



Child Protection Initiative Publication Series

(6)

**Vulnerable Children in Khartoum:
Status, Problems, Needs and Services Offered**

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List of Abbreviations:

ACORD	African Council Organization for Research and Development:
ADRA:	Adventist Development and Relief Agency
ACI:	Acute Respiratory Infection
BCG:	Bacillus Calmette Guerin
CBS:	Central Bureau of Statistics
CDA:	Community Development Association
CBO:	Community Based Organization
CBR:	Community Based Rehabilitation
CRC	Convention on the Rights of the Child
DPTI:	Proportion of Children Immunized against diphtheria, pertussts, and tetanus by age one
FAR:	Fellowship for African Relief
FGM:	Female Genital Mutilation
FHH:	Female Headed Household
FRCOG:	Fellow of Royal College of Obstetrics & Gynecology
FMOH:	Federal Ministry of Health
GOS:	Government of Sudan
HAC:	Humanitarian Aid Commission
HMC:	Human Morale Care
IDP:	Internal Displaced People
IMR:	Infant Mortality Rate
IRC:	International Rescue Committee
KCCW:	Khartoum Council for Child Welfare
MICS:	Multiple Indicator Cluster Survey
MSCA:	Minister of Social and Cultural Affairs
Nccw:	National Council for Child Welfare
NGO:	Non-governmental Organization
NWC:	National Water Corporation
ORS:	Oral Dehydration Salts
PCM:	Program Cycle Management
RH:	Reproductive Health
RHF:	Recommended Home Fluid
SCA:	Street Children Alliance
SCC:	Sudanese Council of Churches
SCOVA:	Sudan Council of Voluntary Agencies
SECS:	Sudanese Environment Conservation Society
SDA:	Sudanese Development Association
SDHS:	Sudan Demographic and Health Survey
SMS:	Safe Motherhood Survey
SRC:	Sudanese Red Crescent
STD's:	Sexually Transmitted Diseases
U5C:	Under Five Children
UN:	United Nations
UNICEF:	United Nations Children Fund
U5MR:	Under 5 Mortality Rate
WFP:	World Food Program

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Preface

The population of the Middle East and North Africa (MENA) region, which comprises, for the purpose of the CPI, 22 Arab states and Iran includes a high proportion of children under 18 years, specially when compared with developed countries; the proportions being 44% and 23% respectively. This proportion is even higher for some countries in the MENA region, reaching 52.7% for Palestine and 55.8% for Yemen. This high proportion of children makes the region one of the youngest and most dynamic regions in the world. The high level of fertility in many countries of the MENA region, together with declining mortality rates, have led to very high rates of natural population increase, reaching 2.7%.

Urban areas in the MENA region have witnessed rapid rates of population growth due to high rates of natural increase, rural-to-urban migration and labor migration (primarily to Arab oil producing countries). The annual rates of population growth in some cities in the MENA region is as high as 7.0%. If this pattern of urban population growth continues, then 70% of the total population of the region will be living in urban areas by the year 2020, i.e. an increase of 86 million people. While rapid urbanization is taking place in the MENA region, many cities are still not capable of keeping up with the pace of rising needs for job opportunities, housing, environmental, social and cultural services. With increasing decentralization in many countries of the MENA region, and shifting more responsibilities to local authorities, municipalities are expected to play a leading role in addressing the needs of their vulnerable citizens, namely children, women and the elderly. Furthermore, achieving the Millennium Development Goals requires governments, private sector and civil society associations to join forces to assist vulnerable and disadvantaged children. Such children include: the poor, working children, disabled, orphans, homeless and street children, refugees and displaced, girls and boys affected by violence.

The Child Protection Initiative (CPI) was established in response to a recommendation made at the "Children and the City" conference held in Amman in December 2002. The "Amman Declaration" called for building up the capacities of municipal authorities, and establishment of a regional fund to respond rapidly to the risks faced by vulnerable and disadvantaged children in the MENA region. The CPI, which was launched in September 2003, is supported by the World Bank and the Arab Urban Development Institute (AUDI), which hosts its secretariat in Riyadh.

One of the objectives of CPI is to build an extensive knowledge base on the main issues that face children in the MENA region, and to derive lessons and best practices from the research and programs that address vulnerable and disadvantaged children's issues, whether within the region or elsewhere. In order to fulfill this objective, the CPI commissioned scholars and researchers in the MENA region to conduct assessments of the status of children and relevant institutions in 12 cities, namely, Amman, Riyadh, Khartoum, Alexandria, Sana'a, Beirut, Casablanca, Algiers, Kuwait, Gaza, Medina Al Munawara and Tehran.

The present study is the six one in the CPI series of publications to fill the knowledge gaps on children's issues. The study attempts to: (a) review the status of children in Greater Khartoum, (b) review the status of disadvantaged children in order to identify vulnerabilities and risk factors affecting them, (c) assess the capacity of selected institutions that address children's issues in Greater Khartoum, and (d) propose a phased capacity building program for the institutions based on the findings of the assessment.

The discussion on child protection covers child labor, street children, abandoned children, internally displaced children, refugee children and female genital mutilation. The study also reviews the activities and the assessment of capacity building of governmental and non-governmental organizations working with children.

The total population of Greater Khartoum⁽¹⁾ in 2004 was estimated as seven millions constituting about 28% of Sudan population. Internally displaced persons (IDPs), as a result of civil war, military conflicts, desertification and droughts, constituted about 30% of Greater Khartoum population. The proportions of children under 15 years and under 18 years of age were 36.1% and 41.9% respectively.

According to the recent surveys infant mortality rate (IMR) and child mortality rates (CMR) for the Northern states are among the highest compared to many countries in the MENA region; the rates being 56‰ and 79‰ respectively (Department of Statistics, 1999). The rates are even higher for the Southern States, which were not included in the 1999 survey. The high rates for the Southern States are attributed to the deteriorating health and socio-economic conditions, as a result of the 50 years military conflict. The IMR and the CMR for Khartoum state are higher than the country average, the rates being 69% and 107% respectively. Khartoum study shows that the leading diseases among children under five include gastroenteritis (26.4%), malaria (25.1%), diarrhea (8.7%) and dehydration (8.4%).

Despite the considerable efforts exerted by the government institutions and NGOs both national and international, the problems of child vulnerability in Greater Khartoum will persist unless major interventions are introduced. Khartoum represents an attractive center for poor, unemployed and school dropout. The number of refugees, street children and abandoned children has increased significantly during the last two decades. The present study shows that most of street children in Khartoum could be dually classified as street children and child labor at the same time, this leads to high rate of child labor in Khartoum, and perhaps the highest number of street children in the whole country.

The present study outlines the governmental and the non-governmental organizations working with children. The former includes National Council for Child Welfare (NCCW), headed by the president of the republic, Khartoum Council for Child Welfare (KCCW) headed by the governor of Khartoum state (Wali), which works under the supervision of the ministry of social and cultural affairs in Khartoum state, Federal Ministry of Social Welfare, Federal Ministry of Health and other related governmental departments. The Sudan Council of Voluntary Agencies (SCOVA) was also established to develop voluntary activities, exchange information between NGOs, build the capacity of NGOs staff, link between NGOs and relevant governmental departments, and establish a data bank that provides NGOs with the necessary information. The study shows that the number of NGOs working in the field of children issues amount to 77 organizations, 70% of them are national while the rest (30%) are international. The capacity building needs of NGOs are related mainly to training in the areas of development, project planning and management, report writing, fund raising, project networking, lobbying, data collection and data analysis. Finally, Khartoum study presents an action plan for capacity building, based on the outcome of the assessment made for most of the organizations working with children, extracted from the workshop as well as from the questionnaires. The plan is classified under three main themes namely education, health and nutrition, and other child rights.

⁽¹⁾ Greater Khartoum comprises the three towns of Khartoum, Khartoum North, Omdurman, immediate suburbs and the resettlement areas for refugees and internally displaced persons.

تمهيد

تتميز التركيبة السكانية لاقليم الشرق الأوسط وشمال أفريقيا (التي تضم لأغراض المبادرة ٢٢ دولة عربية وإيران)، بأنها تشتمل على نسبة عالية من الأطفال واليا فعين دون ١٨ سنة، خاصة عندما نقارنها بالدول المتقدمة حيث تصل النسبة إلى ٤٤% و ٢٣% على التوالي. وتزيد هذه النسبة في بعض أقطار الاقليم حيث تصل إلى ٥٢,٧% في فلسطين و ٥٥,٨% في اليمن. هذه النسبة المرتفعة تجعل الاقليم في عداد الاقاليم الشابة و الأكثر حيوية في العالم. ولقد قادت نسبة الخصوبة العالية في كثير من دول الاقليم ومعدل الوفيات المنخفض، إلى معدلات عالية من الزيادة الطبيعية للسكان تصل إلى ٢,٧%.

ولقد شهدت المناطق الحضرية في هذا الاقليم معدلات متسارعة من النمو السكاني بلغ معدله في بعض مدن الاقليم ٧%، وذلك بسبب ارتفاع معدل الزيادة الطبيعية، والهجرة من الريف إلى الحضر، وهجرة العمالة (إلى دول البترول العربية بصفة رئيسة). ويتوقع أن يعيش ٧٠% من اجمالي سكان الاقليم في المناطق الحضرية بحلول العام ٢٠٢٠م، أي بزيادة قدرها ٨٦ مليون نسمة، إذا تواصل النمو السكاني بنفس النمط. ورغم أن الإقليم يتسم بالتحضر المتسارع، إلا أن كثيراً من المدن ليس في مقدورها مواكبة الحاجة المتزايدة لفرص العمل والخدمات الاجتماعية والثقافية وصحة البيئة والاسكان. وفي ظل تزايد تطبيق نظام اللامركزية الادارية في كثير من دول الشرق الأوسط وشمال أفريقيا ونقل المزيد من المسؤوليات إلى السلطات المحلية؛ فإن المتوقع أن تتولى البلديات دوراً رئيساً في توفير احتياجات مواطنيها المعرضين للمخاطر: تحديداً الأطفال والنساء وكبار السن. أضف إلى ذلك أن تحقيق الأهداف الألفية للتنمية يتطلب تضافر جهود الحكومات والقطاع الخاص ومنظمات المجتمع المدني، لمساعدة الأطفال المعرضين للمخاطر وذوى الاحتياجات الخاصة. وهذا النوع من الأطفال يشمل الأطفال الفقراء، والعاملين، والمعوقين، واليتامى، والمشردين، وأطفال الشوارع، والنازحين، واللاجئين، والمتأثرين بالعنف ذكوراً وإناثاً.

ولقد أنشئت مبادرة حماية الأطفال استجابة لتوصية مؤتمر "الأطفال والمدينة" الذي عقد في عمان بالمملكة الأردنية الهاشمية في ديسمبر ٢٠٠٢م. حيث نادى "إعلان عمان" ببناء قدرات الادارات المحلية وتأسيس صندوق اقليمي يستجيب في سرعة، للمخاطر التي يواجهها الأطفال المعرضين للمخاطر وأصحاب الاحتياجات الخاصة في اقليم الشرق الأوسط وشمال أفريقيا. وقد بدأت هذه المبادرة في سبتمبر ٢٠٠٣م بدعم من البنك الدولي والمعهد العربي لإتماء المدن الذي يستضيف سكرتاريتها في مقره بمدينة الرياض بالمملكة العربية السعودية.

إن أحد أهداف مبادرة حماية الاطفال هو بناء قاعدة معرفية واسعة حول الموضوعات الرئيسية التي تواجه الأطفال في اقليم الشرق الأوسط وشمال أفريقيا واستنباط الدروس وأفضل الممارسات وذلك عن طريق البحوث والبرامج التي تتناول قضايا الأطفال المعرضين للمخاطر واصحاب الاحتياجات الخاصة سواء من داخل الاقليم أو خارجه. ولتحقيق هذا الهدف فقد كلفت المبادرة بعض الباحثين من الاقليم لتقييم الوضع الراهن للأطفال والمؤسسات ذات الصلة في ١٢ مدينة عربية هي: عمان، الرياض، الخرطوم، الاسكندرية، صنعاء، بيروت، الدار البيضاء، الجزائر، الكويت، غزة، المدينة المنورة، طهران.

هذه الدراسة التي بين أيديكم هي السادسة ضمن إصدارات المبادرة التي تنشرها لسد الفجوة المعرفية في قضايا الاطفال. وتسعى الدراسة الى: (أ) استعراض وضع الأطفال في الخرطوم الكبرى، (ب) استعراض وضع الأطفال ذوى

الاحتياجات الخاصة لتحديد العوامل والمخاطر التي تؤثر عليهم ، (ج) تقييم قدرات المؤسسات التي تتناول قضايا الاطفال في الخرطوم الكبرى، (د) تقديم مقترح لبرنامج ينفذ على مراحل، لبناء قدرات المؤسسات وفقاً لنتائج التقييم. قُدِّر سكان الخرطوم الكبرى في العام ٢٠٠٤م بنحو ٧ مليون نسمة، ويشكلون نحو ٢٨% من إجمالي سكان السودان، منهم ٣٦,١% تقل أعمارهم عن ١٥ سنة و ٤١,٩% تقل أعمارهم عن ١٨ سنة، بينما يشكل النازحون نتيجة للحروب الأهلية والنزاعات المسلحة والجفاف والتصحر نحو ٣٠% من سكان الخرطوم الكبرى.

وتشير الدراسات والمسوحات التي أجريت مؤخراً إلى أن معدلات وفيات الأطفال (دون الخامسة) والرضع للولايات الشمالية من السودان تعد من أعلى المعدلات بالمقارنة مع العديد من الدول في منطقة الشرق الأوسط وشمال أفريقيا، حيث بلغ معدل وفيات الرضع الذين تقل أعمارهم عن سنة واحده ٥٦ بالألف، بينما بلغ معدل وفيات الأطفال الأقل من خمس سنوات ٧٩ بالألف (مصلحة الإحصاء، ١٩٩٩م)، ويتوقع أن تكون المعدلات أعلى من ذلك بالنسبة للولايات الجنوبية التي لم يشملها المسح، وذلك لتدهور الأوضاع الصحية والاقتصادية والاجتماعية نتيجة لخمسين عاماً من النزاع المسلح. وتفوق معدلات وفيات الأطفال والرضع في الخرطوم الكبرى المعدل القطري للسودان حيث تبلغ ٦٩ بالألف للرضع و ١٠٧ بالألف للأطفال دون الخامسة، ومن أكثر الأمراض تفشياً وسط الأطفال في الخرطوم أمراض الجهاز الهضمي (٢٦,٤%) الملاريا (٢٥,٤%)، الاسهال (٨٧%) والجفاف (٨,٤%).

وبالرغم من الجهود التي تبذلها المنظمات الحكومية وغير الحكومية، إلا أنه لا بد من المزيد من التدخلات لتحسين أوضاع الأطفال الأقل حظاً والمعرضين للمخاطر، حيث تمثل الخرطوم مركزاً لجذب واحتواء الفقراء والعاطلين عن العمل والفاقد التربوي، علماً بأن أعداد اللاجئين والنازحين وأطفال الشوارع و مجهولي الوالدين شهدت ارتفاعاً واضحاً خلال العقد الأخيرين. وقد أوضحت الدراسة أن هنالك إزدواجية في مفهوم تصنيف أطفال الشوارع وعماله الأطفال، مما يضخم معدلات عمالة الأطفال في الخرطوم، بل ويجعلها من أعلى المعدلات بين الولايات الأخرى بالسودان.

كما تلقى الدراسة التي بين ايديكم الضوء على المنظمات الحكومية العاملة في مجال الطفولة، وتشمل المجلس القومي لرعاية الطفولة (الذي يترأسه رئيس الجمهورية)، مجلس ولاية الخرطوم لرعاية الطفولة (ويرأسه والي الخرطوم)، وزارة الصحة الاتحادية، وزارة الرعاية الاجتماعية الاتحادية، بالإضافة إلى المؤسسات الحكومية الأخرى. و تم تشكيل المجلس السوداني للمنظمات الطوعية للقيام بتنسيق الأنشطة الطوعية، وتبادل المعلومات، وبناء قدرات العاملين بالمنظمات غير الحكومية، كما يمثل المجلس حلقة الوصل بين المنظمات غير الحكومية والجهات الحكومية. وقد أوضحت الدراسة أن عدد المنظمات غير الحكومية العاملة في مجال الطفولة ٧٧ منظمة، منها ٧٠% وطنية بينما ٣٠% منظمات دولية. ومن أهم متطلبات بناء القدرات في المنظمات غير الحكومية التدريب في المجالات التنموية، إدارة وتخطيط المشروعات، كتابة التقارير، بالإضافة إلى جمع وتحليل البيانات.

كما تقدم الدراسة خطة عمل لبناء القدرات معتمدة في ذلك على نتائج التقييم الذي أجرى على معظم المنظمات العاملة في مجال الطفولة، والذي تم استخلاصه من خلال ورشة العمل والاستبيان. وتشمل خطة العمل ثلاثة محاور رئيسية هي التعليم والصحة والتغذية بالإضافة لحقوق الطفل الأخرى.

