

A vision for children

UNICEF in Sudan



Together For Peace

Sudan's children



A pupil pauses in her studies at an open-air classroom in Unity State (UNICEF Sudan/Ben Parker)

Sudan is Africa's largest country, with an estimated population of 40 million people - of which 40 per cent are children under the age of 15¹.

After decades of civil war between the north and south of Sudan, the signing of the Comprehensive Peace Agreement in 2005 brought a new sense of opportunity for the people of Sudan - and especially its children. The country is entering a period of transition, with a need to establish programmes and systems that support post-conflict transition and long-term development. The government, UNICEF, their partners and local communities can now further invest in women and children, and demonstrate the measurable dividends of peace.

While the Comprehensive Peace Agreement has created an environment of possibility, there are ongoing challenges; not least the conflict in Darfur that has required a massive humanitarian response to ensure the survival of millions of people, the considerable socio-economic disparities between different parts of Sudan, and the need to support the return of hundreds of thousands of people to their places of origin in Southern Sudan that demands a renewed focus on community regeneration.

Against this background, UNICEF Sudan is supporting a 2009-2012 Programme of Cooperation for the children of Sudan, which establishes key priorities and objectives for all actors - whether government, international organizations, civil society or communities and families themselves - that will address the overarching needs of children in Sudan, build a solid foundation for future growth and stability, and help the country move closer to attaining the Millennium Development Goals.

It is an ambitious programme - but one that puts the rights of children firmly at the heart of the national agenda, based upon a vision that will create a better, more fulfilling future for Sudan's youngest generation.

¹ Sudan Household Health Survey, 2006

There are still an estimated 4 million **internally displaced persons** (IDPs) in Sudan, of which over 2 million have been uprooted by the ongoing conflict in Darfur. Half of these are believed to be children.

Decades of conflict and ongoing insecurity in some parts of the country have made accurate data collection and analysis difficult. In 2006 UNICEF supported the Government of National Unity and the Government of Southern Sudan to produce the first ever Sudan Household Health Survey, which provides a valuable insight into the situation of women and children in every state. It underlines significant differences between geographical areas, urban and rural communities and amongst different social groups; notwithstanding these variations, it has been possible to produce national estimates for key development indicators, including:

The **under-5 mortality rate** is 112 deaths per 1,000 live births. A **high disease burden** and **inadequate health services** contribute to this mortality rate, with outbreaks of acute watery diarrhoea, malaria and vaccine-preventable diseases being regular occurrences. 68 per cent of children are not fully immunized in the first year of life, while diarrhoeal disease affects nearly 30 per cent of children under the age of five.

Sudan's **maternal mortality ratio** is 1,107 deaths per 100,000 live births. In one state of Southern Sudan this figure rises to 2,243 deaths - believed to be the highest maternal mortality ratio in the world. On average, half of deliveries are not assisted by trained health professionals while 80 per cent of births take place outside a health facility.

Some 31 per cent of children under the age of five are **moderately or severely underweight**, with nearly one-third suffering from **stunting**. **Micronutrient deficiency** is high, with nearly one-quarter of children under the age of five and more than 80 per cent of new mothers lacking vitamin A supplementation. Less than 12 per cent of the population consumes iodised salt.

40 per cent of the population does not have access to **improved sources of drinking water** and more than two-thirds have no access to **adequate sanitation**. Guinea worm is still endemic in more than 2,500 villages.

The Federal Ministry of General Education reports that in the northern states **gross primary school enrolment** stands at 67.8 per cent, while data from Southern Sudan indicates that enrolment reached over 1.2 million in 2007. Overall, the 2006 Sudan Household Health Survey reported that only 53 per cent of children are actually attending classes at any level (although the rapid increase in enrolment in Southern Sudan has probably superseded these statistics), and 49 per cent of girls are missing out on their primary education. Over 900 schools in Southern Sudan are classified as 'open air' learning spaces and nearly all teachers are untrained volunteers, usually unpaid.

Children remain vulnerable to **abuse, exploitation and violence**. 8,000 children are estimated to be **associated with armed forces and groups** - approximately 2,500 in Southern Sudan, the remainder mostly in Darfur. There is limited capacity for effective reintegration programmes, despite genuine commitment by armed forces and groups to support demobilization of children. Sudan is classified by the UN as one of ten countries most affected by **landmines**.

