

# **The Republic of Sudan : Country Gender Profile**

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### **The Republic of the Sudan**

Summary

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## Summary

Sudan is the largest country in Africa with less than one million square miles after separation of the southern part in 2010. The Northern part of the country is an extension of Sahara desert and the central part is a dry Savannah area tapering to a tropical forest climate in the junction with the northern boundaries with the southern country.<sup>1</sup>

The country population is expected to reach 43.2 million (including southern Sudan about 8.2 million) by 2011.<sup>2</sup> The annual population growth is 2.6% and the total fertility rate is 5.6.<sup>3</sup> Rural population constitutes about 62.4% of the total population.<sup>2</sup> Male to female ratio at birth is 1.05 and decreases as the age increases which may be due to “brain drain”, migration or war depletion to males.<sup>2</sup>

From the total population of Sudan, women account for nearly 50% of the population.<sup>2</sup> Despite their active role in society, their socio-economic situation is still precarious. For decades they have remained marginalized both economically and socially, and sidelined in the political sphere. A large number of women have little or no access to health and education, and limited access to various resources.

According to the Interim Constitution of 2005, both males and females have equal rights in relation to economic activities, political participation, education and all other human rights. Although constitutionally no barriers against women exist, laws to protect these rights are not always available. This is combined with various issues such as the present situation of wars, conflicts and poverty, and other social and cultural factors.

Females and children are the most vulnerable group in society. PEM and Micronutrients deficiencies are the most common problems that affect children under five years of age and women. The health services in Sudan are almost distributed and delivered equally to both male and females with some imbalance in favour to females, especially concerning availability for the MCH services at community level. Yet still, the SHHS 2006<sup>4</sup> indicated high national child mortality rates, presenting that the IMR and U5MR are 81 and 112 per 1000 live births respectively.

Moreover, different ethnic and cultural groups have some traditional practices, customs and value systems which remain a serious challenge in addressing gender issues on the political, economic or cultural levels. Many traditional practices are harmful and inhuman such as prohibition of some kinds of foods during pregnancy, FGM/C, sexual abuse and early marriage. For this reason, constitutional acts and legislations that address women rights remain a dead letter. Some aspects of the law including the provisions of the Islamic law are

overruled by the traditions.

Educational opportunity for children has been improved, especially for girls. Enrolment rate for basic education shows significant improvement for both boy and girls. However, this still appear to be relevant to urban areas but not some rural communities.

The majority of the population of the Sudan is living in rural areas with rural – urban drain and the nomads are forming the minor group of the society. Women especially those living in rural areas, are suffering from inability to access safe water, health services and educational opportunities. They also suffer unequal access to land credit and other agricultural services, although they participate heavily in agricultural works.

Sudanese women contribute to the household economy through both formal and informal work, in rural as well as in urban areas. They also have a considerable contribution in agricultural work, in handy craft production and in many informal activities. With the pressure of domestic responsibilities and the cultural barriers to work, to education and labour market, women are confined to low social status, lack empowerment, lacked opportunity to access land and other resources and thus social recognitions.

Combined with decade of conflicts have further created social issues concerning IDPs and both internal and external refugee and migrants. Many of them show their willingness to return to their own home, but instable economic, lack of infrastructure maintenance and other social problems are main factors for difficulty for their return.

The profile will provide basic data on current situations by each sector: 1) government policies/laws/regulations; 2) health; 3) education; 4) economic; 5) agriculture; 6) war/conflict victims/handicapped person; 7) refugee/IDPs; 8) Migrants from gender perspectives. It is important to note that most of the available statistical data of Sudan include southern Sudan. For this reason, some findings may not be present the most recent situations for North.

**List of Abbreviations**  
**(The Republic of the Sudan)**

ANC	Antenatal Care
ARIs	Acute Respiratory Tract Infections
BCG	Tuberculosis Vaccination
BHUs	Basic Health Units
CBR	Community-Based Rehabilitation program
CBS	Central Bureau of Statistics
CFPU	Child and Family Protection Unit
CFR	Case Fatality Rate
CPA	Comprehensive Peace Agreement
DR	Developmental Rate
DS	Dressing Stations
EmNOC	Emergency and Neonatal Obstetric Care
FAO	Food and Agricultural Organization
FGM/C	Female Genital Mutilation/Cutting
FMOE	Federal Ministry of Education
FMOH	Federal Ministry of Health
GAD	Gender And Development
GDP	Growth Developmental Product
GER	Gross Enrolment Rate
GDWFA	General Directorate for Women and Family Affairs
GMP	Green Mobilization Program
GNP	Gross National Product
GNU	Government of National Unity
GOS	Government of Sudan
HC	Health Centers
HIV/AIDS	Human-Immunodeficiency Virus/ Acquired Immune-Deficiency Syndrome
HTP	Harmful Traditional Practice
ICRC	International Committee of the Red Cross
IDPs	Internally Displaced Peoples
ILO	International Labour Organization
IMR	Infant Mortality Rate
IOM	International Organization for Migration
JAM	Joint Assessment Mission
MCH	Maternal and Child Health
MDGs	Millennium Developmental Goals
MFI	Microfinance Institution
MMR	Maternal Mortality Rate

MSc	Master of Science
NAPO	National Authority for Prosthetics and Orthotics
NCDs	Non Communicable Diseases
NCPRS	National Comprehensive Poverty Reduction Strategies
NGO	Non Governmental Organization
NPC	National Population Council
PEM	Protein Energy Malnutrition
PHC	Primary Health Care
PHCU	Primary Health Care Units
PWDs	People With Disabilities
RH	Reproductive Health
SBAs	Skilled Birth Attendants
SCE	Sudan Certificate Exam
SD	Standard Deviation
SHHS	Sudan Household Survey
SMOH	State Ministry of Health
SMSPDS	Solidarity and Product Development Service Projects
SNCTP	Sudan National Committee on Traditional Practices
SPLM	Sudan People's Liberation Movement
STI	Sexually Transmitted Infections
STD	Sexually Transmitted Diseases
TB	Tuberculosis
TBAs	Traditional Birth Attendants
TEC	Technical Education Corporation
TFR	Total Fertility Rate
U5MR	Under five Mortality Rate
UN	United Nations
UNEP	United Nations Environmental Program
UNFPA	United Nations Population Fund
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIDO	United Nations Industrial Development Organization
UNAMIS	United Nations Advanced Mission in Sudan
VMWs	Village Midwives
VTC	Vocational Training Centre
WB	World Bank
WEGM	Women Empowerment and Gender Mainstreaming
WFP	Women's Forestry Project
WHO	World Health Organization

# 1. Basic profiles

## 1-1. Socio-Economic Profile

Socio economic indicators

Socio economic indicators					
Social indicators	International development indicators				Ref.
	Human development index		Gender related development index		World Bank 2009
	141 out of 177		110 out of 140		
Demographic indicators (%)	Expected total population by 2011 (millions)				2008 census
	43.2				
	Female population				2008 census
	48.7				
	urban				2008 census
	37.6				
	Life expectancy at birth				
	Male		Female		NPC 2010
	55		57		
	Population growth rate		Total fertility rate		SHHS 2010
	2.6		5.6		
Economic Indicators	GNP/capita				FMOH 2007
	59.24				
	Growth rate of real GDP		Growth rate of real GDP	GDP implicit deflator	Bank of Sudan-Annual Report2010
	-0.224		0.776	661.38	
Public expenditure in sectors	Health	Free services 15-22 % of total federal health budget			FMOH 2007
		Free services US\$ 19.4 million in 2006 budget			
		Total expenditure on gender: US\$ 1,478,305 in 2009-1010			UNFPA 2010
	Educating	1.00%			Balghis Y Badri 2007
	Social welfare	4.4%-5.5%			Sudan Population Council 2010
	Defense	2.90%			Sudan Population Council 2010
Industry/GDP (%)	Agriculture	Industry	Services	Others	2008 census
	31.1	23.5	45.4	31	
Labour indicators	Total	Female population	Total unemployment rate		2008 Census
	7.1	18.9	15.1		
Employment rate	Agriculture	Non-agriculture			2008 Census
	Total: 70.0	30			
	Female:18.9	Industry	Services		World Bank 2009
		23.5	52		

## 1-1. Socio-Economic Profile (Continued)

Approaches to gender issues Ratification and signature of international laws The Charter of the United Nations The Universal Declaration of Human Rights (UDHR) Elimination of violence against women (Commission on Human Right Resolution 2001/49)			Ministry of Social Welfare (No date)
Government	Women in decision making		NPC 2010  Sudanese Women Union2010
	Parliament	Total 451 females 28% female	
	Ministers	5	
	Managers	31	
	Technicians	42.20%	
Private sectors (%)	Professional & Technicians	9.90%	
Policy of gender focused on the provision of broadened primary health care which is accessible, serving the poor and vulnerable, gender sensitive and environment friendly Minimum illiteracy Increase access to health, education, work participation Increase women participation in public life, decision making and political process			Ministry of Social Welfare (No date)
Name of the national machinery GDWFA			

Reference:

- World Bank 2009.
- Sudan Government Census 2008*.
- National Population Council (NPC). 2010. *Characteristics and dynamic of population in Sudan. 2010 report*.
- Sudan Government, *Sudan Household Health Survey (SHHS)*. 2010, CBS.
- FMOH. (2007). *5-year Health Sector Strategy: Investing in Health and Achieving the MDGs 2007-2011*.
- Bank of Sudan, *Annual Report 2010*.
- UNFPA Sudan Country office. *2010 Mid Term Review*.
- Balghis Y Badri. (2007). *Basic Education in Sudan*.
- Sudan Population Council. *Sudan MDGs report 2010*.
- Ministry of Social Welfare (No date). *Sudan Gender Information brief*.
- Sudanese Women Union. (2010). *Sudanese women fact and figure*.

## Narrative Summary

The GDP per capita had shown significant increase during 2001-2005 due to increase of oil revenues and the flow of foreign investments (FMOH 2007).<sup>1</sup> Nevertheless, expenditure on other sectors such as education (1.0%), health (1.5%), and social welfare (4.4-5.5%) are still low. Employment agricultural and industry sectors are dominant and high proportion of unemployment is social problem in Sudan.



## 1-2. Health Profile

Health indicators							Ref.
Prevalence of health services	No. of hospital beds per 1,000 persons 0.84			No. of physicians per 1,000 persons 0.059			FMOH 2010
Child mortality rate/1000 LBs	Post-neonatal mortality rate Male      Female      Total 37          43          40			Infant mortality rate Male      Female      Total 78          84          81			SHHS, 2006
	Under five mortality rate Male      Female      Total 106       119       112			Neonatal mortality rate Male      Female      Total 41          41          41			SHHS, 2006
	Total post-neonatal mortality rate = 24			Total infant mortality rate = 57			SHHS 2010
	Total under five mortality rate = 78			Total neonatal mortality rate= 33			
		Prevalence and death rates associate with tuberculosis					
Total cases 8920	Number of deaths 549			Female cases 3562			
% of vaccinated (1 year old)	BCG 74.6	Prevalent 54.4		Polio 62	Measles 62.3	Tetanus 54.7	SHHS 2010
Reproductive health	Contraceptive prevalence rate 9.0		Rate of births attended by trained personnel 72.5		Total fertility rate 5.7		SHHS, 2010
	Maternal mortality rate 261/100000LBs						SHHS, 2010
	Average age of first marriage						
	marriage before 15 years			marriage before 18 years			
	12.90%			36.00%			SHHS, 2006
	9.50%			37.60%			SHHS, 2010
Nutrition (%)	Children under weight for age of under 5 32.2				Oral re-hydration therapy use 11.8		SHHS, 2010
	Wasting prevalence (% below-3SD)						
	Male 3.6			Female 3.4			
	Iodine deficiency 22%						IDD survey in FMOH 1997
Community health service	Access to safe water 60.5			Access to adequate sanitation 27.0			SHHS, 2010
HIV/AIDS	HIV prevalence						FMOH, 2007
	Pregnant : 0.5-1.5% (Sero-Surveillance for pregnant women in ANC clinics 2004-2005)						
	Male cases 595			Female cases 386			FMOH, 2010
	% of population with comprehensive knowledge of HIV/AIDS						SHHS, 2010
	Male 11.1			Female 5.3			
	Identify two ways to protection (%)						SHHS, 2010
	Male 35			Female 15.4			

## References

- a) FMOH. 2010. *Annual statistical report 2011*.
- b) FMOH. 2007. *5-year Health Sector Strategy: Investing in Health and Achieving the MDGs 2007-2011*.
- c) SHHS. 2006. CBS, Sudan Government.
- d) SHHS. 2010. CBS, Sudan Government.
- e) FMOH. 1997. *National Iodine Deficiency Survey, Sudan*.

## Narrative Summary

There is an obvious reduction in IMR (81) and U5MR (112) from SHHS 2006<sup>4</sup> to the recent SHHS 2010<sup>3</sup> (IMR 57 and U5MR 78). This improvement could be reflected by the increase in the access to care and coverage by health facilities and health insurance. The reduction in childhood mortality in general may be also due to the awareness of women about childhood vaccination which is reflected by the considerable coverage of child vaccination. The national MMR is declined from 1107 /100000 in the SHHS (2006)<sup>4</sup> to 261 / 100000 in the SHHS (2010)<sup>3</sup> and this may be due to exclusion of Southern country from the SHHS (2010). Nevertheless, the MMR is still high which may be due to high TFR (5.6%)<sup>3</sup> and low contraceptive use (9%)<sup>3</sup> and low knowledge of women about HIV/AIDS compared to men (5.3% and 11.1% respectively)<sup>3</sup>. Regarding marriage before 15 years, there is observed decline from 12.9% in the SHHS (2006)<sup>4</sup> to 9.5% in the SHHS (2010).<sup>3</sup> As far as the IMR and MMR reflect the development of countries, all health indicators need to be addressed by the health sector as well as the ones beyond the health such as education, agriculture, economic etc.

### 1-3. Education profile

Education indicators				Ref.	
Education systems	Primary 1-8	Secondary 9-11	Tertiary 12-17		
Adult literacy rate (%)	Total 51.0	Male 57.0	Female 45.0	Census 2008	
Primary education (%)	Total	Male	Female	Census 2008	
Net enrolment rate	66.1	67.4	64.6		
Progression rate	74.3	73.4	75.4	UNICEF 2008	
Drop-out rate	6	6	6	Census 2008	
Secondary education (%)	Total	Male	Female	UNICEF 2008	
Net enrolment rate	33.3	34.1	32.4		
Progression rate	55.6	53.2	58.1		
Drop-out rate	8.3	10.2	6.6		
Tertiary education (%)	Total	Male	Female	NPC 2010	
Net enrolment rate	50.0	31.25	68.74		
Tertiary education	Education		Law	Engineering/technology	University of Khartoum 2009- 2011
	Male	Female	Male	Female	
	23.7	76.29	51.18	48.81	
	71.07	28.92			
Arts		Medicine	Agriculture		
Male	Female	Male	Female		
36.42	63.57	44.12	55.87		

#### References:

- UNICEF. (2008). Division of Policy, Statistics and monitoring Section, <http://www.devinfo.org/libraries.aspx/home.aspx>
- 2008 Census.
- National Population Council (NPC). 2010. *Characteristics and dynamic of population in Sudan. 2010 report.*
- University of Khartoum. *Statistical Datum, Scientific affair Bureau, Sudan. 2009-2011.*

### Narrative summary

Sudan has demonstrated strong improvements in the school net enrolment rate for all basic education, secondary and higher education. The tendency of women towards education has increased compared to that of male especially urban area but there is disparity across regions. Although there is significant improvement for female's education, however, they are likely to be illiterate than male.

## 2. General situation of women and government policy on gender

### 2-1. General situation of women

#### General Situation of Women in Sudan

- 1) Women rights have legally been insured without discrimination as to sex or race.
- 2) There is improvement of women's representativeness in decision making.
- 3) Traditional customs, value system, and culture in disfavor of women possibly and this contribute for harmful practices such as violence against women, early marriage, FGM.
- 4) The prevalence rate of FGM is recently decreased, however, there is still high proportion and severe type of FGM is preferred among some Sudanese women.

#### 2-1-1. Religious background

According to the census 2008<sup>2</sup>, the majority of the population of the Sudan is living in rural areas and the rest in the urban. In addition, the nomads are formed as the minor group of the society. The majority of Sudanese are Muslims. Islam is the largest religion in Sudan, and Muslims have dominated the national government institutions since independence in 1956. Statistics indicate that the Muslim population is approximately 60%, and *Shari'a* generally continue to be basis of the national system.<sup>5</sup> Traditional African religions represent 30.26 %, and other 9.74% is Christian who are mostly from South, Nuba mountain, and blue Nile State.<sup>6</sup>

There are sizable Christian communities in northern cities, principally in areas where there are large numbers of internally displaced persons, while Muslims predominate in the north. The Muslim population is mostly *Sunni* while *Sufi* ritual is being performed. The most significant divisions occur along the lines of the Sufi brotherhood: the *Ansar*, who representing the Umma Party; and the *Khatmmia* who representing the Democratic Unionist Party.<sup>7</sup> In addition, recently a growing number of *Shias* have emerged in Khartoum and surrounding villages. There are no accurate data on proportions of believers for each. Indeed, some assume that Sufi is a minority religious while other perceives it is majority. This may be due to a tendency that Sudanese society respects for individual beliefs which are permeated in insights of individual experiences.

Under the Muslim society, there are unique culture, customs, traditions and customary laws.

### **2-1-2. Customs, traditions, customary law**

The Sudan with different geographical components, soil, water resources, and population constituencies, has also diversities of languages, religions and cultures. Different ethnic and cultural groups have some traditional practices, customs and value systems which remain a serious challenge in addressing gender issues at the political, economic or cultural levels. Some aspects of constitutional acts and legislations including the Islamic law have addressed women rights, however, those are often overruled by the traditions.<sup>7</sup>

Women continue to practice traditional habits that could be classified as either physical or psychological violence. Though cases of domestic violence are sometimes registered, civil war has made Sudanese women even more vulnerable to violence outside the home. Displaced women are at high risk for sexual abuse and rape.<sup>6</sup>

Many traditional practices are harmful and inhuman such as prohibition of some kinds of foods during pregnancy, FGM, violence and early marriage. Early marriage is one of unique customs where the girl has no chance to select her partner. According to the SHHS (2010)<sup>3</sup>, currently married adolescent aged before 15 years old was 9.50% and 37.6% for marriage before 18 years old. The Census of 2008<sup>7</sup> shows that the percentage of married males at 12 years old or above was accounted for 44%, while those for female were 56%. These data may suggest that the national constitution (legal age for marriage is eighteen years olds for female) is lacked deterrent effect on earlier marriage of women.

Two types of norms limit the selection of a husband or a wife internal- marriage from inside the group- and external- marriage from outside the group. The preferential type of marriage is internal marriage which forces girls to be married at their early ages. Competition over natural resources may be the main reason for internal marriage. Nevertheless, external marriage in some societies is preferred as a means to access land and to gain political support from other tribes and to maintain a continuing network of relationships. In addition, husband is older than wife in most of marriage cases and this reflects marital relationship that husbands generally control over their lives.

Early marriage practices are highly valued in rural areas due to their cultural values. Large number of children is highly appreciated economically and socially within rural areas. This could be one of the factors for continuous practice of early marriage. Women are highly engaged as household labour in production of traditional agricultural activities. Society in general prefers the girls to stay home rather than go to school.<sup>8</sup> The young girls usually

involved in early marriage as may be due to the high illiteracy rate which forcing them to full-time house worker. These cultural values and practices can be factors for early marriage.