Introduction:

Sudan is a vast country that extends over an area of 2.5 million square kilometers. The long boundaries and vast area of the country have had its implication on the country's economy and population dynamics. Since independence in 1956, the Sudan has been characterized by political instability which has affected the overall development of the country. The armed conflicts have contributed to the political instability economic difficulties and environmental degradation. These factors resulted in the spread of poverty, unemployment and massive internal displacement. Consequently most of the poor and displaced families became unable to provide sufficient care to their children, this explains the steady increase in the number of street children particularly in Greater Khartoum-the primate city of the Sudan. Thus, Child rights are mostly endangered under such circumstances.

The country is divided into 25 states (after the abolishment of Western Kordofan state in 2005), and 134 localities with a number of administrative units in each locality. Many states are challenged by the inability of local authorities to raise financial resources and weak administrative capacities. These have affected all population segments and children in particular.

The government of the Sudan represented by several federal ministries together with the National Council for Child Welfare, Khartoum Council for Child welfare and NGO's both national and international and seven localities are all addressing the issues of vulnerable children in Greater Khartoum as well as in other parts of the country . However they all encounter a number of constraints and difficulties.

The total population of the Sudan was estimated as 33.6 million in mid 2003. It is characterized by a young age structure, the medium age is 18.2 while 43% are under 15 years of age and 53% are 18 or less. The rural age structure seems to be younger compared to urban, those below 15 years of age are 46% and 39% respectively in the two settlements. The population of Greater Khartoum is estimated at approximately 7 million, 28% of this population i.e. around 2 million of them are IDP's. About 60% of Greater Khartoum population are children below the age of 18 years. Among this 60%, approximately 35-40% are under the age of 10 years. Vulnerability of children in Greater Khartoum manifests it self in different forms including vagrancy (street children), child labor, child disability, school drop out, abandoned children, malnutrition, child trafficking and others.

The objective of the present study according to the terms of reference is to review the status of children in Sudan and Greater Khartoum, outline the institutions responsible for children in Greater Khartoum, and assessment of the capacity of these institutions.

The data for Sudan is very risky from the point of coverage and context. Information included in this report are extracted mainly from the two recent national surveys: Safe Motherhood Survey (SMS 1999), and Multiple Indicator Cluster Survey (MICS 2000), in addition to the Children of the Suq Research Report 2001, The Status of Children in the Sudan 2001-2004 (in arabic) produced by the (NCCW), Interagency Situation Analysis of Child Protection and Education in Jabal-Awlia IDP Camp, Fateh-el Moubin 3 New IDP Relocation Area, Soba Arradi and Shigla Haj Yusuf Squatter Areas conducted by Save the Children 2005 . . Besides, interviews conducted with officials in UNICEF - Child Protection Unit, and officials in some government institutions including National Council for Child Welfare (NCCW), Khartoum Council for Child Welfare (KCCW) and others as well as the documents provided by these institutions were among the sources of data.

For this study Greater Khartoum is defined to cover all urban Khartoum State. It consists of the old three towns of Khartoum, Omdurman, and Khartoum North in addition to the new extensions. Thus, Greater Khartoum is the largest urban agglomeration in Sudan. Around 40% of urban Sudanese

reside in Greater Khartoum while around 40% of migrants and displaced consider it the preferred destination. Administratively, Greater Khartoum is divided into 7 provinces. According to 2003 local government act, these provinces are fully mandated in general education, health care, sanitation and social welfare. At the lower level, they are assisted by a number of administrative units and popular committees at grass roots level.

Section one of this report is devoted to the review of children status with emphasis on child health and survival, water and environmental sanitation, education, and Child protection. Section two outlines the institutions addressing children issues, while section three is an assessment of the capacity of those institutions.

1. **Child Status:**

According to Table (1-1), the percentage of urban population in Greater Khartoum is 87.8% compared to a national average of 37.7. Listing for 2002 estimates the population of Khartoum at 4.3 million, while official projection estimates it as 5.4 million in mid 2003. This implies an annual growth rate of 4.3 since 1993, compared to a national rate of 2.6. Children under 15 are estimated as 1.9 million, implying an annual growth rate of 3.1% and a percentage of 35.2% of total Khartoum population. While children less than 18 are 42% and children 0-18 are 44%. See Table (1-2).

Table(1-1)

Distribution of Greater Khartoum Population by Province and Type of Residence (2002)

Province	Population		Percentage Urban
	Urban	Rural	
Khartoum	552858	-	100%
Jabel Awalia	748294	-	100%
Omdurman	436980	-	100%
Ambada	796949	36150	95.7%
Karari	436302	117276	78.8%
Khartoum North	403939	155629	72.2%
Sharg Elneel	457857	222107	67.3%
Total	3833179	531162	87.8%

Source: Khartoum State Computer Release 2002, Central Bureau of Statistics, 5th Population Census Listing

Further the projection shows that children 4-5 are growing by 2.4 annually and will increase from 288 thousand in 2003 to 416 thousand in 2018. Primary school age population 6-13 will be growing by 3.4 annually, the implication of this growth will bear pressure on preschool and primary education facilities

Table (1-2)

Age Structure of Children 0-18 in Greater Khartoum (2003)

Age group	As % of total population	As % of children less than 18	As % of children 0-18
0-4	14.5	34.5	32.9
5-9	12.0	28.7	27.4
10-14	9.6	23.0	21.9
Total less than 15	36.1	86.2	82.2
15-17	5.8	13.8	13.2
Total 0-17	41.9	100	95.4
18	2.0	-	4.6
Total 0-18	43.9	-	100

Source: Computed from Central Bureau of Statistics, population projection 1993-2018, Khartoum, Sudan

1.1 Child Health And Survival

1.1.1 Child Mortality:

Child mortality is an accumulative measure for health status. Using the direct method; the 1999 (SMS) data suggest that the infant mortality rate (IMR) was 68 per 1000 live births with little difference between urban and rural areas. Under-five mortality rate (U5MR) was 104 per 1000 live births in the north (101 urban, 105 rural). The Blue Nile, Red Sea and Kassala states have the highest IMR (101, 116 and 101, respectively) and U5MR rates (172, 165 and 148 per 1000 live births, respectively). Conversely, Gezira, Northern and Nahr EI Neil states have the lowest U5MR (59, 78 and 81 per 1000 respectively). The SMS estimates the IMR and U5MR in the main urban towns of Juba, Wau and Malakal in the south at 82 and 132 per 1000 live births, respectively (the indirect method).

According to the SMS data, during the 5-year period before the survey (i.e., 1995-99), infant mortality rate was 68 and under-five mortality rate was 105. The pre-natal mortality rate was 41 while neonatal mortality rate was 30. See Table (1-3). Interestingly, the estimates suggest no clear trend in the levels of infant and child mortality in Sudan during the 15 years preceding the survey. In fact, estimates of pre-natal mortality suggest a rising trend, indicating that recall errors may have affected the reporting of early infant deaths and stillbirths in the SMS.

Table (1-3)
Direct Estimates of Pre-natal, Infant and Child Mortality Rates (1985-1990)

Rate	Estimates From SMS for			SDHS
	1985-89	1990-94	1995-99	1985-90
Pre-natal mortality rate	32	35	41	-
Neonatal mortality rate	30	31	30	44
Post-neonatal rate	36	35	38	26
Infant mortality rate	65	67	68	70
Child mortality rate	42	37	39	57
Under-5 mortality rate	105	101	105	123

Source:

Safe Motherhood Survey, 1999, Ministry of Health, Central Bureau of Statistics and UNFPA, Khartoum, P. 131

The trend implied by indirectly estimated levels (table is not given) of infant and child mortality, shows that infant mortality rate has fallen from a level over 90 in the late 1980s to a level close to 80 in the mid-1990s. In the meanwhile, under five mortality rate has fallen from a level over 150 to a level near 130. In our judgement, this reflects the true level of mortality and its pace of decline in northern Sudan.

Another source (Shamseldeen 2005, p.2) has indicated that infant mortality in Greater Khartoum, has declined from 17.5 per 1000 in 2001 to 16.7 per 1000 in 2003.

The data collected in the SMS can also be used to study differentials in infant and child mortality. Table (1-4) presents direct estimates of six indicators of early childhood mortality by background characteristics. To minimise sampling variability, estimates are provided for the 10-year period preceding the survey.

Table (1-4)
Estimates of Mortality Rates in Northern Sudan by Socio-demographic Characteristics
(1990-1999)

Characteristics	Prenatal mortality rate	Neonatal mortality rate	Post-neonatal rate	Infant mortality rate	Child mortality rate (1-4) years	Under-5 mortality rate
Sex of child						
Male	*	37	36	73	37	108
Female	*	25	37	62	40	99
Residence						
Urban	39	27	40	67	37	101
Rural	37	33	35	68	39	105
Mother Education						
Illiterate	41	34	42	76	48	121
Primary	33	28	32	60	26	84
Junior secondary	29	15	22	37	14	50
Higher secondary +	35	18	24	42	9	51
Exposed to radio						
Yes	35	26	32	59	32	89
No	41	36	41	77	45	118
Standard of living						
Low	38	34	40	73	48	118
Medium	42	35	43	78	44	119
High	32	18	21	39	15	53
Total	38	31	37	68	38	104

Source:

Safe Motherhood Survey, 1999, Ministry of Health, Central Bureau of Statistics and UNFPA, Khartoum, P. 134

*** Not computed because sex was not reported for quite a few stillbirths**

The level of neonatal mortality is lower among female children while post-neonatal and child mortality rates are marginally lower among male children. Overall, infant mortality is 73 for boys and 62 for girls, while under-five mortality is 108 for boys and 99 for girls. Interestingly, the data suggest no significant difference between rural and urban areas in the levels of infant and child mortality. Infant mortality rate is estimated to be 67 in urban areas and 68 in rural areas, while under-five mortality is 101 in urban areas and 105 in rural areas. It is possible that urban-rural differentials are distorted by larger underreporting of child deaths in rural areas. But in spite of this, the data show large differentials in infant and child mortality by mother's educational level. Infant mortality rate ranges from 76 among illiterate women to 42 among women with higher secondary level education or above. The under-five mortality varies from 121 among illiterates to 51 among women of highest educational level. Significant differentials are also observed with respect to exposure to radio and standard of living index. Interestingly the effect of the latter is seen only when the standard of living is high. For

example, infant mortality is, respectively, 73 and 78 among women of low and medium levels of living. But it is only 39 when the standard of living is high. See Table (1-4).

Direct estimates of infant and child mortality were also derived for the 16 states of Northern Sudan as shown in Table (1.5). To minimize the effect of sampling errors, estimates have been calculated for a 10- year reference period. The estimates presented in Table (1-5) show that infant and child mortality rates are lowest in Al-Gezira and highest in Red Sea and Blue Nile. But the state-level variations in infant and child mortality levels show no clear- cut pattern. Some of the disadvantaged states in Darfur and Kordofan regions show levels of infant and child mortality even lower than a state like Khartoum. Most possibly, there was a large underreporting of child deaths in the SMS in such regions of the country.

Table (1-5)

Estimates of Pre-natal, Infant & Child Mortality Rates in Northern Sudan by State (1990-1999)

State	Pre-natal mortality rate	Neonatal mortality rate	Post-neonatal rate	Infant mortality rate	Child mortality rate (1-4) years	Under-5 mortality rate
Northern state	36	26	30	56	23	78
Nahr-al-nil	37	29	28	57	26	81
Red sea	65	50	66	116	56	165
Kassala	38	38	63	101	51	148
Al-Gadarif	36	31	36	67	54	117
Al-Gezira	20	21	22	43	17	59
Sinner	38	24	26	51	50	68
White Nile	43	33	37	70	44	111
Blue Nile	47	46	55	101	80	172
Khartoum	45	27	42	69	38	103
Northern Kordofan	34	28	32	60	37	94
Southern Kordofan	34	38	57	95	57	147
Western Kordofan	38	34	38	72	25	95
Northern Darfur	41	27	34	61	42	101
Southern Darfur	45	33	32	64	34	96
Western Darfur	33	42	30	71	55	104
Northern Sudan	38	31	37	68	38	104

Source: Central Bureau of Statistics, Safe Motherhood Survey, 1999, P. 135

1.1.2 Morbidity:

The leading ten diseases among children under five (including gastroenteritis, malaria, and others) were reported to constitute around 82% of the total number of children under five treated as outpatients in health facilities in 2002. The were topped by gastroenteritis with about 21% followed by malaria (15%) while the least spread diseases were acute tonsillitis, anemia, and injuries with 2% each. See Table (1-6).

Table (1-6)
Leading Diseases Among Outpatient Children Under 5 (2002)

Disease	Cases	% of outpatient
Gastroenteritis	1066893	21
Malaria	760572	15
D. Respiratory Sys	657258	13
Malnutrition	425268	8
Viral Pneumonia	424435	8
Acute Bronchitis	279515	6
Amoebiosis	242932	5
Acute tonsillitis	108634	2
Anemia	100878	2
Injuries in. multiple	91751	2
Total 10 Diseases	4158136	82
Total other diseases	900647	18
Total all diseases	5058783	100

Source: Annual Statistical Report 2002, Ministry of Health

Among children under 5 treated as inpatients, the leading ten diseases were reported to be pneumonia, malaria, diarrhea,... They constituted around 82.5% of the total number of inpatient children under 5 treated in health facilities in 2002 with about 26.4% for pneumonia, as the most spread disease, followed by malaria (25.1%) while the least disease was measles with around 1% of the inpatient cases. See Table (1-7).

Table (1.7)
Leading Diseases Among Inpatient Children Under 5 (2002)

Disease	Cases	% of inpatient
Pneumonia	35969	26.4
Malaria	34216	25.1
Diarrhea & E.G.	11795	8.7
Dehydration	11444	8.4
Malnutrition	6950	5.1
Anemia	3397	2.5
Septicemia	3302	2.4
Other diseases of eye	2223	1.6
Other diseases of Respiratory System	1634	1.2
Measles	1401	1.0
Total 10 Diseases	112331	82.5
Total other diseases	23786	17.5
Total all diseases	136117	100

Source: Annual Statistical Report 2002, Ministry of Health

Ten diseases (pneumonia, malaria, malnutrition in addition to others) were reported to be the causes of death for around 81% of the deaths among children under 5 in Sudan hospitals in 2002. The first killer was pneumonia with about 16.9% of the deaths followed by malaria and malnutrition with around 13%

each. However, the probability of death was the highest (0.89) for circulatory system disease followed by that of septicemia (0.15) and meningitis (0.15). See Table (1-8).

Table (1-8)
Causes of Death of Children Under 5 in Sudan Hospitals (2002)

Disease	Discharged Cases	Deaths		% of Deaths to Discharged
		Number	%	
Pneumonia	35969	894	16.9	2.5
Malaria	34216	700	13.3	2.0
Malnutrition	6950	682	12.9	9.8
Septicemia	3302	540	10.3	16.4
Dehydration	11444	394	7.5	3.4
Diarrhea & E.G.	11795	304	5.8	2.6
Anemia	3397	251	4.8	7.4
Circulatory system d	236	210	3.9	89.0
Meningitis	1370	208	3.9	15.2
Other diseases of Respiratory System	1634	64	1.2	3.9
Total 10 Causes	110312	4247	80.6	3.8
Total Other Causes	25804	1020	19.4	4.0
Total of All Diseases	136117	5267	100	3.9

Source: Annual Statistical Report 2002, Ministry of Health

Some NGOs provides primary health services in the four official camps for displaced in Khartoum State (namely El-Salam, Wad El-Bashir, El-Jabel, and Mayo). According to the records of those NGOs during the period (May-Sep. 1997), diseases like malaria, anemia, respiratory infections, and others widely spread among displaced. Thus, the health status in general and that of children in particular is still vulnerable. See Table (1-9).

Table (1-9)
Diseases and Patients in Four Camps in Khartoum State during the Period (May-Sep. 1997)

Disease	El-Salam	Wad El-Bashir	El-Jabel	Mayo	Total	%*
Malaria	2624	3606	3201	1557	10988	27.9
Diarrhea	726	1933	2247	1115	6021	15.3
Eye	690	685	1172	362	2909	7.4
Anemia	896	321	1357		2574	6.5
Respiratory Infections	2437	2377	4856	1351	11021	28.0
Skin	160		163	179	502	1.3
STDs		376	500	107	983	2.5
Ear				154	154	0.4
Dysentery				606	606	1.5
Giar				119	119	0.3
Others	2223	1229			3452	8.8
Total	9756	10527	13496	5550	39329	100.0

Source: Aggregated figures form Appendix Tables (1, 2, 3,4) * Own calculation

User-fees had been introduced to most health services. Having access to free emergency medical services explains the rush of poverty stricken population to benefit from these services. Khartoum Child Emergency Hospital suffers shortage of physicians.

