

Sudan

DEMOGRAPHIC AND ECONOMIC ESTIMATES

Population (2012)^a	37.20 M
Urban population (2012)^a	12.40 M
Rural population (2012)^a	24.80 M
Population growth rate (2012)^a	2.06%
Gross domestic product USD (2012)^b	58.77 billion

^a World Population Prospects: The 2012 Revision, UNDESA 2013.

^b World Development Indicators, World Bank 2013.

HEALTH ESTIMATES

Infant mortality / 1,000 live births (2012)^c	49.3
Under 5 mortality / 1,000 live births (2012)^c	73.1
Life expectancy at birth (2012)^d	63 yrs
Diarrhoea deaths attributable to WASH (2012)^e	12 309

^c Levels & Trends in Child Mortality. Report 2013, UNICEF 2013.

^d World Health Statistics, WHO 2014.

^e Preventing diarrhoea through better water, sanitation and hygiene, WHO 2014.

SANITATION AND DRINKING-WATER ESTIMATES

Use of improved sanitation facilities (2012)^f	24%
Use of drinking-water from improved sources (2012)^f	55%

^f Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.

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Sanitation, drinking-water and hygiene status overview*

Sanitation, drinking-water and hygiene are universally accepted as being essential for human life, dignity and human development. The GLAAS report describes the existing situation of Sudan in relation to sanitation, drinking-water supply and hygiene. The key findings include the following:

- Sudan has adopted a national policy for WASH. The WASH strategic plan for 2012–2016 was endorsed and approved by the relevant ministries.
- There is a wide gap between political commitment to and the provision of drinking-water supply and sanitation coverage.
- The government policy encourages communities to scale up sanitation through adopting approaches such as a community approach to total sanitation.
- Sudan has established a monthly WASH coordination meeting between relevant sectors.
- Sudan is still far away from reaching the MDGs for drinking-water supply and sanitation.
- Although the important contribution that hygiene makes to health is clearly recognized by all bodies, local, state and national targets have generally not been established for hygiene promotion programmes.
- According to available government data, there is inadequate funding allocation for the WASH sector.
- Drinking-water absorbs the majority of WASH funding.
- Insufficient funding for operations and maintenance is still one of the main obstacles facing the sustainability of the provision of water.
- The country has not established equity criteria for the allocation of financing for water and sanitation.
- The bulk of funding is provided by external support, particularly from UNICEF and other NGOs.
- There is no available quantitative data for human resources in WASH sector.
- There is insufficient staff in place to operate and maintain sanitation and drinking-water infrastructure.
- There is overlap in the responsibilities of WASH activities across local, state and national levels.
- Sanitation in schools and health facilities is inadequate, especially in rural and remote areas.
- Lack of monitoring reflects the poor quality of available data concerning actual coverage of water supply and sanitation.

* Sanitation, drinking-water and hygiene status overview provided and interpreted by national focal point based on GLAAS results.

Highlights based on country reported GLAAS 2013/2014 data¹

I. Governance

Two ministries are the lead for drinking-water services. The Ministry of Health leads hygiene promotion initiatives and has a number of responsibilities in sanitation and water.

LEAD INSTITUTIONS	SANITATION	DRINKING-WATER	HYGIENE PROMOTION
Ministry of Rural Rehabilitation and Development (Rural Water and Sanitation)	✓	✓	
Ministry of Urban Development (Urban Water and Sanitation)	✓	✓	
Ministry of Public Health (Hygiene)			✓

Number of ministries and national institutions with responsibilities in WASH: **11**

Coordination between WASH actors includes: ✓ All ministries and government agencies
 ✓ Nongovernmental agencies
 ✓ Evidence supported decisions based on national plan and documentation of process

PLAN AND TARGETS FOR IMPROVED SERVICES	INCLUDED IN PLAN	COVERAGE TARGET (%)	YEAR
Urban sanitation	✗	37	2016
Rural sanitation	✗		
Sanitation in schools	✓	100	2016
Sanitation in health facilities	✓	100	2016
Urban drinking-water supply	✓	100	2016
Rural drinking-water supply	✓		
Drinking-water in schools	✓		
Drinking-water in health facilities	✓		
Hygiene promotion	✗	37	2016
Hygiene promotion in schools	✓		
Hygiene promotion in health facilities	✓		

There are specific plans implemented addressing the issues of reliability/continuity of rural and urban water supply and ensuring drinking-water quality meets national standards.

SPECIFIC PLANS FOR IMPROVING AND SUSTAINING SERVICES^a

	EXISTENCE AND LEVEL OF IMPLEMENTATION OF MEASURES
Keep rural water supply functioning over long-term	Low → High
Improve reliability/continuity of urban water supply	Low → High
To rehabilitate broken public latrines	Low → High
Safely empty or replace latrines when full	Low → High
Reuse of wastewater or septage	Low → High
Ensure DWQ meets national standards	Low → High
Address resilience to climate change	Low → High

^a Including implementation.

¹ All data represented in this country highlight document is based on country responses to GLAAS 2013/2014 survey unless otherwise stated.

II. Monitoring

There is a high level of data availability reported for decision-making for drinking-water and response to WASH related disease outbreak.