Polygam is another tradition and custom within Muslim and traditional African religions societies in both north and south Sudan. According to SHHS (2006)<sup>4</sup>, the number of women in a Polygamous union nationwide was 27.5% and 24.7% for women aged 15-49 years and 15-19 years respectively, while the recent SHHS (2010) <sup>3</sup>shows decrease percent at national level (5.7%).

### **2-1-3. Social responsibilities/status of each gender**

Gender roles in Sudan tend to be traditional. Usually a man is the 'head' of the house as official leader. He is responsible for all financial aspects of family life. Customarily, the father makes all decisions regarding the family and may consult his brothers and brothers-in-law or other male family members. While women are considered subordinate family member, although this varies across tribes and locations.<sup>9</sup> With the pressure of domestic responsibilities and limited opportunities to meet employment, financing, and education, women are confined to particular occupations such as income generating activities.

Families support each other financially and socially. Traditionally, families take care of their sick, old, and mentally ill members. Women provide most of such family services and are also responsible for maintaining the home and raising the children.

### **2-1-4. Legal rights to receive property, pensions, maternal leave, child care leaves etc**

The following rights for women have been granted by the legislations:

1. Right for maternity leave with eight weeks full pay.
2. Right for leave to deceased husband for a period of four months and ten days, if she is pregnant and ending with delivery and here maternity leave will continue.
3. Right for maternity leave without pay for not more than two years.

Sudanese women participated in nationalist independent movement in the mid 40s and some women were involved in trade unions succeeded to gain women's right to vote.<sup>10</sup> According to Nagwa (2009), <sup>11</sup> the percentage of participation of female in the 2000 election 2000 was 74% which showing a significant improvement.

The union also participated in raising women consciousness for addressing issues of women freedoms and rights. However, the rights to equal pay for equal work, to receive/dispose of property are sometimes denied due to a male dominated society. They are also restricted from having access to land, even in the form of tenancy. Their access to

property other than land is equally restricted in that although women can possess assets, it is virtually impossible for them to manage such assets freely.<sup>12</sup>

### **2-1-5. Women empowerment and representativeness for decision making**

Some Sudanese women have been actively participated in nationalist independence movement in the mid 40s for addressing the rights of women. Such efforts contribute for increase of number of women participating in decision making (see table 2-1-4-1)

Table 2-1-4-1: Sudanese women in National Assembly

Year	Total number of seats	Proportion of seats held by women	Form of allocation
1958	95	-	-
1965	261	0.4%	Election
1980	368	4.9%	Appointment
1982	153	9.2%	Appointment
1986	261	0.7%	Election
1996	400	5.9%	Appointment
2004	360	9.7%	Appointment/election
2010	451	25.0%	Election

a) NPC. *Characteristics and dynamic of population in Sudan. 2010 report.* NPC

Women parliamentarians comprise more than 300 in all legislative assemblies in Sudan in 2004. This number increased to 451 in 2010 as its largest number ever in Sudan's modern history.<sup>13</sup> However, the proportions of female in national assembly are still low.

Five female ministers are currently appointed in the Federal Government.<sup>5</sup> According to the Sudanese Women Union,<sup>5</sup> the percentage of females in federal ministries reached 6.6%. The percentage of female in the legislative council increased from 9.7 % in 2004 to 25% in 2008 and 5.7% in states ministries and 16.6 % in consultation positions.<sup>5</sup>

There are several challenges for women's empowerment including: lack of institutional and physical infrastructures; funding of sensitization programs; and shortage of personnel to carry out women empowerment sensitization campaigns.<sup>5</sup>

### **2-1-6. Violence against women**

There is very little information available on violence against women in this country, however some studies indicates violence concerning physical and psychological harassment, beating of women who are as street traders or beer-brewers and those are leading to death in

Sudan.<sup>14</sup>

Women may themselves contribute to the violation and this could be suggested by findings of SHHS's (2010) <sup>3</sup>study revealing that 47 % of women aged between 15 and 49 old believed that violence is the male's right to hit his wife.

In Islamic religion, harmful beating and violation to females was strongly prohibited. Nevertheless, most of women do not aware about such rights and some Muslim men may neglect these rights. Improvement of female education could contribute to the deviation of this believe in the upcoming decades.

To address violence against women, several protocols and policies have been established by the government initiative under cooperation with the UN and WHO. In August 2006, in cooperation with the FMOH, and the UN Population Fund, the guide for clinical treatment especially for rape victims was developed. The National Plan for 2010 and 2011 has further been devised by the pertinent government bodies, civil society organizations and international organizations to afford women and children psychological and economic protection and help victims to report acts of violence. In addition, the government has recently focused on reduction of violence against women in Darfur. The National Action Plan to Combat Violence against Women and Children in Darfur was put in place on 10 July 2005 by a supreme technical committee headed by the Deputy Minister for Foreign Affairs. The CFPU was also established in 2005 in pursuant to administrative decree No. 48 issued by the General Director of Police Forces. The CFPU <sup>15</sup> is able to take numerous measures in all provinces to protect women and children victims of violence throughout the court process (e.g. physical separation of the victim/survivor and perpetrator in courtrooms, separate entrances to courtrooms. The Unit is now expanded to each state level.

### **2-1-7. Harmful Traditional Practices (HTP)**

FGM is the most common HTP and have been penetrate in Sudan. It is a painful and terrifying experience for women or girls and further leads to serious health problems.<sup>15</sup> FGM is viewed as a religious or cultural issue particularly in rural areas, although this practice predates both Islam and Christianity. Many families consider it as a necessary part of proper girl's socialization, and a means for preventing premarital sexual behavior. It is also associated with cultural rations of femininity, cleanness and beauty.<sup>16</sup>

According to the UNICEF,<sup>17</sup> eighty nine percent of North Sudanese women aged 15-49 years old have been subjected to genital mutilation. The SNCTP <sup>18</sup>conducting survey for 5860 Sudanese women between 1996 and 2000, shows that 91 percent of the rural female



population and 89 percent of the urban female population had been subjected to genital mutilation.

In addition, the WHO (1998) classifies FGM into four types and previous reports (Elmusharaf Elkhidir, Hoffmann & Almroth, 2006<sup>19</sup>; Satti et al., 2006<sup>20</sup>; SNCTP, 2006<sup>18</sup>) indicate that the severe type of FGM was commonly practiced in Sudan, but type of FGM may be different among the women between urban and rural areas as women in urban area are more likely to access information on negative aspects of FGM than those in rural areas.

While there is tendency considering negative aspects of the FGM. This may be due to an increase awareness of women as the results of expansion of female education. It may be further due to the urbanization of states. Negative belief towards the FGM was reported as lowest in Khartoum State (26.9 per cent) and highest in North Darfur (62.9 per cent) followed by 61 per cent in South Darfur State( SHHS 2006).<sup>4</sup>

The FGM is generally carried out by traditional circumcisers, thus in such cases, medical complications are compounded. According to UNICEF (no date),<sup>17</sup> 60 % of the FGM was conducted by TBAs and 35 % by skilled birth attendants. The SNCTP<sup>18</sup> additionally indicates that more than half of women practiced FGM by skilled birth attendants within areas of Gezira, Sinnar, Northern, White Nile states, while TBAs conducted more than half of FGM in Kassala, Gadaref, and South Kordofan.

## 2-2. Government policies/laws/regulations on gender or women

### Government Policies/Laws/Regulations on Gender or Women

- 1) Women empowerment and gender equality are part of the overall national policies that have been overtly stated in the INC 2005.
- 2) There is an urgent need to pass special enactments with a view of protection for the vulnerable groups of women against all forms of exploitation.
- 3) It is important to ratify, with reservation in some cases, the relevant conventions and protocols.

### 2-2-1. Government policies, strategies and laws on gender or women

The national policies and strategies adopted for promoting women right are listed in table 2-2-1-1.

Table 2-2-1-1:

National Policies/strategies adopted with the aims of securing and promoting women rights

Policies and strategies
Women strategy 2003-2007
National policy for women 2005
National plan for advancement of women 1998-2002
The Child and Family Protection Unit (2005)

**Note:** In the listed policies and strategies, Sudan has promulgated various regulatory measures with the objective of protecting women and ensuring gender equality

It is worth emphasizing, at the outset, that the Sudan's overall national economic policies, according to Article 10(1) of the INC 2005, aim at "guaranteeing equitable distribution of wealth, redressing the imbalances of income and achieving a decent standard of life for all citizens in line with the MDGs."<sup>21</sup> In the present context, the commitment of Sudan to the MDGs is of great significance. In relation to gender and women, the MDGs were set by the UNDP with a view of promoting, among other, gender equality and empowering women by eliminating gender disparity in the educational system and increasing the share of women in

employment and the numbers of seats held by them in national parliament.<sup>22</sup>

The Women Strategy 2003-2007 and the National Policy for Women Empowerment 2007 are also part of the national endeavors which had been formulated with the objective of, among other things, eradicating illiteracy, facilitating women access to health care, protecting and promoting women rights and ensuring women active participation in public life. These objectives were further asserted in the National Policy for Women 2005. Furthermore, the National Plan for Advancement of Women 1998-2002 reiterated the same objectives and with more emphasis on the following:

- (a) Reduction of the rate of illiteracy among women;
- (b) Reduction of poverty and the creation of favorable conditions for women;
- (c) Improvement of health services for women;
- (d) Eradication of social harmful practices against women, and
- (e) Development of women capabilities.

Most important, the country has secured, in line with the MDGs and the Education Strategy for the years 2003-2007 the right to free basic education to all children. In order to ensure high quality free basic education to all, the same Strategy has called on the State to provide periodic training programmes for teachers.

In addition to the above, the INC provides numerous, broad non-discriminatory directives with the aim of ensuring social justice, education, health care and welfare to all citizens. With respect to social justice, Article 12(1) calls on the State to "develop policies and strategies to ensure social justice among all people of the Sudan, through ensuring means of livelihood and opportunities of employment."<sup>23</sup> In relation to education, Article 13(1)(a) dictates on the State to "promote education at all levels all over the Sudan and to ensure free and compulsory education at the primary level and in illiteracy eradication programmes."<sup>23</sup> With regard to health care, Article 19 obliges the State to "promote public health and guarantee equal access and free primary health care to all citizens."<sup>23</sup> Towards the welfare of child and the youth and their protection against all sorts of violence, Article 14 calls on the State to adopt policies and

to provide facilities for child and youth welfare and ensure that they develop morally and physically free from any kind of moral or physical abuse.<sup>23</sup> Furthermore, Article 15(2) obliges the State to preserve motherhood and women from injustice and to promote gender equality and the role of women in family and in public life.<sup>23</sup> To this end, Article 15(1) recognizes the right of man and woman to marry with their full consent and in accordance with their respective family laws.<sup>23</sup> In order to enable women to assume a vigorous role in public life, Article 32(1)(2) calls on the State to acknowledge and endorse, through affirmative action, all civil, political, social, cultural and economic rights, including the right to equal pay for equal work and any other related benefits.<sup>23</sup> Sub- Article 32(3) obligates the State to eradicate all forms of harmful customs, practices and traditions which undermine the dignity and the status of women.<sup>23</sup>

Sudan is also committed, pursuant to Article 27(1)(2) of the INC, to observe and incorporate into its Bill of Rights all the political, civil and cultural rights recognized by the human rights treaties and conventions, which it has ratified.<sup>23</sup> Examples for some of the ratified conventions include: the International Covenant on Economic, Social, and Cultural Rights, International Covenant on Civil and Political Rights, Convention on the Rights of the Child, African Charter on Human and People's Rights 1981 and the Convention against Transnational Organized Crime 2000.<sup>24</sup> However, the country has not ratified other conventions and protocols with direct relevancy to women and gender. In addition, the country has not yet ratified the protocols which supplement some of the ratified conventions with direct bearing on women and gender. These conventions and protocols embrace: the Convention on the Elimination of All Forms of Discrimination against Women, Convention on the Political Rights of Women 1953,<sup>25</sup> Convention on Consent to Marriage, Minimum Age for Marriage and Registration of Marriage 1964, Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa and the Protocol to the United Nations Convention against Transnational Organized Crime 2000 to Prevent, Suppress and Punish

Trafficking in Persons, Especially Women and Children.<sup>25</sup> Doubtless, failure of the State to ratify, up-to-date, the abovementioned conventions and protocols undermines the benign constitutional directives which aim at empowering women and ensuring gender equality in Sudan.

Apparently, one of the reasons behind the non-ratification of these conventions and protocols is the fact that many precepts enshrined in these instruments contradict the rules of Islamic *Shari'a*, which is the dominant religion in Sudan.<sup>26</sup> In Islamic *Shari'a*, the political, civil, cultural rights of women are not absolute, in the sense envisaged, for instance, in Articles 1 and 17 of the Convention on the Elimination of All Forms of Discrimination against Women. Nevertheless, the State can, as some Islamic and Arab countries have done, ratify these instruments while declaring its reservation with regard to certain provisions that it may consider to be in conflict with the principles of Islamic *Shari'a*.<sup>27</sup> This is because the major part of the provisions stipulated in these conventions and protocols are in harmony with the precepts of Islamic *Shari'a* and the constitutional directives, which have been examined above. Furthermore, these instruments involve numerous capacity building programmes and other benefits to member countries, especially the LDCs.

## 2-2-2. Laws and regulations related to gender or women

Table 2-2-2-1: Laws/regulation related to gender

Laws and regulations	Date	Content
The Interim National Constitution	2005	<ul style="list-style-type: none"> <li>Includes numerous directives aim at preserving motherhood and promoting gender equality</li> <li>Obliges the State to adopt the appropriate policies and measures for ensuring social justice health care free basic education and welfare to all citizens.</li> </ul>
Workers Unions Act 2010	2010	<ul style="list-style-type: none"> <li>Provides affirmative provisions for securing women representation in worker's union</li> <li>Stipulates women representation in any trade union at the national or state level, which should not be less than 25%</li> </ul>
National Elections Act	2008	<ul style="list-style-type: none"> <li>Provides affirmative actions for securing women equitable</li> <li>Representation in the National and State Assemblies</li> </ul>
Political Parties Act	2007	<ul style="list-style-type: none"> <li>Secures women representation at all level of workers Union</li> </ul>
National Civil Service Act	2007	<ul style="list-style-type: none"> <li>Provides the right to compete for the civil service for all, that is, gender equality.</li> </ul>
Labor Act	1997	<ul style="list-style-type: none"> <li>Includes the various women rights, e.g, delivery leave, work conditions, daily rest hours, etc.</li> </ul>
National Public Health Act	2008	<ul style="list-style-type: none"> <li>Includes women and child rights to the free basic health care</li> </ul>
Criminal Act	1991	<ul style="list-style-type: none"> <li>Includes some crimes against personal freedom, e.g, rape, abduction, abortion and kidnapping.</li> </ul>
Muslim Personal Status Act	1991	<ul style="list-style-type: none"> <li>Provides for women the rights to have custody, alimony, dowry, ownership over property and socialization with her close relatives.</li> </ul>

In addition to the existing statutes with relevancy to women and gender, the legislature has promulgated, pursuant to the INC 2005, some laws which embody significant provisions with a view of empowering women and securing gender equality. In turn, these enactments provide enabling provisions for the various competent authorities to pass the complementary regulations. For example, according to Section 29(2)(b) of the National Elections Act 2008, 25% of the four hundred and fifty elected members of the National Assembly should be women.<sup>28</sup> These women members are elected "on the basis of proportional representation at the State level from separate and closed party lists".<sup>29</sup> In the same line, Section 14 of the

Political Parties Act 2007 stipulates, *inter alia*, the following conditions for the establishment of any political: <sup>29</sup> (a) An open membership for any Sudanese who abides by its objectives and principles; (b) A programme which does not contradict with the INC 2005 (c) A Democratically elected leaders, subject to women representation at all levels of the party' institutions, and (d) A founding members of not less than five hundred men and women to exercise political activity at the national level. Besides the above, Section 7(2) of the Workers' Unions Act 2010, in relation to the composition of workers' unions, provides that women representation in any union to be established, at the national or state level, should not be less than 25%. <sup>28</sup> Of course, all these provisions are in line with the directive stated in Article 32(2) of the INC 2005, which requires the State to adopt affirmative actions in order to empower women. Furthermore, Section 23 of the National Civil Service Act 2007 provides that selection to national service shall be solely through free competition and on the basis of competence and personal skills required for the particular job. <sup>28</sup> This can be determined, in the terms of Section 23 of the Act, through an examination, interviews or tests to be conducted by specialized centers. The right of equal pay to equal work is also acknowledged in Section 28 of the same Act.<sup>28</sup> Equally, these all these cited provisions are consistent with the directives enshrined in the INC and the ratified international instruments relating to gender equality. In addition to all the above cited statutes, there are some existing enactments which provide considerable provisions for the protection of women. These statutes comprise: the Labor Act 1997,<sup>29</sup> Muslim Personal Status Act 1991<sup>28</sup> and the National Public Health Act 2008. <sup>29</sup> In this respect, it is worth observing that some of these enactments were passed prior to the adoption of the INC 2005. These statutes which have not been, up-to-date, abrogated are considered, according to Article 226(5) of the INC 2005, to be in force.

In relation to the Labor Act 1997, Section 19 prohibits the employment of women in dangerous works or works that require great physical effort or involve any risk, such as,

underground operations and works that expose women to poisonous materials, excessive cold or to heat beyond the reasonable limit. Moreover, Section 20(1)(3) prevents the employment of women between 22 P.M and 6 A.M, except in works of administrative, technical or social nature. In addition, the daily rest period for women should not be less than one fully paid hour, and in no occasion the working period should continue for a continuous five hours without an interval for rest. On the other hand, Section 21 prohibits, in general terms, the employment of children in any work that require physical effort or that involve any kind of risk.

In addition to the rights endorsed in the Public Service Act and the Labor Act, concerning annual and sick leave, Section 46(1) of the latter Act entitles the working woman, after the expiration of six months from the date of her appointment, a delivery leave with full payment of salary. This right is to be enjoyed every year as long as she is in service. Section 48 also gives the working woman, who loses her husband a leave for four month if she is not pregnant. If she is pregnant, the leave will continue until the delivery time, and after that she will also be entitled to a delivery leave.

With regard to health care, Section 20(1) of the National Public Health Act 2008 makes vaccination of each child against all diseases preventable by this method compulsory. Of equal importance, Section 28(a)(b) endorses the citizen's right to free medical treatment at all the governmental health institutions. However, in the words of the same Section this free medical treatment is limited to cases of emergencies, children of not more than five age, pregnant women and the basic medical care services. The National Board of Health is empowered, by virtue of section 35 of the Act, to pass complementary regulations with a view of ensuring its implementation effectively. It is worth noting that Section 32 of the Public Health Act prevents miscarriage operations except inside the hospitals and for medical reasons to be set by the National Ministry of Health. This restricted prevention is consistent with Section 135(1) of the Criminal Act 1991,<sup>28</sup> which allows miscarriage in exceptional cases; namely:(a) If its necessary for saving the life of the mother; (b) If the pregnancy was



resulted from rape and the mother opted for miscarriage, provided that the infant has not attained ninety days; and (c) If it is proved that the infant is already dead in his/her mother's womb. Hence, any person who performs an abortion beyond the above stated limits will be criminally liable under Sections 136 and 137 of the Criminal Act and is punishable, in addition to payment of *Dei'a*, that is, blood money, for a term that does not exceed one year or with both.

The Criminal Act also provides for some crimes that are of vital importance for the protection of women. These crimes which are provided under the title "Crimes against Personal Freedom" in Sections 156, 161, 162 and 164 of the Act include: abduction, unlawful detention, prostitution and seduction. However, apart from these crimes, there is a lack of a comprehensive enactment which protects women from all forms of social and economic exploitation. Needless to mention that the need for such a legislation is urgent to ensure protection to all women and, in particular, those prone to these forms of exploitation, for example, domestic servants and women in the war zones.