1.1.3 Selected Childhood Diseases:

According to (MICS 2000) approximately 28% of under-five children in the north and 25% in urban south had diarrhea in the two weeks preceding the survey with little variation between rural (29.1 %) and urban (26.5%) in the north. Among the northern states the rate varied from 40% in Blue Nile to 19% in South Kordofan .Approximately 37% of children with Diarrhea received one or more of the recommended home treatments (i.e. were treated with ORS or RHF).

Around 17% of under-five children in the north and 14% in the towns of the south had an Acute Respiratory Infection (ARI) in the two weeks prior to the survey. In the north, about 15% of U5C in urban compared to 17.8% in the rural areas had ARI. Approximately 62% of these children were taken to an appropriate health provider.

In the north the percentage of under-five children who had fever in the two weeks prior to the survey was 22.8% with a small gender gap. Differences between the states were large ranging from 11 % in the Northern State to 45% in Blue Nile State. In the south the urban average is 37.2 higher than the northern urban.

Around 24% of under-five children slept under a bed net the night prior to the survey interview. However, only about 8% of the bed nets used were impregnated with insecticide.

1.1.4 Exclusive Breast-feeding:

Approximately 19% of children aged less than four months in the northern states, and 18% of those in the southern towns are exclusively breast-fed, a level considerably lower than the recommended breast-feeding. At age 6-9 months, 44% of children are receiving breast milk and solid or semi-solid foods. By age 20-23 months, only 44 % continue to breast-feed.

1.1.5 Malnutrition Status of Children Under Five Years:

Around 11% of children under the age five in northern Sudan showed wasting (too thin for their height). In the rural areas in the north, almost 12% of under-five children are moderately and 12% severely wasted; compared to 16% and 7 %, respectively in the urban areas. The worst situation in moderate wasting was found in North Kordofan, River Nile, White Nile, and North Darfur; while severe wasting is noted in West Kordofan, North Darfur and Blue Nile states. Children whose mothers have secondary or higher education are at least likely underweight compared to children of mothers with less education. The MICS showed that approximately 31% of infants are estimated to weigh less than 2500 grams at birth (question on knowledge not actual weights). In Greater Khartoum 26% of the new born infants are under weight, this constitutes a major factor of infant and under-five child mortality and it contributes to mental retardation of children. (Shamseldeen 2005 p.3)

Around 0.6% of households in northern Sudan has adequately iodized salt. In the urban north the percent of iodized salt use is 0.9% compared to 0.4 % in the rural areas while in the South the figure account for 0.5%. See Table (1-10).

**Table (1-10)
Child Nutrition in Other States**

State	** Birth Weight Below 2.5 kg (%)	**Iodized Salt Use (%)	** Children Receiving Vitamin A Supplementation (%)
North Sudan	30.7	0.6	43.8
Northern	28.7	0.4	33.7
River Nile	31.1	0.1	61.4
Red Sea	32.2	0.4	35.6
Kassala	25.4	1.1	57.9
Al-Gadarif	32.9	0.7	31.1
Al-Gazira	18.7	0.4	42.0
Sinnar	36.5	0.3	49.5
White Nile	38.2	0	56.5
Blue Nile	32.4	0.3	60.6
North Kordofan	39.0	0.3	33.1
South Kordofan	38.9	0	40.1
West Kordofan	31.8	0	28.7
North Darfur	34.6	0.4	41.7
South Darfur	23.9	3.6	16.6
West Darfur	27.7	1.1	24.3
Urban	24.4	0.9	51.3
Rural	33.5	0.4	39.7
Male			44.0
Female			43.7
South Sudan (Urban)	17.1	0.5	33.5
Juba Town	15.3	0.1	41.1
Wau Town	16.4	1.3	36.4
Malakal Town	21.5	0.0	20.9
Male			34.1
Female			33.0

Source:

Federal Ministry of Health, Central Bureau of Statistics & UNICEF, Multiple Indicator Cluster Survey, 2000, Khartoum, Sudan, 2000.

1.1.6 Immunization Coverage:

The results for all the children aged 11-23 months who had vaccination at any time reveal that only 26.4% of the children have had all the vaccines, 64.5% of them had BCG, 65.9% DPT1 and 42.0% completed DPT3. (MICS-2000, p.20). Around 74% of the children had the first dose of polio but only 44.2% had the third dose of polio. However, 51.5% of the children were vaccinated against measles while only 25.9% of them have health cards. (MICS 2000, P. 20). The Sudan Country Report on Indicators for 2005 showed that by the end of year 2004, the one year old children fully immunized against DPT is 69.6%, 67% against measles, 69.6% against polio, and 71.5% against BCG (TB). There is rural urban differential with regard to immunization coverage, 37% of children are immunized in urban areas against 20% in rural. In Khartoum State the rate of children immunized against all disease does exceed 36.8%, however by the end of 2004 immunization against tuberculosis reached 60% . (Shamseldeen 2005 p.4)

1.1.7 Vitamin A Supplementation:

Within the six months prior to the MICS, 44% of children aged 6-59 months received a high dose of Vitamin A supplement. Approximately, 6% did not receive a supplement in the last six months but did receive one prior to that time. In rural areas in the north, 39.7 % received Vitamin A supplement compared to 51.2 % in the urban north and 33.7% in urban south. See Table (1-10) Likelihood of Vitamin A supplementation is related to the mother's level of education. The percentage of children receiving a supplement in the last six months increased from 40% among children whose mothers have no education to 50% among children of mothers with secondary or higher education.

Only about 19% of mothers in the north and 29% in the urban south with a birth in the year before the MICS received a Vitamin A supplement within eight weeks of the birth. Coverage was highest in Khartoum (45%) and lowest in South Darfur (11%).

1.1.8 Child Disability:

According to the 1993 census less than 2% are disabled despite some variations among the northern states. However, 71.7% of the child physical disability is in the rural areas. This is indicative of some relation between disability and poverty. The highest child disability rate exists in Gedarif and Al-Gezira, while that of mental disability is in White Nile and the Northern States. In Northern Sudan, 50.7% of the disabled were participating in daily activities such as cleaning, playing and cooking. However only 28.5% of them were enrolled in schools.

The total number of the disabled children in Greater Khartoum is 12690. Khartoum State adopted a policy of main streaming the disabled into general education. The number of those integrated in the educational institutions of Khartoum State is 6981 constituting around 55% of that number. (This number (6981) is distributed as follows: 6489 in primary schools, 368 in pre-school education (kindergartens), and 124 in adult education ((Al Ray Alaam Issue no.3066 15 March 2006 p.5). Table (1-11) shows their distribution in the primary schools of the seven localities of Khartoum State.

**Table (1-11)
Distribution of Disabled Children in Primary Schools of Khartoum Localities**

Locality	Number	%
Shargelneel	1327	20.4
Ombada	1312	20.2
Khartoum	1041	16
Jebel Awliya	853	13.1
Karari	734	11.3
Omdurman	670	10.3
Khartoum North	552	8.5
Total	6489	

Source Al Ray Alaam Issue no.3066 15 March 2006 p.5

According to the statistics of the Ministry of Education (Khartoum State) for the year 2002/2003, the total number of disabled children integrated in the kindergartens of Khartoum State is 348. Their distribution according to the type of disability is shown in table (1-12).

Table (1-12)
Distribution of Kindergarten Children according to Type of Disability-Khartoum State

Type of Disability	Number	%
Audio	70	18.5
Visual	26	7.4
Physical	96	27.5
Mental	114	32.7
Syndrome	36	10.3
Solitude	6	1.7
Total	348	100

Source Al Ray Alaam Issue no.3066 15 March 2006 p.5 based on the statistics of Ministry of Education (Khartoum State) 2003/2004, Department of Special Education

The disabled children are handicapped, thus they need special treatment when they are at school or elsewhere. They equally need medical rehabilitation, calipers moving chairs etc to assist them to perform their normal life. In Khartoum State there are about 24 government and non-governmental institutions providing services to disabled children of both sexes. There is a wide variation among these institutions with regard to number of beneficiaries, some of them like Amel Institute for the rehabilitation of dumb serves about 160 child, while others like Al-enaya center for childhood serves only 9. (Shamseldeen 2005 p1.3) These institutions provide services to about 1346 child that is to say 10.6% of the disabled children beside 2.7% integrated in the kindergartens and 55% integrated in the primary schools. They all constitute 68.3% of the total number of the disabled children in Greater Khartoum, that means still 31.7% of the disabled children are out of service. The major constraint in the field of child disability is the unavailability of trained teachers to deal with the disabled.

1.2 Water and Environmental Sanitation:

Potable drinking water is vital for child health and survival. Measuring by access to an improved source of drinking water roughly 40% of the population do not have access to an improved source of drinking water (21% in urban areas and 53% in rural areas). In Khartoum around 11% of the population do not have access to an improved source of drinking water. According to the estimates of National Water Corporation (NWC) 2005, the percentage of population with access to safe water reached 70.5% with a wide rural urban variation, 60% in rural areas and 80% in urban.

Around 40% of the population of Sudan has no access to sanitary means of excreta disposal with a range in the northern states between 14% and 64%. Only 46.3% of the rural population has such access. In the major southern towns (urban) access to sanitary means of excreta disposal stands at 48%. According to the (NWC 2005), around 79% of urban population have adequate access to sanitation services compared to around 50% of the rural population.

1.3 literacy and Education:

1.3.1 Literacy

Level of education, especially of women, is generally regarded as one of the prime determinants of child health. SMS data provides the percentage distribution of population aged 6 years and over by educational level. Among males aged 6 years and over, 34% are illiterate, 43% have gone to school up to the primary level, 11% to junior secondary level, 9% to senior secondary level and 3% to university. Females are considerably less educated. Among them, 51% are illiterate, 32% are literate but had gone to school up to primary level only, 8% to junior secondary, 7% to senior secondary, and 2% to university.

As for preschool education, Table 1-13 reflects that slightly over 25% of the children in the age group 4-5 years are enrolled in preschool education. The rate is around 28.1% among females and 26.5% among males.

**Table (1-13)
Preschool (Apparent) Enrolment in Khartoum State According to Sex**

Sex	Children Population of Age Group 4-5 Years	Number Enrolled	% of Apparent Enrolment
Male	140023	37038	26.5
Female	133313	37485	28.1
Total	273336	74523	27.3

Source: Educational Statistical Report 2002-2003, Ministry of Education

It is worth mentioning that more than 50% of primary school teachers in Khartoum State are not trained to deal with normal pupils. This rate amounts to 60% in the IDP camps. (Interagency Situation Analysis of Child Protection2005 p25)

1.3.2 Primary School Attendance:

Around 53% of the children at primary school age in northern Sudan are not attending primary school (37% urban, 63% rural). However, according to the MDG report 2005 the percentage of primary school entrants reaching grade 5 is estimated at 66.0% (Sudan Country Report On Indicators For 2005). School attendance in South Darfur is significantly lower than in the rest of the country at 22% compared to 72% in Khartoum. At the national level, there is virtually no difference between males and females primary school attendance. In the towns of urban south, 42% of school-age children do not attend school. Less than a third of children who enter the first grade of primary school eventually reach grade five with a gender parity of 50.1%.

In Khartoum State, approximately 64.5% of the children at age 6 are enrolled in primary schools. The rate is higher (69.1%) for males and lower (59.9%) for females. See Table (1-14).

**Table (1-14)
Primary School (Apparent) Enrolment of Children at Age 6 in Khartoum State According to Sex**

Sex	Population of Children at Age 6	Number Enrolled in Grade 1	% of Apparent Enrolment
Male	65549	45285	69.1
Female	62622	37485	59.9
Total	128171	82770	64.5

Source: Educational Statistical Report 2002-2003, Ministry of Education

For children in the age group 6-13, around 73.2% are enrolled in primary schools. The rates of enrolment among males and females vary above and below this figure with 74.4% for the former and 71.9% for the latter. See Table (1-15).

Table (1-15)
Primary School (Apparent) Enrolment of Children at Age 6-13 in Khartoum State According to Sex

Sex	Population of Children at Age 6-13	Number Enrolled	% of Apparent Enrolment
Male	449795	334805	74.4
Female	435295	313039	71.9
Total	885090	647844	73.2

Source: Educational Statistical Report 2002-2003., Ministry of Education

Table 1-16 reflects the growth rates in the number of primary schools, classes and teachers in Khartoum State during the period (1996-2003) to be 1.4%, 2.3%, and 11.4% respectively compared to 2.3 for pupils. Furthermore, figures of 2003 reflect the pupils/ class ratio as 56 students per class. The Minister of Education announced at the meeting of the national council for planning that 50% of student in Sudan sit on the floor and 45% of the teachers in the primary school are untrained teachers.

The overall deterioration in the quantity and the quality of education can mainly be attributed to:

1. The relatively high cost of primary/basic education as provision of education has been based on payments of school fees.
2. Some conservative cultural factors impeding female education among some communities.
3. The introduction of federal system, which left expenditure on education and other basic social services the responsibility of the states which have limited ability.

Table (1-16)
Trends of Primary School Enrolment in Khartoum State during the Period (1996-2003)

Year	Schools		Classes		Pupils			Teachers		
	Total Number	GR (%)	Total Number	GR (%)	Total Number	GR (%)	Female (%)	Total Number	GR (%)	Trained (%)
1996	1120	-	9121	-	511339	-	48.6	7732	-	19.2
1997	1177	5.1	9623	5.5	528872	3.4	48.8	4039	-47.8	64.9
1998	1122	-4.7	9736	1.2	536944	1.5	48.8	9698	140.1	28.2
1999	1218	8.6	9666	-0.7	543893	1.3	49.0	17503	80.5	46.0
2000	1216	-0.2	10209	5.6	538473	-1.0	47.8	16471	-5.9	49.8
2001	1224	0.7	10430	2.2	568307	5.5	49.0	16466	0.0	45.9
2002	1240	1.3	10532	1.0	581163	2.3	48.6	16499	0.2	46.4
2003	1282	3.4	10743	2.0	600295	3.3	48.4	17137	3.9	46.3
Average		1.4		2.4		2.3			24.4	

Source: Computed from Educational Statistical Report 2002-2003, Ministry of Education.

Such figures reflect the real challenge for achieving the millennium goal of universal education even for Khartoum State where the facilities and teachers need to increase by double the growth rate of the population of children at school age..

1.4 Child Protection:

1.4.1 Birth Registration and Living Arrangements:

The births of 59% of children under five years in Sudan have been registered. There are no significant variations in birth registration across sex, age, or education categories. The registration in the urban

areas is 82.7% compared to a low level of registration in rural areas of only 45.4%. Registration is a problem for abandoned children at Maygoma center and to all abandoned children in general.

Overall, 90% of children aged 0-14 months are living with both parents. Children who are not living with a biological parent comprise 1% and children who have one or both parents dead amount to 4% of all children aged 0-14.

1.4.2 Child Labor:

Most of the sources in Sudan have a misconception about child labor, child work and vagrancy i.e. (suq children). Both MICS and Labor Force Survey agreed that economically active children are between 7% and 10%, while MICS2 2000 indicated that at the national level the percentage of children currently working reaches 13.7%. Table (1-17) provides the Socio-economic attributes of child labor.

Table (1-17)
Distribution of Child Labor by Some Socio-Economic & Demographic Characteristics

Variables	Active Children	Inactive Children
Sex		
Male	9.8	90.2
Female	10.4	89.6
Total	10.1	89.9
Age		
6-10	5.6	94.4
11-14	16.8	83.2
Total	10.1	89.9
Place of residence		
Urban	2.6	97.4
Rural	13.0	87.0
Total	10.1	89.9
School attendance		
Never attend	24.0	76.0
Dropout	43.8	56.2
Currently attend	1.2	98.8
Total	10.1	89.9
Region		
Northern	7.3	92.7
Eastern	17.0	83.0
Khartoum	3.8	96.2
Central	3.3	96.2
Kordofan	13.4	86.6
Darfur	15.0	85.0
Total	10.1	98.9

Source: Computed from Migration & Labor Force Survey 1996

According to table (1-17), the male-female differential is not significant. While only 5.6% of the children in the age group (6-10) are engaged in work, the rate is three times for the age group (11-14). There are great differentials according to school attendance. While only 1% of those attending now are working children, the rate is 44% for those who never attended and 23% for those dropped out. Urban-rural differential is significant (2.6% and 13%) in the two settings. Regional differentials reflect that the highest child labor rates are found in Eastern and Darfur regions while the lowest are

found in the Central region and Khartoum. However, Khartoum constitutes an attractive area for poor children and school dropout who are potentially street children and child labor.

1.4.3. Street Children:

Scope of the Problem:

"There are two types of street children in Greater Khartoum. Working street children are those who spend most of their days working on the streets, but usually sleep at home, while full-time street children are those who generally spend both their days and nights on the streets. The boundaries between these two groups may blur, and becoming working street child is some times a transition step from home to living full-time on the streets. Nonetheless, in general these groups have distinct characteristics" (Children of the Suq 2001 p vi.)

