

Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled.



UNFPA in Sudan

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The Population of Sudan

Based on the Sudan Population and Housing Census 2008, total population of Sudan is projected to have reached 35,005,538 in 2012.

Sudan has a highly mobile population. Up to 10% of the population is nomadic and there is a long history of major seasonal labor migration. In recent years, major population migrations have also taken place as a result of conflict, and climate change and desertification. Sudan now has over 4 million Internally Displaced Persons (IDPs). Many of those reside in large camps in Darfur or have settled in the margins of urban areas; more recently, there have also been displacements in and out of South Kordofan and Blue Nile states. Sudanese also migrate abroad in large numbers; a significant proportion of skilled workers in the Arab region reflect a serious “brain drain” from the country.

Life expectancy at birth is about 60 years but rural-urban variation is large. Both overall and infant mortality rates remain high in Sudan (17.2 and 118 deaths per 1,000 live births, respectively). Maternal mortality varies widely across regions, typically highest among poor, rural and nomadic populations; the highest MMRatio is 334.9 in South Darfur state and the lowest is 105 in Sinnar state. In 2010, half of deliveries in the country were assisted only by village midwives; only one fifth of deliveries were attended by skilled health personnel.

Almost half of women in Sudan are illiterate. Women are disadvantaged in most communities; and the majority of them are unemployed or engaged in unpaid work and in informal sector activities. Female Genital Mutilation/Cutting (FGM/C) and early marriage are also common. FGM/C prevalence rate in the country stands at 65 % despite intensive campaigns to eradicate the practice. Women and girls continue to suffer disproportionately from conflict, including through gender-based violence, loss of basic services and widowhood.

Sudan has a very young population – two thirds of Sudanese are under the age of 34. Over 20 % of young people are unemployed. A quarter of youth living in urban areas and half of those living in rural areas are poor. The roles of young people in social and political life are limited. Although the government has recognized the needs and rights of young people, youth education, training and employment have suffered from very low investment.

Indicator	Sudan
Population	35,005,538 (33 % urban and 67 % rural)
Annual Population Growth Rate	2.4 %
Total Fertility Rate	5.6
Maternal Mortality Ratio	216 per 100,000 live births
Contraceptives Prevalence Rate	9.1 %
Youth population	62 %
Internally Displaced Population	14 %

Source: Sudan Population and Housing Census 2008 and Sudan Household Health Survey 2010

UNFPA Response

Maternal and Reproductive Health

Sudan's health sector is severely underfunded. One quarter of the population has no access to health facilities and only 19 % of primary health care facilities provide the minimum health care package. While 66 % of the functioning rural hospitals can provide basic emergency obstetric and neonatal care, less than half of them provide comprehensive emergency obstetric and neonatal care services needed to save mothers' lives.

Despite the weak capacity of government institutions and underfunded health sector, demand for and universal access to reproductive health information and services has increased. UNFPA supports programs to strengthen basic and comprehensive Emergency Obstetric and Neonatal Care services; increase availability of family planning commodities; and support training of professional and village midwives, as well as programs for prevention and management of Fistula and HIV. Activities are carried out throughout the country - in development, conflict and post-conflict settings.

UNFPA supports national and state capacities to formulate/review medium- and long-term policies and strategies. Policies supported include the National Health Policy, revised National Reproductive Health Policy, National Reproductive Health Communication Strategy, Maternal and New-born Mortality Reduction Roadmap, National Strategy for Scaling-up Midwifery, and the National Reproductive Health Commodity Security Operational Plan. Support has been provided to HIV policy development and to behavioral surveillance and operational research for the implementation of HIV/AIDS program.

Assistance is also provided to improve service delivery through the development of service delivery protocols and guidelines; implementation of operational research, surveys and studies; and advocacy and community outreach. With UNFPA support, reproductive health has become an integral part of emergency preparedness and response in humanitarian settings.

Because of the geographic dispersal of underserved populations in rural and remote areas and IDP camps, major support has been provided to rehabilitate and equip state midwifery schools and to train hundreds of Village Midwives for deployment in these areas.