The exclusive rights granted to women under the Muslim Personal Status Act include the right to choose a person who is equivalent to her status<sup>28</sup> and the right to ownership of the dowry.<sup>28</sup> No one is authorized, without the woman's consent to dispose of her dowry in any way. However, a woman is allowed to marry only through a guardian as prescribed in Sections 36 and 40 of the Act. Moreover, Section 51 entitles the wife the right to maintenance (alimony) and the right to visit her family. The same Section prevents the husband from dealing in the property of his wife without her consent and to refrain from any act which may physically or morally injure her. In addition, the husband should maintain justice among his wives if he has more than one.

With respect to child custody, Section 115(1) of the Act entitles the woman to have custody over the child till the age of seven years for the male and up to nine years for the female. However, according to Sub-section (2), the Judge has the discretion to extend the duration of

woman custody over both; the male and female child if it is necessary for their best interest.

In principle, in Islamic *Shari'a* divorce is considered as an exclusive right to be practiced by the husband unless the latter declares his consent, at the time of marriage, for his wife to have the same right. In addition, the wife is entitled to seek divorce in some exceptional cases, namely; on grounds of violence, impotency, failure to pay alimony, illness and the absence of her husband for a term of one year or more.<sup>29</sup> All these rules are endorsed in Sections 122 and 151 of the Muslim Personal Status Act.

The rights of women in Islam as it has been observed earlier are not absolute, in the sense understood in some of the examined international instruments. Therefore, the legislative provisions stipulated in the Muslim Personal Status Act 1991 should not be viewed within the context of these instruments, but rather within the wider context of Islamic jurisprudence, social and cultural fabric of the Sudanese community at large. These rights are better understood, advocated and promoted within this context.

## 2-3. National Machinery

### National Machinery

- 1) The GDWFA was established by the Presidential Decree No.(203) of 1993 with association with the Ministry of Social Welfare as focal point of for coordination between government, national and international NGOs and any other stakeholders who are concerned with women projects.
- 2) The main challenges faced by the GDWFA include: the funding of the projects; the coordination between different stakeholders; and provision of the accurate and consist data that is needed to set priorities.

### Backgrounds

The GOS taking consideration for the need to adopt a national policy for women, the National Women Empowerment Policy was declared. The Policy represents a practical support for what the Constitution of the Sudan and national laws, together with ratified regional and international conventions have granted, in relation to women empowerment.

The policy document is considered an advanced complement to founding efforts, manifest in the principles and directives of the Comprehensive National Strategy (1992-2002); the National Plan for the Advancement of Women (1998-2003); the National Policy on Population; Sector plans pertaining to women in the field of welfare and development, health, education, agriculture, work and justice; in addition to what is stated for in the peace agreements.<sup>15</sup> The main areas of concern of policy as stated by the GDWFA are: health; environment; education; economic; empowerment; human rights; law; political participation and decision making; peace and conflict resolution. To address concerned areas of policies by action, the GDWFA as national machinery was established.

### National Machinery

The GDWFA was established by the Presidential Decree No.(203) of 1993 with association with the Ministry of social welfare and Women and Child affairs(the name of the ministry is changed into The Ministry of Social Welfare and Social Security). Since then, it became a focal point for coordination between government, national and international NGOs and any other stakeholders who are concerned with women projects.

The primary objectives of the GDWFA is to empower women, integrate them and deepen their participation in all aspects of sustainable development, through giving them equal

opportunities in all spheres of life and to enable them to develop their potentials.<sup>15</sup> The mandates of the GDWFA are to: 1) set up strategies, policies, plans and programs for women promotion; 2) to establish comprehensive database and providing gender profile; 3) review and fulfill national and international commitment concerning women's empowerment; 4) create linkage across all sectors; 5) develop capacity building programs; 6) raise the technical support from funding institutions; and 7) make arrangement that guarantee women's access to structure of power and decision making.

To achieve these goals, the directorate has 17 units for women development at the state level, each of which has its own coordination board. Other coordination units have been established in some selected units to contribute in the process of incorporating women issues in the policies and programs. A number of consultative committees were further formed to work in these areas. The committees include: 1) the National Committee for Advancement of Women; and 2) the Women Committee for Peace and Human Rights Advisory Council. Two specialized independent centers were established in the Ministry of Social Welfare and Social Security: 1) Women Center for Peace and Development; and 2) Women Center for Human Rights.

The structure of the GDWFA is illustrated in figure 2-3-1.

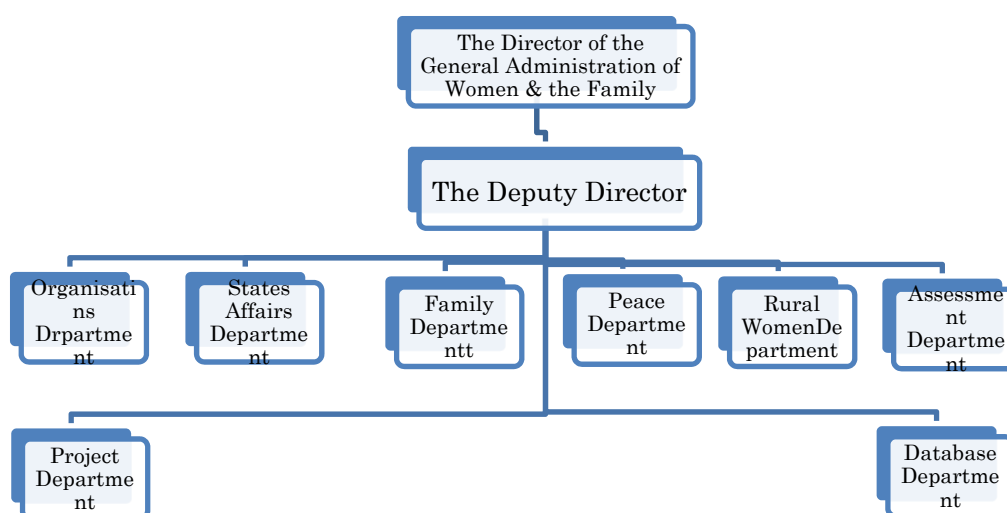


Figure 2-3-1: Structure of the GDWFA

There are two ongoing Joint projects in partnership with UN: (the WEGM project). This is a joint project implemented with UNFPA. The strategic goal of the project is "the empowerment of women and advancing gender equity and equality". The output of the project's action plan is to strengthen technical and institutional capacity for gender analysis, mainstreaming and budgeting at national and states level.<sup>15</sup> The second joint project is implemented with UN Women, the name of the project is Empowerment of Women for participation and Sustainable Development.

In 2011, the following projects were completed: the establishment of the Women Development Centers at states level; the National Database of the Sudanese Women; the establishment of the Women National Documentation Centre; and the National Program for the Enhancement of the Role of Rural Women Empowerment in Development.

The main challenges faced by the GDWFA includes: the funding of the projects; the coordination between different stakeholders; and provision of the accurate and consist data that is needed to set priorities. So, one of the priorities at this stage is to create a data bank that documents different activities and projects to enrich the data. To raise the capacity of the NGOs staff, a number of training workshops were conducted with the French Embassy where 200 NGOs were trained.

Another challenge is to gain political commitment of the different institutions that sensitize gender issues. A monthly meeting which extended for a period of six month to discuss the gender mainstreaming was set, to put the right indicators for the right action plans.<sup>30</sup>

### 3. Current situation by sector

#### 3-1. Education

##### Education

- 1) Improvement of enrolment rate on basic education is the most priority in the government policies.
- 2) There is almost no gender gap on basic education but there are significantly different by different states.
- 3) Participation in basic education among nomad children is significantly low where comparing with urban and rural area.
- 4) Disparities on secondary education by different states as well as gender exist.
- 5) Gender gap on higher education was indicated in favour of female.
- 6) The most of vocational and technical education had been designed in favour of male, but recently more open to female.

#### 3-1-1. Situation of pre-school, basic and secondary education

The educational system in Sudan had seen considerable changes. Before 1970, it comprised of: four years of elementary level; four years intermediate; and four years of secondary education. Between 1970 and 1991, system was changed: elementary was called as primary with length of period changed from four years to six years of education; then three years for intermediate level; and three years of secondary education. In 1991, the system was changed to eight years of basic education (grade 1-8) and three years of secondary education (grade 9-11).

The government educational policy is focused on ensuring parity of education opportunities for locals, expatriates as well as both genders. To this end, the government provides free education from grade 1 to grade 11.

Pre-education has also remained priority in government policy (FMOE, 2004)<sup>31</sup> Pre-education has become formal system in 1990 under the authority of the FMOE,<sup>32</sup> however it is not free education. Children are admitted to enter the school at the age of four and continued at five years old.<sup>31</sup> Language used in this system is Arabic. Curriculum generally includes: religion studies, science, and arithmetic. It further includes heritage and culture of Sudan and environmental concepts.

#### 3-1-1-1. Basic education

Basic education (primary school) is compulsory education as free education. It comprises of 8 years period and children are allowed to enter at the age of six.

Curriculum of basic education, especially government schools is provided in Arabic Language, while some private sectors applied both English and Arabic. The contents of

curriculum generally include basic subject such as mathematics, English, science, history, geography, music and further comprise of health and nutrition and physical education. Religious education (Islamic applying Quran) is compulsory area of curriculum.<sup>32</sup> Since new curriculum has been introduced in 1996, the contents include new concepts of “Man of Universe.”, and “Applied and Expressive Art” are also included into class 7-8 level.<sup>32</sup>

Improvement of enrolment rate on basic education is the main priority in government policies. There is a considerable progress during the last three years especially in enrolment rate for both sex (male 67.4 % and female 64.6) and the dropout rates being as low as 6% for both sexes.<sup>2</sup>

Girl’s education has been increased on attention from the state and society as an acquired basic human right as well as one of the major investments with income increase and realization of welfare. The government has continued focusing on improvement of female basic education. Such efforts can be seen in the recent progress of girl’s enrolment in basic education.

The table 3-1-1-1-1 summarizes the percentage rate and number of enrolment in basic education by gender between both period 2007 and 2008, and 2008 and 2009. It indicates that the numbers of enrolment for male were higher than those for female, however the DR for female was significantly better than those for male.

Table 3-1-1-1-1: Enrolment of basic education between 2007 and 2009

Year	Male			Female		
	Number of enrolment	%	DR	Number of enrolment	%	DR
2007-2008	2534201	54.04	3.7	2154484	54.95	4.11
2008-2009	2629549	53.98		2240915	46.01	

Source:-Ministry of Education. Statistical Office

The table 3-1-1-1-2 present enrolment situation by gender as well as different states. In the majority of states, female enrolment rates were slightly lower than those for male in the most states. These data suggests that disparity on enrolment rate by sex was almost closed across states. However, there are discrepancies on enrolment by states. States including core city such as Northern, Khartoum, Al Gezira had a better enrolment than other states. The areas experienced conflicts especially South Darfur presents low enrolment rates (Female: 37.1%, Male: 41.5%). The rural area especially in Red Sea State was indicated lowest enrolment rate (total: 35.1%, female: 38.8, male: 34.2) followed by Kassala (total: 44.8%, female: 46.1, male: 50.7). These areas are understood as the poorest areas where including high number of migrants.

These data suggest that there is almost no gender gap on basic education by gender but there are significantly different across regions. This trend is also supported by UNICEF’s

report (2008, May).<sup>33</sup>

Table 3-1-1-1-2: Enrolment in basic education by gender and states between 2008 and 2009									
STATES	ENROLMENT RATE(%)			POPULATION—(6-13)			NO. OF PUPILS		
	Total	Female pupil	Male pupil	Total	Female pupil	Male pupil	Total	Female pupil	Male pupil
<b>All Sudan</b>	<b>66.1</b>	<b>64.6</b>	<b>67.4</b>	<b>8,774,034</b>	<b>4,139,328</b>	<b>4,634,706</b>	<b>5,800,829</b>	<b>2,675,478</b>	<b>3,125,351</b>
Khartoum	93.7	95.9	91.5	920,465	448,167	472,298	862,170	429,892	432,278
ElGezira	89.4	85.1	93.5	746,917	367,296	379,621	667,422	312,475	354,947
River Nile	88.5	86.3	90.5	207,520	99,827	107,693	183,605	86,146	97,459
W.Darfur	86.4	78.7	93.6	328,137	158,792	169,345	283,355	124,919	158,436
Northern	84.7	85.0	84.5	132,459	64,073	68,386	112,254	54,482	57,772
White Nile	84.5	80.2	88.5	379,993	185,159	194,834	320,967	148,466	172,501
S Kordfan	80.8	75.7	85.6	337,946	163,819	174,127	273,102	123,981	149,121
Sinnar	79.4	73.8	84.7	287,631	140,770	146,861	228,286	103,927	124,359
N Kordfan	77.2	71.4	82.6	686,228	332,572	353,656	529,672	237,566	292,106
El Gadarif	69.4	64.0	74.6	319,776	155,477	164,299	222,083	99,535	122,548
North Darfur	66.0	64.5	67.3	525,669	247,137	278,532	346,779	159,460	187,319
Blue Nile	64.3	58.3	70.0	190,837	92,474	98,363	122,786	53,891	68,895
Equatoria	49.9	49.4	50.2	592,174	279,179	312,995	295,213	138,018	157,195
Bahr El Gazal	48.5	46.1	50.7	635,132	307,571	327,561	308,015	141,877	166,138
Upper Nile	47.1	49.9	44.9	694,405	310,072	384,333	327,137	154,668	172,469
Kassala	44.8	44.0	45.5	406,758	173,900	232,858	182,372	76,510	105,862
S.Darfur	39.5	37.1	41.5	1,075,262	488,300	586,962	424,904	181,257	243,647
Red Sea	36.1	38.8	34.2	306,725	124,743	181,982	110,707	48,408	62,299
Source: General Bureau of Statistics. Fifth Population Census 2008									

### 3-1-1-2. Literacy education.

Low literacy level is critical issue in Sudan. As the education profile table shows, the adult literacy rate for total population was 51.0% with indicating disparity by gender (male: 57.0 % and female: 45.0%).<sup>2</sup> Illiteracy issue is considerable for rural areas as well as nomad population. This generally reflects on a high percentage of dropout rates as consequence of limited access to basic education and lack awareness of needs for girl's education. The following two tables (table 3-1-1-2-1, 3-1-1-2-2) indicate the percentages for both literacy and illiteracy rates by region and sex. The tables demonstrate that the literacy rates were reported in favour of male and relatively more females than males were illiterate.<sup>34</sup> Furthermore, urban areas shows better literacy rates for both gender than rural areas. Nomad population presents the lowest literacy rates while highest illiteracy rates. In addition, literacy rates for both sex and across region were slightly increased between group of population aged 6 and over and



those aged 15 and 24 years old , but not significant.

Table 3-1-1-2-1: Literacy rate among he population aged between 6 and 24 years old by gender and mode of living

	Aged 6 and over			Aged between 15 and 24		
	Total	Male	Female	Total	Male	Female
Total	57.2	63.3	51	67.0	71.4	62.8
Urban	76.8	82.2	71.1	86.7	89.4	83.9
Rural	52.1	59.4	45.1	62.5	68.8	56.9
Nomads	15.6	18.7	11.8	17.3	20.5	13.4

Source: Literacy and education in 2008 Census data released in 2011

Table 3-1-1-2-2: Illiteracy rate among he population aged between 6 and over by gender and mode of living

	Total	Male	Female
Total	38.8	33.0	44.7
Urban	20.3	15.1	26.0
Rural	44	36.5	50.3
Nomads	78.5	75.5	81.6

Source: Literacy and education in 2008 Census data released in 2011

### 3-1-1-3. Basic education for Nomad people

Nearly, 3 million people have been identified as nomads in Sudan - more than 8 per cent of the population and their movement spans over one-third of the country.<sup>2</sup> Nomadic communities have traditionally resisted the notion of sending children, especially girls to school. Education status within these communities is very poor with extremely low enrolment rates, especially among girls. Currently the GER for Nomadic children is merely 33 per cent implying that a large number of nomadic children remain out of school.

An administrative department for girl's education on the federal level with units on the states level was established in April 2000 at the FMOE. This administration has drowned a strategy focusing, not only on the reduction of the gender or geographical gap, but further emphasizing increase of ratio of Nomads and IDPs population enrolment. There is also unit for nomads education established in 2000 aiming at raising the nomads awareness with the importance of education, train teachers in nomads education, and to increase the percentage of nomads enrolment to 99% by 2015.<sup>35</sup> These strategies have produced a positive outcome as resulting in the increase of the ratio of girls' education among the nomads from 0 to 10% but participation in basic education among nomad children is still low where comparing with Urban and rural area.

The table 3-1-1-3-1 shows that school attendance for Nomads population was 8.1 %.<sup>36</sup> This was significantly lower than those for urban (34.5%) and rural areas (25.9%). This suggests

that education policies and strategies further need to be contrived to meet the Nomads need.

Table 3-1-1-3-1 : Comparison of enrolment situation on basic education among urban, rural and nomads

Region	Both	Number of enrolment	%	Male	Number of enrolment	%	Female	Number of enrolment	%
Total	24.965.96	6.795.791	27.2	12.578.71	3.693.480	29.4	12.387.25	3.102.311	25.0
Urban	8.435.796	2.912.902	34.5	4.329.079	1.517.686	35.1	4.106.717	1.395.216	34.0
Rural	14.277.85	3.700.208	25.9	7.011.981	2.058.794	29.4	7.265.874	1.641.414	23.0
Nomads	2.252.316	182.681	8.1	1.237.653	117.000	9.4	1.014.663	65.681	6.5

### 3-1-1-4. Secondary education:

Secondary education includes the following types:<sup>37</sup>

1. Academic secondary education: extends for three years and at the end of final year, students sit for the SCE to join higher education, (universities and higher institutes in both academic and technical).
2. Technical secondary education: the duration of this program is three years leading to the SCE, which qualifies candidates to participate in universities and higher education institutes. This type of education program includes four branches: commercial; industrial; agricultural; and women studies
- 3 Religious Secondary education: extends to three years at the end of which students sit for the SCE to be eligible to join Goranic and Islamic university education.

Within different type of secondary education program, academic secondary school is dominated (see table 3-1-1-4-1). The government focus is to decrease the gap in secondary education between academic and technical program.<sup>38</sup>

Curriculum contents include basic and traditional subjects such as mathematics, religion, language, English, “Man of Universe.”, and “Applied and Expressive Art” etc. <sup>32</sup> New issues such as human rights AIDS/HIV and life skills have been further introduced. <sup>32</sup>

The number of students enrolled in secondary education for both sex was approximately 740,000 students (381.972 males; 354.337 females) with enrolment rates (male: 34.1 % an 32.4%) between 2008 and 2009 (see table 3-1-1-4-2). These data were however, not met the national strategy on secondary education aiming at reaching 40% of the population (secondary education aged group).

The table 3-1-1-4-2 further indicate some disparities by states, indicating that urban areas or large states such as Khartoum, Northern state and Al-Gezira had high percentages of enrolment rate, compared to other states. In addition, those areas present female enrolment rates were higher than those for male. On the hand, there is gender gap in favour of male in the most of other states. The areas experienced conflict such as Darfur indicate low enrolment

rate. Observable low enrolment rates were also reported in Red Sea and Kassala states.

In sum, disparities on secondary education by different states as well as gender exist.