It is difficult to accurately estimate the exact number of children on the streets because of their high mobility and lack of central registration or meeting point (A study on the Children of the Suq SC Alliance and UNICEF , 1997) Numbers of unaccompanied minors (street children) are increasing steadily in Khartoum and other big cities alike. War in southern Sudan, drought and desertification in western Sudan, and the complex impact of both on the lives of the vulnerable groups that are affected most by man-made disasters were the main push factors. Prior estimates of numbers of street children were as follows:

- In 1960, 399 minors under the age of 20 were arrested all over Sudan, 287 of them were thought to be vagrants, that is, roaming the streets without shelter.
- In 1974, a separate survey put the number of vagrant minors in Sudan at more than 1,000.
- In 1980, the estimated number of vagrants roaming streets of Khartoum alone, was 25,000 minors.
- Another source estimated their numbers in Khartoum State in 1984 to be 12,000.
- In 1988, their number in Khartoum was estimated to be 16,700.
- In 1990, their number in Khartoum was brought down to 14,336 street boys and 771 girls.
- A recent study about Suq Children carried in Khartoum, between April 2000 and April 2001, estimates their number to range between 30,000 and 35,000. However the study mixed between child labor and vagrancy. Child labor among them is estimated at about 20,000 which have been defined by the study as partial vagrancy.
- According to the estimates of Hope and Home for Children (UK) the numbers of street children in Greater Khartoum in 2006 amount to over 44,000 including both girls and boys. These numbers are increasing due to several reasons such as war in Darfur, increasing rates of poor families poor conditions of schools and closure of schools in some states for several months. School drop-outs represent potential street children. Given the above mentioned indicators, other sources estimate that the number of street children in Greater Khartoum exceeds 75,000. However, in the absence of recent field survey it is difficult to tell the exact number but we could say that their numbers are increasing.

Push and Pull Factors:

The reasons given by full-time street boys and girls for coming to the suq were summed by the study as shown in table (1-18)

**Table (1-18)
Boys and Girls Reasons for Coming to the Suq**

Push Factors:	Male (No.= 397)	Female (No.=35)
<u>Economic Reasons</u>		
Looking for work	83%	71%
Family in difficult situation	70%	74%
Could not pay school fees	69%	66% ⁵
Family in need of money	67%	69%
Not enough food at home	39%	63%
Family homeless	9%	23%
Political/ environmental		
War/conflict in our area	27%	29%
Drought in our area	13%	17%
Family Dysfunction		
Disagreement with family	43%	54%
Physical abuse/ exploitation at home	27%	40%
Driven out by family	18%	17%
Sexual abuse/ exploitation at home	1%	3%
Death/Separation from parents		
Father died	22%	26%
Mother died	17%	20%
Both parents died	4%	6%
Parents divorced	1%	3%
Looking for parents	6%	6%
Pull Factors:		
Bored of staying at home	48%	80%
Heard that there are good things in the market	43%	54%
Friends convinced me to join them in the sug	41%	49
Became Pregnant	Not Applicable	9%

Source : Children of the Suq , Research Report 2001 pp.20-26

According to the findings of the Children of the Suq survey 2001 provided in Table (1-18), economic reasons are the predominant factors pushing both boys and girls to become street children in Greater Khartoum, 83% of the boys and 70% of the girls declared that they are seeking jobs, while 70% and 74% of them respectively declared that their families are in difficult situation. These are followed by inability to pay school fees and insufficient food at home. Amazingly 80% of the girls and 48% of the boys have mentioned bored of staying at home as a reason for becoming street child, this might be explained by the inability of the families to provide sufficient care for children at home. Family problems such as disagreement with family is a major reason behind child vagrancy. It is cited by 54% of the girls and 43% of the boys. More girls are subjected to physical abuse and exploitation at home as 40% of the girls mentioned it against 27% of the boys, but death of both parents does not seem to be a significant factor behind vagrancy. Friends equally seem to have important impact on their mates as 49% of the girls and 41% of the boys were influenced by their friends to become street children. Political and environmental factors ranked fourth, however this might be due to the fact that these

children are not aware of the role of these factors in causing the economic difficulties and family problems they encounter. Furthermore, street girls face the problems of sexual abuse and pregnancy.

The Directory of social welfare of Khartoum state runs three centers for street children, Elrashad and Tayba centers for boys they accommodate around 180 child- and Dar-Elbashair for girls that accommodates about 40 street girls. These centers accommodate less than 1% of the total number of street children in Khartoum which is estimated to be around 34,000 by 2005. There is a high rate of dropout of children from these centers because most of them need to work not only to sustain themselves but also to contribute to the sustenance of their poor families.

1.4.4 Current Actors/Interventions in the Field of Street Children:

Many NGOs work with street children. The most active ones include Saint Vincent De Paul, Friends of Children (AMAL), Sabah Society for Child Care and Development and Sudanese Popular Committee for Relief & Rehabilitation. Except for Saint Vincent, the others were founded in the mid-eighties (at the peak of exodus of unaccompanied minors to Khartoum). Their programs up to 1990 were based on curative direct intervention namely family reunification and rehabilitation. The role of the concerned governmental bodies was limited up to 1989 to blessing, occasional support and holding task force meetings and conferences on the problem.

The Ministry of Social Welfare issued a regulation in 1991 limiting direct interventions of NGOs. Many NGOs adopted preventive strategies focusing on children at risk. The government started in 1992 its own project for street children. Abu Dome, Al-Fao and Durdieb camps were founded in 1992 by the National Project for the Care and Rehabilitation of Street Children. Though Bashair was not included in official information sheet on camps, there is reference that Bashair is officially considered an integral part in that chain of state -run camps.

Abu Dome which is situated about 84 km north of Omdurman, was meant for children less than 10 years of age ; Al- Fao in eastern Sudan, Gadarif state was meant for children ranging between 10 and 14 years ; Durdieb camp, also in eastern Sudan, Red Sea state , was meant for children 14 years and above.

Due to financial difficulties, Durdieb and Al-Fao camps were dismantled in 1994. Abu Dome was dismantled two years later.

The government policy towards the street children has tended to focus on rounding them up and towards institutionalizing them. The government maintains three children residential centers, Soba and Tayba Al-Hassanab for boys and Al-Bashir center for girls with a total capacity of 1000 children. All these centers focus on reforming children psychologically and socially through military-like discipline. The children often escape from those governmental centers and return to the street

1.4.5. Abandoned Children:

Abandoned children include all those children whose parents are unknown and deprived of family care however, they don't include street children. The Directory of Social Welfare in Khartoum, the executive body of Khartoum Council for Child Welfare, works with both abandoned and street children. The Directory runs three centers for abandoned children.

1-Maygoma center (Dareltif): Established in 1961, the capacity of the center is for 300 children. The center accommodates children whose age ranges between one day to four years old. The number of children in Maygoma center during the last five years is shown in Table (1-19). The center provides them with psychological and medical care

2-Dar ElHimaya for boys: Located in Saganna, and established by the House Wives Association in 1960, it was transferred to the Ministry of Social and Cultural Affairs (Khartoum) in 1972. This center accommodates children who are not adopted by substitute families. Their ages range between 4 to about 25 years old. 90% of children in this center are either having their mothers in prisons or dispensaries, or having foreign fathers studying and abandoned by their mothers.

3-Dar Elmustagbal For Girls: Located in Sagagana, and established in 1960 by the House wives Association it was transferred to the MSCA Khartoum. It accommodates girls whose ages range between 4 to 25 years old. The situation of girls accommodated in this center is similar to that of the boys in Dar ElHimays. Both Dar ElHimaya and Dar Elmustagbal equally re-accommodate children who were temporarily adopted by substitute families.

A Child protection officer -UNICEF declared that mortality rate among abandoned children amounts up to 50% among those who are not yet accommodated, and it reaches 10% among those accommodated in the above mentioned centers.

Table (1-19)
Abandoned Children in Maygoma Center

Year	Number of Children	Growth Rate
٢٠٠١	٥٣٩	
٢٠٠٢	٥٦٧	٥,٢
٢٠٠٣	٦٥٣	١٥,٢
٢٠٠٤	٥٩٥	-٨,٩
٢٠٠٥	٦٥٢	٩,٦
Total	٣٠٠٦	

Source: Dareltilf Maygoma, Khartoum Ministry of Social Affairs, 2006.

There are some NGO's like Safe and Protect our Children Organization (SPCO) working in the field of abandoned children in a preventive manner, in other words they attempt to facilitate and convince the original families to accommodate the children instead of sending them to Maygoma center.

1.4.6. Internally Displaced Children

UNICEF estimates that half of the displaced people in Sudan are children. Around 1.8 million are concentrated in Khartoum State, of whom about 250,000 are in officially designated camps, while the majority resides in unofficial squatter and the poorer urban suburbs.

Children's rights are most at risk in war and displacement situations. The National Population Committee, CARE and Commission for Displaced in AL-Salam and Jebel Awlia IDP camps in Khartoum (1994) stated that about 9 out of 10 children between 6-14 years in the two camps do not attend school, due to the inadequacy of existing educational facilities and dependence of families on child labor for survival. Dropping-out is more frequent among girls as this is attributable to early marriages and the overall gender inequalities that contribute towards discrimination against girls as well as the high opportunity cost of girls as child workers and helpers within the family. A recent study conducted in 2005 by Save the Children in the IDP camps in Khartoum State, has demonstrated that 48% of children in IDP camps and squatter areas of Khartoum State are either not enrolled or have

dropped out from schools. Analyzing the enrollment against population size of the target locations, the number of children who do not access education rises to approximately 70%. (Interagency Situation Analysis of Child Protection2005, p25)

The study of Urban Problems carried by Oxfam in 1998 which surveyed four IDP camps around Khartoum, has also indicated the poor health of IDP children. The study concluded that nutritional status of the IDPs is poor, as an IDP takes an average of one poor meal per day. Although food supplements are distributed to pregnant women and breast-feeding mothers, most of the provided flour and sugar are resold in the market due to an acute need for cash." Insufficient food in the poor and female headed households (FHH) and absence of school feeding program affects children's attendance, as some children leave the school for breakfast and do not return, while others drop out to work to earn money for basic food requirements."

The a fore mentioned study has also reported the prevalence of epidemic diseases such as gastro intestinal diseases, malaria, anemia, skin problems and STDs. Poor shelter and sanitation was reported with varying degrees of severity. However the vaccination coverage has been satisfactory both among the IDPs of Khartoum and the Nuba Mountains.

The concentration of the displaced in rural and urban areas has social and political implications that have influenced the policy perception in a negative way. Therefore, the displaced persons are seen as the cause of increasing pressure on services, a cause of increase in rates of crime and are politically dangerous. This explains why the children and women, make up the majority of the IDPs and a clear national strategy to address their problems. The government in collaboration with the UNDP has recently started developing a program on the IDPs.

In addition, the government housing policy is based on removing IDPs to designated sites far from security sensitive areas i.e. the establishment of 'peace villages' and IDPs camps. Few NGOs such as SC, ACORD, IRC, Care, Aldawa, SCC work within the IDPs in issues of health, nutrition, water and sanitation, education and livelihood.

1.4.7. Refugee Children:

Sudan has been hosting refugees for a long time coming from different neighboring countries including Congo, Uganda, Chad, Eritrea and Ethiopia. The Eritrean and Ethiopian refugees constitute the majority of the refugee population in the country. The UN Committee on the Right of the Child noted with satisfaction the contribution made by the Sudanese people in accepting refugees including the children. In Khartoum refugees are not located separately in camps, rather they are amalgamated within the local community. Thus, it is very difficult to differentiate them by status as they share almost the characteristics of the Sudanese children.

1.4.8. Female Genital Mutilation (FGM):

Scope of the Problem:

According to Saad M. El-Fadil , in 2003 nine million women in Sudan were affected by female genital mutilation. Variability is observed among different sources regarding the prevalence of FGM in Sudan. Sudan Fertility survey sets the rate at a maximum of 96% while Rushwan et al indicate it to be 92% compared to the rate shown by SDHS as 89% and a minimum of 78.7% (Gerais and Bayoumi 2001)

A survey study that took five years (1996-2000) in the provinces (localities) of Khartoum North and Sharg Al-Nil) for a random sample of 1360 persons representing school children of both sexes, parents, teachers, decision-makers, medical and paramedical staff, revealed that:

- 88% of girls in urban settings are circumcised compared to 91% in rural settings.
- Prevalence of female genital mutilation between literate population was 90.9% compared to 50% among university graduates.
- Girls in rural settings were circumcised at an early age (4 to 6 years old) whereas those in urban settings are circumcised at a later age (6 to 12).
- There was a trend to shift from the worst type (clitoridectomy, excision and infibulation) to the least traumatic type (removal of part of the hood of the clitoris).

1.4.9 Main Actors in the Field Female Genital Mutilation:

There are two networks on FGM. The first is the Sudanese National Network to Abolish FGM. They are currently processing their registration procedures. The network is composed of around 25 members that deal with FGM either as a main activity or as an intervention within their programs. Babikir Badri Scientific Society is one of the active network members that work solely in FGM. The Gender Center, a member in the network provides a temporary premises for the network. SC- Sweden is their main donor. It funded a capacity building training program for the members and pledged to pay the salary of a full-time coordinator for the network. The Sudanese Society to Eradicate Harmful Traditional Practices split from the first network to register a second network.

Interventions/programs:

The interventions aiming at abolishing FGM include:

- Efforts to abolish FGM date back to the 1920s
- FGM was declared illegal and forbidden by law in 1946 but was not enforced
- Awareness raising of most affected communities
- Training and information campaign for special target groups
- IEC material to address the issue of FGM
- Re-orientation of health personnel
- Involvement of religious leaders to advocate for abolition of FGM
- Involvement of media to advocate for abolition of FGM

1.4.10 Constraints:

The civil society actors accumulated valuable experience through their long years of field work and through exchanging experience with and involvement in relevant regional and international bodies. To enable them shoulder greater tasks such as adopting the Zero Tolerance Initiative “no one should be indifferent to nor tolerate female genital mutilation whatever the type, justification and place where practiced” or conduct a comprehensive advocacy campaign targeting parliamentarians, political parties and legislators. A lot is needed to transform the civil society actors from limited elite groups to a popular movement that stands on a solid grass root support.

Lack of coordination /reluctance to collaborate, competition over resources and fragile institutional capacities cripple the performance of many civil societies active/meant to be active on FGM issues.

2. Outline of the Institutions Responsible for Children’s Issues:

2.1 Governmental Institutions:

In 1990 The Government of the Sudan signed the Convention on the Rights of the Child (CRC).

At the federal level the National Council for Child Welfare (NCCW) was established in 1991. Headed by the president of the republic, and technically supervised by the federal ministry of Social welfare

& women and Child Affairs, the NCCW is responsible for making policies, setting plans and designing projects related to child welfare. NCCW is equally a coordinating body for NGOs working in the field of child issues. Khartoum Council for Child Welfare, (KCCW) a state branch of NCCW, is headed by the Governor (Wali) of Khartoum state and works under the supervision of the minister of social and cultural affairs in Khartoum state. Members of the KCCW include the ministers of health, education, and finance beside commissioners of localities, the Director of police and others. Added to this the seven municipalities and their administrative units implement child programs in different fields.

There is also the Ministry of Humanitarian Affairs which is responsible, through its executive arm HAC, for the registration of NGOs including those working in the field of child issues.

**Table (2-1)
Government Units working at National and Khartoum levels:**

Name	Activity
The National Council for the Care and Rehabilitation of the Disabled	Lay out policies, plans for the care and rehabilitation of the disabled / Integrate them in the community / Supervise the state council and coordinate with them/formulate regulations to organize work.
Displaced Department – Ministry of Social Welfare & Women and Child	Formulate policies for the care and rehabilitation of the disabled on the national level/Provide training for cadres working in the field of disability/Cooperate and coordinate with NGO's working with the disabled/Encourage the integration of the disabled in the main.
The Council for the Care and Rehabilitation of the Disabled Khartoum State	All the activities and areas pertaining to the different groups and categories of the disabled.
Commission of Voluntary and Humanitarian Work- Khartoum State	Organization of the voluntary and humanitarian work in Khartoum State. Training rehabilitation, and employment of the displaced. Re-planning of the disabled camps with the concerned authorities. Improvement of Environment of the displaced and peripheral areas.
Department of Special Education	Development of special education and formulation of appropriate policies and programs there in Training and Rehabilitation of Teachers locally and abroad. Issue laws and regulations that organize the work of the special education. Curricula that suit the different groups and categories of the disabled. Work towards the integration of the disabled in the community.

2-2 Non-Governmental Organizations (NGO's)

The Sudan Council of Voluntary Agencies (SCOVA) was also established to:

- Develop voluntary activity in Sudan.
- Exchange information between NGOs.
- Build the capacity of NGOs staff by training in different fields.
- Link between NGOs and relevant GOs and other regional and international entities.
- Establish a data bank that provides NGOs with the necessary information.