Early marriage is common nationwide; 36 per cent of children are married before the age of 18, putting many at risk of dropping out of education and threatening their health. **Female genital mutilation and cutting (FGM/C)** continues to be practiced on girls in the north of Sudan, with a prevalence rate of nearly 70 per cent. Only 32 per cent of children have had their **births registered**, leaving them open to potential exploitation and abuse of their rights.

The estimated **HIV/AIDS** prevalence rate of 2.3 per cent does not reflect much higher prevalence rates in specific parts of the country. A national survey on HIV prevalence is scheduled to report in 2008. The Sudan Household Health Survey found that 70 per cent of all women had an awareness of the virus but their knowledge of how to avoid infection was limited - only 4 per cent of women showed any knowledge about **HIV prevention**, while 26 per cent were aware of the risks of **mother-to-child transmission**.

A vision for Sudan's children



A boy celebrates a goal during a football match in Nyal, Southern Sudan (UNICEF Sudan)

“Every child in Sudan has the right to survival, development and protection, and to grow to adulthood with the opportunity to build a stronger Sudan”

UNICEF believes that every child in Sudan has the right to survival, development and protection, and to reach their full potential to build a stronger Sudan. Investing in Sudan's children today is an investment in national growth and the broader global targets of the Millennium Development Goals and the Millennium Declaration. The rights and aspirations of children must be placed at the heart of the national agenda, and government, the private sector, civil society, development agencies and the international assistance community must make tangible commitments to realise those rights and aspirations.

Solid groundwork has been made in establishing the principle of investing in children; the Comprehensive Peace Agreement, the Darfur Peace Agreement, the East Sudan Peace Agreement, national development policies and new legislation in both the north and Southern Sudan have all recognized the fundamental importance of putting children first. The challenge today is to respond to immediate needs, and strengthen the systems and capacity within Sudan to ensure the long-term sustainability of programmes benefiting children, in an operating environment that is often challenging - and costly - in terms of security, physical access and logistics.

UNICEF is committed to a vision for Sudan's children that creates new opportunities for children and families, enabling them to play a constructive role in the recovery of their communities and where children can actively participate in the decision-making processes that affect their lives.

With this vision in mind, the Government of National Unity, the Government of Southern Sudan and UNICEF have agreed upon a common set of targets and strategic approaches in their 2009-2012 Programme of Cooperation, designed to bring Sudan back on track to meet the Millennium Development Goals and the Millennium Declaration, and feed into the broader UN Development Assistance Framework (UNDAF).

Amongst the targets for the 2009-2012 period are:

1. Ensuring that at least 80 per cent of children under the age of five have access to a minimum package of health and nutrition services.
2. Providing clean water to more than 2.5 million people for the first time
3. Ensuring access to adequate sanitation for an additional 860,000 people.
4. Enabling 5.2 million children and young people have access to quality basic education and other forms of learning, in addition to ensuring that 1 million children currently out of school have access to alternative forms of education.
5. Increasing the prevalence of birth registration by 20 per cent.
6. Establishing wide ranging policies and community-based services for children in conflict with the law, victims of violence, abuse and exploitation, and children without parental care.

Equipped with reliable baselines such as the Sudan Household Health Survey, UNICEF will work closely with others to create the necessary policies, systems, programmes and capacities to ensure measurable progress for children in the years ahead.

This focus on partnership builds upon achievements already made since the signing of the Comprehensive Peace Agreement; such as the evolution of government structures in Southern Sudan, substantive social policy developments in the north of Sudan, and the increasing role of the donor community in supporting both strengthening of capacity and implementation of key programmes. In this new environment, partners such as non-governmental organizations and civil society bodies will continue to represent a core element of UNICEF's programme in Sudan.

These partnerships will ultimately deliver 'peace dividends' that create new opportunities, and bring children, their families and communities together with a shared purpose and sense of achievement.

By investing in Sudan's children today, we can build a future free of disease and illness, free of illiteracy, free of discrimination and harmful practices, free of disparity and poverty – and full of potential.