Table 3-1-1-4-1: Number of schools and students for both technical and academy in secondary education

State	Number of schools		Number of students	
	Academy	Technical	Academic	Technical
Total	3,478	166	647,860	30,547
Khartoum	1,072	30	172,579	6,651
Al Gazera	773	17	113,488	3,996
White Nile	263	19	40,226	2,404
North Kordofan	167	10	38,259	2,125
River Nile	160	12	30,246	1,728
Sennar	157	7	25,415	1,023
South Darfur,	150	8	50,501	1,487
North Darfur,	111	10	31,520	1,211
South Kordofan	108	2	28,886	336
Gedaref	90	16	19,493	2,770
North	88	8	18,178	1,040
Kassala	80	9	17,474	1,451
Red Sea	69	5	16,368	985
West Darfur,	59	5	17,857	1,613
Blue Nile	40	3	7,805	687
Tropical group	33	2	7,101	373
Group of Upper Nile	33	1	6,761	320
Bahr el Ghazal group	25	2	5,703	347

Source: Ministry of Education. *Educational Statistics 2007-2008*

Table 3-1-1-4-2: Secondary education by sex and states, 2008-2009

States	Number of pupils			Population age (14-16)			Enrolment rate (%)		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
Sudan	381,972	354,337	736,309	1,085,305	987,010	20,772,315	34.1	32.4	
Khartoum	101,496	104,305	205,801	16,336	151,429	314,765	62.1	68.9	65.4
Al Gezira	69,859	74,719	144,578	120,684	124,301	244,985	57.9	60.1	59.0
Northern	11,180	11,978	23,158	23,329	22,347	45,676	47.9	53.6	50.7
Nahr El	15,961	17,914	33,875	36,727	34,716	71,443	43.5	51.6	47.4
White	22,628	21,144	43,772	56,483	57,868	114,351	40.1	36.5	38.3
South	17,394	12,148	29,542	44,589	43,623	88,212	39	27.8	33.5
Kordofan									
Sinnar	14,414	13,526	27,940	42,643	44,917	87,560	33.8	30.1	31.9
Al Gedarif	15,457	13,249	28,706	44,493	46,742	991,235	34.7	28.3	31.5
West	15,060	8,288	23,348	47,435	46,321	93,756	31.7	17.9	24.9
Darfur									
North	22,496	21,136	43,632	86,217	89,810	176,027	26.1	23.5	24.8
Kordofan									
North	18,489	13,438	312,927	78,706	69,534	148,240	23.5	19.3	21.5
Darfur									
Blue Nile	6,829	4,006	10,835	26,816	26,484	53,300	25.5	15.1	20.3
South	31,240	21,023	52,263	171,114	135,094	306,208	18.3	15.6	17.1
Darfur									
Red Sea	8,894	7,865	16,759	60,514	37,993	98,507	14.7	20.7	17
Kassala	10,575	9,598	20,173	82,219	55,831	138,050	12.9	17.2	14.6

Source: Central Bureau of Statistics, Fifth Population Census.

### 3-1-2. Tertiary /higher education

Higher education plays a prominent role in Sudan's economic and social development as it focuses on capacity-building as well as scientific knowledge and skills needed in those which can be applied into future professional fields. Education opportunity for higher education is provided equally for both males and females.

Opportunity for female to hold higher degree has been improved from early 1980. The percentage of female students enrolling in universities reached at 68.74% which was significantly higher than male students (31. 25%) between 2010 and 2011.<sup>13</sup>

In addition, in some fields such as education, arts, medicine, and agriculture, the percentages of female students are higher than those for males.<sup>49</sup> While within law and engineering fields, male students are likely to undertake than females. These fields are traditionally labelled as male aspect.<sup>39</sup>

In sum the data suggest that gender gap on higher education is in favour of females. However, despite the increase in higher education especially for female, no parallel increase in employment opportunities in the labour market is created. This has let high number of unemployment.

### 3-1-3. Vocational and technical education

There are several types of technical education including: 1) vocational programs; 2) technical schools in secondary education; 3) technical institutes or colleague in higher education; 4) technical teacher training institute. Table 3-1-3-1 summarizes the characteristics of these schools/programs

Although from 1980, the Sudan government and various international advisory bodies have emphasized the technical educations, there is lacked attention on these educations. This may be due to high expense and others are related to a history of colonial education which highly concentrated on academic but technical skills concentrating manual.

Khartoum prepared high number of each type of education. This may be due to the nature of training provided which is to a far extent related to urban labor market. It is also related to the degree of development of the particular state.

Table 3-1-3-1: Type of vocational and technical programs/ schools/institutes

Type	Characteristic
Vocational training centers/programs	Focus on development of basic vocational skills Open to all people if he/she complete basic education
Technical schools in secondary education	Part of secondary education Educational program includes: commercial; industrial; agricultural and women studies Three years periods
Technical institutes or college	Part of higher education Institutional level of education provide diploma level of education with three or four years periods of study, while college level, some program provide diploma and others prepare bachelor degree
Technical teacher	Education program is prepared for teaching applied for vocational level of program

#### 3-1-3-1. Vocational Training Centres (VTCs)

Public vocational training in Sudan began shortly after independence in 1956.<sup>41</sup> By 2007, fourteen government Vocational Training Centres (VTCs) had been created throughout Sudan by the Ministry of Labour: eleven of which were in Northern Sudan; six of the eleven Northern VTCs are in Khartoum.<sup>40</sup>

Vocational training programs offer different options to the trainees (see table 3-1-3-1-1). The VTCs offer 13 different specializations to the trainees that are primarily oriented towards the engineering domain, while the training needs of the agricultural, hotel and catering, health and business management sectors are largely unmet (see table 3-1-3-1-2).<sup>40</sup> Historically, vocational trainings had not been available for female due to social restrictions and the

physical demands of vocational works. However, recently, some training programs/centers are open to female.<sup>41</sup> For instance, there are two programs which particularly designed for female. These includes: 1) hotel service program with disciplines including front desk operation, commercial cooking restaurant management, housekeeping; and 2) beauty care program consisting of hair care, beauty care, hands and feet care. Two programs are also open to male, but the majority of trainees are female.

The private sector is actively involved in the development of the vocational education. A number of private training institutes have been licensed to provide vocational training and a number of administrative, commercial and crafts training programs have been developed for both males and females who dropped out of school or who are still unemployed.

Table 3-1-3-1-1: Different options in public vocational training

Course	Components
1) Apprenticeship course	Three year training scheme for youth who completed 8 years of basic education.
2) Short courses	Consist of a three month programme for school drop outs
3) Skill upgrading programme	An in- service programme from three to six months in duration for workers who are already employed
4) Special women development courses	Conceived as an “affirmative action” programme that strives to facilitate the integration of women into the work force. Short-term in nature an range from 2 to 6 months in length
5) Mobile training programme	Focuses on providing vocational training services to persons who are located in remote rural areas and are not able to re-locate to a vocational training centre. Flexible in nature but also focuses on short-term training

Source: United Nation, Industrial Development Organization (No date). Enhancing the Capacity of Khartoum State in the Delivery of Pro-poor Vocational Training Services, UNIDO project Evaluation Report of the Vocational training Centres

Table 3-1-3-1-2: Occupations and disciplines of the VTCs of Sudan

<b>Occupational group</b>	<b>Disciplines</b>
Metal	Fitting, turning, blacksmithing, metal welding
General electricity	Household installations, motor rewinding, control circuits, maintenance of electrical equipment
Auto mechanics	Diesel and gasoline vehicle
Refrigeration and air conditioning	Central air conditioning, domestic refrigeration and air conditioning
Carpentry	Joinery machines wood turning, furniture, architectural carpentry
Building	Architectural drawing, building construction, tiles and plastering
Plumbing	Pipe fitting, sewage systems, sanitary plumbing
Garments	Design, tailoring, sewing, embroidery, needlework
Electronic	Maintenance of radio, TV, industrial electronic, office equipment maintenance
Technical drawing	Technical drawing, mechanical drawing, architectural drawing
Computers	Computer science, internet
Mechanics of agricultural machinery	Tractors, harvesters, agricultural mechanization
Food industries	Extraction and manufacture of daily product

Source: United Nation, Industrial Development Organization (No date). Enhancing the Capacity of Khartoum State in the Delivery of Pro-poor Vocational Training Services, UNIDO project Evaluation Report of the Vocational training Centres EE/SUD/07/004

To meet strong market demands for skilled labors, the quality of the vocational trainings has been challenging such as meeting current market needs; updating equipments used for training; developing national skill standards; preparing qualified trainers.

### **3-1-3-2. Technical schools in secondary education**

Between 1976 and 1977, eight times as many students undertook academic stream as entering the technical schools in secondary education, and this created a profound imbalance with marketplaces.<sup>38</sup> The percentage of technical education in relation to academic education in secondary school is 3.6%.<sup>13</sup> Moreover, prospective employers often found that graduates from technical secondary education are inadequately trained with limited work performance and motivation as consequence of issues concerning irrelevant curricula, limited resources for

teaching. Such limited motivation and performance is often associated with the trend that many of technical school graduates are likely to select this opportunity as their second choice.

Concerning gender disparity, within total number of enrollment in technical program in secondary education (28245), the number of male students entering technical secondary education was 21448 males while 6797 was for female.<sup>13</sup> This shows that the number of male student is almost three times higher than those of female students.<sup>13</sup> due to the fact that educational programs are mostly prepared in favor of male.

Within four different technical programs (commercial, industrial, agricultural, female school) in secondary education, total 58 commercial programs had been prepared followed by industrial (n=42), female school (n=10), agricultural (n=8) by 2008.<sup>52</sup> Most of the females are entered in female program in secondary education which generally includes courses on painting, sewing and embroiling. Some female students are also entered in commercial education program.<sup>13</sup> Industrial and agricultural courses are generally designed with focus on male students.

### **3-1-3- 3. Technical institutes or college in higher education**

Technical higher education is provided for both males and females students who successfully completed secondary school and succeeded in the Sudan Certificate or the Sudanese Technical Certificate. The government has established more colleges at the university level of higher education in the fields of: mechanical engineering survey; electric engineering; chemical engineering; electronics; leather and fabric industry; and many other specialisations.

The TEC is the body responsible for the promotion of technical Education in Sudan under the authority of the Ministry of Higher Education and Scientific Research. The degree offered in these colleges is the Diploma in technical education. The Diploma programs are offered in six semesters with On the Job Training. The diploma programs are concentrated on engineering specializations, such as electrical, mechanical, civil and agricultural. More than 3000 students are now enrolling the TEC.



## 3-2. Health

### Health

- 1) The recent SHHS 2010 showed an improvement of health indicators which occasionally in favor to females.
- 2) The recent decline in the MMR showed that there is evolution in health care services with access to private health care in urban setting
- 3) More numbers of some communicable and non communicable diseases are reported among male.
- 4) The prevalence of HIV/AIDs was reported with gender disparity (male: 595case, female: 386 cases).
- 5) The comprehensive knowledge about HIV/AIDS showed gender disparity in favor to males.
- 6) There is expansion of VMW production with the coverage by TBAs accounted for 72.5% in SHHS 2010. however,
- 7) TBA is still preferable choice among some women in community.

### 3-2-1. Health service systems

#### 3-2-1-1. Health services in Sudan

From the colonial period till the beginning of the 1990, the health services were offered free of charge. The impact of the introduction of user fees in public health facilities is not well documented, however the introduction of user fees has significantly affected access and utilization of health services with little or no significant improvement on the availability and quality of care. To ameliorate the negative impacts of user fees on accessing health services, emergency cases at hospitals are exempted from user fees. Other exemptions include renal dialysis, immune suppressant drugs for renal implantation, chemotherapy, radiotherapy and treatment of haemophilia.<sup>1</sup> The annual expenditure on free treatment was accounted for US\$13.6 million in 2005 and increased to US\$19.4million in 2006 budget, in those are equivalent to 15-22% of total federal health budget.<sup>1</sup>

Primary health care facilities include PHCU, DS, dispensaries, HC in those which recently upgraded to BHUs, and those as well as rural hospitals are all functioned as the first referral level. Functions of each health care facility are summarized in table 3-2-1-1-1.

Table 3-2-1-1-1: Functions of healthcare facilities

Health care Facilities	Characteristics
PHCU	<ul style="list-style-type: none"> <li>• First contact unit to deliver curative and preventive health service to remote communities in Sudan and usually run by community health worker.</li> <li>• Below the minimum standards to provide complete PHC services.</li> </ul>
DS and dispensaries	<ul style="list-style-type: none"> <li>• First contact health care units and usually run either by nurse or medical assistant.</li> <li>• Below the minimum standards to provide complete PHC services</li> </ul>
BHUs	<ul style="list-style-type: none"> <li>• Recently most of PHCU and DS and dispensaries were upgraded to BHUs to provide complete PHC services to 5.000 population which run by medical assistant.</li> </ul>
HC	<ul style="list-style-type: none"> <li>• Two types of health centres in Sudan: rural and urban.</li> <li>• Rural HC serves for 20.000 population and received referral from the BHUs.</li> <li>• Urban HC serves for 50.000 population and acts as comprehensive care unit that may provide specialized medical services.</li> </ul>
Rural hospitals (It is now named as locality hospital)	<ul style="list-style-type: none"> <li>• Serves 500.000-100.000 population</li> <li>• An average bed capacity of 40 to 100 beds and managed and financed by the SMOH.</li> </ul>
State general and specialized hospitals	<ul style="list-style-type: none"> <li>• Include teaching, specialized, and general hospitals which are located in State capitals and operated by the SMOH</li> </ul>

Source: National Ministry of Health. (2010). Specifications and Standards of the Health System in Sudan. Second edition. Author, National Ministry of Health.

Sudan has 16 states and the urban/ rural distribution of hospitals and health centres shows disparity in favour of Khartoum state where having the high accessibility to economic and social activities.<sup>1</sup>

Sudan has varieties of paramedical health staff to envisage its wide geographical area in the context of PHC implementation strategy (see table 3-2-1-1-2).

Table 3-2-1-2: Type of health care professionals and its role

Health care personnel	Role
Consultants(obstetricians, surgeons, physicians, other specialties)	<ul style="list-style-type: none"> <li>• Complete post graduates degree (Master or doctoral level)</li> <li>• The most senior and skilled medical professionals who are working in locality and state general, specialized or teaching hospitals.</li> <li>• Only accept referred patients from lower health care levels</li> <li>• Mainly provide curative services</li> </ul>
Medical doctors	<ul style="list-style-type: none"> <li>• Complete Bachelor degree in Medical and Surgery</li> <li>• The most common cadre who are working at all health care levels except BHUs</li> <li>• Provide curative and preventive services</li> </ul>
Registrars in obstetrics and others	<ul style="list-style-type: none"> <li>• Owner of first part in post university graduate studies</li> <li>• Usually working in hospitals under the supervision of the consultants</li> <li>• Mainly provide curative services</li> </ul>
Senior Nurses	<ul style="list-style-type: none"> <li>• Graduates with MSc nursing sciences or diplomas (called as sisters). Some has PhD holder.</li> <li>• Working in various setting such as hospitals, the Ministry of Health and university level of education.</li> </ul>
Sister midwives	<ul style="list-style-type: none"> <li>• Ggraduated from higher education in diploma or BSc, then studies in midwifery with MSc (MSc degree in nursing with one year diploma in midwifery). Specialized in obstetric.</li> </ul>
Junior nurses	<ul style="list-style-type: none"> <li>• Technical nurse studying nursing in school of nursing belonging to hospitals (diploma level) while working as nurse (called as nurse under training)</li> <li>• No more candidates for seeing this type of education as Sudan is moving towards upgrading all existing junior nurses to diploma holders at the academy of health science which is newly incorporated in higher education</li> </ul>
Nurse midwives	<ul style="list-style-type: none"> <li>• Certified nurse who is working in hospitals and specialized in midwifery.</li> <li>• Non university certified nurse with one year in midwifery course.</li> </ul>

Table 3-2-1-2(continued): Type of health care professionals and its role

Health visitors	<ul style="list-style-type: none"> <li>• Certified nurse who is working in the health centre, specialized in midwifery and supervises the village midwives(VMW) in the community in the catchment area of the health centre</li> <li>• Non university certified nurse with two years or more in midwifery and management course</li> </ul>
Village Midwives	<ul style="list-style-type: none"> <li>• Literate or illiterate women from the community who were trained on midwifery for one year and obtained a certificate and license to attend delivery</li> </ul>
Medical assistant	<ul style="list-style-type: none"> <li>• Graduated with different branches in medicine like general medicine, ophthalmology, anesthesia etc.</li> <li>• Assist outpatient's clinics and operational rooms.</li> <li>• Non university certified nurse with three years education of medical assistant.</li> </ul>

The health system is markedly skewed towards hospital and tertiary care services, resulting to a very low availability of delivery service in primary health care levels. RH services such as intra uterine device insertion and post abortion care were not readily available in primary and first referral level facilities (Emergency and Neonatal Obstetric Care (EmNOC) survey 2006 in FMOH 2007<sup>1</sup>).

Qualified health personnel in RH service, including SBAs are concentrated in urban settings.<sup>1</sup> EmNOC survey (2006) showed that out of the 145 hospitals, only 25% had obstetricians and paediatricians.<sup>1</sup> Medical doctors alone were responsible for 67% of the hospitals. This indicates the need for expansion of training of doctors in obstetrics and EmONC services to serve the remote population in Sudan.

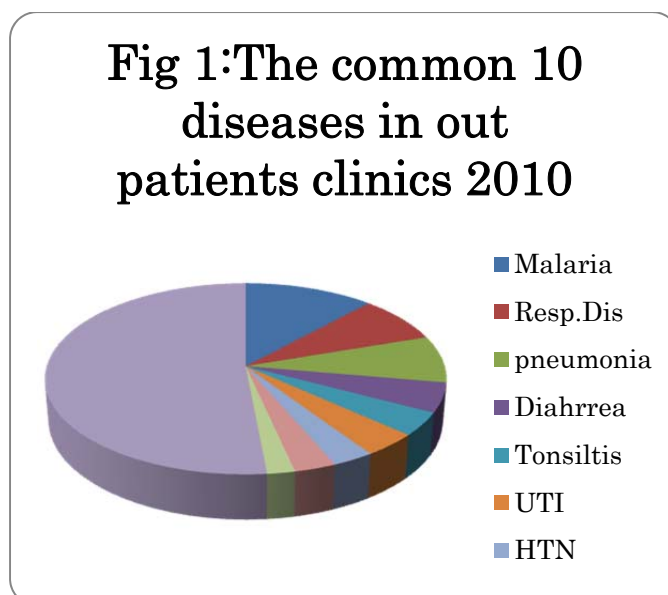
Regarding skilled midwifery personnel, 12 out of 145 facilities had sister-midwives and nurse midwives were available in 105 hospitals.<sup>1</sup> 50 hospitals were staffed by VMWs.<sup>1</sup>

### **3-2-2. Major causes of diseases by gender**

#### **3-2-2-1. Communicable diseases/HIV in Sudan:**

The epidemiological profile of the country is typical of Sub-Saharan African countries; communicable diseases dominate the health scene with high vulnerability to flare up of focal outbreaks.<sup>1</sup> There is also emerging and re-emerging diseases, many of which are compounded

by factors beyond the health systems. The main causes of morbidity and mortality are infectious and parasitic diseases such as malaria, TB, Schistosomiasis, diarrhea diseases, ARIs and protein-energy malnutrition.<sup>1</sup> The FMOH's last annual statistical (2010)<sup>42</sup> shows that malaria ranked in the top causes of morbidity followed by respiratory diseases and pneumonia (Fig 1)



Source: FMOH(2010). *Annual statistic health report*

The common diseases which occur in outbreaks in Sudan further include meningococcal meningitis and yellow fever. The last large scale outbreak of meningococcal meningitis occurred in 2006 with 6,487 cases including 475 deaths at CFR: 7.3%.<sup>1</sup> Yellow fever occurred in four outbreaks between 1940 -2005 with a total of 16,538 cases out of which 1,926 deaths at CFR 11.7%<sup>1</sup>

Table 3-2-1-1 summarizes communicable diseases by gender and states reported by FMOH (2007<sup>1</sup>, 2010<sup>42</sup>). As table shows, the gender disparity in communicable diseases excepting malaria was reported in favour of male. The possible factors for this disparity may be the fact that the males as outside house workers are more exposed to vectors of disease transmission in case of schistosomiasis, leishmaniasis, viral hepatitis and meningococcal meningitis. In malaria prevalence, the female were more affected as they may practice mal behaviour of dealing with domestic household water and sanitation.