Population and Development

UNFPA supports the National Population Council and the Central Bureau of Statistics in producing, analyzing and disseminating population data. UNFPA partnered with the CBS on the National Population and Housing Census in 2008. The census was a critical component of the Comprehensive Peace Agreement, and the first national census in post-independence years. The data provides the base for planning at national and state levels, and continues to be analysed and widely used by the government and other data users, including academic institutions and the private sector.

To enable Sudan to better respond to population issues, UNFPA has also supported the National Population Council to revise the National Population Policy. Assistance is also being provided to develop a National Strategy for the Development of Statistics – a system that will mainstream statistics into policy development processes at national, sector and state levels. This will further strengthen the government's capacity to carry out the next census, planned for 2016.

Youth issues remain a major challenge for Sudan. UNFPA provides support for the capacity building of youth organizations and networks, and for advocacy campaigns to enhance youth participation in development planning and in monitoring processes at national and state levels. The National Youth Strategy 2007-2031 has been adopted and Youth Parliaments in 15 states, including in Darfur, have been established to advocate for and enhance civic participation by youth. Nine youth centres were supported in Kassala and Gedaref states, and have become gathering points for youth mobilization and activities.

In Sudan, the relationship between the environment change and population is critical for peace and development. In 2012 UNFPA worked with the United Nations Environment Program (UNEP) to promote learning between the UN, government and non-government institutions working on population and environmental issues at national and state levels. Workshops were held in Khartoum, South Darfur, Gedaref and North Kordofan to discuss linkages between population and environment, and to develop mitigation strategies, engaging the government, development partners, civil society organizations (including pastoralists, farmers and women organizations), unions, academia and media.

Gender and Gender-based Violence

UNFPA focuses on promoting gender equality and empowerment of women in Sudan through development and humanitarian support, with special attention paid to prevention and response to all types of gender-based violence (GBV) – including Female Genital Mutilation/Cutting (FGM/C), child marriage, and sexual violence, especially in conflict and post-conflict settings.

Support has been provided to the government for policy development and implementation. Milestones achieved include the development of the National Women Empowerment Policy (WEP), the National Action Plan on Combating Violence against Women, and the Strategy to Combat Female Genital Mutilation in a Generation. While elements of the WEP and GBV policies have been incorporated into the National Quarter Century Development Plan, support will also be provided to monitor the Program of Action of the WEP at national and state levels.

At the state and community levels, and in partnership with the government, universities, media and communities, UNFPA supports the implementation of a wide range of projects aimed to advocate and raise awareness about issues of gender-based violence, FGM/C and child marriage. Although FGM/C practice is deep rooted in Sudanese tradition, the number of communities declaring collective abandonment of the practices has been on the rise, and reached a total of 513 in 2012.

UNFPA has partnered with the national and state health authorities and the Sudan Red Crescent to ensure that health workers are well trained to deal with any cases of sexual violence and has also worked with many local organizations on provision of comprehensive support for survivors of such violence.

As a result of sustained advocacy by UNFPA, the Ministry of Justice, the Parliament and national and international development partners, are currently reviewing, with a view to amend or replace, 88 articles in the Penal Code and the Family Law that are considered violations to women's rights. Certain articles have been identified and being reworked before presented to the Parliament.

Humanitarian Response

Since 2004, UNFPA has been responding to the situation in Darfur, and addressing humanitarian and recovery needs in this region. The agency supports access to reproductive health care services and strengthening the prevention and management of GBV, AIDS and Fistula in an integrated manner. While the program mainly focuses on delivering emergency life-saving services, such as Emergency Obstetric and Neonatal Care (EmONC) and health care for GBV and Fistula survivors, assistance is also extended to build the capacity of government, CSOs and other partners. To this end, UNFPA supports the rehabilitation as well as provision of supplies and equipment for local health facilities; training of village midwives and their deployment to rural areas and nomadic communities; and training of medical doctors on EmONC, family planning and maternal care. UNFPA partners with dozens of civil society groups for community mobilization and awareness-raising, targeting women, men, community leaders and youth.

Within the humanitarian coordination structure, UNFPA has coordination responsibilities for the Reproductive Health Sub-Sector under the Health Sector, and for GBV Sub-Sector under the Protection Sector. Together with other UN agencies, UNFPA contributes to the yearly Sudan Humanitarian Work Plan.