Achieving the vision



Street working children play soccer at a UNICEF-supported reintegration programme in South Kordofan (UNICEF Sudan/2007/Georgina Cranston)

“Building national capacity, regenerating and promoting long-term growth ... and ensuring the most vulnerable receive appropriate and timely assistance.”

UNICEF structure in Sudan

UNICEF began operations in Sudan in 1952. Today it employs over 500 staff - two-thirds of whom are Sudanese. Following the 2005 Comprehensive Peace Agreement, which established a Government of National Unity based in Khartoum and an autonomous Government of Southern Sudan in Juba, UNICEF's own structure was redesigned with a Sudan Country Office in Khartoum and two area programmes; one for the northern states and for Southern Sudan. This provides a single framework for strategic planning, policy and budgeting while ensuring the diverse needs of children across Sudan are reflected in the implementation of programmes. UNICEF's work is supported by a North Sudan Area Programme based in Khartoum, a Southern Sudan Area Programme based in Juba, and through 11 field offices which ensure that service delivery and capacity development can be implemented at local level.

UNICEF's activities in Sudan are developed in consultation with the Government of National Unity and the Government of Southern Sudan, with inputs from technical partners. Four main sectoral programmes cover health and nutrition, water, sanitation and hygiene, education, and child protection. Cross-cutting programmes cover HIV/AIDS prevention and response, communication and advocacy, and planning, monitoring and evaluation.

The goals of the 2009-2012 Country Programme are fully consistent with the Millennium Development Goals, the Government of National Unity's five-year National Strategic Plan for Sudan and the Government of Southern Sudan's three-year Budget Sector Plan, as well as the UN Development Assistance Framework. There is a strong focus on integrated, multi-sectoral programming, in partnership with others - including government, UN agencies, international and national organizations, civil society and the international assistance community. These partnerships have already proved invaluable in starting to strengthen capacity, systems and structures in support of child survival and development across Sudan.

Programmatic approaches

UNICEF's strategic approach builds national capacity, regenerates and promotes long-term growth within communities, and ensures the most vulnerable women and children receive appropriate and timely assistance.

Evidence-based advocacy for child-sensitive policies including social budgeting and social transfers to vulnerable children and their families.

An area-based approach that combines efforts to reach all children nationally with a focus on specific states or localities - geo-targeting helps reduce disparities and increases equity by focusing on the most vulnerable communities, including internally displaced, refugees, returnees, children without primary care-givers, children involved with armed groups, girls and women affected by discrimination and persons living in areas under-served areas by basic social services

An integrated community-based recovery and development approach (see also page 21) that focuses on community capacity building and empowerment, integrated delivery of basic social services and technical support by local government.

Accelerated child survival and development strategies (see also page 9) linking integrated basic health, nutrition and hygiene activities at community level, grassroots capacity building and policy changes with increased investment to scale up existing programmes.

Continuing capacity to respond to acute emergencies such as conflict-related displacement, droughts, floods and disease epidemics through emergency preparedness and enhanced government capacity for emergency response.

UNICEF must add value where it is the most effective. Strategic choices are made in consultation with partners, while UNICEF actively advocates with others to help meet outstanding needs, and ensure a consistent and coherent approach to the wide-ranging needs of children and mothers.

Reducing mortality and morbidity



Polio vaccination underway in the Jebel Marra region of Darfur (UNICEF Sudan/2006/Edward Carwardine)

“Improving quality of health care and the development of integrated health and nutrition activities”

By the year 2012, UNICEF and its partners in Sudan will have helped reduce infant, child and maternal mortality, achieving key results that include:

- Ensuring at least 80 per cent of children under the age of five have access to a minimum package of health services and
- Ensuring at least 65 per cent of women of child-bearing age have access to a minimum package of maternal health services

Key strategies to achieve these results include supporting increased immunization coverage for children and pregnant women against diseases such as polio, measles, diphtheria and tetanus. This includes ensuring that the necessary infrastructure for effective routine immunization is in place, for example through the installation of vaccine storage facilities and the training of vaccinators.

Prevention of childhood diseases, including diarrhoea, malaria, measles and acute respiratory infections, is being approached through improved quality of health care and the development of integrated health and nutrition activities through the Sudan Accelerated Child Survival Initiative (ACSI). The Initiative brings together a package of key health activities, including immunization, vitamin A supplementation, provision of deworming tablets, promotion of breastfeeding, use of iodised salt, health education and hand washing, distribution of insecticide-treated bed nets, and nutritional screening and growth monitoring, all of which are known to have a significant impact on reducing mortality rates.