The distributions of the diseases by states depend on the endemicity of the vectors, in the central part of the country where there is an irrigated agriculture scheme, the snails' vectors for schistosomiasis are predominant and most of males are farmers. In the eastern part of the

country, the tuberculosis disease is the common which is associated with the negative food style pattern of the tribes. The disease is further associated with malnutrition and HIV/AIDS.

Concerning HIV/AIDS, a prevalence range of 0.5- 1.5% for the HIV among pregnant women and 1.5 to 2% among STIs and TB patients.<sup>1</sup> The prevalence of HIV/AIDs was reported with gender disparity (male: 595case, female: 386 cases).<sup>42</sup>

The targets to reduce HIV/AIDS transmission was set by the FMOH in 2004 to maintain the level of HIV/AIDS prevalence at less than 2% among the general population and increase the awareness and knowledge regarding HIV/AIDS at 70 percent by 2011. However, knowledge about HIV/AIDs among both genders is considerably low: 5.3% among female and it was lacked where comparing to male (11.1%).<sup>3</sup>

Table 3-2-2-1-1: Communicable diseases by gender and states

Health Indicators (communicable diseases)					Ref.
Number of Malaria cases	Male	Female	Total death	States affected	FMOH, 2010
	55830	60906	NA	All states	
Number of schistosomiasis cases	Male	Female	Total death	States affected	FMOH, 2010
	114	47	NA	Central parts of Sudan	
Number of Tuberculosis cases	Male	Female	Total death	Eastern and central parts	FMOH 2010
	5358	3562	549		
Number of Leishmaniasis cases	Male	Female	Total death	Gadarif, Sinnar, Blue Nile, South Kordofan, South Darfur	FMOH, 2010
	2266	1275	NA		
Lymphatic Filariasis prevalence	Total (%)			States affected	FMOH 2007
	41.0			North Kordafan	
	27.0			Blue Nile	
	26.0			Algazeera	
	6.6			South Kordofan	
	5.4			Kassala	
	4.8			Gadarif	
	4.5			Khartoum	
	3.3			White Nile	
	1.0			Sinnar	
Number of viral hepatitis cases	Male	Female	Total death	All northern states	FMOH 2010
	819	517	NA		
Number of Meningococcal meningitis cases	Male	Female	Total death	All northern states	FMOH 2010
	2540	1751	6,487 cases in 2006 outbreak and 475 deaths at CFR: 7.3%		
Number of yellow fever cases	Total deaths			Endemic in south west part (South kordofan)	FMOH, 2007
	16,538 cases between 1940-2005 and 1,926 death at CFR 11.7%				
Number of tetanus among new born	Male			Female	FMOH 2010
	2095			1634	

References:

- a) FMOH (2007). 5-year Health Sector Strategy: Investing in Health and Achieving the MDGs 2007-2011
- b) FMOH (2010). Annual statistical report, 2010. Unpublished report

### **3-2-2-2. Non Communicable Diseases in Sudan**

Recent data and surveys show that the NCDs are emerging as a public health problem due to the change in socio-economic and change of lifestyle conditions. Hospital data shows increase in the number of NCDs cases (FMOH 2007<sup>1</sup>, WHO<sup>43</sup>). In table 3-2-2-2-1, the cancer and chronic respiratory diseases were predominant among male and this may be due to the high prevalence of smoking behaviour of males.

The government of Sudan have responded to the NCDs through: 1) established department in FMOH with responsibility for NCDs; 2) development of NCD treatments and controls; 3) NCD prevention and health promotion; 4) monitoring of NCD morbidity, and 5) national, population-based cancer registry. However, there is still lacking response to some control elements such as: 1) deficient fund for NCD surveillance, monitoring and evaluation; 2) lack of national health reporting system on NCD cause-specific mortality and NCD risk factors; and 3) absence of operational action plan for Cardiovascular diseases, Cancer, Chronic respiratory diseases, diabetes, unhealthy diet / overweight / obesity, physical inactivity and Tobacco.<sup>2</sup>

Table 3-2-2-1: Non communicable disease by gender

Total non communicable disease deaths (000s)	Male	Female	Total	Ref.
	89.0	95.1	NA	WHO, 2011
Non communicable deaths under age 60 (% of all NCD deaths)	38.3	37.7	NA	WHO, 2011
Age-standardized death rate per 100000 all NCD	920.3	859.8	NA	WHO, 2011
Cancer (%)	78.8	67.6	NA	WHO, 2011
Hypertension	NA	NA	cases 389026	FMOH, 2010
			Outpatients / 1000 population	
			12	
Diabetes	NA	NA	total cases 319741	FMOH, 2010
			outpatients / 1000 population	
			11	
Chronic respiratory (%)	84.6	55	NA	WHO, 2011
Cardiovascular diseases and diabetes per 100000	549.5	545.6	NA	WHO, 2011
Current daily smoking	24.5	2	13.2	WHO, 2011
Proportional mortality (% of total deaths)	NA	NA	44.0	WHO, 2011

References:

- a) World Health Organization - NCD Country Profiles Sudan, 2011
- b) FMOH, annual statistical report, 2010, unpublished

### 3-2-3. Nutrition situation by urban/rural areas

#### 3-2-3-1. Child nutrition

PEM and Micronutrients deficiencies are the most common problems that affect children under five years of age and women in Sudan. The nutritional indicators are still poor; the malnutrition data regarding underweight prevalence and stunting were deteriorating (Table 3-2-3-1-1).

Regarding overweight, about 3.6 per cent of children were found to be overweight with girls (4 per cent) slightly more overweight than boys (3.2 per cent) in the SHHS 2006<sup>6</sup> with reduction in the overall figure to 2.9% in the SHHS 2010<sup>3</sup>.

Actually the weighing mechanisms during surveys envisaged inter and in between observers errors and even the weighing scales may be subjected to errors of standardization before individual measure. Nevertheless, it nutritional data may support other child health



care dimensions such as vaccinations, ORT, EBF and complementary feeding.

Malnutrition is of multi-factorial causes related to different sectors and disciplines beyond health as economic, agriculture, education, trade and commercials etc. In micro focus, the household food purchasing power in terms of varieties and amounts and even distribution between family members are strong factors affecting malnutrition. The feeding practices itself affects the child nutrition strongly and this could be reflected by exclusive and appropriate breastfeeding and adequate complementary feeding in quantity and quality. Almost 98 % of mothers are breastfeed their children in Sudan as shown in safe motherhood survey 1999, nevertheless, still exclusive breastfeeding is low in 2010 (41%).<sup>3</sup>

Table 3-2-3-1-1: Child nutrition

Indicators on child Nutrition							Ref.
Nutrition	Children under weight for age (& aged under 5)		Children severe under weight for age (& aged under 5)		Stunting		SHHS 2010
	32.2		12.6		Total 35	Severe 15.7	
	Wasting prevalence (% below – 2 SD)		Wasting prevalence (% below – 3 SD)		Over weight Prevalence (% above + 2 SD)		SHHS 2006
	Male 15.4	Female 14.1	Male 3.6	Female 3.4	Male 3.2	Female 4.0	
	Wasting prevalence (% below – 2 SD)		Total Wasting prevalence (% below – 3 SD)		Total Over weight Prevalence		SHHS 2010
	16.4		5.3		2.9		
	% Exclusively breastfed 0-5 months		Infants receiving breast milk and complementary Food at 6-9 months		Children breastfed up to 20-23 months		SHHS 2006
	Male 32.1	Female 35.5	Male 57.5	Female 54.0	Male 32.8	Female 37.5	
	% Exclusively breastfed 0-5 months(total)		Infants receiving food at 6-8 months (total)		Appropriate breastfeeding (0-23 months)		SHHS 2010
	41.0		51.1		49.4		
	Vitamin A supplementation for 12-23 months		Postpartum Vitamin A supplementation		Iodized salt consumption		SHHS 2010
	60.5		22.1		9.5		

Ref:

a) SHHS. (2006) CBS

b) SHHS. (2010) CBS

### 3-2-4. Hygiene and sanitation condition at village level

#### 3-2-4-1. Environmental health services

Environment health indicators are presented in table 3-2-4-1. 60.5% of the total had access to safer water and 27 % to access adequate sanitation. <sup>3</sup> Similar results are reported by the FMOH (2007<sup>1</sup>). In addition, SHHS (2006)<sup>6</sup> indicates that 49 % of adults were collecting water from sources outside the household within 15 to more than 60 minutes duration till back to home.

In Sudan most of men respect women and thus taking over hard work concerning obtaining water. Almost 60 % of males taking the responsibility of obtaining water. <sup>4</sup> In contract, it is observable that the access to water is commonly conducted through the female particular in rural areas and urban poor slums around cities like in Khartoum state.

Sudan is a known endemic area of malaria. Environmental health service therefore focus on the prevention of malaria through mosquito bed net, however, up to 58.2 of families had at least one mosquito bed net.<sup>3</sup>

Table 3-2-4-1-1: Environmental health

Indicators on environmental health						Ref.	
Access to adequate environmental health	Households with at least mosquito bed net					SHHS 2010	
	58.2						
	% of adults who was collecting water from sources outside the household within 15 –more than 60 minutes duration till back to home					SHHS 2006	
	49%					SHHS 2006	
	Adult woman/ Adult man collecting water for household						
	Male		Female		Total		
	59.1		21.5		NA		
	Access to improved excreta disposal						
	27						
	Use of both improved drinking water sources and sanitary means excreta disposal						
	20.8						
	Access to safe drinking water			Access to adequate sanitation			SHHS 2006
	Urban	Rural	Total	Urban	Rural	Total	
	NA	NA	60.5	NA	NA	27	

Ref:

a) SHHS. (2010). CBS

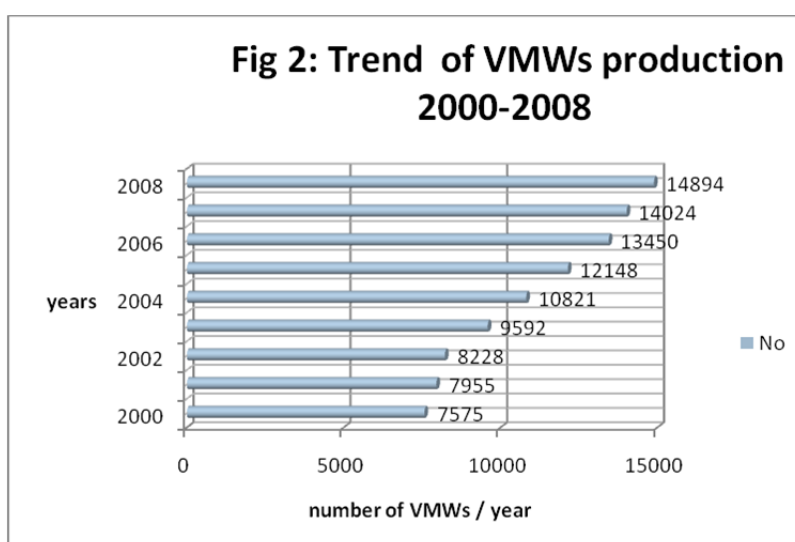
b) SHHS. (2006). CBS

### 3-2-5. Present condition of Maternal and Child Health (MCH):

#### 3-2-5-1. Increase of reproductive health professionals

Sudan is one of the countries that signed the global initiative of Safe Motherhood in 1987 and “Making Pregnancy Safer” in 2001. On May, 2009, the FMOH launched the National Strategy for Scaling-up Midwifery in Sudan with the support of the UNFPA. In August 2001, the SMOH in the presence of the Federal Minister, signed the Sudan Declaration of Safe Motherhood that aimed at providing a VMW for each village in Sudan.<sup>1</sup> After this declaration, schools were reopened and new schools established reached 37 midwifery schools, and this eventually consistent increase in the number of VMWs produced every year (figure 2).<sup>44</sup>

The VMWs are key reproductive health provides as the majority of women in village prefers home birth. Similarly other RH service providers such as nutrition officers, health visitors, nutrition educators in those listed in the table 3-2-5-1, are important providers for improvement of the MCH conditions at village level. To ensure the quality of the MCH services, challenges for the national government is further production of RH providers who responding community needs.



Source: FMOH. *Operational strategic plan for human resources development for health 2008-2012*

Table 3-2-5-1-1: Production of reproductive health providers 2006-2010

Years	2006	2007	2008	2009	2010
Nutrition officers	254	332	377	404	436
Health visitors	684	664	622	606	648
Nutrition educators	1253	1321	719	1069	961
Midwives (MWs)	13851	14099	14156	14443	14532
Total	16042	16416	15874	16522	16577

Source: FMOH. *Operational strategic plan for human resources development for health 2008-2012*

### 3-2-5-2. Prenatal and postnatal care

Attending antenatal care (four or more visits), was 69.6% in SHHS 2006<sup>4</sup> and increased at 74.3% in the SHHS 2010<sup>3</sup>. Comparing this improvement, postnatal care services were an area of negligence. The most of postnatal care services data was reflected from the child side in terms of breastfeeding, immunization and growth promotion. Almost there is no available data regarding postnatal care for the mothers in term of puerperal sepsis, mastitis, psychological support, nutrition and family planning counselling. In old data derived from the MICS survey 2000, 13% of mothers received postnatal care in the whole without specifications of the dimensions of care.<sup>1</sup>

### 3-2-5-3. Delivery attended by skilled professionals

Community (home) delivery is the common practice which was reported at approximately 80 % of households (SHHS 2006<sup>4</sup>, 2010<sup>3</sup>) (see table 3-2-5-3-1). Home delivery attended by SBAs is primary strategy to ensure safe motherhood as well as child health. Delivery attended by SBAs was increased from 49.2% in the SHHS 2006<sup>4</sup> to 72.5% in SHHS 2010<sup>3</sup>. This is responding to the FMOH's strategy "every delivery should be conducted by trained birth attendants including medical doctors, sister midwives, certified nurses and VMW." However, TBAs was still preferable choice among some Sudanese women. The SHHS (2006)<sup>4</sup> indicates that 19.7% of deliveries for total population were attended by the TBAs with the highest in Kassala, Sinnar, Kordofan and Darfur states. In addition, previous studies<sup>45,46</sup> further suggest that the TBA was most preferable or available choice as home birth was common selection in rural community. This suggests that expansion of availability for trained providers, especially focusing on VMWs is critical challenges for the MCH services.

### 3-2-5-4. Family planning

Indicators regarding family planning are presented in table 3-2-5-4-1. Unmet need for family

planning is defined as women aged 15-49 years currently married or in union who want to space their births or limit the number of children and who are not currently using contraception. The unmet need for family planning in the 2006<sup>6</sup> was 5.7% and increased to 28.9% in 2010.<sup>3</sup> Regarding the contraceptive use rate, although it was increased from 7.6% in SHHS 2006 <sup>6</sup>to 9% in SHHS 2010<sup>3</sup>). Islamic country and most of the couples' vision is to space between children rather than restrict the number through natural ways of family planning. Even in post abortion care it is in line with emergency obstetric care rather than the concept of unwanted pregnancy.

In addition, lacked contraceptive prevalence rate may be associated with high total fertility rate which reporting at 5.7%, and this may be further connected with adolescent birth rate (102/per 1000 women) and early marriage. <sup>3</sup>

Table 3-2-5-4-1: Reproductive health indicators

Reproductive health indicators				Ref.
Contraceptive prevalence rate	Rate of births attended by trained personnel	Institutional deliveries:		SHHS 2010
9.0	72.5	20.5%		
Unmet need for FP	ANC visits( 4 or more)	Community deliveries		
28.9	69.6% in SHHS 2006 74.3%. in SHHS 2010	79.5%		
Adolescent birth rate /1000	Total fertility rate%	Married female aged 15-19	Marriage before age f 18	
102	5.7	23.5%/	37.6%	

Ref:

a) SHHS. (2010). CBS

### **3-2-9. Government policy/budget/strategies plan**

There are numbers of government policies and strategic plans for health which are listed as following.

- Fife strategic plan for health 2007-2011
- Health and development strategy 1992- 2002
- 25 strategic health plans 2003-2027
- 25 strategic pharmaceutical plans 2005-2029
- Ten years plan for human resources development for health 2004-2013
- Strategic sectors plans for control of HIV/AIDS 2004-2009
- Second five year plan for EPI 2006-2010
- Malaria control strategy 2007-2012
- Strategy for use of impregnated bed nets to control malaria 2004-2008
- Malaria control strategy for pregnant women 2004-2008
- Five year strategic plan for reproductive health 2006-2010
- Communication strategy for reproductive health 2010-2015
- National strategy to upgrade midwifery services 2009
- Operational strategic plan for human resources development for health 2008-2012

The government policies and strategic plans have focused on reproductive health, HIV/AIDS, communicable diseases, child nutrition and human resources developments for healthcare providers.

### **3-3. Agriculture, Forestry, Fisheries and Women in Rural Community**

#### **Agriculture, Forestry, Fisheries and Women in Rural Community**

- 1) The agriculture sector employs 80% of the workforce and contributes for 39% of GDP.
- 2) Women have unequal access or ownership to land, credit and extension services despite their high contribution in agricultural works.
- 3) Distribution of income for the labor work is generally controlled by men.
- 4) Activities in agriculture are affected by a gender ideology viewing men as leaders, decision makers and providers in the family while women as complementary workers.
- 5) To strength ownership of women, the WFP<sup>47</sup> was established

#### **3-3-1 . Access to and control over productive recourses**

Most of the Sudanese still earn their main livelihood from agriculture which remains the most important sector in Sudan. The agriculture sector employs 80% of the workforce and contributes for 39% of GDP.<sup>48</sup> The most of agricultural tasks are carried out by women while men commonly control cash crop.

Women suffer unequal access to land, credit and other agricultural services or resources, although they participate heavily in this field. Women are more likely than men to be landless with the limited rights over agricultural land, and other reproductive resources despite their role of agricultural production is significant.<sup>49</sup> This is mainly due to the male dominated society, which is also main influential factor for women' responsibility and activities relevant to agricultural sectors in rural community

#### **3-3-2. Women roles and responsibilities in rural community**

The primary roles of women in rural community include reproduction for expanding family as well as rearing for their children. The roles of women at rural community further include production of food consumption, while men are responsible for exporting and selling production. Pastoralist women make handicrafts such as grass mats, for sale and are involved in small trading activities such as selling daily necessities like sugar, tea firewood etc. Women have also responsibilities for herding, feeding, milking, and processing of animal products.<sup>8</sup>

Women are also obligated by the traditional housework concerning caring for sick family members, cooking, cleaning and collecting water and firewood. All these tasks are not valued thus viewed as unpaid family worker. Macro-economic policies have "no explicit consideration for the process of reproduction and maintenance of human resource".<sup>50</sup> This

implies a bias against women as the reproductive role is not highly valued. Women as the chief providers of reproduction and maintenance of human resource which required amount of time and physical energy are therefore ignored.<sup>50</sup>

### **3-3-3. Gender based activities**

Women generally work in both formal and informal sectors of employment but in rural areas they mainly work in the agricultural sector as:

- Tenancy holders (farmers): Female headed households which are constituted at 31% in this work category.
- Family labor in husbands' or fathers' tenancies: In this case, distribution of income for the labor work is generally controlled by men. Women are often discouraged to obtain incomes due to male dominated society or family.
- Large plantation work either public or private (e.g. Gezira Scheme). In this case, women may be possibly exploited to have wages.

