

IAWG MENA Conference Matrix

Each country team is requested to complete the following form. Content can be based on discussions among working group participants, with SRH focal agencies in country, available data or otherwise identified needs by SRH stakeholders.

IAWG RH in Crisis Situations MENA Working Groups' Scope of Work: The main purpose of developing a regional work group is to develop a common understanding about the nature of crises prevailing within the region, understand the specific dynamic affecting reproductive health and rights during crises and protracted/post-crisis situations and ultimately develop coherent and mutually supportive responses, preparedness and contingency planning, when applicable.

Country	Sudan
Location of crisis	Darfur
Description of current or most recent crisis from 2000 onwards - (nature, type, duration, affected population)	<p>FOREWORD</p> <p>On-going conflicts, and other fighting around the country, have caused enormous destruction and loss of life with drastic consequences for human and economic development of Sudan. Recurring floods and droughts have added to the country's burden of humanitarian crises. Sudan's conflicts also have regional implications and triggers: the combination of Sudan conflicts with those occurring in neighbouring countries create cross-border insecurity and remain a destabilising factor for the entire region. For this reason, it is very difficult to choose one or another crisis because most of them are complex emergency.</p> <p>Country background</p> <p>Sudan's history has been shaped by an enormously diverse geography, history and collection of identities. With tremendous potential, Sudan is the largest country in Africa; it covers 2.5 million km², with the Nile Valley and Red Sea coast making it a gateway between Africa and the Middle East.</p> <p>Sudan's modern history has been scarred by conflict – a first war which began to escalate in 1955 and was resolved in 1972, then a second war which ran from 1983 until the Government of Sudan and the Sudan People's Liberation Movement/Army (SPLM/A) signed a Comprehensive Peace Agreement (CPA) in January 2005. The key drivers of this conflict are summarized in the Joint Assessment Mission (JAM), including: the South's historic underdevelopment and lack of inclusion in decision-making; an urban bias and highly centralized regimes that were seen to favour the populations living around Khartoum and in the riverain areas; local competition for land and water resources among different groups; and bitter contestation over what are known as the 'Three Areas' — Southern Kordofan, Blue Nile and Abyei — with root causes that are similar to those in Southern Sudan, Darfur, and other underdeveloped regions.¹</p>

¹ Major grievances in the Three Areas included political disenfranchisement, lack of access to basic services, food insecurity and lack of investment in development. Location of borders and

As resolution to this conflict was being negotiated, a conflict in Darfur, in the west of the country began to escalate; this conflict has yet to be resolved.

Demographic structure:

The Comprehensive Peace Agreement (CPA) has emphasized the need for a population census as the basis to review power sharing, wealth sharing and a more equitable allocation of resources and to bridge the sub-national development gaps. This census was undertaken in 2008 and recently census results were endorsed by The Government of Sudan.

SUMMARY RESULTS

- The total enumerated population from the 2008 census is 39,154,490 persons of which, 20,073,977 were males and 19,080,513 were females. The sex ratio is 105 males per 100 females
- The majority of the population was enumerated in private households (88.0%), followed by Nomads (7.6%), IDPs (1.6%), those in institutions (1.4%) and those in cattle camps (0.6%)
- The age distribution continues to show a youthful population typical of developing countries with (14.9%) aged 0-4 years, (42.6%) under 15 years, (54.0%) aged 15- 64 years and (3.38%) aged 65 years and over.
- In terms of region of enumeration, 30,894, 000 (78.9%) were enumerated in North Sudan and 8,260,490 (21.1%) enumerated in South Sudan.
- Looking at the distribution by state, Khartoum State has the largest number of persons (5,274,321) followed by South Darfur (4,093,594) Gezira (3,575,280), North Kordofan (2,920,992)and North Darfur (2,113,626) . The state with the smallest number of persons is Western Bahr El Ghazal (333,341), followed by Unity (585,801), Western Equatoria (619,029), Lakes (695,730) and Northern (699,065)
- Looking at the regional grouping of the enumerated population, there were 30,060,954 North Sudanese (76.8%), 8,564,524 South Sudanese (21.9%), 177,359 Non- Sudanese (0.5%), 12,531 persons who did not respond (0.0%) and 339,122 for whom there was no report (0.9%)

land rights are especially critical issues—for example seasonal access for herders to water and grazing lands in Abyei. In Northern Upper Nile, Southern Kordofan and Blue Nile, there are important land issues in relation to expropriation of communal territory for large-scale schemes.

Particular protocols were agreed for the Three Areas to address relevant issues, these include the establishment of State Land Commissions, special provisions on education and security, the right to solicit external resources, popular consultation rights for the local population, and a unique administrative status for Abyei, including a referendum on its final status within the North or the South.