The provision of these key services is complemented by building the capacity of community-based health workers and the introduction of new programmatic approaches such as new-born care, and the expansion of comprehensive emergency obstetric care and neo-natal care. This latter area includes provision of equipment and training of health workers, the prevention of mother-to-child transmission of HIV, and the development of centres of excellence for maternal health.

Ensuring that achievements are sustainable requires investment at all levels of the health sector in Sudan. UNICEF is supporting the finalisation of health policies for the north of Sudan and Southern Sudan and assisting with the development of technical guidelines and treatment policies on issues such as malaria, safe motherhood, HIV and AIDS, disease surveillance and Health Management Information Systems.

“I want to be a doctor so I can help people - a lot of people are dying in Sudan”

Mazen, age 13, Khartoum

Reducing mortality and morbidity



UNICEF Sudan 2006/

A three-tier approach to accelerated child survival in Sudan.

'Jump-start' activities

A 'jump-start' campaign over two years will deliver polio and measles immunization, vitamin A supplementation, de-worming, promotion of iodised salt consumption, breastfeeding and handwashing, screening and referral for treatment of malnutrition and distribution of anti-malarial bed nets, reaching the majority of children in Sudan, using existing Expanded Programme on Immunization structures and equipment. At the same time, in selected areas, local capacity will be enhanced to provide routine health care at community level.

'Pulse' activities

Based upon mapping and identification of areas in selected states with low health coverage, mobile teams of community health and nutrition workers, supported by capacity building and skills development, will roll out services from their bases in existing health centres to deliver regular, systematic child and maternal health services in the surrounding areas, complemented by twice-yearly Child Health Days. Community development committees will be supported to ensure local management and ownership of the initiative.

Routine health care services

From 2008, the Sudan Accelerated Child Survival Initiative will also focus on systems improvements in community health care delivery, building human capacity and the development of routine programmes that tackle child and maternal mortality. This includes introduction of new strategies such as new-born care and individual clinic care, as well as expansion of comprehensive emergency obstetric care and neo-natal health care, and the establishment of annual Child Health Weeks nationwide.

Key strategies to combating malnutrition across Sudan include tackling micro-nutrient deficiencies, low birth weight and chronic malnutrition through increased routine vitamin A supplementation, iron and folic acid supplementation, promotion of iodised salt, and the marketing of fortified foods such as flour and sugar.

Improving both child and maternal nutrition is based on support to growth monitoring and promotion within health facilities, the promotion of breastfeeding and complementary feeding, and improving household caring practices through routine, community-based health and nutrition services.

UNICEF supports a range of activities to ensure capacity to detect, prevent and treat malnutrition in Sudan, including early warning systems and nutritional surveys, coordinating responses with partners and contributing to multi-sectoral approaches for the prevention of malnutrition. To help tackle acute malnutrition, UNICEF provides technical support and equipment to partners, helps to consolidate national standards and supplies specialist foods such as therapeutic milk and nutritional pastes for rehabilitation of severe malnutrition in both facility based and community based selective feeding programmes. Support is also provided for strengthening identification and referral systems for severely malnourished children.

“After just two weeks of supplementary feeding my child can now walk again - and even play !”

Achol Kur Majok, mother of five-year old child suffering from malnutrition, Juba.

UNICEF also works with government to deliver a ‘Minimum Nutrition Package’ of key preventive activities in health facilities, through a standardised health worker training package and provision of material support for implementation of services. Preventive activities include vitamin A supplementation for children and postpartum women, growth monitoring and promotion, distribution of iodized oil capsules in areas where goitre is endemic, promotion of the use of iodised salt, iron and folate supplementation for pregnant women, promotion of optimal infant and young child feeding and screening and referral for treatment. Outside fixed health facilities, these services are delivered through the Sudan Accelerated Child Survival Initiative (see earlier), which brings together a package of key health activities, all of which are known to have a significant impact on reducing mortality rates.