The value system encourages women to engage in various activities pertaining to livelihood support. The extent of involvement is wide and deep in rural communities where the main factor of production is labor at all levels of crop development and animal management. Nonetheless, men are concentrated on high remunerative farming work as they generally control household land and labor, while women predominate as wage laborers in agro-industries. In many cases, women have unequal access to land, credit and extension services despite their high contribution for farming activities.

With the decline in real income due to recent rising prices and low net income from production, women are required to exercise economy such as saving food budget. In such practice, priority in consumption of foods is generally given to men, but not for women. Additional task to supplement family budget such as sale of handicrafts, decorative food covers (tubug), water container (cean), milk churn (buta), yogurt maker (*boxa*), roofing (*shkaba*), is often required to for women, which is becoming further burden on women.<sup>61</sup> Women are solely responsible for this activity and it provides a significant source of private income for many.

Furthermore, if husbands migrate, their wives will become head of households, and this is usually an economic challenge for such wives. They are forced in playing a double role: ensuring family incomes as well as household work but such extensive activities are generally perceived as unpaid work.



The activities of pastoral households are varied depending on the number of animals they have, and the length of time used for animals. Usually men decided about the migration patterns and livelihood strategies. In addition the civil war and droughts had “pushed” the pastoralists to modify their livelihood strategies which ultimately contributing additional unpaid work tasks for women to ensure family income.

In sum, activities in agriculture are affected by a gender ideology viewing men as leaders, decision makers and providers in the families while women as complementary worker.<sup>51</sup>

### **3-3-4. Ownership of farms land/forest**

Traditionally there is a little participation and empowerment for women in forestry and agricultural fields although they are responsible for and economically actor in production of global food security, resources, food, fodder, fuel and medicine. Rural communities require land for their livelihood and therefore, need first of all access to land. This access tends to be socially determined. Women’s customary property rights generally exist through their identities as daughters, sisters or wives. The women are more likely than men to be landless, and to have fewer rights for land to be used than men. Men often regulate women's use of natural sources.<sup>62</sup> Women also are not guaranteed land in the event of death or divorce.<sup>51</sup> Thus, there is disparity on land ownership rights in favour of men.

To strength ownership of women, the WFP<sup>47</sup> was established as Save our Souls Sahel’s first project in Sudan. This project focuses on village extension scheme in Shendi area of River Nile State. The project is entirely managed by Sudanese staff and extended to second phase. The World Food Program has also implemented a wide range of forestry activities which are targeting women as main stakeholders for community development with covering the following provinces: Shendi Province, Ed Damer Province, Lower Atbara River, El Matamma Province, Barber Province and Abu Hamad Province. The specific objectives/strategies of the WFP (phase 2)<sup>47</sup> focus on capacity building of women for forestry and agriculture production but also emphasize the continuity of their ownership. It further encourages women to increase their empowerment for improving their status and their role in decision-making in the community.

### **3-3-5. Extension activities for women**

A growing number of lending institutions are extending credit to women for agricultural and livestock production, food processing and other income-generating activities. However,

agricultural extension services are mainly linked with cash crop production which is targeting male farmers only. Women are given a little information from their husbands and/or male relatives.

Despite the significant contribution of women in farming activities, they are less likely to be involved in the process of technological developments and this eventually limited their ability to apply the newly generated technology. Such exclusion leads to ineffective use of household labour force for agriculture productions in which women are major contributors.

The majority of subsistence farmers operate under customary tenure in which women are accorded usufruct rights, but not ownership right for land due to land tenure system which is only limited to male. Such example is the Gezira scheme: of the 120,000 farmers targeted, only 11% were women.<sup>52</sup> The great role played by women in Gezira State in cotton picking, while men refrain from this activity in spite of its importance in cotton production. A growing number of lending institutions are extending credit to women for agricultural and livestock production, food processing and other income-generating activities, while the agricultural extension services that are linked with cash crop production and thus target male farmers. Such disparity exists in the delivery of many government services.<sup>52</sup>

Although women farmers produce most of Sudan's food crops, the government farm aid programs traditionally exclude them. To this end, two NGOs such as MADRE and Zenab for Women in Development co-founded to the Sudan's First Women's Farmers' Union. The activities of the Women Farmers Union are aimed at increasing crop production while conserving natural resources and empowering women farmers to win access to tools, credit, and training opportunities which are usually reserved for men.<sup>53</sup>

### **3-3-6. Government policies/strategic plans**

The government policy focused on increasing empowerment of women in agricultural activities concerning limited opportunity for ownership of land, participation in extensive activities, accessing agricultural services, resources or credits. The Women Empowerment National Policy is a general national policy for empowering Sudanese women. However, within this policy, rural women who are extensively involved in agricultural activities are targeted with the focuses on: 1) enhancing opportunities for women to gain knowledge related to agricultural activities; 2) obtaining technology and skills; 3) policy development to create opportunities for administrative and developmental capabilities; 4) eliminate arbitrary restrictions on women participation in non- traditional fields of employment; 5) providing

women, specially poor and rural women, with finance and marketing facilities; 6) enhancing the legislative and legal drive towards effective social and economic development.<sup>15</sup>

### 3-4. Economic activities

#### Economic activities

- 1) Political and economical instability contribute for incidence of chronically unemployment crisis
- 2) There are significant disparities on share of participation in economic activities, labor force participation, and employment opportunity in disfavor of females.
- 3) Unemployment crisis is linked to different factors causing disparity on employment opportunity by gender in favor of male as well as geographical differences.
- 4) Limited opportunity for women in labor participation could be due to stereotype of cultural perception of women's role which ultimately causing pressure of domestic responsibilities.
- 5) Sudan remains a low-income, food-deficit country and is widespread with almost half the population (46.5%) in northern Sudan living below the national poverty line.

#### 3-4-1. Economic structure in Sudan

The Government of Sudan has launched the Five-Year Development Plan for 25 years strategy (2007-2031) with the intention of reduction of poverty and achievement of the MDGs. The size of Sudan's economy, in terms of its GNP has grown fivefold – from USD10 billion in 1999 to USD 53 billion in 2008. According to the World Bank's Country Economic Memorandum, real GDP growth rate averaged nearly 8% during the nine year period ending in 2008 and approximately 10% in 2007.<sup>54</sup> As shown in table 3-4-1-1, the GDP reflect a steady increase. Increasing oil exports combined with the cease fire of the civil war in 2004 have led to strong GDP growth. However, limited infrastructure and the scars of the civil war pose substantial challenges to future economic growth.

Sudan has built a strong track record for macro economic management best exemplified by high real GDP growth rate of about 8 percent on average, low and stable inflation rate (on average single digit inflation), a steady exchange rate, a sustainable external balance, and moderation of its business cycle. This has been the major achievement by the Government.<sup>55</sup> A slight decrease in the GDP as a result of the global financial crisis occurred. The economic slowdown in the aftermath of the global financial crisis is believed to be the major factor for the further decline in Foreign Direct Investment and remittances. Although the overall per

capita income of the Sudan increased, the distribution of the income reflects regional disparities and imbalance growth among the states due to conflict in areas such as Darfur

Most industry and agriculture for profit are based in the centre of the country.<sup>9</sup> The Sudanese economy has a recent increase in the share of the industrial sector (from about 9 percent during the late 1990s to approximately 21 to 29 % during 2004 to 2009)(see table 3-4-1-1). Agricultural exports used to be a dominant source of foreign exchange until the advent of petroleum exports in 1999. Sudan has turned from an agricultural exporter to a petroleum exporter which contributing for unprecedented boom. The most of exports revenues of Sudan come from oil (86% of total) and the rest 14% from agricultural and other industrial and non-oil exports during 2000-2009.<sup>56</sup> However, agriculture still remains a main driver of employment especially outside of the country's top urban areas.<sup>57</sup>

The table 3-4-1-1 further indicates that the contribution of the services sector is still high and continues to increase (from 40.9% in 2004 to 44.6% in 2009). It includes; building construction (10.2%), transport and communication (7.7%), financial intermediation (6%) and special non-profit HH sector such as sports, clubs, youth centres etc (1.6%).<sup>58</sup>

Table 3-4-1-1: Economic structures of Sudan

Item/Year	2004	2005	2006	2007	2008	2009
Total Population in Million	34.4	35.3	36.2	37.1	39.15	40.02
Real GDP Growth Rate (%)	5.1	5.6	9.9	8.1	7.8	6.1
Sectors contributions:						
Agriculture (%)	30.4	29.3	28.9	31.6	33.2	34.0
Industry (%)	28.8	29.2	29.2	23.7	22.0	21.4
Services (%)	40.9	41.5	41.9	44.7	44.8	44.6
General Price Inflation (%)	8.7	8.3	7.3	8.1	14.9	11.2
Exchange Rate(USD/US\$)	2.59	2.43	2.17	2.02	2.09	2.33
GDP current prices MSDG	68721.4	85707.1	98718.8	114017.5	127746.9	148137.0
GDP current prices (MUS\$)	26533.4	35270.4	45492.5	56444.3	61122.9	63578.1
GDP current prices BSD	68721	85707	98719	114018	127746.9	146174.1
Per capita in US\$	768.9	974.3	1224.3	1479.8	1561.1	1581.8
Total Consumption (SDG)	57789.5	77912.2	89086.8	95415.6	102883.7	127302.2
Government Consumption	5862.3	7916.9	9606.5	9635.2	10810.8	12845.5
Private Consumption	53190.2	6999.5	79180.3	85780.5	92073.0	114456.7
Gross Domestic Saving	5591.6	478.1	170.6	10855.4	7977.2	5644.2
National Saving(MSDG)	8492.6	4000.4	2901.3	11626.0	8782.4	9087.6
Total investment (MSDG)	13069.6	16756.3	20793.5	23543.7	24496.6	26957.9
Government Investment	2217.0	2707.1	3050.9	3435.5	4128.2	4215.6
Private Investment	10852.6	14049.3	17742.6	20108.2	20368.4	22742.3

Source: Central Bureau of Statistics Sudan MDGs Report 2010

### 3-4-2. Labour force and employment/unemployment

The development of the labor market in Sudan is related to the demographic structure of Sudan with a continuous and rapid increase in total population (from 10 million in 1956 in the

first Sudanese Census to 39 million in the fifth census in 2008<sup>2</sup>; and increase in the growth rate in total population from 2.1 in 1956 to 2.8 in 2008). The high rate of population growth deteriorated unemployment as shown in table 3-4-2-1.

During the period of 2004-2007, the total labor force increased from 20% to 22% and out of this number, only 9.5 on average were employed (table 3-4-2-2). Reflecting this, unemployment ratio was increased from 16.3 % in 2004 to 19.4% in 2007. Similar trend was also reported in the 2008 census.<sup>2</sup> In addition, youth (15-24) unemployment rate was 25.4%.<sup>2</sup>

The labor market in Sudan thus faced the serious incidence of chronically unemployment crisis and the high incidence of unemployment among youth population and the big mismatch between educational qualifications –supply side- and labor market requirement- demand side.

The north-south conflict contributes to the increase of unemployment. The civil war not only led to displacement of many workers and job loss, but also implied large spending on defence and security issues, thus creation of unemployment. Political and economic instability encourages many Sudanese to work in other countries mainly Arab Gulf states. This is notable for high skill workers. Sudanese immigrants are estimated in 2008 to be about 799,020 in 108 countries.<sup>59</sup>

Table 3-4-2-1: Size and growth of population and labour force, northern Sudan, 1993/2008

Year	Population	L.F Minimum age limit	Labour force			
			Size	Employed	Total employed	Unemployed seeking work for first time
2008	30504166	10	8027413	6677410	1350003	9435
1993	21266641	10	6593820	5859182	734639	593552
Annual growth rate	2.4	-	1.3	0.9	4.1	3.1

Source: 2008, 1993 Census Final Tabulation

Table 3-4-2-2: Labour Force Estimates During 2004/2007 (in millions)

	2004	2005	2006	2007
Total labour population	20	21	21.5	22
Economically Active	10.7	11.1	11.5	11.1
Employed	9.0	9.2	9.6	9
Employment opportunity	8.4	8.3	8.3	8.1
Unemployed	1.7	1.9	2	2.1
Unemployment ratio	16.3	17.1	17.3	19.4

Source: Ministry of Labor. (2008). *Labor estimates of 2004-2007 quoted in the National Population Council Report*

### 3-4-3. Disparity by gender

Concerning gender disparity, within the total Sudanese labor force (52.4%), the share of women in labour force was 31.1% which was less than Sudanese men percentage (72.2%).<sup>48</sup> The participation rate for Sudanese women aged 15-24 years old was 6.08% which is less than that of men (15%). Furthermore, the total economically active population in female group is 3,918,328 which is equal to 29% from the total population for female group. The total employed for female group is 3,126,361 which is equal to 23% from the total population in female group. Total unemployed female is about 20% from the total economically active.<sup>2</sup> These data suggests that women lacked equal participation in labor market.

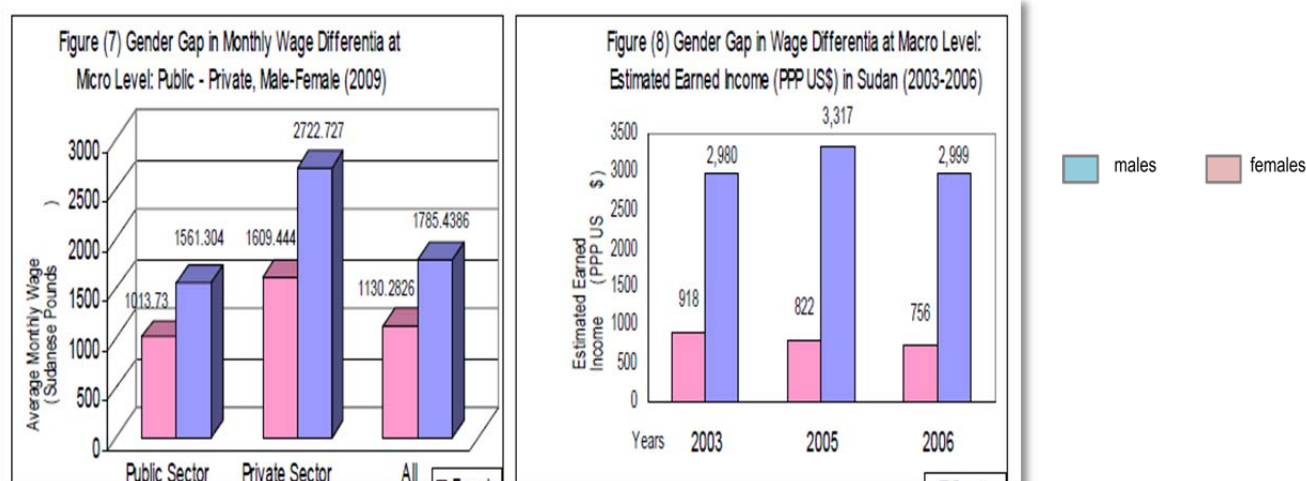
Unemployment is an obvious problem even for people who are holding higher education qualification such as university degree. This issue further include disparity on employment opportunity by gender.

On average demand or priority in employment was concentrated on graduates from secondary schools over the period 1988-1996, and turned further to be focused on graduates with diploma or bachelor holders over the period 2001-2006.<sup>48</sup> However, unemployment among university graduates is surprisingly high and continues to be increasing. Only 35% of the graduates were employed and 65% were unemployed. In general, male university graduates are more likely to be employed than female graduates.<sup>48</sup> In reality, 71% of women were unemployed, as compared to 42.5% of men who are unemployed.<sup>48</sup>

These data demonstrates that women even those with higher education, are lacked in representation on the current labor force. Such discrepancy on employment opportunity is further reflected upon gender gap on wage at macro level as seen in the Figure 7 and 8. At the macro level, the estimated earned income ratio of female to male rate implies significant and increasing gender gap and wage differential between males and females which is realized

from the declining from estimated earned income ratio of female to male rate from 31% in 2003 to 25% in 2006. Moreover, wage differential between males and females in the public sector is lower than private sector.

In conclusion, there are significant disparities on share of participation in economic activities, labor force participation, and employment opportunity in disfavor of females.



Source: UNDP. *HDR 2007/2008* Quoted in Samia Satti Osman. (2010). "Assessment of the State of Women and Gender Gap in Sudan International Conference on." Women and Youth in Arab Development" (Cairo, Egypt)

### 3-4-4. Disparity by geographical areas

Regarding difference in geographical area, disparity on employment opportunity by urban/rural is remarkable. Unemployed population in rural group is 1.328.449 which is equal to 8% from total population of rural group while total number of the employed to the total population of urban population is equal to 33%.<sup>2</sup> In addition, unemployed ratio in the Nomads population was the lowest percentage compared to rural and urban unemployment. Unemployment is further perceived from the geographical (temporary or permanent) movement of people (displaced workers and internal migrants or refugees).<sup>48</sup>

### 3-4-5. Informal and formal sector

Disparity by gender and geographical areas can be viewed according to different occupational types concerning informal and formal sector. The labour market in Sudan is characterized by its segmentation into formal and informal sectors. The formal sector may include: large scale operations; a high degree of capital intensity; high levels of remunerations; and legislative protection mostly public and industrial in nature. The informal sector on the other hand is small scale operations, primitive levels of technology, a relative low level of earned income and high dependence on family labour including unpaid family



work and self employment.

Table 3-4-5-1 indicates percentage distribution of labor force on employment status by sex and mode of living. In total, paid employee (30.4%) was reported as the predominant group followed by own accounted workers (29.0%), unpaid family workers (19.6). Differences on the employment status by urban and rural area were quite significant. Compared to the urban areas (2.5%), more percentage of rural people was unpaid family workers (26.0%). In this employment status, disparity by gender is obvious. Women in both urban and rural are likely to be categorized as unpaid family workers. Furthermore, nomads women are the most unfavored ones as the majority are engaged in unpaid family work.<sup>60</sup>

Table 3-4-5-1: Percentage distribution of labor force on employment status b sex and mode of living

	Sex	Paid employee	Own accounted	Unpaid family	Employer	Unpaid working	Not reported
Total	Total	30.4	29	19.6	6.8	0.5	13.8
	Male	32.4	32.7	13.8	7.6	0.4	13.1
	Female	24.1	17.7	37.4	4.2	0.7	15.9
Urban	Total	47.1	25.3	2.5	7.8	0.3	17
	Male	46	27.8	1.6	8.6	0.2	15.9
	Female	51.4	15.7	6	5	0.4	21.5
Rural	Total	24.2	30.4	26	6.3	0.5	12.7
	Male	27.8	34.7	17.8	7.1	0.4	12.1
	Female	15	19	47.4	4.1	0.7	13.8
Nomad	Total	11	33.3	39	6.2	0.9	9.5
	Male	12.8	38.3	32.6	6.9	0.8	8.6
	Female	3.9	14.9	63.5	3.4	1.2	13

Source : 2008, 1993 census final tabulation

In sum, the unemployment crisis is linked to different factors and causes disparity on employment opportunity by gender in favor of male as well as by geographical differences. The significant disparities between urban and rural areas as well as nomad population contributed to growing inequalities and an increasing urban informal sector accounting for more than 60 percent of GDP.<sup>48</sup> Informal employment comprises a large portion of the labor force.

With respect to formal employment, since 1968 women are entitled to public work jobs but most of the jobs women occupied were menial jobs as they were less educated and lack training. The job market is not in favour of females who are excluded from remunerative jobs and employed in low or not paid jobs, in the services sector or in family work. This could be due to stereotype of cultural or unequal perception of women's role causing pressure of domestic responsibilities, lack of or unequal participation in the labor market.