Two types of organizations are responsible for children in Khartoum State: NGOs and GOs this section is an attempt to review major actors in the field.

2.2. NGOs:

The number of NGOs working in the field of children issues amounts to 77 organizations. Around 70% of them are national while the rest 30% are international. Approximately 27% of the NGOs were reported to have their activities confined exclusively to field of children issues, while the rest 73% have their activities extending to other related fields. See Table (2-2).

Table (2-2)
Classification of NGOs by Type and Field of Activity

Type	Field of Activity		
	Children	Children and Others	Total
National	13 (24.1%)	41 (75.9%)	54 (100%)
International	8 (34.8%)	15 (65.2%)	23 (100%)
Total	21 (27.3%)	56 (72.7%)	77 (100%)

Source: Own calculations based on Appendix Tables (5) and (6).

The common target groups of NGOs are mainly children in need including street children, orphans, homeless children, vagrant children, IDPs children, street girls, disabled and handicapped children, school children, children affected by war, and others. However, children are also targeted indirectly by those organizations through dealing with men and women in need including mothers, disaster victims, refugees, IDPs, prisoners, and others. Programs of the organizations also target decision-makers and local community leaders. See Appendix Tables (5) and (6).

NGOs have their objectives represented in providing child protection and a wide range of services (medical, humanitarian, and social in addition to education and training) for children under difficult circumstances. Dissemination of child right agreements and raising the awareness of the society, local community leaders, and decision-makers about the rights and needs of children are also among the objectives of those organizations. Other objectives are related to improving the socio-economic status of the societies and, hence, of children indirectly through relief, development, and poverty alleviation projects. Conflict resolution, dissemination of peace culture, and peace building are also among the objectives of national NGOs. See Appendix Tables (5) and (6).

The capacity-building needs of NGOs are related mainly to training in the areas of proposal development, project planning and management, report writing, fund raising, project finance, networking, lobbying, data collection and data analysis. Training is also needed on computer and IT skills, English Language, negotiation, conflict resolution, disaster management, relief and humanitarian voluntary work in general. Some organizations are also in need to office machines and transport facilities. See Appendix Table (5) and (6).

2.2.1 National NGOs

According to Table (2-2), the number of national NGOs working in the field of children issues amounts to 54 organizations. Around 24% of them have their activities confined exclusively to this field while the rest 76% have their activities extended to other related fields. Appendix Table (5) outlines these NGOs in detail with emphasis on the objectives, target groups, plans, and capacity building needs of each organization.

2.2.2. International NGOs

As shown by Table (2-1), the number of international NGOs working in the field of children issues amounts to 23 organizations. Around 35% of them have their activities confined exclusively to this

field while the rest 65% have their activities extended to other related fields. Appendix Table (6) provides a detailed outline for these organizations with emphasis on their objectives, target groups, plans, and capacity building needs.

2.1.3 NGOs Networks

There are NGO's Networks working in the field of child issues, namely the street children network and the orphan child network. The former consists of 10 NGO's while the latter has 12 members. Tables (2-3) & (2-4) outline the objectives, fields of activity, plans and training needs of the two networks.

Table (2-3)
Street Children Network

Name of network	Street Children Network
Major objectives	Coordination for effectiveness and efficiency, participation in development of program exchange of experiences with relevant institutions
No of NGOs forming the network	10 NGOs
Field of activities	Coordination, participation
Activities implemented by net.	Newly established network
Affiliation/partnership/next. outside Sudan	Ministry of social Welfare
Future Plans	Increase the number of NGOs involved in the network, training for members, establishing connections with INGOs, UN agencies, donors
Training needs	Capacity building, networking

Table (2-4)
Orphan Child Network

Name of network	Orphan Child Network
Major objectives	Coordination and co-operations between members, capacity building, fund raising, information collections and exchange of experiences
No of NGOs forming the network	12 members
Field of activities	Training, production of materials, data bank
Activities implemented by net.	Training workshop, coordination meetings
Affiliation/partnership/next. outside Sudan	Ministry of social Welfare SCOVA
Future Plans	Establishing data bank, increase members, implement joint projects
Training needs	Networking, capacity building, management

3. Assessment of the capacity of the Institutions working with Children in Khartoum:

3.1 CPI-Workshop

The consultants have agreed on bringing some institutions working with children for a one day workshop which has been convened on the 27th of January 2004 at the Gender Center. 22 NGOs attended this workshop. For the names of NGO's attended see Appendix B.

The participants were divided into three groups according to type of intervention shouldered by the institutions they represent. Each group was requested to react to the following:

- ◆ Scope and areas of intervention
- ◆ Points of strength
- ◆ Weaknesses/Gaps including those of counterparts
- ◆ Capacity building

3.1.1 Group (A): Education:

A- Scope and areas of intervention:

- Awareness raising
- Training
- Infrastructure rehabilitation (buildings & furniture)
- Support of orphan pupils
- Adult education/Catch up classes
- Vocational training
- Support of poor families (targeting female-headed households)
- Girls' education
- Support to children with special needs
- Peace building

B- Points of strength:

- Presence of a broad base of Community-Based Organizations (CBOs) working in the field.
- Response of beneficiaries in programs targeting children with special needs
- Donor support to local initiatives
- Looming peace agreement

C- Weaknesses/Gaps including those of counterparts:

- Inadequate funding
- Inadequate institutional strengthening/capacity building initiatives
- Inadequate coordination/networking
- Inadequate follow up
- Weak components of sustainability
- Negative societal attitudes towards children with disabilities
- Inadequate collaboration with concerned governmental and non-governmental bodies working in the field
- Inadequate exposure to national and international initiatives
- External factors that create a negative influence including dismantled family structures and dissemination of war culture

3.1.2 Group (B): Health & Nutrition:

- Islamic Charitable Corporation:

A- Scope and areas of intervention

- Establishment of hospitals and health clinics,
- Provision of safe drinking water,
- Direct health interventions and logistical support.
- Targeted groups include school population and children of inmates.

B- Points of Strengths:

The corporation believes that any contribution with a viable impact on children leaves a good impression on the donor.

C- Weaknesses:

- External factors including international events and national policies determine donor funding to the corporation.
- Civil strife and instability affect the work.

- Saint Vincent De Paul:**A- Scope and areas of intervention**

- mobile and weekend clinics,
- Volunteers, routine medical check ups and nutrition centers.
- Targeted groups include IDP schools. .

B- Points of Strengths:

Extending free of charge health services to poverty-stricken peripheral parts
Involving volunteers.

C- Weaknesses:

The fact that medicines are received from abroad as free samples creates many problems such as the routine complicated customs procedures.

3.1.3 Group (C): Other rights:

Partners of this are: UNICEF, WFP ICRC, Fredrich Ebert Stiftung, SCC, Ministry of Justice, General Administration for Prisons, Khartoum State police, Military Central Command, General Union for Sudanese women, KCCW, Child Cultural Center, Norci, Human Rights & Legal Aid Network, Individual attorneys and Partners from local communities

A-Scope and areas of intervention:

- Raising awareness in areas related to human rights and the rights of children and women in conflict situations .
- Capacity building
- Monitoring/reporting on status of children of inmate mothers
- Ameliorating detention conditions for women and children
- Legal aid to juveniles and women in selected locations in Greater Khartoum
- Support to poor released women prisoners (after care)
- Vocational training
- Resolving conflict regarding the definition of the child in Sudanese legislation's
- Studies and research

B-Points of strengths:

- Reporting to the Committee on the Rights of the Child gives protection and credibility to the center.
- Appropriate documentation of cases draws attention to the status of children subject to torture.
- Involving concerned families creates internal support to children from within the families; and drawing public attention to the plight of children subject to torture.
- Legal aid services reaching wider numbers of beneficiaries
- Reaching greater number of war/conflict-affected children
- Involving concerned authorities in protection programs

- Increased awareness among law-enforcement agencies and beneficiaries
- Improved service delivery
- Qualified cadres
- Appropriate aids
- Active involvement of implementing targeted bodies

C-Weaknesses/Gaps including those of counterpart

- Lack of qualified cadres in areas most affected by conflict.
- Lack of statistics, fear on part of the administration to document cases.
- Fragile transport infrastructure.
- External factors include continuing civil strife and political constraints.
- Inadequate and delayed funding
- Lack of/inadequate coordination between those working in the field and the concerned authorities
- Inadequate know-how of advance technology
- Lack of a clear vision with regard to future of those children enrolled in foster parent homes.

3.1.4 Observations and recommendations made by the plenary session:

Capacity building:

- Training relating to using arts (drama) as a media in dissemination of child oriented messages.
- Training aimed at enhancing child participation in all issues relating to him.
- Developing agency skills in using advanced information systems
- Introducing/consolidating concept of networking
- Training relating to advocacy
- Training related to awareness raising of targeted communities
- Training related to poorest management, strategic planning, project monitoring and evaluation
- Training of teachers working with children with special needs

3.1.5 The results of the questionnaire:

In addition to the workshop, the consultants prepared a short questionnaire filled by the concerned institutions regarding the types of programs they implement, availability of resources, obstacles faced, suggestions to face the obstacles, and the projects requiring capacity building. The information collected from the responding institutions have been analyzed and tabulated according to the area of interventions.

3.1.5.1 Area of Education

Table (3-1) provides the questionnaire results on NGOs working in the field of child education with regard to types of programs, available resources, obstacles, suggestions to facing obstacles, projects requiring capacity building and observations.

Table (3-1)
NGOs Working in Child's Education

Institution	OXFAM
Types of Programs	The improvement of school establishment, environment and educational systems & methods. The advocacy and support of education. Raising the community's awareness towards the importance of education
Available Resources	Building equipment & inquiries, school inquiries & equipment and training cadres. 2. Machinery, workshops & seminars. 3. Scientific equipment, videos, photos...etc.
Obstacles	1. Lack of Financial support. 2.Lack of awareness of those who have authorities over the community affairs. 3. the weakness of the targeted projects.
Suggestions to Facing Obstacles	1.The raising of financial funding. 2. The improvement of educational committees. 3.Setting a chain of community awakening programs. 4. The determination of a constant financial resource for the civil community.
Projects Requiring Capacity Building	1. The organization of management and managerial foundations. 2.Communication & advocacy. 3.Networking. 4. The strengthening of communication between the authorities and the civil community.
Observations	Excellent program focusing on the improvement of educational; systems, lives and methods leading to a better educational state

Institution	BABIKER BADRY's Women Institution for Scientific Studies
Types of Programs	Education of poor women and young girls.
Available Resources	Water drinking tanks, school uniforms, and other school equipment.
Obstacles	1.The appearance of more students who are in need more than those who have been chosen. 2.The attendance to the institution is only by women while the attendance of men is essential to raise their awareness towards the importance of women education. 3.Lack of funds in order to fulfil the project objectives. 4.The methodology used in training is traditional.
Suggestions to Facing Obstacles	The presence of funds in order to help in the registration of more poor girls and on the other hand to provide better training and improve means of education.
Projects Requiring Capacity Building	Raising the community awareness in the following fields; 1.The importance of women education. 2.The resistance of FGM and spread of sexual culture.

	<p>3.The resistance of AIDS/HIV.</p> <p>4.The importance of a “clean culture” either in the environment or towards one self.</p> <p>5.The adoption of income raising skills to help poor families educate their daughters</p>
Observations	Excellent programs conducted in women education at the local communities.

Institution	AZZA’s WOMEN ASSOCIATION
Types of Programs	Peace club for children. Woman development centre. Woman development in Sheikan area, El-Shigla at El Hag youif , El Dalanj and south Darfur.
Available Resources	<p>1.Musical instruments, library books, video camera and a generator. etc.</p> <p>2.A whole building of all kinder garden’s basic needs, toys...</p>
Obstacles	<p>1. The financial funding is very limited.</p> <p>2.The absence of a car at the project.</p> <p>3. The lack of electricity at the area.</p>
Suggestions to Facing Obstacles	<p>1.More funding to achieve what hasn’t been done.</p> <p>2.Providing a car to the project.</p> <p>3.The presence of electricity at the area.</p>
Projects Requiring Capacity Building	<p>1.Raising the awareness of the targeted children and families.</p> <p>2.The need of entertainment for the local community living far away from development.</p>
Observations	Excellent program caring about children and women affairs at the local community.

Institution	SEKEENA SOCIETY
Types of Programs	The academic raising and the integration of those with special needs into the local community. The academic program and the principles of spiritual behavior and attitude.
Available Resources	The traditional methods and modern methods are used in the field of child’s special care.
Obstacles	<p>1.Financial resources are limited.</p> <p>2. Lacking means of transportation.</p> <p>3.The methods used at the program are not efficient.</p>
Suggestions to Facing Obstacles	<p>1.More financial funding.</p> <p>2.Availability of transportation means.</p> <p>3.Development of the used methods.</p>
Projects Requiring Capacity Building	<p>1. The methods in teaching and training the students need to be developed.</p> <p>2.The cooperation and the awareness of the community to</p>

	the importance of it's role when helping at the integration of these groups into the community.
Observations	Excellent programs conducted and specialized in the field of children with special needs.

Institution	AI RAID VOLUNTARY ASSOCIATION
Types of Programs	The education and preparation of young ones (teen aged)
Available Resources	Books, school equipment. etc
Obstacles	1. The lack of financial funding. 2. It has been established recently in 2002.
Suggestions to Facing Obstacles	The cooperation with organizations and institutions working at the same field.
Projects Requiring Capacity Building	Training teachers is very essential
Observations	Excellent program conducted on young ones educational issues.

Institution	SUDANESE SOCIETY FOR ENVIRONMENTAL PROTECTION
Types of Programs	1. Child abilities program. 2.The reformation of school environment.
Available Resources	Videotapes, puppet shows, theatres, field work. The establishment of water courses at schools. The growing of trees. Raising child and parental awareness about the importance of environment protection
Obstacles	1. The irregularity and lack of enough funds. 2.The lack of communication and response between trainers and parents 3.Difficulty in following up with the students especially during school vacations
Suggestions to Facing Obstacles	1.Providing regular funds. 2.Raising the awareness of the community towards the importance of the environment. 3.Cooperation and working in networks with other societies involved in the same field.
Projects Requiring Capacity Building	Training of teachers in order to deal with the children in a more professional efficient way. Building and establishing “an environmental culture”
Observations	Excellent programs conducted in raising the awareness of the community towards environmental protection.

Institution	SAINT MANSOUR'S SOCIETY
Types of Programs	Taking care of homeless children. Medical services. Feeding children under 4.
Available Resources	1. Clinics and medications. 2.Voluntary work
Obstacles	Lack of funds
Suggestions to Facing Obstacles	More funding. More volunteers

Projects Requiring Capacity Building	More medical equipment and inquiries.
Observations	Excellent program raising awareness towards voluntary work.

Institution	AFRICAN SOCIETY FOR MOTHERHOOD & CHILDHOOD CARE
Types of Programs	Taking care of orphans. Establishment of kinder gardens.
Available Resources	Gifts, voluntary work. The collaboration in child programs.
Obstacles	1.Means of transport. 2.Large and increasing number of orphans. 3.Lack of financial funds.
Suggestions to Facing Obstacles	Resources development, more funds. Cooperation and network of societies/ organizations in the same field.
Projects Requiring Capacity Building	Training of workers and teachers. To motivate orphans to improve their skill and potential abilities.
Observations	Excellent programs conducted on orphans' issues.

Institution	ABDELMAGEED IMAM CENTER FOR CULTURAL & HUMANITARIAN STUDIES
Types of Programs	Removing Illiteracy.
Available Resources	School equipment and basic educational inquiries.
Obstacles	1.Cultures and traditions. 2. Lack of efficient funding.
Suggestions to Facing Obstacles	The spread of a peace culture. More funding. Raising community awareness.
Projects Requiring Capacity Building	Establishment of an efficient statistical system to provide data
Observations	Excellent programs conducted in the field of illiteracy and community education.

Institution	GENDER CENTER FOR RESEARCH & TRAINING
Types of Programs	Homeless girls program. Aids effecting homeless girls. Motivating homeless girls to live better life and strengthening their abilities.
Available Resources	Reformatories for the homeless girls. Lectures, field working.
Obstacles	1. Lack of funding. 2. The misunderstanding of Aids and it's causes
Suggestions to Facing Obstacles	Providing more fund. Training of cadres.
Projects Requiring Capacity Building	The spread and understanding of AIDS concept amongst the homeless
Observations	Excellent program working raising the awareness of the homeless girls towards AIDS transmission

Successful Programs:

Despite the obstacles faced by NGO's working in the field of child education there are successful programs which include, raising awareness among decision makers, teachers and target groups about right of education and CRC, vocational training programs, using music and drama for educational message, establishing dropout classes and illiteracy classes and researches, supporting poor children to continue their education, conducting survey and researches about the education in Khartoum state and how to develop it, providing training for teachers and special workers and Vocational training programs, establishing income generation activities to secure school fees for children, lobbying for increasing education budget, providing children's cultural and recreational materials, books and magazines and reviewing and developing school curricula.