At national level, UNICEF is working with government partners to develop nutrition policies and to advocate for legislation on fortified foods, as well as to support the training and skills development of nutrition workers. In Southern Sudan, UNICEF is instrumental in helping develop an effective nutrition information system that will enhance the management capacity of central, state and community level nutrition staff.

Ensuring access to clean water and sanitation



A young girl fetching water from a UNICEF supported powered water pump in Northern Bahr-EI-Ghazal (UNICEF Sudan/2007/Georgina Cranston)

“Supporting water, sanitation and hygiene programmes to ensure a holistic approach to tackling disease and illness in communities.”

By the year 2012, UNICEF and its partners in Sudan will have reduced the risks from water-borne disease by achieving key results that include:

- Provision of clean water to more than 2.5 million people for the first time,
- Ensuring access to adequate sanitation for 860,000 more people,
- Reaching 10 million people with information on hygiene practices and
- The complete eradication of Guinea Worm.

Key strategies to achieve these results include rehabilitation, maintenance and construction of water and sanitation facilities, especially in rural communities and those with high numbers of returnees. Schools and health centres are key focus areas for improvements in water and sanitation, to ensure a holistic approach to tackling disease and illness in communities.

UNICEF is also investing in building the capacity of non-governmental and community-based organizations to both promote sanitation as well as construct latrines.

In addition to physical improvements in the water and sanitation sector,

UNICEF supports improvements in personal and household hygiene, through the provision of hygiene messages via structured community mobilization – such as household level visits by health promoters – and the mass media. UNICEF also supports the training of local hygiene promoters and social mobilizers to improve the effectiveness of awareness-raising programmes.

UNICEF works with government partners to develop new standards, operational and training manuals, and monitoring systems, as well as supporting the establishment of revised policies on water resource management, and on domestic water supply, sanitation and hygiene.

Sudan suffers from severe annual flooding during the rainy season, and UNICEF supports the pre-positioning of vital emergency supplies such as chlorine and water-testing kits, as well as jerry cans and water tankers, at the state level to ensure rapid response to water-related crises. UNICEF also helps build emergency response capacity across all levels of government.

“Hygiene education is important because through it people protect themselves from diseases and other health issues.”

Nasrin, age 10, Gedaref

Improving access to, and quality of, education



A young girl student stands in her classroom at a school in Nyal, Southern Sudan (UNICEF Sudan/2006/)

***“Increasing enrolment ,
quality of learning, and
achieving gender
parity in primary
education.”***

By the year 2012, UNICEF and its partners in Sudan will have increased access to education by achieving key results that include:

- Enabling 5.2 million children and young people to access quality basic education and other forms of learning,
- Assisting 250,000 nomadic children to move from primary to secondary schools and
- Ensuring 1 million children currently out of school have access to alternative forms of education.

Key strategies to achieve these results include expanding access to basic education – through school construction, provision of school supplies, the promotion of ‘Alternative Learning Approaches’ which include vocational training, adult education and literacy programmes, teacher training and social mobilization to promote the value of education amongst Sudanese communities. Support to early childhood development, school readiness and parenting programmes are also being planned.

“Going to school will enable me to get to university. This way I can give education to all.”

Josephine, age 14, Juba

Special attention is being paid to groups such as nomadic children, amongst whom gross enrolment rates are especially low. There is a strong focus on promoting girls’ education – for example through support to the Girls’ Education Movement in Southern Sudan, where children themselves play a central role in promoting education amongst families, and through the development of Parent Teacher Associations.

To improve the quality of education, UNICEF supports child-friendly school environments, including the provision of water and sanitation facilities. To make schools more conducive to learning, there is a strong focus on improved teaching and learning skills – including curriculum reform that encompasses issues such as literacy and numeracy, life skills, psychosocial development, and HIV and AIDS awareness – built around a framework of child-centred teaching.

In addition to these school-focused activities, UNICEF is also supporting the development of institutional capacity at government level to ensure that improvements are sustainable. This includes the establishment of an Education Management Information System to help planners and administrators, support to education policies covering issues such as budgeting and resource allocations, improved teacher training courses and support for education authorities to better manage financial and human resources.

Creating a protective environment



A girl draws pictures in a child-friendly centre supported by UNICEF in one of Darfur's camps for internally displaced persons (UNICEF Sudan/2007/Georgina Cranston)

“Protecting all children from abuse, violence, exploitation and discrimination.”