Current Context in Darfur

The first half of 2009 in Darfur was marked by continued conflict and population movements and the departure of thousands of aid workers following the expulsion of 13 international NGOs and dissolution of 3 national NGOs.

By mid-May, more than 137,000 people had been newly displaced across Darfur, mainly as a result of clashes among rebel groups and Government efforts to suppress them. Fighting between SLA-MM and JEM in Muhajiriya, South Darfur, led to Government efforts to regain the town, which caused thousands of civilians to flee. In el Fasher, North Darfur, Zam Zam camp population reached approximately 105,000, far exceeding its capacity. Authorities consider the newly arrived population as migrants originally from North Darfur, and have therefore denied requests for a new site. The influx has put enormous pressure on water services in the camp.

The expulsion of the NGOs initially affected approximately 1.1 million beneficiaries receiving food assistance, 1.5 million beneficiaries accessing health services, 1.16 million receiving water and sanitation support, and 670,000 beneficiaries receiving non-food items. Short-term actions were implemented to address the immediate gaps. Thanks to efforts of the Government, the UN and remaining NGOs, the gaps created in four life-saving sectors have been narrowed, but concerns remain about standards.

The expulsions have also had a major impact on humanitarian access to conflict-affected populations in remote areas. The number of national and international aid workers in the region dropped from 17,700 to 12,658; the number of expatriates now working in Darfur is the lowest since September 2004. Deep field presence has been reduced dramatically as a result, severely limiting early warning reporting, protection by presence and programme delivery.

In order to continue humanitarian assistance, the following UN principles of engagement with the Government have been developed:

Track 1: Efforts at HQ and country level for the reversal of above-mentioned Government decision;

Track 2: Focusing on mitigating immediate risks that could create a crisis (March-May)

Track 3: Is the wholesale reconfiguring of aid operations, in close coordination with the government, in order to ensure business continuity.

In order to clarify scope of work under Track 2, the agreement has been reached to field joint GoS-UN technical teams to each of the three Darfur states. Assessment was done within the four sectors: Food, Non-food items & Emergency Shelter, Health & Nutrition and Water, Sanitation and Hygiene. It is necessary to underline that Protection cluster was not considered under track 1 and 2. Therefore, GBV (its multisectoral part) was not also

assessed. However, Protection cluster members are continuing in house work on the gap-filling analysis.

Gaps related to RH, including EmOC care

In **South Darfur** as result of the this and due to the lack of exit strategy the sudden decision of the Sudan Government's to expel key UNFPA implementing NGO partners (CARE, IRC and MSF-H) has created vacuum leaving an estimated 115,441 women of reproductive age (WRA) with problems in getting life-saving RH services, including EmOC. These include 55395 WRA in Kass (although there is functioning Kass hospital for CEmOC, in that locality still exist the significant gap on BEmOC); 15,798 in Otash Camp; 19,851 in Kalma camp; 6117 in Bielel camp 6117 Muhajriya 11031 and Um labassa 1132); with an estimated combined total of 13,345 pregnant women this is in South Darfur.

In **West Darfur**, the lack of, or the inadequate life saving interventions in emergency obstetrics care has resulted following expelling the NGOs. Until recently, the expelled NGOs have significantly provided such interventions in many locations in West Darfur. These include Krinding 1, Kerenik, Mornei, Habila town, Tawang village, Gobei, Ruhai Bukhat, Gemeiza Babikr, Hajar Bagar, Zalingie, Hamedia, Hasaheisa, Nertiti, Kutrum and Tour.

Approximately, around 150,000 women in 10 IDPs camps and 10 rural communities had been affected by the expelled NGOS in West Darfur .

In **North Darfur**: The fighting broken out in Muhagiria in South Darfur and subsequently in other parts of North Darfur caused much population movement in this state. There is an influx of about 42,000 IDPs in Zamzam camp alone. Other camps located in Dar El Salam, Sangil Tobaie, Wadda also reported new arrivals. This new population movement caused acute problems in the health service delivery system with additional needs of the health services and also has stretched the existing resources of camp clinics. UNFPA with WHO and UNICEF is working with the SMOH and INGOs and took joint initiatives to address the emergency needs of the new arrivals by putting additional service providers and supplies. Considering the trend of the arrivals and population movement, the IAMG of North Darfur decided to take a broader plan to address this new population movement across the state.

In North Darfur, four NGOs providing health service moved out creating a vacuum in different parts of the state. Approximately, around 50,000 women WRA had been affected by the expelled NGOs in North Darfur.

Thus, approximately 314,309 women reproductive age had been affected in all three Darfur Sates. In order to filling the identified gap UNFPA along with other UN agencies applied to CERF and received \$783,005.