3.1.5.2 Health & Nutrition

Table (3-2) provides the questionnaire results on NGOs working in the field of child health and nutrition with regard to types of programs, available resources, obstacles, suggestions to facing obstacles, and projects requiring capacity building and observations.

**Table (3-2)
NGOs Working in Child's Health and Nutrition**

Institution	AMAL CENTER
Types of Programs	Medication & rehabilitation of war and violence victims.
Available Resources	1. Presence of specific location, trained cadres, presence of direct funds.
Obstacles	1. The lack of trained cadres. 2. The lack of funds.
Suggestions to Facing Obstacles	More funds. Train Cadres.
Projects Requiring Capacity Building	The organizations management, family support, training & researching. Special funds and budgets for researches.
Observations	Excellent program conducted for victims medication & rehabilitation.

Institution	AL MANAR VOLUNTARY ORGANIZATION
Types of Programs	Child nutrition and child medical nutritional health. The conduction of teenaged children's right at (Mayo) Helping children during preschool age.
Available Resources	The presence of a specific location. Foods, medication, equipment, sports equipment, trained cadres.
Obstacles	1. Lack of regular funding.

	<p>2.The increase in number of women and their children.</p> <p>3.Some rules and regulations embraced by the government prevent the on flow of the program.</p> <p>4. Lack of governmental support.</p>
Suggestions to Facing Obstacles	<p>1. Advocacy and networking.</p> <p>2. More funds.</p> <p>3. More flexible rules and regulations.</p> <p>4.The establishment of more teenagers' centers.</p> <p>5.Raising the community's awareness of it's essential role.</p>
Projects Requiring Capacity Building	Advocacy. Child Rights. Woman development. Reproductive health.
Observations	Excellent program working in the field of teenagers, motherhood & child health and nutritional affairs.

Institution	MOTHERHOOD & CHILDHOOD
Types of Programs	Child nutrition and vaccination.
Available Resources	Medical requirements for vaccination and foods.
Obstacles	<p>1. Increase of children on the waiting list.</p> <p>2. Lack of financial support.</p> <p>3.Lack of transportation means.</p> <p>4.Lack of trained cadres.</p>
Suggestions to Facing Obstacles	<p>1. More funds.</p> <p>2. Trained cadres and more volunteers.</p> <p>3. Providing means of transport.</p>
Projects Requiring Capacity Building	Orphans skills. From child to child program. Training & rehabilitation.
Observations	Excellent program conducted in the field of child nutrition and vaccination.

Institution	THE INTERNATIONAL MEDICAL INSTITUTION
Types of Programs	Multi-nutrition & school nutritional programs.
Available Resources	Human & financial resources.
Obstacles	<p>1. Lack of funding.</p> <p>2. Weakness in training cadres.</p>
Suggestions to Facing Obstacles	<p>1. More funds.</p> <p>2. Better training for cadres,</p>
Projects Requiring Capacity Building	Training cadres. Training programs in the same field.
Observations	Excellent nutritional programs.

Sudan is implementing a primary health program with International donor Support and UN organizations such as WHO and UNICEF, in addition to national and international NGOs. Private hospitals and clinics serve those who can afford quality medical services in Khartoum. The majority of people in rural and urban areas resort to public health centers which suffer inadequate facilities and health personnel. Following to the adoption of the structural adjustment programs, the ministry of health provides health services on a cost recovery basis. The basic health centers in schools are limited.

Children's nutritional status is a reflection of their over all health. When children have access to an adequate food supply and are not exposed to repeated illness, they reach their growth potential and they are considered well nourished. Almost one in nine children under age 5 in Sudan are wasted and 7% are classified as severely wasted.

The obstacles that face the NGOs working in field of health and nutrition are, poor health and nutrition services, poor medication, lack of training for NGOs staff and community groups, weak self-financing and fund raising capability, high transport cost of field work and deterioration of infrastructure and health situation of target group.

Successful Programs

- Executing the primary health care programs with agents within their local communities.
- Networking and communication with national groups and international organizations for the advocacy of health issues.
- Developing health manual for semiliterate women.
- Launching a comprehensive Malaria/ Bilharzias prevention projects.
- Develop and disseminate income generation skills and management training packages.
- Empowering community health committees (training, sensitization and providing material support)
- Community preventive interventions programs. Studies showed that the target group is main health problems originate from water borne diseases.
- Conducting researches, survey, studies and regular data collection regarding health and nutrition.
- Focusing on sports to address the health issues.
- Launching campaigns for immunization of children.
- Training on primary health care, environmental sanitation, first aid and nutrition for children.
- Distributing impregnated bed sheets to introduce new means of fighting malaria.
- Techniques of weighing children and preparing supplementary food ration for the under five ones.
- Establishing nutrition center in Omdurman prison for women and in other IDPs areas.

Table (3-3)
NGOs Working in Other Child's Issues

Institution	KHARTOUM CENTER FOR HUMAN RIGHTS AND ENVIRONMENTAL DEVELOPMENT
Types of Programs	Children legal aid programs and documentation of available victims' cases.
Available Resources	Financial & human resources and technological means of communication.
Obstacles	1. Lack of funds. 2. Lack of trained cadres. 3. Victims avoid contacting the center. Victims are afraid of consequences. 4. The unqualified cadres are not able to deal with latest technology.
Suggestions to Facing Obstacles	1. More funds. 2. Training cadres. 3. Computer and other means of technology tuition.
Projects Requiring Capacity Building	Computer studies. Documentation.
Observations	Excellent programs conducted on Human rights and legal aid.

Institution	MUTAAWINAT SOCIETY
Types of Programs	Providing legal aid programs to stop chaos.
Available Resources	Human & Material recourses.
Obstacles	Lack of professional courts & police for human rights aid. Lack of funds.
Suggestions to Facing Obstacles	Establishment of professional courts & police for human rights aid.
Projects Requiring Capacity Building	Professional courts & police.
Observations	Excellent program conducted in human rights and legal aid.

Institution	AMAL SOCIETY
Types of Programs	Alternative families program. Child Rights program and social center program.
Available Resources	Alternative families program. Child Rights program and social center program.
Obstacles	1.Lack of funds. 2. Lack of community awareness towards child's rights.
Suggestions to Facing Obstacles	More funds. Raising community awareness towards child's rights.
Projects Requiring Capacity Building	Affairs concerning the CRC. Training

	towards raising and developing the domestic community.
Observations	Excellent program conducted in relation to the alternative family programs. Child's rights and social center programs.

Institution	ALMARSAD ORGANIZATION FOR CHILD RIGHTS
Types of Programs	Raising the awareness of child convention
Available Resources	Human and financial Resources.
Obstacles	1.Lack of cadres 2.Lack of funds. 3.Lack of coordination of targeted group.
Suggestions to Facing Obstacles	Train more cadres. Increase funds. Coordination and cooperation of targeted group by raising their awareness.
Projects Requiring Capacity Building	Establishment of the abilities of the targeted group. Increase in all technical training.
Observations	Excellent programs working under the articles of the CRC.

Institution	HOPE & HOME FOR CHILDREN
Types of Programs	The establishment, follow up, completion and fulfillment of the Alternative Families project.
Available Resources	Establishment and building of homes for the alternative families. Providing essential needs for the ongoing of the families lives and the continuity of the families, towards raising the children in better conditions and a more stable and healthier environment.
Obstacles	1. Lack of governmental appreciation, ad advocacy and support towards these types of projects. 2.Those who work in these fields lack experience and training. 3.High costs and expensive prices.
Suggestions to Facing Obstacles	1. Networking of different parties conducted in the same field. 2. The gathering & communication of these parties. 3. Advocacy.
Projects Requiring Capacity Building	1.Gathering & Advocacy. 2. Grouping & Networking.
Observations	Excellent programs conducted on family building and raising child under parental care.

3.1.5.3 NGOs Working with Other Child Rights Issues

There are a number of NGOs that work in other child rights issues, such as street children, children in conflicts with the law, children affected by war, abduction, landmines awareness, harmful traditional practices...etc.

The impacts of civil war and tribal conflicts are: massive displacement internally or to neighboring countries, destruction of socio-economic structure, the creation of dependency on external aid, direct loss of lives, disabilities and trauma, domination of culture, involvement of children in hostilities as warriors, abduction of children, resulting in child exploitation by the abductors and increasing numbers of street children dropouts and high level of poverty.

There are about 35000 unaccompanied children on the streets of Khartoum. These children are vulnerable to a wide range of abuses. Most do not have any hope for leaving the streets and each day is a struggle for survival.

NGOs have a crucial role to play regarding these problems; they have to fight for children's rights and to improve the life of children under difficult circumstances. There are many obstacles that face NGOs, first of all the lack fund and sustainable projects, weakness of structure and set up, changes in state policy , increasing numbers of children under difficult situation, dependency on foreign donations, limited opportunities for abroad training and exchanging of experience with others and misunderstanding of NGOs role.

Successful Programs

- Reunification of street children.
- Alternative families program.
- Providing legal aid for poor children.
- Rehabilitation of reformatories, and advocacy to provide children in the reformatories with skills training.
- Land mines awareness programs, to keep children safe.
- Returning home for abducted children.
- Vocational training programs.
- Training local communities in CRC.
- Provide family counseling to the families of the street children.
- Conducting survey and research about child right issues and situation of children.
- Publishing articles and train journalist and media workers in CRC.

- **Abdel Majid Imam Center:** Scope of work is limited to primary school facilities in Khartoum North. Interventions include free medical services and research.

Points of Strengths: Schools took over implementation (sustainability) and extended free of charge health services to poor pupils.

Weaknesses: In adequate funding, inadequate number of volunteers and widespread poverty.

- **Al-Manar:** Scope of work is limited to provision of nutritious meals to children of inmate mothers at Omdurman prison for women.

Points of Strengths: Strengths include drawing attention of the donor community to this group of children. Reducing mortality rates within the target group, raising health awareness among inmates and success in having health assistants in the prisons' pay roll.

Weaknesses:

Social Welfare: Scope of work covers accommodation homes for orphans in the age groups one-day to 17 years.

Points of Strengths: Accessible to children from all over Sudan. Stepping in of NGOs led to amelioration of health status.

Weaknesses: High cost pertained in provision of feeding and medical treatment. Displacement and after care. Securing the needs of children with special needs.

Capacity Building:

- Working towards activating and strengthening child rights/protection measures.
- Capacity building of staff and beneficiary groups
- Logistical support
- Advocacy campaigns to effect a change in government policies and attitudes in regard to voluntary work.
- Opening channels of collaboration/cooperation with concerned authorities
- Networking
- Removing material constraints

3.2 Constraints Facing Government Institutions and NGO's Addressing Child Issues in Greater Khartoum:

There are common obstacles facing both government and non-governmental organizations.. These are related to financial aspects such as unavailability of funds, administrative and organizational aspects, problems related to the lack of long term strategic visions. Further more, problems related to lack of co-ordinations between NGO's on one hand and between NGO's and government institutions on the other.

As already mentioned governmental institutions have weak capacity. Decentralisation and devolution of authority put a burden of responsibility without ability of resource mobilisation. Transforming the economy to a market economy and an austerity budget affected negatively social spending on health, education and social welfare

According to some officials, one of the major obstacles facing institutions addressing child issues is that, child vulnerability is not considered as a priority, the implication of this is the weak logistic support and meagre resources allocated by the government to institutions dealing with child issues.

One of the major constraints concerning the integration of disabled children in general education is the unavailability of trained teachers to deal with the disabled.

A number of NGOs run special educational and vocational center and other training programs. They mainly targeted street, IDPs and detained children.

The obstacles that faced these NGOs are :

Lack of fund long-term projects, wide-spread of poverty, poor communication ,dependency on foreign donations, misunderstanding of NGOs rules and work, high fees for education, lack of strategic plan and future vision and clear organizational set up, poor monitoring and documentation and lack of advanced technology and information.

Constraints related to the prevalence of FGM are socio-cultural and traditional practices associated with marriage, e.g. the belief of some mothers that lack of circumcision will reduce the chances of their daughters marriage.

3.3 Conclusion:

Despite the considerable efforts exerted by the government institutions and NGO's both national and international, the problems of child vulnerability in Greater Khartoum will persist unless major interventions are introduced. As far as poverty, socio-economic, armed conflicts, political and environmental problems are prevailing in the sending areas the numbers of vulnerable children will continue increasing in Greater Khartoum. Khartoum represents an attractive center for poor, unemployed and school dropout. Trend analysis has shown the phenomenal increase of street children and abandoned children. Most of child problems are related to the socio-economic situation of their families. Although the findings of Migration and Labor Force Survey 1996 showed that the highest labor child rates are found in Eastern and Darfur regions, and the lowest rates are found in Central region and Khartoum, most of street children in Khartoum could be dually classified as street children and child labor at the same time. This makes relatively a high rate of child labor in Khartoum but perhaps the highest number of street children in the whole country. Our data suggest that children from families that are economically vulnerable tend to come to the streets to leave the conditions of poverty, to find work to support themselves and their families, and to escape the violence and dysfunction that are often the hallmarks of families in crises. Improving children's access to school without addressing the fundamental economic pressure on their families will not be a long-term solution, as pressure on the child to find a job to augment the family's meager income will continue. Given their living conditions, IDP children are more vulnerable with respect to security, educational and nutritional status.

Given the nature of the problems of vulnerable children in Greater Khartoum it is difficult to introduce an order of priority to address their issues. Simultaneous interventions in a form of package would be recommendable. Thus introduction of poverty alleviation program will be a proper approach to address problems related to child education, health and nutrition, immunization, sanitation, child vagrancy, abandoned children, child disability and child and infant mortality.

3.4 Recommendations:

Addressing issues of vulnerable children in Greater Khartoum requires concerted efforts of both government and voluntary organizations. Equally it requires interventions at both macro and micro levels.

Proposed Interventions with regard to street children:

The study on street children pointed out three critical areas of intervention that emerged within a general preventive strategy. They include:

- i. Ensure that disadvantaged children continue to have access to formal and / or informal schooling. A very large number of full-time street children – 69% of boys and 66% of girls – identified inability to pay school fees as one of the reasons for their entering the streets in the first place. Lack of access to education contributes to boredom at home, and both are critical factors that affect the number of children entering the streets. In addition, intervention programs in poor communities that enjoyably and productively occupy girls' time, and help them feel involved in community may be effective in keeping them at home. In some cities of the world, community centers for youth offer work training, volunteer opportunities, and sports. These are believed to reduce adolescent boredom and hence illicit activities or running away.

- ii. Create / sustain programs to increase the incomes of vulnerable families, especially those families that have come to Khartoum after being internally displaced as a result of war or famine.
- iii. Develop employment and vocational training programs for children over the age of 14 years who are no longer in school and help to plan for their future.

Introduction of poverty alleviation programs to address both rural and urban poor families

As IDP children are particularly vulnerable, the Interagency Analysis Situation.....2005 provided a number of recommendations including, establishment of community child protection networks in Khartoum State and in areas of return. to promote social inclusion and to protect girls and boys from all forms of discrimination , abuse and exploitation.

Sensitization of community participation in areas of child disability, abandoned children etc.

Avail sufficient funds for training in areas of education and school infrastructures and training of teachers who deal with children with special needs.

Improve levels of co-ordination between NGO's and government institutions addressing child issues.

3.5 Capacity Building Action Plan:

The following action plan is based on the outcome of the assessment made for the organizations working on children that is extracted from the workshop as well as from the questionnaires. The Plan to be workable is classified under three main themes namely education, health and nutrition and other child rights.

Table (3-4)

Estimated Cost for Capacity Building of NGO's Working With Children in Greater Khartoum

ACTIVITY/CAPACITY BUILDING	ESTIMATED COST IN US\$
1- EDUCATION: <ul style="list-style-type: none"> • Teachers' multipurpose Training • Support to children with special needs • Infrastructure rehabilitation • Community awareness raising around child/girls education • Vocational Training for juveniles 	50,000 35,000 75,000 30,000 15,000 205,000
2- HEALTH & NUTRITION: <ul style="list-style-type: none"> • Research project on health & nutrition • Training of Trainers on harmful traditional practices and HIV • Media campaign on health issues • Medication & rehabilitation of war and violence victims • Establishing nutrition, health & feeding centers in the IDP camps 	20,000 45,000 25,000 40,000 60,000 190,000
3- OTHER CHILD RIGHTS: <ul style="list-style-type: none"> • Monitoring/reporting on status of children of inmate mothers • CRC awareness campaign • Providing legal aid for needy children • Assistance for children whose mothers are in prisons and reformatories 	100,000 50,000 30,000 80,000 260,000
4- Contingency	131,000
5- Total estimated cost	655,000
	786,000

Annexes

Appendix A: Tables

Appendix Table (1)

Frequency of diseases and patients in El-Salam camp (May-Sept. 1997):

Month	May	June	July	August	Sept.
Total	1943	2217	1831	1808	1967
Malaria	523	548	462	492	599
Diarrhea	138	153	171	126	138
Eye	192	158	124	118	98
Anemia	179	188	198	159	172
Respiratory infections	481	533	465	450	508
Skin	31	41	38	23	27
Other	399	586	373	440	425

Source: SRC, El-Salam Camp.