By the year 2012, UNICEF and its partners in Sudan will have supported the establishment of wide-ranging policies and community-based services for children in conflict with the law, victims of violence, abuse and exploitation, children suffering discrimination and those without parental care.

Special focus will be given to ensuring justice for children – including victims, offenders and witnesses – children associated with armed groups and forces, children without primary care-givers, the ending of harmful traditional practices and early marriage, and expansion of birth registration.

Much of UNICEF's activity centres around ensuring that laws, policies and procedures are 'child friendly' and in line with international standards. This includes support for the review of legislation and assistance with drafting and finalisation of key laws such as the Armed Forces Act in the north of Sudan, and the Penal Code and the Child Act in Southern Sudan.

“We, the beautiful children of war, we need care and guidance.”

Sarah, age 9, Malakal

UNICEF also works with partners to develop new initiatives that better protect children's rights and welfare and places greater emphasis on formalised family and community-based approaches – including Child and Family Protection Units within the Sudanese police that provide quality health, psychosocial and legal services to women and children affected by crime and abuse, and the establishment of alternative family care programmes that reduce dependence on institutional care for children deprived of parental care.

The needs of children associated with armed forces and groups are being addressed through UNICEF support to demobilization and reintegration programmes across Sudan. This work also includes training of armed forces on child protection issues to reduce the risk of new or repeated recruitment of children.

UNICEF also supports mine risk education programmes, focusing particularly on internally displaced persons, returnees and children, including by linking with the mainstream education system.

At a broader level, UNICEF is instrumental in promoting mass public awareness campaigns on key child rights, targeting both families and policy-makers and practitioners.



Children celebrate World AIDS Day in Rumbek, Southern Sudan (UNICEF Sudan/2006/Bismarck Swangin)

“Developing programmes that tackle lack of knowledge or understanding on HIV and AIDS, while implementing projects that support children and families affected by the virus.”

By the year 2012, UNICEF and its partners in Sudan will have contributed to tackling HIV and AIDS, achieving key results that include:

- Ensuring 27 million children and young people have access to information and services that reduce their vulnerability to HIV,
- Ensuring 3.5 million pregnant women receive counseling on HIV, of which half accept HIV testing and
- Ensuring all infected pregnant women and their infants receive appropriate treatment.

Sudan is in the early stages of a generalized HIV/AIDS epidemic, with indications of higher infection rates in the south than in the north. A national sero-behavioural survey in 2008 will provide an overall view of HIV incidence, behavioural patterns and contributing practices in the different geographical regions of Sudan and will help guide policy-makers and partners to address each region's specificities.

A number of challenges to tackling HIV are already known – these include social and religious taboos and the stigmatisation and marginalisation of affected people and families. Limited knowledge is also a critical factor – the Sudan Household Health Survey undertaken in 2006 indicated that less than 4 per cent of women knew how to avoid HIV infection.

UNICEF works alongside the Sudan National AIDS Programme and the Southern Sudan AIDS Commission to develop programmes tackling lack of understanding on HIV and AIDS, and implement projects to support affected children and families. Legislation is also being strengthened to protect people living with HIV and AIDS – for example, in the north of Sudan, a new HIV law prohibits discrimination on the basis of being HIV positive.

Increasing focus is placed on ensuring the issue of HIV is integrated into education, youth affairs, and the military. A multi-media public information campaign aimed at high risk audiences was launched in 2007 across the north of Sudan, to complement ongoing peer-to-peer education activities. Voluntary Counseling and Testing Centres are being established, and Prevention of Mother to Child Transmission services are being implemented through ante-natal centres.

In Southern Sudan, where prevalence rates are believed to be much higher than official records indicate, the Ministry of Health has established a dedicated HIV/AIDS unit to focus on implementing services including Voluntary Counseling and Testing, Prevention of Mother to Child Transmission, and treatment and care of people living with HIV, as well as widespread public education activities.

“There is so much bad information about AIDS. But once you have shared the right information, people react very positively.”

Selim, HIV counsellor, Khartoum



A woman demonstrates the use of a clockwork radio at a community listening project in Blue Nile State (UNICEF Sudan/2006/Georgina Cranston)

“Developing key messages and modes of communication to bring vital life-saving and life-changing information into the household.”