	Currently implementation of CERF proposal is undergoing.	
Number of persons affected	314,309 women reproductive age	
In your experience, list what worked well with SRH in emergency responses?	<p><i>Ex. SGBV trainings, interagency coordination, donor support, etc.</i></p> <ul style="list-style-type: none"> • Interagency coordination, particularly during the above-mentioned crisis • Prepositioned RH commodity supply • Team based discussion and identification of main strategies in several scenarios by the rating (low probability, medium, high probability) • RH Task Force co-chaired by SMOH was useful tool for the coordination of activities, conducting joint field monitoring visits and delegation of tasks among partners, monitoring of RH commodity utilization, etc. • SMOH's leading in the operation of revoked NGOs' clinics • Tracking of training activities • UNFPA poster on MISP • Training activities on MISP, EMoC, on Clinical Management of Rape Survivors training (based on nationally adopted version of WHO manual), etc. • Awareness activities on various aspects of RH • Regarding GBV the main scenario was related to the advocating for the health aspect of GBV at the State (SMoH, SMoSA, State Committee, Wali adviser) and federal levels (FMoH and VAW unit of the Ministry of Justice) 	
Is there an existing national mechanism in place to respond to SRH in crises? <i>Please indicate whether yes or no and explain.</i>	Yes	List key stakeholders
		RH component
		FMOH
		<ol style="list-style-type: none"> 1. Safe motherhood focusing on making pregnancy safer. 2. EmONC 3. Family planning 4. STIs and HIV/AIDS focusing on voluntary counseling and treatment (VCT) 5. Harmful traditional practices, focusing on FGM
		<ol style="list-style-type: none"> 1. Coordination through RH Task Force in State of Darfur 2. RH Commodity needs calculation, its distribution to the Government health facilities 3. EmOC 4. Safe motherhood focusing on making pregnancy safer.\ 5. STIs and HIV/AIDS focusing on voluntary counseling and treatment (VCT)

		6. Harmful traditional practices, focusing on FGM
<p>Do you expect a future crisis? If yes, please explain in details the most likely scenario to occur.</p>	<p>No – List 3 main reasons/challenges preventing SRH from being integrated into the national response mechanism <i>- Ex. limited resources, lack of technical expertise and knowledge, lack of will, etc.</i></p> <ol style="list-style-type: none"> 1. Government's commitment: no secured budget for repositioning of RH commodities 2. High turn -over of qualified/ trained specialists 3. Insecurity (there are a lot of health facilities in non-Government controlled areas). <p>1. President of Sudan announced regarding sudanization of humanitarian work in Darfur. Therefore it is expected that lack of capacity (the most of national NGOs are just registered without any intuitional mechanisms, capacity building training and the most important barrier is refusing of such NGOs by the local community, even they received HAC's license to operate in that particular camp) and existed corruption will make a deeper the existed complex emergency in Darfur. This year forecasted heavy raining season. Therefore, Government and international community work together on flood response contingency planning. It is necessary to underline that based on 2007 lessons learnt, the Government made significant contribution for human resources during 2008 flood crisis. It is expected that this year Government will also contribute to the human resources.</p>	
<p>Please provide up to three recommendations that would improve SRH emergency response in your setting?</p>	<ol style="list-style-type: none"> 1. Simplification of admin/ finance procedures at the complex emergency areas (it is necessary working out standard operating procedures for emergency programme management) 2. Strengthening collaboration with other cross-cutting sectors. 3. Improving the quality and provision of BEmoc and CEmoc services 	
<p>Recommendations for MISIP for SRH in crisis situations training <u>Components include:</u> 1) <i>Coordination</i> 2) <i>Maternal & Newborn Health:</i> 3) <i>HIV/STIs:</i> 4) <i>SGBV:</i> 5) <i>Planning for Comprehensive RH Services:</i></p>	<p>RH emergency programme has been implemented since at the beginning of Darfur crisis. Therefore, <u>strengthening of coordination mechanisms</u> (particularly when cluster approach is endorsed and its roll out plan is developed trill end of year), planning of shifting for <u>comprehensive RH services</u> and <u>SGBV</u> in Darfur contest are crucial for MISIP.</p>	
<p>List of focal agencies able to carry action plan forward</p>	<ol style="list-style-type: none"> 1. SMoH 2. UNPFA 3. WHO 4. UNICEF 5. Currently operating health international NGOs 	

<p>Priority outcomes desired from IAWG MENA working group <i>(please list at least 3)</i></p>	<ol style="list-style-type: none">1. Simplification of admin/ finance procedures at the complex emergency areas (it is necessary working out standard operating procedures for emergency programme management)2. Identification of region specific priorities3. Advocating of main donors for multi-year contribution4. Development of region specific resource-mobilization plan.5. Development of regional projects6. Sharing knowledge and experience among countries7. Support to the improvement of current RH information system.
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