Appendix Table (2)

Frequency of disease and patients in Wad El-Bashir camp (May-Sept. 1997):

Month	May	June	July	August	Sept.	Total
Malaria	713	627	785	626	855	3606
Diarrhea	403	320	343	348	519	1933
Eye	188	79	138	114	148	685
Anemia	59	42	63	51	106	321
Respiratory infections	590	432	382	430	543	2377
STDs	75	61	82	73	85	376
Other	256	233	287	224	229	1229

Source: SRC, El-Dawa, Wad El-Bashir camp, October 1997

Appendix Table (3)

Frequency of diseases and patients in El-Jabal camp (May-Sept. 1997):

Month	May	June	July	August	Sept.	Total
Malaria	538	749	649	565	700	3201
Diarrhea	419	517	558	311	442	2247
Respiratory infections	1032	1229	1063	668	864	4856
Eye	184	252	252	147	337	1172
Anemia	378	346	217	214	202	1357
STDs	75	135	138	44	108	500
Skin	12	34	53	23	51	163

Source: SRC, El-Dawa, El-Jabal camp, October 1997

Appendix Table (4)
Frequency of diseases and patients in Mayo camp (May-Sept. 1997):

Month	May	June	July	August	Sept.	Total
Malaria	318	289	325	340	285	1557
Respiratory infections	270	247	250	275	309	1351
Eye	64	74	71	80	73	362
Ear	41	24	27	41	31	154
Diarrhea	297	245	219	213	141	1115
STDs	34	23	21	14	15	107
Dysentery	119	132	134	104	126	606
Giar	28	13	20	27	31	119
Skin	41	20	47	40	31	179

Source: Goal (Ireland) and Mowafaq, Mayo camp, October 1997

Appendix Table (5)
Objectives, Target Groups, Plans, and Capacity-Building Needs of National NGOs Working in the field of Children

(1)

Organization	Friends Of Children Society (Amal)
Objectives	Provision of protection to children through the activities of the society, provision of service to children under difficult circumstances, motivation of productive work of children, dissemination of child right agreement
Target groups	Street children, being street children
Plans	Increase number of project for rehabilitation for children (seminar, debates), work in the reformatory (juvenile court) and dissemination of culture and rights, awareness raising, increase of homes of alternative families, simulation of funds.
Capacity building	Technical capacity for staff in English language, proposal & report writing.

(2)

Organization	Sabah Child Care & Development Association
Objectives	Provide care, protection and development to street children especially under difficult condition through integrated activities, compliance to rights child.
Target groups	Orphans, street children, being street.
Plans	Comprehensive child care, child rights
Capacity building	Project and report writing, management, research surveys with participation agent, implementation of social programs, fund raising.

(3)

Organization	Protect On The Children
Objectives	Help and care of street and homeless children
Target groups	Homeless and street children
Plans	Construction of center of homeless children in Juba
Capacity building	We have number of women staff in need of training workshops in the field of humanitarian and voluntary work.

(4)

Organization	Children Development Organization
Objectives	Child care, peace building, child rights protection, development of children and raising their capacities.
Target groups	Vagrant children, IDPs children.
Plans	Rehabilitation of street girls, training of children in vocational training.
Capacity building	English language, proposal writing, management.

(5)

Organization	Cheshire Home
Objectives	Rehabilitation of disabled children
Target groups	Disabled handicapped children
Plans	Expansion in establishing new service institutions in the new building for better services.
Capacity building	Training of staffs in technical knowledge and electronic equipment.

(6)

Organization	Basma National Society For Mental, Motion & Speech Development
Objectives	Training and rehabilitation of mentally handicapped children, raising social awareness about how to treat the handicapped.
Target groups	Mentally handicapped children
Plans	Improve the existing services, expand to other areas
Capacity building	Training of trainers (TOT), advocacy, proposal writing, fund raising.

(7)

Organization	Sudanese Association For The Mentally Retarded Children
Objectives	Rehabilitation of mentally handicapped children
Target groups	Children
Plans	Fund raising, awareness raising
Capacity building	Computer, management, network, lobbying

(8)

Organization	Sudanese Charitable Orphans Adoption Association
Objectives	Orphans adoption
Target groups	Orphans
Plans	Fund raising
Capacity building	Fund raising, network, proposal writing

(9)

Organization	Saint Vincent De Paul Society
Objectives	Rendering of social assistance to the needy specially vagrant children medical assistance, vocational training to displaced.
Target groups	Children in need irrespective of creed, religious, race.
Plans	Improvement of our work and development of Jebel Awlia community.
Capacity building	Social training, fund raising, vocational training center

(10)

Organization	Sudanese Popular Society For Relief & Rehabilitation
Objectives	Humanitarian assistance, care of and rehabilitation of vagrants
Target groups	Vagrant children
Plans	Sustain the current programs
Capacity building	Data collection and analysis, fund raising, lobbying, children rights, advocacy, network

(11)

Organization	Global Child Care – Sudan
Objectives	Helping students, children from families, rehabilitation for street girls and orphan, training for women.
Target groups	Children ,women ,orphans , street girls
Plans	More schools for children and orphans, more center for street girls and orphans.
Capacity building	Management, education, adult education and street girls.

(12)

Organization	Sudanese Charitable Organization For Child Care And Disaster
Objectives	Motherhood children care, training in income generating activities, improving health education.
Target groups	Mothers, children
Plans	Family planning, participation in combating AIDS, training workshops for women.
Capacity building	Family planning administrative training, technical health care.

(13)

Organization	National Association For Aids Control Among Women And Children
Objectives	HIV/AIDS control among women and children
Target groups	Women, children, IDPs, refugees
Plans	Extend programs to southern Sudan states, advocacy campaign.
Capacity building	Data collection and analysis, computer, fund raising.

(14)

Organization	Sudanese Association For Rehabilitation
Objectives	Care and rehabilitation of handicapped
Target groups	Women, children, men and their families
Plans	Fund raising, sustain current programs
Capacity building	Computer, advocacy, proposal writing, management, mass media, network

(15)

Organization	Reform & Relief Association
Objectives	Social welfare, development, productive families, science implementation, research motivation
Target groups	Poor families, farmers, artisan, children
Plans	Continue the current program, fund raising network

Capacity building	Fund raising, network, management, proposal writing, data collection and analysis
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(16)

Organization	Sudanese Red Crescent Society (SRC)
Objectives	Health service, social and rural development, relief
Target groups	IDPs, refugees, disaster victims, older people, children, women
Plans	Continue the current activities, seek funds
Capacity building	Care of elderly, computer, information technology, awareness, advocacy

(17)

Organization	Azza Women Association
Objectives	Improve community development, improve women situation
Target groups	Poor community, women, children
Plans	Continue the existing programs, seek funds
Capacity building	Women development, computer, management, fund raising

(18)

Organization	Meheira Charitable Association
Objectives	Voluntary work, care of mother and children
Target groups	Women, children
Plans	Continue the current activities, expansion to other areas
Capacity building	Proposal writing, women development

(19)

Organization	Sudanese Inmate Organization
Objectives	Care of inmate in prison and reformatory, care of children and youth
Target groups	Prisoners, children, women, reformatory
Plans	Rehabilitation, care, promotion, social and cultural work
Capacity building	Rehabilitation of prisoners, computer, fund raising

(20)

Organization	Izza Peace Organization
Objectives	Peace culture dissemination, care and development of women and children, provision of assistance to disaster and war victims, provision of health services and poverty control
Target groups	Women, children
Plans	Establishment of 5 development centers, establishment of 3 peace clubs – Wau, Malakal, Bentiu, establishment of no of health centers
Capacity building	Language and management skills, training in conflict resolution, mediation and negotiation, training of trainers in the field of poverty control and peace culture

(21)

Organization	Gaissan Charitable Association
Objectives	Peace building, human rights, education, integrated rural development, poverty control
Target groups	Women, youth, children affected by war
Plans	Rehabilitation of school, houses, hospitals affected by war
Capacity building	We are given 75 chances of training in education by ministry of social affairs, Khartoum state

(22)

Organization	Bahr Algalzal Charity Organization
Objectives	Care of Bahr alGazal people affected by war
Target groups	Women & children
Plans	Provide production means for poor family, provide suitable condition for university students for studies.
Capacity building	Computer, training in relief and disaster

(23)

Organization	Human Moral Care (HMC)
Objectives	To promote good moral standard among people, to empower them to be able to work with their own hands to promote productivity and provide for others and thus become self-reliant and improve their health status
Target groups	Most vulnerable groups, especially women and children
Plans	To expand to the southern region
Capacity building	Health and nutrition, empowerment of trainers for self-reliant activities

(24)

Organization	Sudanese Women Skills Development Society
Objectives	Assist cadre women in poor areas to promote skills for development purposes, enhance women development skills in the field of handicraft
Target groups	Women in poor areas, children, old age
Plans	Training awareness & income generation, development & raising of women capacity in local communities
Capacity building	Training of trainers in harmful practice and HIV/Aids, prepare research, higher studies in women development

(25)

Organization	Thought And Dialogue Organization
Objectives	Organizing interreligious and ideological dialogue, advancing the culture and peace and cultural heritage, advancing education
Target groups	Intellectuals of all religious denominations and ideologies, students, teachers, women and children
Plans	Expanding dialogue activities, expanding peace activities, expanding educational activities
Capacity building	Catastrophy prevention disaster, dialogue, culture of peace, general education, culture and information

(26)

Organization	Saeid International Charity Organization
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Objectives	Help the poor, strengthen the role and the status of the women, establish and maintain health centers
Target groups	Orphans, street children, widows, IDPs
Plans	Organize workshops, establish different training centers, implementation of small schemes for women
Capacity building	Training equipment and trained staff, financial resources, preparation and rehabilitation of suitable place for activities

(27)

Organization	Community Development Association (CDA)
Objectives	Mother and child care, youth care
Target groups	Women, children
Plans	Establishing education center, youth center and income generating product
Capacity building	Credit and saving, financial management, computer

(28)

Organization	Women Training Center
Objectives	Mobilization of women from different sectors and level through carefully set programs, cooperation with institutions and organizations
Target groups	Women, children and youth
Plans	The manual of strategic planning, peace especially the part of advocacy
Capacity building	Network with international organization, equipment and references

(29)

Organization	Sudanese Family Organization
Objectives	Protect the family against disintegration, confirm the status of the family, family welfare, raising the level of awareness
Target groups	All family, children, youth, older people, women
Plans	Day club project for the elderly, family information and research project
Capacity building	International experience about family situation and projects, ways of financing the project

(30)

Organization	Sudan Family Planning Association
Objectives	Meet the needs of reproductive health services for target group with good quality, women empowerment in decision making, youth health education
Target groups	Youth, men, women, children, old people, decision makers
Plans	Expansion in integrated centers, expansion in women development programs and in integrated centers, link all branches with computer
Capacity building	Training staff in health, management finances and program planning, youth training in parenthood and responsibilities, development of financial and physical resources, administration

(31)

Organization	Woman Studies Center
Objectives	To upgrade the status of women of research and studies in affairs of women for production, conduct public views and surveys, to know the public opinion to enable women to get experience, training and rehabilitation
Target groups	Women, youth and children
Plans	Intensive studies in women affairs and proposed types of experience for the best practice
Capacity building	Formulation and preparation of projects proposal in development and negotiation, computer and internet, capacity building in general

(32)

Organization	Nuba Mountain Organization For Peace Building And Development.
Objectives	Development of War affected area in Nuba Mountain, rehabilitation of returnees, health services, education and relief to the needy people.
Target groups	Displaced people, the poor, handicapped people, children and women.
Plans	Establishment of development projects, cattle breeding , dairies product, poultry, adopt the drop-out children in the educational process.
Capacity building	Workshops equipment and tool to train children and youth, health facilities (clinic-medicine) , trucks, equipment and spare parts for agriculture production.

(33)

Organization	Integrated Community Action Sudan (ICAS)
Objectives	To assist the poor to alleviate poverty, to promote education, social programs, eradicate malnutrition
Target groups	IDPs poor community, IDPs school children
Plans	Small micro-enterprises, environmental program (tree planting)
Capacity building	Organization renewal, information technology

(34)

Organization	Anjad Center For Studies And Multiple Development Services
Objectives	To work in order to develop the citizen in the nuba mountains in health, education & rural development, build the social peace communities
Target groups	Women, children, leaders of local community
Plans	Supporting health centers, developing local communities, build the social peace
Capacity building	Training volunteers in the field of health and peace building, training of developing local communities in the health, development and social peace building

(35)

Organization	Hawa Charitable Association
Objectives	Linking religion to society, promote and develop women socially and culturally
Target groups	Poor families, orphans
Plans	Continue the current activities, training in computer
Capacity building	Training in information technology

(36)

Organization	Nuba Mountain International Association
Objectives	Major services, health, education, water
Target groups	Children, women, poor farmers
Plans	Aids for poor, small groups of farmers, environment, poverty control, help displaced people and mother and children
Capacity building	Computers, fax, internet, photo, machines, sounds, transport facilities

(37)

Organization	Sudan Fertility Care Association
Objectives	Reproductive health (RH) service delivery, medical cadre training, research
Target groups	Women-men-children-youth and adolescent
Plans	To carry on the same activities
Capacity building	Advocacy, fund raising, information technology

(38)

Organization	Humanitarian Aid & Development Organization
Objectives	Development through participation, provision of humanitarian assistance, provision of health, education and social services
Target groups	Disaster affected communities (women and children)
Plans	Geographical and programming expansion
Capacity building	Information technology, disaster management, voluntary work, languages

(39)

Organization	International Organization For Care Of Women In Conflict Zone
Objectives	Conflict resolution, debates, training, rehabilitation, productive families
Target groups	Women, children
Plans	Continue the current activities
Capacity building	Computer, management, fund raising

(40)

Organization	Child And Women Rights For Peace Initiative Organization
Objectives	Women and child development, women and child human rights
Target groups	Women, children
Plans	Sustain the existing program
Capacity building	Proposal writing, report writing, computer, data collection and

	analysis
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(41)

Organization	El Hodaj Pastoral Women Society
Objectives	Promotion of pastoral women, provision of health and education services, provision of training in community development
Target groups	Pastoral women and their children
Plans	Expansion of the activities
Capacity building	Computer, data collection and analysis, management, advocacy, adult education, gender role

(42)

Organization	Southern Women Peace And Development
Objectives	Peace preaching, poverty reduction, women development, conflict resolution, training
Target groups	Women, children
Plans	Fund raising, sustain existing programs
Capacity building	Computer, management, financial management, proposal writing, report writing

(43)

Organization	Sudanese Association For Breast Feeding Encouragement
Objectives	Education and support of breast feeding
Target groups	Women, children
Plans	Awareness raising, training of women
Capacity building	Advocacy, mass media, network, computer, report writing, lobbying

(44)

Organization	Sudanese Diplomatic Corps Women Association
Objectives	Education, training, cultural exchange
Target groups	Disaster victims, women, children
Plans	Fund raising, workshops and seminars
Capacity building	Networking, lobbying, mass media, proposal writing, report writing

(45)

Organization	Virtuous Women Society
Objectives	Women development, conflict resolution, peace preaching
Target groups	IDPs, women, children
Plans	Awareness raising, conflict resolution workshops
Capacity building	Computer, fund raising, management, networking

(46)

Organization	Sudanese Relief And Development Association
Objectives	Humanitarian assistance, peace preaching
Target groups	IDPs, disaster victims, women, children
Plans	Sustain the existing programs
Capacity building	Computer, management, disaster preparedness, data collection and analysis

(47)

Organization	Nutrition And Rural Development Center
Objectives	Local communities development with special focus on children
Target groups	Children, women
Plans	Establishing new centers, publication of materials
Capacity building	Data collection and analysis, computer, awareness raising, management

(48)

Organization	Support Organization
Objectives	Support to displaced families with special focus on women and children
Target groups	IDPs, women, children
Plans	Fund raising, awareness raising
Capacity building	Computer, fund raising, management, community development training, networking

(49)

Organization	Peace Building Organization
Objectives	Dissemination of peace culture, humanitarian assistance, training of street children
Target groups	IDPs, street children.
Plans	Training of street children in vocational skills, development activities in the equatorial region, flood victims support in north region.
Capacity building	Networking electrical workshops, Training of trainers (TOT), proposal writing and management.