MONITORING	SANITATION		DRINKING-WATER		HYGIENE
Latest national assessment	2011		2011		2011
Use of performance indicators^a	●				
Data availability for decision-making^a					Health sector
Policy and strategy making	●		✓		✓
Resource allocation	●		✓		NA
National standards	NA		✓		NA
Response to WASH related disease outbreak	NA		NA		✓
Surveillance^b	Urban	Rural	Urban	Rural	
Independent testing WQ against national standards	NA	NA			
Independent auditing management procedures with verification	NA	NA	✓	✗	
Internal monitoring of formal service providers			✓	✓	
Communication^a					
Performance reviews made public					
Customer satisfaction reviews made public					

^a ✗ Few. ● Some. ✓ Most.

^b ✗ Not reported. ● Not used. ✓ Used and informs corrective action.

NA: Not applicable.

III. Human resources

Human resource strategies are developed for sanitation and drinking-water, though some gaps and follow up actions have not been identified. Some important constraints identified are the preference by skilled workers and graduates to work in other sectors or abroad and the difficulties in attracting skilled workers to rural areas.

HUMAN RESOURCES	SANITATION	DRINKING-WATER	HYGIENE
Human resource strategy developed^a	✓	✓	✓
Strategy defines gaps and actions needed to improve^a	●	●	●
Human resource constraints for WASH^b			
Availability of financial resources for staff costs	●	●	●
Availability of education/training organisations	✓	✓	✓
Skilled graduates	●	●	●
Preference by skilled graduates to work in other sectors	✗	✗	✗
Emigration of skilled workers abroad	✗	✗	✗
Skilled workers do not want to live and work in rural areas	✗	✗	✗
Recruitment practices	✗	✗	✗
Other			

^a ✗ No. ● In development. ✓ Yes.

^b ✗ Severe constraint. ● Moderate constraint. ✓ Low or no constraint.

IV. Financing

A financing plan is in place and used for most WASH areas, however, there are reported difficulties in absorption of domestic and donor commitments for sanitation. There is also an insufficiency of funds to meet MDG targets.

FINANCING

Financing plan for WASH
Assessment of financing sources and strategies ^a
Use of available funding (absorption)
Estimated % of domestic commitments used ^b
Estimated % of donor commitments used ^b
Sufficiency of finance
WASH finance sufficient to meet MDG targets ^b

SANITATION		DRINKING-WATER	
Urban	Rural	Urban	Rural
●	●	✓	✓
✗	✗	✓	✓
✗	✗	✓	✓
●	✗	●	✗

^a ✗ No agreed financing plan. ● Plan in development or only used for some decisions. ✓ Plan/budget is agreed and consistently followed.

^b ✗ Less than 50%. ● 50–75%. ✓ Over 75%.

WASH VS. OTHER EXPENDITURE DATA

Total WASH expenditure ¹	
NA	
Expenditure as a % GDP	
Education ²	NA
Health ²	6.8
WASH ³	NA

¹ Reported WASH expenditure in GLAAS 2013/2014 converted using UN exchange rate 31/12/12.

² Expenditure as a % GDP – Average 2010–2012, sources UNESCO 2014, WHO 2014.

³ WASH expenditure from country GLAAS 2013 response, GDP Average 2010–2012, World Development Indicators, World Bank 2013. NA: Not available.

V. Equity

As a step towards addressing equity in access to WASH services, four disadvantaged groups are identified in WASH plans.

EQUITY IN GOVERNANCE

Laws
Recognize human right in legislation
Participation and reporting ^a
Clearly defined procedures for participation
Extent to which users participate in planning
Effective complaint mechanisms

SANITATION		DRINKING-WATER	
Urban	Rural	Urban	Rural
✓		✓	
✓	✓	✓	✓
●	✓	✓	✓
✗	✗	●	✗

^a ✗ Low/few. ● Moderate/some. ✓ High/most.

DISADVANTAGED GROUPS IN WASH PLAN

1. Poor populations
2. People living in slums or informal settlements
3. Indigenous populations
4. Displaced populations

EQUITY IN FINANCE

Figure 1. Urban vs. rural WASH funding

[No data available.]

Figure 2. Disaggregated WASH expenditure

[No data available.]

EQUITY IN ACCESS¹

Figure 3. Population with access to improved sanitation facilities

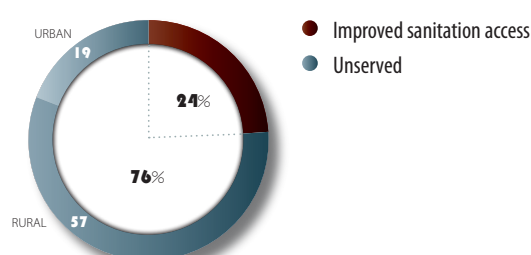
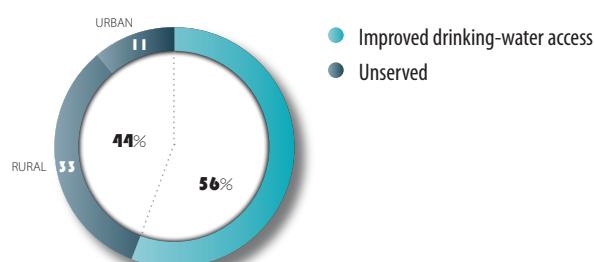


Figure 4. Population with access to improved drinking-water sources



¹ Progress on Drinking-Water and Sanitation – 2014 Update, WHO/UNICEF 2014.