The development and implementation of services for women and children can only be effective if individuals and communities have access to adequate information and guidance that encourages them to utilize those services.

Cutting across the UNICEF-supported programme is a wide range of communication and advocacy activities that use evidence-based research to develop key messages and modes of communication to bring vital life-saving and life-changing information into the household.

Information-sharing activities include house-to-house visits by health and hygiene educators, mass media information campaigns on prevention of HIV transmission, public awareness activities to highlight and promote child rights, advocating for increased school enrolment, and extensive community mobilization behind immunization campaigns against polio and measles.

Radio listening groups are also supported across Sudan, actively involving community members in appraising radio programming on social issues, and providing a forum for discussion on issues raised and for feedback to programme makers to enhance future broadcasts.

UNICEF works closely with key influencers within the community and technical experts from the media to establish effective approaches to behaviour change; testing messages and materials on target audiences to measure impact, and incorporating communication activities within service delivery aspects of the programme to help gauge the impact of such activities upon broader objectives.

In addition, UNICEF is responsible for coordination and management of the Sudan Information Campaign for Returns, which delivers vital information to families returning to their homes after years of displacement during the civil war. This information includes details of services available to returnees in their places of origin, their rights and entitlements, and general information about the current situation in the community to which they are returning.

“If you just give students information, very little stays with them. But if you get them to interact with the information, produce their own materials, then they take it in and start to understand it.”

Teacher working on HIV awareness activities

Supporting a transition to development

Recognizing that there is an urgent need to kick-start grassroots recovery and development following the end of the civil war, UNICEF is working with a wide range of partners to support integrated community-based recovery and development (ICRD) initiatives.

These include the substantive empowerment of communities themselves, to establish a sustainable approach to development critical to bringing Sudan back on track to meet the Millennium Development Goals.

UNICEF is well-placed to support ICRD programmes, building upon the experience of the Child Friendly Community Initiative, which since 2002 has supported 750 communities in the north of Sudan to develop self-managed projects for women and children.

ICRD takes this approach to another scale, drawing on wide-ranging support from other key partners. Targeting communities with a high level of unmet needs – for example poor access to health, education or water services, or limited productive and livelihood assets – ICRD brings together key actors from government, UN and non-governmental partners to work alongside community leaders to build sustainable services and capacity at the grassroots level. The strength of the initiative lies in its focus on bringing different partners together – from national to community level – to identify needs and responses and share expertise and resources on a collective basis.

Community capacity building and empowerment focuses on the potential for local partners to take a leadership role in community development. This includes establishment of Technical Support Teams within communities, trained on issues such as governance, programme management and administration, financial management and conflict prevention. Support is provided to build local institutions and structures such as information management systems, operations and maintenance systems, parent teacher associations, community centres and outreach services. The potential for long-term sustainability of programmes is increased through investment in Community Development Committees, supported in areas such as leadership and management skills, participatory planning, identification of development needs and integrated programme management.

Integrated delivery of basic social and economic services addresses community development priorities, with particular emphasis on access to quality health, education, nutrition, water, sanitation and livelihood generation.

Based on needs identified by local community structures, development partners invest in, for example, improved agriculture production, provision of water and sanitation, construction and renovation of schools and health clinics, school feeding, livelihood development and training of key personnel such as teachers, health workers, youth workers and women's groups. Through these programmes, cross-cutting issues such as HIV/AIDS awareness, health and hygiene education, and local skills enhancement can also be delivered.

Holding the ICRD approach together is a framework of technical support by local government, including supervision and coordination, led by the government at federal and state level to mobilize human and financial resources and oversee the partnerships between different agencies, ensuring that there is a clear link between local government, development agencies and community leaders and underlying the essential leadership role played by government at every level, vital to longer-term sustainability.



United Nations Children's Fund
Sudan Country Office
PO Box 1358
House 74, Street 47
Khartoum 2, Sudan

Switchboard: +249 (0)183 489 149
Facsimile: +249 (0)183 473 461
email: khartoum@unicef.org

United Nations Children's Fund
Southern Sudan Area Office
Totto Chan Compound
Juba, Sudan

Switchboard: +249 (0)811 820 243
Facsimile: +249 (0)811 820 088