and resources for women and youth localization efforts; (b) an expanded focus on the reduction of reproductive violence against women and girls, and (c) implementation of community-level risk reduction measures for the protection of women and girls.

36. Anchored in the United Nations Security Council resolutions on 'youth, peace and security' and 'women, peace and security,' this output will focus on the activities within the humanitarian scope that strengthen the foundation for future recovery and development programmes.

37. In order to support rights-based reproductive health efforts, this output supports safe motherhood initiatives, including the promotion of respectful maternity care, including informed consent and decision-making. The programme will promote privacy through gender-sensitive environments in maternal health facilities, addressing cultural and social norms that perpetuate violence in the healthcare setting, including during pregnancy.

38. This output will seek engagement with community leaders to reinforce positive social norms that protect against violence; simultaneously, it will work to hold perpetrators accountable, including for conflict-related sexual violence and sexual exploitation and abuse. It will foster implementation of community engagement interventions that directly address GBV and harmful practices through dialogue, participatory approaches and the involvement of community leaders and influencers, as well as men and boys. The programme will advocate for and support the development and implementation of laws and policies to protect women, girls and people in need from violence and discrimination. Advocacy will focus on the enactment and enforcement of laws criminalizing all forms of sexual violence, consistent with human rights standards, including for FGM, and the restriction of marriage before the age of 18. UNFPA will support programmes that support already married girls and engage actively in policies and programmes that promote access to continued education opportunities and livelihood prospects for women and girls.

III. Programme and risk management

39. Strategic oversight and review of the UNFPA programme implementation will be carried out together with the Ministry of Finance and Economic Planning through a Joint Steering Committee. UNFPA will engage implementing partners selected through a competitive process based on their verified skills and capacity to implement programming at the field level. Staffing positions and contract modalities, based on a 2025 human resources realignment, will reflect the level of expertise required, with deployment to duty stations determined by geographic need. This will ensure coverage of all states in Sudan, access permitting. UNFPA will continue to adhere to the harmonized approach to cash transfers in its financial transactions with implementing partners and other third-party agreements, in order to mitigate risks associated with the transfer of funds, utilizing alternate modalities, when needed, to ensure business continuity. The programme will ensure efficiency and effectiveness through monitoring visits, spot checks and other quality assurance and compliance activities.

40. In this difficult donor landscape, UNFPA will intensify resource mobilization with traditional and new donors, while leveraging partnerships and joint programming with United Nations agencies, civil society and the private sector, to maximize impact and lay the groundwork for future investment. Ongoing United Nations reform may require high levels of coordination and shared responsibility to ensure the needs of women and girls for SRH services and GBV prevention and response continue to be prioritized and addressed. As such, UNFPA will leverage its current position in the Humanitarian Country Team and related coordination and information management structures to continue advocating for the vital work on SRH and GBV.

41. Conflict and shifting political dynamics pose high risks to implementation, particularly in hard-to-reach areas, affecting access, safety and community resilience – especially for women and girls. UNFPA will continue to monitor the political and security situation at national and subnational levels, adjusting needs-based programming, as needed, through relocation of staff, reprogramming of funds and asset protection strategies. Engagement with the relevant authorities and the Resident Coordinator and the Humanitarian Coordinator, OCHA and United Nations Department of Safety and Security (UNDSS) officials will be strengthened to ensure operational access and staff safety, in line with United

Nations security protocols. Where possible, remote service delivery will continue to provide life-saving care, especially for women and girls.

42. Survivors of GBV and conflict-related sexual violence in Sudan face safety risks and stigma, which can create barriers to accessing essential services. UNFPA will be more deliberate in partnering with women-led and youth-led organisations and influential community members, to promote community dialogue on harmful practices, misconceptions and stereotypes around reproductive health and gender-based violence.

43. UNFPA will ensure that all necessary measures are in place to reduce the risk of sexual exploitation and abuse associated with staff or personnel of implementing partners. This will be achieved through the implementation of the Inter-agency Implementing Partner PSEA assessment protocol, rigorous screening of newly recruited staff, effective information and knowledge sharing, and meaningful engagement of affected populations through a transparent and accountable feedback and reporting system.

44. This country programme document outlines UNFPA contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

IV. Monitoring and evaluation

45. The monitoring and evaluation approach for the country programme is built on the organization's commitment to results-based management (RBM), evidence-informed decision-making and accountability, as outlined in the UNFPA Evaluation Policy. The approach outlines roles for collaboration with national stakeholders and United Nations agencies, as well as humanitarian, peacebuilding and development actors, to ensure the inclusion of vulnerable groups, including people with disabilities and those in hard-to-reach locations.