### **3-4-6. Support system for female workers**

The Civil Service Act of 2007 in Article 28 emphasizes equal pay for equal work and Article 59 further emphasizes equal promotion rights to preserve women's rights for promotion. The poverty fund has been prepared for targeting 10.000 women with covering 13 states. Up to 2010, 2000 women benefited from this fund.<sup>61</sup> On the macro level, 70 % of micro finance is to be directed to rural areas of which 30% is to be directed to women.<sup>77</sup> Maternal leave and reduction of working hour for breastfeeding are also entitled. Additionally, some institutions such as banks, judiciary house, universities have prepared nurseries near the work places.

### **3-4-7. Opportunity for promotion in higher administration**

Article 28 and Article 59 of the Civil Labor address equal pay for equal work as well as equal promotion rights. This demonstrates that no legal barriers for promotion exist as women are participating in all higher administration positions. Nevertheless, their participation in higher administration was lower (2.4%) than men representing at 7%.<sup>48</sup> In professional jobs, the women represent 44% which showing significant improvement, however, the percentage of women in senior positions in the public service was 1.4%; senior management position was 9.2%; supervisory management 22.3%.<sup>13</sup>

In conclusion, although there are no legal barriers to female employment and promotion, traditional cultural views of women which leading to lack of educational opportunity is the main constraint for female contribution for higher administration in labour force.

### **3-4-8. Support systems for entrepreneur development**

MFI is adopted to improve the quality of life and future prospects of the poor through promoting self-employment in a sustainable manner.<sup>61</sup> 12% of bank deposits is to be devoted to the MFI. A unit for the MFI is created in the Central Bank of Sudan. The numbers of beneficiaries during the last ten years are about 3.900 but this number only includes one- third for females.<sup>62</sup>

Collaboration between NGOs, UN and government bodies have prepared several programs for capacity building and training, especially focusing on women. As one example, the UNDP has initiated the project on the Gender Mainstreaming Initiative, with the support of the UNDP Gender Thematic Trust Fund, in early 2007. The project emphasize on capacity building for empowering women to reduce their vulnerability, build their leadership, have

access to necessary resources, and thus protect their human rights.

### **3-4-9. Migrant labor**

Seasonal labor migration is historically known. Migration to towns is not synonymous with employment in town as towns have not a significant economic activity of their own. The impact of migration on household division of labour and gender relations varies significantly, depending on whether women or men are migrating, but more women became the head of the household, as men are absent for different reasons such as economic migration. This creates a role change in the life of women. Migrant women usually participate in an informal sector which was accounted for 85%.<sup>63</sup> They are usually engaged in petty trading, selling of tea or foods due to lack of opportunity to access education or technical training which eventually turn to be subject to harassment.<sup>63</sup>

### **3-4-10. Household division of labor**

Increased labour mobility is one of the most important reasons for changes in household composition and division of labour. In some female headed households, men are away on temporary and seasonal migration, while continue to maintain their decision-making powers.<sup>63</sup>

There are also female-headed households without a link to males because women are unmarried, widowed and they have full social and economic responsibility for the well-being of household members. In single households or households characterized by the absence of a male household member, rural women often assume all tasks and responsibilities, which can be an empowering experience for them.<sup>64</sup>

The female-headed households are often under conditions of lower economic and social status. This is due to the variation in education and in income, but also dependent on the number of the family members. For instance, food shortage was only 5% for one member family, while 49% for families with 9 members which is the main pattern of family life in Sudan.<sup>63</sup>

Increasing women's responsibility for household as well as labour workforce may also leads to women's empowerment. More women, especially urban areas, acquire new skills and capacities by taking on the responsibility for households and seeking employment outside the home.

Female education is another factor that led to change in the household division of labor. This is reflected upon the recent trend that more participation of males in household work is witnessed, as female participation in work outside. While responsibility for household tasks

continue to be assigned to women and girls and limits their opportunities to be actively involved in educational, social and political activities.

### **3-4-11. Poverty in Sudan**

Poverty is widespread in Sudan. Poverty level is reflected upon the poverty headcount ratio (percentage of population below the national poverty line) which was accounted for 46.5% and Poverty Gap Ratio (incidence x depth of poverty) was reported at 16.2%.<sup>65</sup> Sudan remains a low-income, food-deficit country. It ranks 147th on the United Nations Development Programs Human Development Index (2007/2008), among 177 countries. Poverty is widespread with almost half the population (46.5%) in northern Sudan living below the national poverty line.<sup>66</sup>

Poverty is associated with economical, political, legal and socio-cultural factors. The long economic international sanctions handicapped access to international initiatives such as could be such cause.<sup>57</sup> Other include: the long civil war and conflicts in southern, western, eastern Sudan and the increased amount of external debt. Defence spending has increased remarkably which is now nearly 30 percent of all federal current expenditures or 2.9 percent of GDP.<sup>54</sup>

Poverty in Sudan is largely rural. Poverty particularly affects farmers who practice rain fed agriculture<sup>63</sup> as farmers face the impact of the effects of climate change, such as water scarcity, other environmental catastrophes. It is more widespread and deeper in rural areas as well as areas affected by conflict, drought and famine. This is linked with disparity on social and economic growth between rural and urban areas. People living in conflict such as Darfur and Southern Kordofan or transition areas between northern and southern are the most vulnerable to poverty.<sup>63</sup> Many people living in conflict areas, including women, have to make a move to towns seeking for better life chances.

Within rural communities, households without assets and labor power are the poorest. Such group usually include elderly or disabled people, and households headed by women with young dependants. Women and girls faced severe inequalities in terms of access to education, sanitation and clean water, infrastructure and natural resources, income opportunities, justice and political protection, in those which deteriorating their poverty.<sup>68, 12</sup>

In the country's poorest areas, the rapidly growing population, including displaced people and returnees, puts significant pressure on already fragile ecosystems. Erosion, loss of soil fertility and damage to watersheds are affected resources.<sup>12</sup>

There is no doubt that the agricultural sector is currently under severe stress for a number

of reasons: export price pressures from recent appreciation of the real exchange rate; low productivity. Temporary government assistance could therefore be well justified under such circumstances.

The GMP launched in 2006. The program had focused on improvement of productivity and livelihoods for small-scale farmers. Most of the activities are considered pro-poor. In 2006 – 2007, agriculture season support budgeted under the GMP was SD 33.2 billion-or 8.6 percent of the national development budget for agriculture in the years 2006 and 2007. However, up to 2007 its execution was only 44 percent.

### **3-4-12. Government policies/strategic plans**

Reducing absolute poverty by half by 2015 is one of the targets for government strategic plan. The effort to prepare a poverty eradication strategy in the northern Sudan had started since 1999 by establishing a poverty unit in the Ministry of Finance and National Economy, and a high council chaired by the President. This poverty reduction strategy is called the NCPRS. The NCPRS has based on six pillars such as education, health, economic, human right, peace/conflicts and politics,<sup>11</sup> and therefore not focus on direct economic development conceding income increase etc, but valued comprehensive approaches which aimed at improving economic through improvement of basic services and human rights. Based on six pillars, the NCPRS focus on two approaches. The first approach is capacity development approaches focusing on assisting rural poor to meet their needs.

Second approach is called as Social Mobilization for the SMSPDS. This project has targeted poor female-headed household and other poor family to increase their economic empowerment by promoting small scales of enterprise for female and their family. The SMSPDS has based on special national financial provision called as Zakat fund\* which is Islamic religious tax. To achieve this target, the Ministry of Welfare and Social Development are undertaking responsibility for determining polices, program and finance mechanism for female

Note:\* Zakat fund is religious fund on moral responsibility from rich to poor. Zaka found is distributed to all poor groups and individuals in lined with provision of the Quran.

The JAM was carried out from April 2004 to February 2005 by eight cluster teams that were co-led by representatives from the GOS and the SPLM, along with designated international cluster leaders from the UN and the World Bank.<sup>69</sup> The JAM highlights the acute

need for rebuilding the country's deteriorated infrastructure and service delivery framework. The GNU has subsequently devoted an increasing share of its budget to public investment. The 2007 budget outlines over \$1.5 billion in national development projects.

This is in line with achievement of gender equality as indicated in various global commitments, to ensure that policies, programs and institutional practices encourage women and men to participate in development on equal basis to achieve equitable benefits.

Gender analysis method for the JAM also begins at the level of the households, that is, a consideration of the ways in which women and men participate differently in the household economy and society. JAM, WB and the UN provided the technical analytical basis and of key actions for post- conflict reconstruction of Sudan. The main targets drawn emphasize the fact that women are the pillars of community driven and participatory development. The reconstruction efforts in the areas of education, health, infrastructure and development demands consciousness.<sup>69</sup>

The UNDP has placed policies and strategies to mainstream gender throughout its programmatic activities, with project on the Gender Mainstreaming Initiative, with the support of the UNDP Gender Thematic Trust Fund.<sup>70</sup>

### 3-5. War/Conflict Victims and Handicapped Persons

#### War/Conflict Victims and Handicapped Personnel

- 1) A long history of conflict has contributed for not only refugees and IDPs but also led to significant number of deaths or disabled people, where it is estimated that more than 2 million people are claimed to have died.
- 2) There are various institutions implementing rehabilitation care for the PWDs, but the National Authority for Prosthetics and Orthotics (NAPO) becomes the backbone of rehabilitative care as it is providing prostheses, orthotics, walking aids and physiotherapy for the PWDs across the country of Sudan.
- 3) The ICRC works to ensure people directly affected by armed conflicts to receive emergency care as well as rehabilitative care for re-establishment of social link.

#### 3-5-1. General situations of war/conflicts victims

A long history of conflict has contributed for not only refugees and IDPs but also led to significant number of deaths or disabled people. It is estimated that more than 2 million people are claimed to have died.<sup>71</sup> Escalating military conflict in Darfur crates over 5 million people being affected by the conflict. Sudanese authorities claim a death of roughly 19,500 civilians while certain non-governmental organizations (NGOs), such as the Coalition for International Justice, claim that over 400,000 people have been killed in January 2010. The Centre for Research on the Epidemiology of Disasters estimated that the excess number of deaths is between 178,258 and 461,520 (the mean being 298,271).<sup>72</sup>

Although there are currently no official statistics for disabled person related to conflicts, there was a remarkable increase of disabled persons which may possibly be reflected by the conflict. According to some statistics, the injured persons with 60% disability were 1.144 victims.<sup>73</sup>

Table 3-5-1-1 shows total number of disabled and disability rate by sex. It shows that disability rates were 4.9 % for all Sudan and 4.8 % for Northern Sudan.<sup>2</sup> Concerning disparity by gender, the disability rates for males were slightly higher than those for females. For additional information the disabled and disability percentages by type of disabilities as well as age group are presented in the table 3-5-1-2.

Table 3-5-1-1: Total disabled and disability rate by gender

Religion	Both sex			Male			Female		
	Total Population (000)	Total Disabled (000)	Disability rate (%)	Total Population (000)	Total Disabled (000)	Disability rate (%)	Total Population (000)	Total Disabled (000)	Disability rate (%)
All Sudan	38205	1855	4.9	19322	968	5.0	18883	887	4.7
Northern States	30504	1463	4.8	15413	767	5.0	15090	695	4.6

Source: *Census Data 2008*

Table 3-5-1-2: Total disabled and disability percentages by type of disability and different aged groups in Sudan

	Total		Age group								
	N	%	0-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75 and
Total	1854985	100.0	6.0	14.9	12.9	11.1	11.8	11.6	10.7	10.8	10.3
Difficulty in seeing	583715	31.5	1.2	5.2	5.7	5.6	10.5	15.1	17.3	19.8	19.5
Mental difficulty	448451	24.2	12.1	23.7	19.9	16.1	12.4	7.4	4.0	2.6	1.8
Limited use of leg	336517	18.1	6.8	15.0	13.9	12.6	12.0	11.0	9.4	9.5	9.9
Difficulty in hearing	244462	13.2	2.1	12.0	9.1	8.6	10.3	11.5	12.9	15.1	18.4
Limited use of arm	105989	5.7	5.6	17.4	15.1	14.7	14.1	12.0	8.4	7.0	5.6
Blind	92468	5.0	2.5	7.3	6.5	5.9	7.8	11.7	15.6	18.3	24.5
Difficulty in speaking	73328	4.0	13.2	24.5	15.3	11.4	9.7	7.3	5.8	6.0	6.8
Deaf	63034	3.4	4.8	21.6	19.3	13.4	11.0	8.7	7.0	6.6	7.6
Loss of leg	61476	3.3	4.1	13.1	13.1	12.8	15.5	14.2	10.6	9.6	7.0
Mute	43825	2.4	10.7	31.5	21.4	12.8	10.2	5.9	3.5	2.1	1.9
Loss of arms	25848	1.4	6.8	20.3	15.9	13.5	13.3	11.2	7.8	5.6	5.6

Source: *Census Data 2008*

### 3-5-2. Supports from government, donors/partners, and NGOs

There are number of regulations and laws addressing rehabilitation and welfare for disabled person. Sudan has enacted two specific instruments in favour of disabled persons: 1) the Act on Welfare and Rehabilitation of Disabled Persons, 1984; and 2) the Law Concerning the Privilege of War Disabled, 1998. Further laws and regulations concerning rehabilitation for disabled person have been further approved by the Ministers' Council (table 3-5-2-1).



Table 3-5-2-1: Laws and regulations related to rehabilitation for disabled persons

Law/regulation	Contents
Exemptions and facilities 1991	Special exemptions and facilities accorded to disabled persons
Establishing and organizing centers for the rehabilitation 1991	Regulations for establishing and organizing centers for the rehabilitation of disabled persons
Welfare and Rehabilitation of 1991	Regulations concerning funding of disabled persons
The Act of Associations' Registration of 1957	Cultural and social associations, including disabled persons' associations, are registered
The Act of Sportive and Youth Organization of 1990	Under Article 12, the act allow for disabled to exercise the different sportive disciplines

The Federal Ministry of Social Welfare, Women and Child Affairs is designated for matters concerning people with disabilities (PWDs). Other government ministries such as the Ministry of Humanitarian Affairs, the Ministry of Justice, the Ministry of Health, the Ministry of Education are further participated.

There are various institutions implementing rehabilitation care for the PWDs, but the National Authority for Prosthetics and Orthotics (NAPO) becomes the backbone of rehabilitative care as its providing prostheses, orthotics, walking aids and physiotherapy for the PWDs across the country of Sudan.<sup>74</sup>

The ICRC works to ensure people directly affected by armed conflicts to receive emergency care as well as rehabilitative care for re-establishment of social link.<sup>75</sup> They successfully treated 2,500 prostheses, orthotic patients in Sudan. The ICRC has currently supported seven NAPO centres located in Damazin, Dongola, Gadaref, Kadugli, Kassala, Khartoum and Nyala.

As there is high number of disabled person as the results of conflicts, in Darfur, Eastern Sudan and South Sudan, the ICRC and NAPO concentrate on expansion of rehabilitative care in these areas.

The CBR program are key strategy to encourage the PWDs to be socially activated. The CBR for persons with physical disabilities started in 1991, in cooperation with the UNDP and the ILO. The purpose of the CBR program in Sudan is to encourage people with disabilities, to achieve the goal of full participation and equality, and to make full use of local potential in the area of vocational rehabilitation in terms of training and employment.<sup>94</sup> Correspondingly, the Government of Sudan has established a Production Plant for people with disabilities, with the assistance of the Islamic Rehabilitation Agency and UNDP, with aiming at provision of

employment for qualified disabled persons.<sup>94</sup> In addition, a centre named “Hope City for Persons with Disability” is recently established. The center provides intensive rehabilitation as well as vocational training program consisting of: the electrical section; carpentry section; car repair; mechanic section; computer skills; programming section; weaving; and pottery section for promoting employment for the PWDs.

As the Act on the Welfare and Rehabilitation of Disabled Persons 1984 (Sudan) advocates that 5% of the work force should be filled with PWDs, The CBR focusing on vocational training could assist in workforce participation for the PWDs.

There are various organizations assisting conflict victims and the PWDs by unique way such as the Zakat Chamber providing special fund for students with disability and *Shaheed* Organization addressing issues of rape victims.

### **3-5-3. Major challenges**

Major challenges for rehabilitative care and CBR focusing on vocational training are to provide adequate number of physical therapist, occupational therapist, speech and language specialist, special education specialists. Sever shortage of assistive and supportive devices and training equipment helping the physical and mental abilities of PWDs are further issues, however, a lot of equipments and aids provided, does not meet the specific needs of PWD in Sudan.

Poor coordination between the local organizations is a major issue that lead to poor administration of services, duplication of services and poor integration of PWD in the society. There is a need for a national organization that takes on its responsibility of coordination between local and international organizations.<sup>76</sup>

The real conditions of PWDs in the refugee or IDPs camps were not identified. Accurate number of disabled persons by war/conflict victims are also not available, thus information management systems should be developed by the government initiative with cooperation of local authority.

### 3-6. Refugees and Internal Displaced Persons (IDPs)

#### Refugees and IDPs

- 1) Sudan is perceived as both a source and a receiver of refugees.
- 2) Until 2007, there are 296,400 refugees and asylum seekers in Sudan.
- 3) Approximately, 2000 person cross the Sudanese boundaries every day.
- 4) There are an estimated 4.1 million IDPs in Sudan.
- 5) Women and girls as refugees and IDPs are confronted with difficulty to ensure their basic human needs.
- 6) The UNHCR implemented various activities to assist refugee and IDPs, especially focusing on Darfur, eastern Sudan, Khartoum in those perceived high concentrated areas of refugees and IDPs.

### 3-6. Refugees and Internal Displaced Persons (IDPs)

The 1951 Refugee Convention cited by the UNHCR <sup>77</sup> define refugee as *“any person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country.”* Thus, important aspects of this definition include; person must be outside of their country of origin; reason of their movement is fear of persecution which is beyond their control, thus often distinguished with labor or economic migrants. In addition refugee is recognized their condition as refugee, while asylum seeker is seeking their protection as refugee but still waiting for his/her claim assessed.<sup>78</sup> An IDP was forced to leave from their home for same reasons experienced by refugees or asylum seeker, but he/she is not crossed a recognized international border.

The regional and ethnic tensions and civil war have created significant number of refugees, asylum seeker and IDPs, and this reflects the current condition that Sudan is perceived as both a source and a receiver of refugees.<sup>79</sup>

There are different displacement or refugee patterns in Sudan. Chronologically speaking, we can distinguish between three phases with three different patterns.<sup>80</sup> The first one was the period of the first war between the North and South Sudan (1956-1972) where 800,000 people were internally displaced. The second phase was caused by drought and famine during (1983-1985) where the long-lasting wide-spread drought severely affected 8.4 million people in Darfur, Kordofan, central, northern and eastern Sudan. The third period was that of

the resumption of North-South conflict which caused both internal displacement and refugee (3million people displaced and 425,000 taken refugees to Uganda and Ethiopia).<sup>80</sup>

### **3-6-1. General situation of Refugees and IDPs in Sudan**

#### **3-6-1-1. Refugees**

Due to the prolonged civil war and violence between various ethnic groups, there are 636,800 Sudanese refugees in neighbouring countries by 2006(see table 3-6-1-1-1).<sup>59</sup> Of the Sudanese moving to neighbouring countries such as Kenya, Uganda, Ethiopia and Egypt, small number estimated at 5,000 refugees were rehabilitated to Australia, Canada and Netherland.<sup>59</sup> The most recent large number of Sudanese being displaced from Darfur become IDPs or crossed the border to Chad as refugee.