(50)

Organization	AL Zubair Charity Foundation
Objectives	Encourage and rally cooperation in humanitarian issues, propagation of peace culture and reconstruction of war affected areas.
Target groups	All society groups with concentration on women and children.
Plans	Fast rescue ambulance, water pilot project, dressing 10,000 of needy people
Capacity building	Rescue techniques, computer skills, proposal writing

(51)

Organization	El Ethar Charitable Organization
Objectives	Provision of humanitarian assistance, provision of health, education, social welfare and dawa services
Target groups	Women, children, orphans, disaster victims
Plans	Continue the current activities
Capacity building	Computer, management, disaster mitigation, networking, information technology

(52)

Organization	Women Development Association
Objectives	Women development, child care
Target groups	Women, children

Plans	Fund raising, awareness raising
Capacity building	Fund raising, computer, management, networking

(53)

Organization	Muslim Women Voluntary Organization
Objectives	Women education, motherhood, childhood
Target groups	Women, children
Plans	Geographical expansion in all Sudan states
Capacity building	Management, account, computer

(54)

Organization	Ajaweed Counseling Society
Objectives	Support abducted children, motivate the community, train the health cadre
Target groups	Children, women, community
Plans	Continue the current activities
Capacity building	Train trainers (TOT), community awareness raising, community promotion

Appendix Table (6)
Objectives, Target Groups, Plans, and Capacity-Building Needs of International NGOs Working in the field of Children

(55)

Organization	Children Village International (SOS)
Objectives	Continuous care and upgrading of orphans and abandoned children, offer orphaned, abandoned and destitute children a permanent home with mother, brothers and sisters in one village and to prepare them for an independent life, provide best family life for the orphans, designing and implementing different relief and emergency aid program.
Target groups	Orphaned children, abandoned children, destitute families, disassembled families
Plans	Building of new SOS villages in the west and east of Sudan, building Herman Gmeiner educational complex in Umbedah area, building pensioned mother homes inside Khartoum, building new SOS village of youth houses, and building of vocational training.
Capacity building	Training for social workers and psychologist, training for the employees in different computers and applications, and training in administrative affairs, secretary, different office works, general relations.

(56)

Organization	Swedish Save The Children Fund
Objectives	Provision to vagrant children and refugees children, protect child rights, support national NGOs and CBOs working with children
Target groups	Street children, children, IDPs, refugees
Plans	Sustain the current activities
Capacity building	Legal child rights, data collection and analysis, local NGOs/CBOs management and training

(57)

Organization	Hope & Home For Children (UK)
Objectives	Provide orphans children with small family homes
Target groups	Orphans children
Plans	Extending the number of orphans children supported by us
Capacity building	Management skills

(58)

Organization	War Child, Netherlands
Objectives	Creative workshops with children; awareness of child psychology needs, capacity building by training
Target groups	Children affected by war, 'IDPs', street children in conflict with law, disabled, staff working with these children
Plans	Start community-oriented activities, continuation of programs
Capacity building	Creative arts as tool for psychological development, planning, evaluation.

(59)

Organization	International Rescue Committee
Objectives	Provision of humanitarian assistance to IDPs; capacity building for NNGOs & CBOs; provision of small projects for the targets.
Target groups	IDPs, women, children, men
Plans	Development and rehabilitation programs in areas of war and conflict
Capacity building	

(60)

Organization	Save The Children (USA)
Objectives	Provision of humanitarian assistance, community development, provision of health care; provision of drinking water, environmental sanitation.
Target groups	Children, poor community
Plans	Provision of humanitarian assistance, sustainable development and rehabilitation.
Capacity building	Community development training promotion of CBOs.

(61)

Organization	Save The Children Fund (UK)
Objectives	Promote sustainable development; provide humanitarian assistance, health care provision.
Target groups	IDPs, disaster victims, children
Plans	Provision of humanitarian assistance, provision of health care, community development
Capacity building	Community development training, needs assessment.

(62)

Organization	Ovella Nostra Famiglia
Objectives	Rehabilitation of disabled children, care and prevention for children, pediatric clinic, education
Target groups	Disabled children, mothers of disabled, lactating mothers
Plans	To continue the activities in Juba; to continue the CBR programs in Omdurman, establish a center for disabled children in Khartoum with our national counterpart Usratuna(our Family) for disabled children
Capacity building	Rehabilitation field, medical assistant, specialized teachers

(63)

Organization	The Leprosy Mission
Objectives	leprosy and disability control, capacity building
Target groups	Leprosy patients, disabled children, disabled organization
Plans	Extension to S Kordofan; social, economic rehabilitation, assist disabled society in Geneina
Capacity building	Leprosy & disability care

(64)

Organization	Adventist Development & Relief Agency (ADRA)
Objectives	Supporting poor people; implementing development projects, supporting IDPs
Target groups	Poor community, children, IDPs
Plans	Expand the existing programs
Capacity building	Management, commodity tracking

(65)

Organization	Fellowship For African Relief (FAR)
Objectives	Assist IDPs, provision of health services and water, enhance community development
Target groups	IDPs, poor people, women, children
Plans	Expand the existing programs
Capacity building	English language, management

(66)

Organization	Al Nour Charitable Foundation
Objectives	Reduction of blindness; improve eye surgery
Target groups	Old people (men, women and children)
Plans	Introduce more advanced technology of eye operations
Capacity building	Computer, assessment, technical training

(67)

Organization	Human Appeal International
Objectives	Improve the quality of life of underprivileged communities through projects that aim to provide education, health and social development, provision of humanitarian assistance, facilitate secure provisions for orphans
Target groups	IDPs, orphans, poor community

Plans	Implement social development programs, emergency program, health care program in other areas
Capacity building	Computer, management, proposal writing

(68)

Organization	Kuwaiti Fund For The Patients
Objectives	Provision of health assistance, provision of water, adoption of orphans
Target groups	Children, poor community, IDPs
Plans	Extended the existing programs
Capacity building	Computer, voluntary work, management

(69)

Organization	Medicines Sans Frontiers (France)
Objectives	Improve health care, provision of humanitarian assistance
Target groups	IDPs, poor community
Plans	Improve environmental sanitation, improve health care and nutrition and drinking water
Capacity building	Needs assessment, management, surveillance

(70)

Organization	Qatar Charitable Organization
Objectives	Humanitarian assistance; orphans adoption, mosque building, provision of drinking water
Target groups	Orphans, poor community, IDPs
Plans	Drilling of more water wells, adoption of more children
Capacity building	Computer, management, proposal writing

(71)

Organization	Plan Sudan
Objectives	Participation of community in development, provision of support to children, mobilization of CBOs
Target groups	Children, poor community
Plans	Expansion of existing programs
Capacity building	Strengthening of CBOs, credit research

(72)

Organization	Goal
Objectives	Support development and rehabilitation, support health and child care
Target groups	IDPs, marginal poor
Plans	Sustain the current activities
Capacity building	Data collection and analysis

(73)

Organization	Swedish Free Mission
Objectives	Improvement of potable water; improvement of agriculture and forestry activities, support education and solar energy
Target groups	Street children, children, IDPs, refugees
Plans	Sustain the existing activities
Capacity building	Teaching technique, conflict resolution, community development

(74)

Organization	International Islamic Women's Center
Objectives	Mother and child care, training, education adoption of children, productive families
Target groups	Women, children, IDPs
Plans	Sustain the current activities
Capacity building	Information technology, network, community development

(75)

Organization	African Charitable Society For Mother And Child Care
Objectives	Mother care in all aspects, care for orphans in all aspects
Target groups	Women, children
Plans	Include more orphans in the program, extend activities to the south, expand sufficiency projects
Capacity building	Implementation of small scale projects, general management, information technology

(76)

Organization	Concern World Wide
Objectives	Working with and for the world's poorest people with the approach emphasis; capacity building and development partnerships with local organizations for the poor.
Target groups	The poorest, most marginalized and vulnerable individuals and groups in society. It focuses on the needs of women and children
Plans	A new branch in west Kordofan, develop a formal framework for partnerships with local organizations, finalize the strategic plan for the period 2003-2005
Capacity building	Partnership, (PCM), program cycle management

(77)

Organization	International Islamic Women Bond Society
Objectives	Provision of humanitarian aid , development , research and studies in women development
Target groups	Women , war and victims disaster ,children
Plans	Continue the current activities
Capacity building	Network, proposal writing , computer , information technology.

Appendix B
List of Institutions Attended the CPI Workshop

1. Sudanese Environment Conservation Society (SECS)
2. African Charitable Society for Care of Maternity and Childhood
3. Sudanese Development Association (SDA)
4. Leader
5. Oxfam-UK
6. Babikir Badri Scientific Society
7. Azza Women Society
8. Peace Building Organization
9. Friends of Children, AMAL
10. Sakina Institute for the Care of Children with Disabilities
11. Khartoum Center for Human Rights and Environment Development
12. AMAL Center for Rehabilitation
13. Saint Vincent De Paul
14. Child Rights Watch
15. Gender Center
16. Al-Manar Voluntary Organization
17. International Civil Aid Organization
18. Mutawinat Group
19. Islamic Charitable Corporation
20. Abdel Karim Mirgani Center
21. Hope and Homes-UK
22. Sudan Council of Churches (SCC)

Appendix C
List of Addresses of Some NGO's Working with Children

Organization	FRIENDS OF CHILDREN SOCIETY (AMAL)
Director	Manal Saeed Ayub Al Gadai
Location	Khartoum (2) west Orkeidh library
Address	P.O. BOX 10054,tel: 488082, 488081
Branches	No Branches
Objectives	Provision of protection to children through the activities of the society, provision of services to children under difficult circumstances, motivation of protective work for children, dissemination of child rights agreement.
Target Groups	Street Children, being street children
Plans	Increase number of projects for rehabilitation of children (seminars, debates), work in reformatory (juvenile court) and dissemination of culture and rights, awareness raising, increase of homes of substitute families, stimulation of funds raising.
Capacity Building	Technical capacity for staff in English language, proposal & report writing.

(2)

Organization	CHILD RIGHTS INSTITUTE
Director	Yasir Saleem Shalabi
Location	Khartoum (3) East Piyoyoquan Road
Address	Child Rights Institute, P.O Box 1332, Khartoum, Sudan, tel: 012935477, 468345, Crinstitute@hotmail.com
Branches	No Branches
Objectives	To raise the awareness and disseminate child rights convention and raise the capacity of other NGOs
Target Groups	Children, Decision Makers, social workers, Media and journalists
Plans	Child Rights Library, Training, Researches & Situation Analysis
Capacity Building	More Information systems, training equipment, training centres, publication materials, fundraising.

(3)

Organization	OXFAM GB
Director	Salih AbdelMajeed
Location	Khartoum Mogran near Agricultural Bank
Address	Khartoum P.O. Box 3182 tel: 787708, 787710, fax: 787709
Branches	El Fashir, Nyala, PortSudan, Juba, Malakal
Objectives	Education, Pastoralists, Landmines, needs of life, emergency, peace building
Target Groups	War affected people, IDPs, Pastoralists, Small projects
Plans	Sustaining the current activities, (livelihood projects) in Juba, North Darfur, Khartoum
Capacity Building	Organizational Development, advocacy and lobby, M & E, needs assessment, management of programs.

(4)

Organization	HOPE & HOME FOR CHILDREN (UK)
Director	Fareed Idris Killana
Location	Khartoum Hay Alzohoor, South Western Corner of Farouk Cemetery.
Address	P.O. Box 15057 Tel: 482812 fax: 482811
Branches	No branches
Objectives	Provide orphans (children) with small family homes
Target Groups	Orphans children & Abandoned Children
Plans	Extending the number of orphan children supported by our organization
Capacity Building	Management Skills, Training of social workers, capacity building to establish systems of network about children in localities.

(5)

Organization	AFRICAN CHARITABLE SOCIETY FOR MOTHERHOOD & CHILDHOOD
Director	Mohamed El Mahadi Ibrahim Elbeiti
Location	Khartoum, South of Africa International university
Address	P.O. Box 1002 Khartoum Sudan tel : 012239004
Branches	Gezira, Sennar, Gadarif, South Kordufan

Objectives	Mother Care in all aspects, care for orphans in all aspects
Target Groups	Women and Children
Plans	Include more orphans in the program, extend activities to the south, expand sufficiency projects
Capacity Building	Implementation of small scale projects, general management, information technology.

(6)

Organization	SAINT VINCENT DE PAUL SOCIETY
Director	Kamal Samaan Tadros
Location	Khartoum(2)
Address	P.O. Box 6032 Peoples hall Khartoum Sudan, telephone 497734/35 012374603
Branches	No Branches
Objectives	Rendering of Social assistance to the needy specially vagrant children Medical assistance, vocational training to displaced.
Target Groups	Children-Those in need irrespective of greed, religion, race.
Plans	Improvement of our work and development of Jebel Awlia community Centre
Capacity Building	Social training, fundraising, vocational training.

(7)

Organization	KIDNEY PATIENTS FRIEND SOCIETY
Director	Dr. Abdel rahman Ali Abdel Rahman
Location	In Dr. Selma Mohamed Suleiman Dialysis & transplant center Khartoum Hospital
Address	Khartoum East no. 9z, P.O. Box 10716, tel : 775107, 777925, fax: 779458 email: Kidneyfriends@hotmail.com
Branches	No Branches
Objectives	Supporting and rehabilitate kidney and kidney transplant center, establishing kidney dialysis & transplant centers
Target Groups	Kidney patients, Kidney failure
Plans	Establishing Khartoum National center, establishing kidney dialysis centers
Capacity Building	For Kidney centers doctors, sisters, engineers, technicians.

(8)

Organization	MUTAAWINAT ORGANIZATION
Director	Manal Mohamed AbdelKarim
Location	Khartoum, Khartoum East
Address	Khartoum, telephone 684300
Branches	Kassala, Medani, Shendi
Objectives	Legal assistance to women & children, research & studies training
Target Groups	Women & Children
Plans	Sustain the current program
Capacity Building	Rural development, gender issues, report writing, networking

(9)

Organization	BABIKER BEDRI SCIENTIFIC ASSOCIATION FOR WOMEN STUDIES (BBSAWA)
Director	Sumeya El Basheir El Tayeb
Location	Omdurman
Address	Ahfad University, P.O Box 167 tel: 564401,553363
Branches	Sanhir center, Green Wadi center, Eiglia cente
Objectives	To encourage and under take research, programs and projects to advance the status of Sudanese women, to contribute effectively in regional and international conferences and meetings that foster the development of humanity in general and women in particular, enhance women's production, reproductive and community.
Target Groups	Women in general and rural women in particular
Plans	Publication of new materials, mass media, training activities, surveys and studies by other offices.
Capacity Building	Training equipment, budget for traing, publication materials, training center.

(10)

Organization	AZZA WOMEN ASSOCIATION
Director	Sakeina Mohamed El Hassan
Location	Khartoum(2) street 37, house 38 west El takssosi hospital.
Address	Khartoum telephone 467034
Branches	No branches
Objectives	Improve community development, Improve women situation
Target Groups	Children, Women, Poor Community
Plans	Continue the existing programs, seek funds
Capacity Building	Women development, Computer management, Fundraising.

Appendix D Sources of Information

Interviews were conducted with the :

- 1-The Secretary General of the NCCW on the 5th of March 2006**
- 2-UNICEF - Child Protection Officer 22nd.February 2006**
- 3-The Director General of Social Welfare-Khartoum State 15th February**
- 4-The Secretary General of the KCCW on the 13th .February 2006**
- 5-Meeting between the Minister of Social and Cultural Affairs, Khartoum State and benefactors to support the program of Alternative Families. 6th February 2006**
- 6-Director of Hope and Home for Children (UK)- 12th April 2006**
- 7-Director of Sabah Child Care & Development Association 19th April 2006**
- 8-Head Department of Special Education - Ministry of Education -Khartoum State 30th April 2006**

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Full-time and Working street Children of Khartoum
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2-Safe Motherhood Survey 1999

National Report -Federal Ministry of Health (FMOH), Central Bureau of Statistics (CBS) &United Nations Population Fund (UNFPA)

3-Multiple Indicator Cluster Survey 2000

Sudan Final Report,

Federal Ministry of Health (FMOH), Central Bureau of Statistics (CBS) & UNICEF

4-The Status of Children in the Sudan 2001-2004

National Council for Child Welfare (NCCW) -Sudan

5-Saad M. El-Fadil , August 2003

FRCOG on “Linkages between FGM and Women’s Health Regional symposium on “Effective measures for the abolition of FGM to ensure safe motherhood organized by GoS, Government of Japan and UNICEF Friendship Hall, Khartoum

4- Sudan Country Report on Indicators For 2005 UNICEF -Sudan

5-Interagency Situation Analysis of Child Protection and Education in Jabal-Awlia IDP Camp, Fateh-elMoubin 3 New IDP Relocation Area, Soba Arradi and Shigla Haj Yusuf Squatter Areas 2005, Save the Children.

6-Rushwan Hamid &Slot Corry 1983

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Faculty of Medicine, University of Khartoum

7- El-Battahani, Atta , 1998

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