46. The country office commits to RBM and adaptive management through regular results monitoring, data collection, real-time analysis, course correction and periodic reviews, such as programme midterm reviews, guided by a dedicated monitoring and evaluation plan. The programme will utilize innovative approaches like the district health information system platform to track implementation progress and obtain more accurate, real-time and disaggregated data. Qualitative data collection will track changes in attitudes and trends to inform strategic programming. A focus on quality assurance and capacity building for implementing partners will promote a RBM culture. The programme will also implement community-level complaint and feedback mechanisms to address beneficiary needs, implementation gaps and other issues, such as exploitation and aid diversion. Third-party monitoring may be adopted in the western and southern areas of the country where humanitarian response workers continue to have limited access. Communication for programming, including the documentation of good practices, will be undertaken for advocacy, knowledge sharing and the adaptation of successful approaches.

47. The programme is committed to working with national stakeholders and the United Nations country team (UNCT) for programme and ICF monitoring, which is guided by the ICF results and resource framework. The country office will ensure that results are tracked in a way that contributes to the integrated monitoring and reporting of the ICF and feeds into UN-Info.

48. A costed evaluation plan has been developed to guide all evaluations to be conducted during this cycle, including a country programme evaluation that will assess its effectiveness, relevance and accountability during the programme cycle and provide evidence for future programming. The country office, in collaboration with key national stakeholders, will ensure a participatory approach to both the country programme evaluation and the broader ICF evaluation.

49. The programme will contribute to strengthening national monitoring and evaluation capacities, including for the generation of disaggregated population and geo-referenced data to track progress toward the SDGs. UNFPA will provide technical and analytical support to national efforts to monitor progress toward the SDGs.

RESULTS AND RESOURCES FRAMEWORK FOR SUDAN (2026-2028)

NATIONAL PRIORITY: Achieve complementarity between all economic and productive sectors to realize structural economic recovery; provision of medical supplies; improve the quality of services.				
ICF OUTCOME: 1. By 2028, more people across Sudan – particularly groups in vulnerable situations – have improved access to functional, inclusive, equitable, integrated, quality, safe and sustainable essential services that enhance their well-being and resilience.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2029, the reduction in the unmet need for family planning has accelerated; 2. By 2029, the reduction of preventable maternal deaths has accelerated; 3. By 2029, the reduction in gender-based violence and harmful practices has accelerated.				
UNSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
ICF outcome indicator(s): • Number of functional EmONC facilities *Baseline: 70 (2024); Target: 120 (2028)* • Percentage of functional primary healthcare facilities *Baseline: 66% (2024); Target 75% (2028)* • Number of girls and boys who have ever experienced any sexual violence and sought help from a professional *Baseline: 2,585 (2024); Target: 8,000 (2028)* Related UNFPA Strategic Plan Outcome indicator(s): • Maternal mortality ratio (*per100,000 live births) Baseline: 256 (2023); Target 140 (2028)*	Output 1. Improved access to integrated, life-saving and high-quality sexual and reproductive health and gender-based violence services, adapted to local contexts and targeting those most in need.	• Number of women, adolescents and youth, including persons with disabilities, who have received SRH and family planning services and information in supported facilities (disaggregated by sex and disability) *Baseline: 412,000 (2025); Target: 862,000 (2028)* • Percentage of supported facilities that meet a minimum set of global quality standards for SRH and GBV services *Baseline: 0% (2025); Target: 35% (2028)* • Percentage of UNFPA-supported facilities meeting full EmONC signal function criteria *Baseline: 43%; Target: 70% (2028)* • Percentage of UNFPA-supported service delivery points providing the minimum GBV services (GBV case management and psychosocial support) *Baseline: 70% (2025); Target: 90% (2028)*	Federal and state ministries of Health, Ministries of Welfare and Social Development, Human resources and Social Welfare, Commission on Combating Violence against Women; National Medical Supplies Fund, Academy of Health Sciences, civil society organizations, UNICEF and WHO.	$51.2 million ($7.0 million from regular resources and $44.2 million from other resources)
NATIONAL PRIORITY: Achieve complementarity between all economic and productive sectors to realize structural economic recovery; develop health information systems.				
ICF OUTCOME: 1. By 2028, more people across Sudan – particularly groups in vulnerable situations – have improved access to functional, inclusive, equitable, integrated, quality, safe and sustainable essential services that enhance their well-being and resilience.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2029, the reduction of preventable maternal deaths has accelerated; 3. By 2029, the reduction in gender-based violence and harmful practices has accelerated; 4. By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations.				
UNSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
ICF outcome indicator(s) • Number of state population reports produced *Baseline: 1 (2024); Target: 2 (2028)*	Output 2. Strengthened evidence-based programming and policy advocacy through enhanced data generation, monitoring	• Percentage of UNFPA partners monthly utilizing gender-based violence information management systems and other digital platforms for reporting data for programme improvement *Baseline: 48% (2025); Target: 90% (2028)* • Number of updated COD-PS completed and shared to	Central Bureau of Statistics, National Population Council, Ministry of Health, Ministry of Human Resources and Social	$12.8 million ($1.8 million from regular resources and $11.0 million from other