Sudanese refugees experiences multiple traumatic events such as rape, assaults, food shortage, prohibition of traditional practice and other human rights violations and such events are obvious factors for psychological experiences concerning feelings of helplessness or isolation, grief, anxiety, depression, anger etc.<sup>81</sup> Such psychological experiences usually continued during and after displacement. In addition, there are tens of thousands of Sudanese refugees in Egypt.<sup>79</sup> Their official status as refugees is highly disputed, and they have been subject to racial discrimination and police violence.<sup>79</sup>

Table 3-6-1-1-1: Number of Sudanese refugees and asylum seekers by country

Country	Number of refugees and asylum seekers
Chad	2288.000
Uganda	213.000
Kenya	77.200
Ethiopia	37.900
Egyptians	23.600
Central Republic of Africa	20.300
Total	636.800

Source: *USCR 2006* cited in Manzoul Assal Refugees From and to Sudan. A paper presented for the Migration and Refugees Movement. The American University in Cairo, 2007

Sudan is also receiving refugees from neighbouring countries whose conditions are not as worst as the Sudanese case. The difficult socio-economic conditions in Sudan did not prevent the entry into the country of many people seeking asylum or economic opportunities from neighboring countries. Approximately 2000 person cross the Sudanese boundaries every month.<sup>79</sup> Until 2007, there are 296,400 refugees and asylum seekers in Sudan.<sup>79</sup> 86.500

refugees are currently living in camps in western Sudan.<sup>79</sup> Eritreans, Chadians, Ethiopians, Ugandans and Congolese make up the majority of population for refugees and asylum seekers. However, the actual numbers of Ethiopians and Eritreans are much more than the reported figure, as there are large numbers who illegally cross the boundaries and human trafficking process is practiced. Moreover not all refugees are registered in the UNHCR.

Eastern Sudan is the highest concentration of refugees in the country as it becomes a transit zone for people arriving from neighboring countries.<sup>81</sup> According to the UNHCR report,<sup>82</sup> an average of 2,000 asylum-seekers per month arrived in east Sudan from Eritrea, Ethiopia and Somalia.

Khartoum is also considered as a highest concentration of refugees and asylum seekers and the absence of documentation creates a constant risk of arrest, deportation and refoulement.<sup>83</sup>

In addition, high number of Eritrean refugees from the poorest parts of the country has taken up residence in eastern Sudan or Khartoum city.<sup>84</sup> The GOS has not been prepared to offer the long-term refugees with option of citizenship<sup>84</sup> and this eventually creates trafficking and smuggling issue. Eritreans are faced with the legal obstacles preventing from owning land and property which creates constraints on their freedom of movement as well as entering formal labour market.<sup>84</sup>

In August 2011, Sudan amended its Nationality Act, depriving individuals who obtaining South Sudanese nationality of their Sudanese nationality.<sup>82</sup> There are an estimated 700,000 Southerners in Sudan.<sup>82</sup> Because of intermarriage, especially among tribes in the new border areas, significant numbers of people of mixed origin is indentified.<sup>82</sup> While, the return of civilians to South Sudan continues with a support of North and South governments as well as international community and return movement will be continued to 2012.<sup>82</sup>

Displaced southerners are confronted with obstacles to ensure their human rights to access education, work opportunity and health, and women and girls are especially affected. Pavlish (2009)<sup>85</sup> indicates that displaced Southerner women are faced with educational and employment discrimination and inadequate income opportunity and domestic violence due to predominated patriarchal power structure.

### **3-6-1-2. IDPs**

Sudan has suffered conflicts and natural disasters such as famine and floods which have led to high number of IDPs. There are an estimated 4.1 million IDPs in Sudan.<sup>82</sup> Of these,

UNHCR estimates that 2.6 million are located in Darfur region alone and 1.7 million in Khartoum state.<sup>82</sup> Insecurity land occupation and crop destruction continue to generate fresh displacement and prevent returns.<sup>82</sup> According to the UNEP, the number of IDPs in Sudan is the largest number worldwide.<sup>86</sup>

As table 3-6-1-2-1 showed, the high number of IDPs is reported in Khartoum and Darfur. It is estimated that 40% of the IDPs are in Khartoum State with four IDPs camps.<sup>85</sup> In Darfur, large camps appeared due to intensified conflicts. The International displacement Monitoring Centre (IDMC) estimated that in 2010 displaced People from Northern Darfur are 508,499, from Southern Darfur 1,410,704 and from Western Darfur 746,912 (total 2,666,115).<sup>87</sup> Insecure conditions have continued to drive new displacement in parts of Darfur, while there are some returns of IDPs as the result of the Doha Peace Agreement in 2011.

Table 3-6-1-2-1. Location and Number of IDPs

<b>Location</b>	<b>No. of IDPs</b>
Khartoum	2000000
Greater Darfur	1950000
Red Sea	277000
Blue Nile	235000
Northern State	200000
White Nile	112000
Kassala	76000
Gedarf	42000
Total	4910000

Source: *Sudan Post-Conflict Environmental Assessment*. UNEP 2007

Living in a new environment required a new livelihood strategies, displaced women usually engage in informal employment activities such as retailing, house cleaning tea selling and alcohol brewing. Their household livelihood remains highly vulnerable as the distance between their place of residence and their work place is very long and much of their earning is spent in transportation which undermines their irregular incomes. This necessitate that all family members - including children- are needed to participate in income generating activities.<sup>80</sup> This eventually cause their difficulty to ensure the basic human needs such as health and education.

The conditions of the displaced in camps is appalling as they are crowded and unsanitary, food and water are in short supply, insecurity is high and livelihood opportunities are generally lacking.<sup>86</sup> This reflects poor health conditions with epidemic diseases, anaemia and

STDs. Abdelmoneium's study<sup>88</sup> conducting interviews with 129 girls aged 10 to 18 from four IDP camps in Khartoum, points out that a low age of marriage among IDP girls are reflected on the risk of infection and pregnancy. This emphasizes the needs for appropriate health promotion and healthcare services, however, the study indicates that there is insufficient number of licensed medical practitioner with lack of free services. The study further indicates that language is a hindrance for non-Arabic speakers of IDPs pregnant women or lactating girls to enhance their understandings of safe-motherhood through health.

The limited opportunity to complete basic education among IDPs women and children has contributed for further concern. For instance, displaced girls in camp are usually taking domestic work or scavenging to support themselves or their family and some are engaging in prostitution. This eventually causes their difficulty to combine work and education and the most cases they drop out of the school.<sup>88</sup>

Women or girl's experiences perceived atrocity concerning rape and gender-based violence which are obvious factors causing physical and emotional disability. Rape of women and girls by armed groups, has been widely reported throughout Darfur, however, only few cases of rape have been prosecuted.<sup>89</sup> Similarly, A report of the UNFPA and the UN Children's Fund shows that sexual violence was consistently reported during attacks on villages - especially when women and girls left the camps, however, some did not seek health care due to stigma and shame although they experienced physical and psychological affects.<sup>89</sup>

### **3-6-2. Supports from government, donors/partners, and NGOs**

Many of the Sudanese refugee or IDPs are willing to return to their community of origin but there are greater needs for recovering and program addressing some issues. Such issues includes: lack of services to access basic needs such as education and health; pressure on limited public service as result of large scale return, which lead to creating new conflicts; difficulty to cope with changed livelihood; difficulty to adapt new curriculum among youth; land and property issues; lack of knowledge regarding infrastructure and reintegration among the local authorities or communities.<sup>90</sup>

Addressing these challenges, the GOS and other organization have continued to plan and implement reintegration program for IDPs and Sudanese refugees.

In 2010, the GOS embarked on the review of its asylum Bill which, when enacted, will repeal the 1974 regulation of Asylum Act. Improving asylum system is one of the components of the Solution Strategy for Protracted Refugee Situation in Sudan.

The UNHCR is responsible body for reintegration for Sudanese refugees and IDPs, and have implemented reintegration programmes focusing on community based approaches with partnership of local NGO or local authority.

The UNHCR emphasizes on medical access for all refugees, whether in or out of the camps, as well as the surrounding host communities. Plots for gardening and farming and equipment or financing for small businesses were made available to all refugees.

Some 4,200 refugees and asylum-seekers with specific needs, including older people and unaccompanied minors, received medical care, housing, psychosocial support and financial assistance in Khartoum. Activities related to reintegration and IDPs benefited from earmarked contributions.

The UNHCR assisted a number of internally displaced persons (IDPs) who wished to return to western Darfur. The UNHCR focus on rehabilitation and construction of a basic infrastructure, establishment of school for children and medical referral services for the rural areas of Darfur in order to create conditions for sustainable return. Such supports are extended to Sudanese refugees wishing to return from Chad.

For southerner refugees identity documents were issued to all southerner refugees allowing them to move freely and engage in self-reliance activities. In 2010, UNHCR submitted 1,300 cases for resettlement.

In eastern Sudan, additional resources were made available by UNCHR in 2010 to meet specific needs in health and nutrition.<sup>82</sup> The UNHCR pursued a multi-year comprehensive solutions package for refugees in the east of the country. This included a verification exercise in urban centers; negotiations on the revision of the 1974 Asylum Act; improvements to basic services in the camps; and the pursuit of resettlement for those in need.<sup>91</sup>

Both in the east and in Khartoum, UNHCR advocated on behalf of refugees to prevent refoulement, obtain the release of people of concern in detention, and facilitate the access of refugees and asylum-seekers to legal counselling services.

The UNHCR also participated in an inter-agency study on how to improve responses to sexual and gender-based violence for women<sup>91</sup> especially for those recognized refugees and IDPs. The government of Sudan has initiated strategic action to ensure the right of women and child in general as well as those assessed as refugees and IDPs. In 2006, the Sudan has dedicated the amount of USD 500,000 as part of the national policy to counter violence and the establishment of peace and resolution of conflicts. There is also number of national strategies addressing violence against women. Example includes: the National Strategy for



Combating Violence against Women; the National Action Plan to Combat Violence against Women and Children in Darfur in 2005; the National Policy on the Empowerment of Women (No. 9 on 4 March 2007); the Child and Family Protection Unit in 2005. These national policies and strategies focuses on safeguarding women's and children rights, and affects women and children as refugees and IDPs.

### 3-7. Migrants

#### Migrants

- 1) Rapid growth of migrant in urban areas such as Khartoum has created number of social problems concerning pressure on public facilities and services, psychological and physical problems, and violence.
- 2) Irregular migration which including transit migrants has led to difficulty to estimate real number of migrants.
- 3) The majority of migrants from other countries including high proportion of female are staying illegally, and some are facing social issues concerning victims of human trafficking.
- 4) Although the Sudanese migrants working abroad were significant for the Sudanese economy, the absence of these workers, many of them skilled, constituted a "brain drain" of serious proportions.

#### 3-7-1. General situation of international and domestic migrants

Apart from continues conflicts, lack of economic opportunity has led to a number of domestic and international Sudanese migrants as its labor or economic migrants. According to 2008 census,<sup>2</sup> the number of Sudanese changed their residence has reached at 3.7 million, which representing almost 10 % of the total population.

Given the expansive geographic territory of Sudan, and the regional and ethnic tensions and conflicts, much of the forced migration in Sudan has been internal. The CPA of 2009 has led number of forced or economic migrants to return to South, and this requires preparation of basic services as well as improvement of infrastructure in Southern Sudan. While continues conflict in border areas as well as Darfur have produced new forced or economic migrants.

Another aspect of domestic migrant is seasonal internal movement. Those people generally change their move for working in areas of agricultural and industrial sectors. Some of the seasonal movement across the southern internal national broader have led to conflicts for use of land during dry season.<sup>92</sup> In addition, the minority of Sudanese population is Nomadic and they are main concerns of the government of Sudan as they lacked access to basic education and health services.

Out of the total of 3.7 million of internal migrant, 72% of them found to be moving to urban areas of the country, two thirds of those migrated to urban areas were found to be in Khartoum state.<sup>2</sup> Thus, Khartoum state is the main state receiving domestic migrant.<sup>93</sup> In

addition, 15.9% of all internal migrants are from North Kordofan, followed by 14.9%, 11.2% and 10.9% from Gezira, South Kordofan and Northern state.<sup>2</sup>

Within internal migrant living in Khartoum State, more than 50% are males migrants and 48% were females.<sup>94</sup> Similar results are reported in Central Bureau of Statistics, 2008 Census. This suggests no great disparity on number of migrant by gender. Furthermore, the domestic migrants were usually young; 60 percent were between the ages of fifteen and forty-four. Of that number, 46 percent were females.<sup>94</sup>

Rapid growth of internal migrant in Khartoum has created social problems. Some of the internal migrants can not afford the cost of housing and have feeling inferior to those formally settled which leads to the social problems concerning violence and social disintegration. Increase of internal migration may lead to more pressure on the already deteriorated public facilities and the services provided.<sup>86</sup> Such social problems are deteriorated by recent increase of immigration from neighbouring countries as well as other countries.

Sudan attracted migration from different nationalities for different reasons, economic or otherwise, and mostly concentrate in urban zone. Table 3-7-1-1 shows that percentage and distribution of migrants by nationality within Khartoum state. As the table indicated, a highest number of migrants was Ethiopian followed by Egyptian and Eritrean. In the last few years, people from China, Bangladesh, Sri Lanka, Philippines and Turkey have started to enter to Sudan and mostly is represented as labour or economic migrants.<sup>92</sup>

Growth of number of economic or labour migrants from other countries, contribute for social pressure as domestic migrants experienced. Together with this issue, irregular migration which including transit migrants who are often presented in Sudan for several year and then go to other countries has led to difficulty to estimate real number of migrants. The illegal migrants are faced by some social issues as the results of a limited opportunity to obtain work permit. The IOM (2011)<sup>92</sup> indicates that from the approximately 750,000 foreigners living in Sudan in 2010, only 2,000 work permits were issued or renewed by the Ministry of Labour. In addition, such issued or renewed visas are mostly relevant to members of international companies and NGOs. Concerning gender disparity, many men with high qualifications who work in national projects and international companies were reported to have work permits issued during the period from April to December 2009. Only 5.0 percent was issued to women during the same period. Among these, Philippines represented a high proportion of female workers. This suggests that the majority of migrant including high proportion of female are

staying illegally, and some are facing social difficulties concerning victims of human trafficking. For instance, Victim of human trafficking was reported on for women trafficked for domestic servitude and sexual exploitation.<sup>92</sup>

While, the presence of migrants from other countries including illegal migrants seems to be functional as they usually employed in menial jobs which are not preferable to Sudanese.<sup>92</sup>

Table 3-7-1-1: Migrants by nationality in Khartoum state, 2008

Nationality	N	%
Sudanese	129905	96.1
Ethiopian	1651	1.2
Egyptian	880	0.7
Eritrean	721	0.5
Chinese	199	0.1
Chadian	196	0.1
Central African	134	0.1
Nigerian	41	0
Ugandan	32	0
Indian	19	0
Libyan	11	0
Other Countries	1079	0.8
Not reported	320	0.2
Total	135188	100

Source: Central Bureau of Statistics, *2008 Census*

The history of external migration by Sudanese is closely linked to the Gulf countries. This type of economic migration dates back to the last quarter of the 20th century, following the oil boom in the Gulf and the beginning of the deterioration of Sudan economy. Sudanese migrant who currently living abroad as labour or forced migrants were estimated to be between 1.2 and 1.7 million people.<sup>92</sup> Major receiving countries of Sudanese migrants were in order by Saudi Arabia, Uganda, Chad, the United State, the United Kingdom, Ethiopia, Canada Germany and Australia.<sup>92</sup> A new pattern emerged due to conflicts and tensions in Sudan. Illegal immigrants to Israel are estimated to be 10,000. Of whom 35% were from Darfur, 25% from the Nuba Mountains which is recently witnessed severe conflicts.<sup>95</sup> They are categorized as illegal migrants, however, it is difficult to distinguish between economic migrant or refugee if considering the reasons for their movements as whether it was beyond their control or not.

Predominant male worker who generally work in low-skilled occupations were reported in Saudi Arabia, beside collar jobs and high skilled occupations such as medical, engineering

and university professors, teacher and lawyer etc.<sup>92</sup> Although their remittances were significant for the Sudanese economy, the absence of these workers, many of them skilled, constituted a "brain drain" of serious proportions.<sup>96, 97</sup>

### **3-7-2. Main challenges**

The explosive urbanization caused by both internal and international migration is a severe challenge which is not yet managed, and is associated with inaccessibility to education, health services and employment.<sup>86</sup> Living in the outskirts of the city and in the unplanned areas with no social facilities, no piped water, and no drainage system normally leads to environmental hazards. Violence against migrant women is a further social issue as the result of an increase of internal and international migration.

These social problems must be addressed by the GOS, however, migration is not systematically mainstreamed into government development plans. The integration of this component is widely considered as an important step to ensure country development.

Some internal and external migrants present their willingness to return to their own home, however, continues conflict or instable economic conditions are main factors discouraging their return. Preparation of stable economic and infrastructure is major challenges for receiving migrant' returns.

Border control to protect illegal migrant is also a primary task to be addressed by the government of Sudan.

### **3-7-3. Supports from government, donors/partners and NGOs.**

Several national institutes, departments are involved in migration managements. Some of institutions or departments in North government involved in the migration management which listed by the IOM (2011, p76)<sup>92</sup> are presented in table 3-7-3-1.

Table 3-7-3-1: National institutions involved in the migration management in Sudan

Institutions/department	Function/responsibilities
Ministry of Interior: Various departments and services	<ul style="list-style-type: none"> <li>• Defining policies, laws and regulation and monitoring migration</li> <li>• Border re-demarcation, management and control</li> <li>• Fighting irregular migration smuggling and cross border crime</li> <li>• Apprehension, repatriation on deportation of irregular migration</li> <li>• Processing the application of citizenship for foreign migrants</li> </ul>
National Security and Intelligence Service	<ul style="list-style-type: none"> <li>• Management of operation for national security such as border controls</li> <li>• Preventing prostitution and sexual exploitation networks, human tracking</li> </ul>
Ministry of Council Ministry, Secretariat of Sudanese Working Abroad	<ul style="list-style-type: none"> <li>• Follow up on issues (tax, administrative procedure for leaving Sudan, providing communication and cultural supports etc) related to Sudanese migrant working abroad and protecting their rights</li> <li>• Planning policy analysis related to Sudanese migrant working abroad</li> <li>• Conducting research providing information for Sudanese migrant working abroad</li> </ul>
Sudan Centre for Migration, Development and Population Studies	<ul style="list-style-type: none"> <li>• Developing migration profiles and carrying out analysis on migration</li> </ul>
Ministry of Foreign Affairs	<ul style="list-style-type: none"> <li>• Provision of visa for foreign migrants</li> <li>• Negotiating agreement and protocol with other countries for admission of Sudanese migrants</li> </ul>
Ministry of Social Welfare for Women and Children	<ul style="list-style-type: none"> <li>• Fighting violence towards children and women</li> <li>• Provision of physical and psychological supports for women and children</li> </ul>

Source: International Organization for Migration (2011). *Migration in Sudan: Country profile*

In addition, new policies were introduced by the General Secretariat of the National Population Council in 2002. In this regard, a set of objectives were put forward to address internal migration.<sup>98</sup> Policies and reforms for internal and international migration include: rural development policy; decentralization of industries and development projects; integration

of population mobility in the National Development Strategy. Different dimension of migration are to be fully included in the national planning process.

A number of international institutions and non-government organizations has been involved in support and management for migration. The IOM is largely involved in protection, return and reintegration of international migrants. For Southern Sudan, village assessment and return monitoring project providing basic information regarding the availability of basic services such as water, healthcare education in community for reintegration of returnees (IOM, 2011). For Darfur, assessment for new migration, and basic needs as well as conditions for returnees. The IOM also organizes repatriations of Sudanese from outside. Capacity building to manage mixed migration flow for ministerial agencies is also provided.

The UN also provides supports in migration management through the INMIS return, reintegration and recovery projects.

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