Related UNFPA Strategic Plan Outcome indicator(s): • Number of policies, plans and/or strategies that have been informed by gender and data statistic *Baseline: 0 (2025);* *Target: 3 (2028)*	and evaluation and support to the national statistical systems.	support evidence-based programming *Baseline: 2 (2025); Target: 4 (2028)* • Number of evidence-based analytical products developed by UNFPA to improve and inform the delivery of SRH, GBV or youth programming *Baseline: 0 (2025); Target: 3 (2028)* • Percentage of notified maternal death cases reviewed, using the national maternal death surveillance and response reporting system *Baseline: 78% (2025); Target: 85% (2028)*	Development, Ministry of Youth and Sports, OCHA, UNHCR, IOM, UNICEF, WFP, UNDP and the World Bank.	resources)
NATIONAL PRIORITY: Achieve complementarity between all economic and productive sectors to realize structural economic recovery; support women participation; combat discrimination against women.				
UNSDCF OUTCOME: 3. By 2028, more people across Sudan – particularly groups in vulnerable situations – live in a safer and more peaceful society with strengthened human rights protections, inclusive institutions and equitable access to justice.				
RELATED UNFPA STRATEGIC PLAN OUTCOME(S): 1. By 2029, the reduction in the unmet need for family planning has accelerated; 2. By 2029, the reduction of preventable maternal deaths has accelerated; 3. By 2029, the reduction in gender-based violence and harmful practices has accelerated; 4. By 2029, adaptation to demographic change has strengthened the resilience of societies for current and future generations.				
UNSDCF outcome indicators, baselines, targets	**Country programme outputs**	**Output indicators, baselines and targets**	**Partner contributions**	**Indicative resources**
ICF outcome indicator(s) • The extent to which legal frameworks are in place to promote, enforce and monitor equality and non-discrimination on the basis of sex and age *Baseline: 33% (2024);* *Target: 50% (2028)* • Percentage of girls (aged 0-14 years) who have undergone female genital mutilation *Baseline: 36% (2024);* *Target: 34% (2028)* Related UNFPA Strategic Plan Outcome indicator(s): • Percentage of women (aged 15-49 years) who have undergone female genital mutilation *Baseline: 87% (2024);* *Target: 85% (2028)*	Output 3. Enhanced national and local capacities and community systems, to foster positive social norms and behaviours, enhance women's and girls' empowerment, and promote gender equality.	• Percentage of women, adolescents and youth, including persons with disabilities, participating in focus group discussions reported increased knowledge on SRH and GBV topics, including FGM and family planning (disaggregated by age, sex and disability) *Baseline: 45% (2025); Target: 70% (2028)* • Percentage of humanitarian sectors incorporating GBV risk mitigation measures into their programming frameworks *Baseline: 30% (2025) Target: 70% (2028)* • Percentage of youth-led and women-led organizations participating in implementation of GBV prevention and response activities *Baseline: 25% (2025) Target 50% (2028)* • Percentage of functional integrated SRH and GBV community-based referral and protection mechanisms *Baseline: 54% (2025); Target: 75% (2028)*	Ministries of Human Resources and Social Welfare, Commission on Combating Violence Against Women, National Council for Child Welfare; civil society organizations, UNHCR and WHO, UNICEF; academia.	$20.1 million ($1.7 million from regular resources and $18.4 million from other resources)
Programme coordination and assistance				$1.1 million from regular resources.