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Statement submitted by Reyada for Capacity Building, Studies & Consultations, a non-governmental organization in special consultative status with the Economic and Social Council¹

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.





¹ The present statement is issued without formal editing.

Statement

Regarding the provision of health services and the reduction of deaths for children under 5 years of age in Sudan, there is a policy of the Ministry of Health to provide free treatment services for children under 5, but in light of the COVID-19 pandemic and the economic situation, the provision of health services for children deteriorated with the scarcity of therapeutic medicines and the lack of access to adequate nutrition. Thirty-eight per cent of children do not receive appropriate nutrition, which means that 1 in 3 children are not able to fully enjoy their physical and intellectual capacity. Our organization recommends developing the economic aid set by the state to reduce the negative effects of the economic policies pursued by the state, and the high inflation rates of 203 per cent. In 2013, the Government of Sudan, represented by the Ministry of Health, started working alongside the Ministry of Finance to collect free medical support for children under 5 years, and promised that the Ministry of Finance would set a budget for the treatment of children under the age of five, with the objective to develop health services to reduce child mortality and strategies to deal with the situation of children. This proposal was included in the strategies of the Ministry of Health. Free treatment for children under 5 has become the basic framework for health activities in the Khartoum and the Gezira states for endemic diseases such as malaria, diarrhoea, respiratory diseases and other infectious diseases.

The main objective of the ministry is to improve the health and nutrition of children, to reduce the mortality rate and to improve health conditions in general. This program was developed to advance health services including counselling, prescription drugs, and coverage of all life-saving drugs during the emergency period. The program was implemented from 2015 to 2016, when it was included in the budget and the medical circular fund system was also introduced through which all medical supply channels in the Federal Ministry of Health managed the supply chain for medicines for all states. Despite all these efforts, it is estimated that two million children still suffer from the spread of diseases and malnutrition, especially in areas affected by conflict and war. The challenges are the uneven distribution of health care and low government sustainability.

Our organization recommends the following:

- To strengthen the health system and address the shortage of skilled workers, while improving the inadequate infrastructure and positioning the health system as an essential social institution deeply rooted in the socio-political, economic and local-national context.
- To renew policies to address the challenges of access to free treatment for children under five while making them more consistent and effective, and at the same time, to allocate sufficient resources to the health system.
- To increase policy coherence and effectiveness to ensure that the political intervention of one strategy does not detract from another; that there is an appropriate interface between health policies and the budget framework; that a careful analysis of policy effectiveness is conducted prior to the implementation of those policies; that issues of context, target population size, cost and conditions are taken into consideration before their application. Moreover, ensure an appropriate monitoring strategy to detect changes that might necessitate a policy reassessment.
- Governments also need to ensure that national responses are reflected at the federal and other levels of government. This requires a collective and coordinated response from all relevant government departments and ministries –

such as the two projects in the Ministry of Finance – and the humanitarian, health, education and planning authorities at the local, state and national levels. True integration of activities between partners and cooperation is essential for this purpose.

- Because timely access to health care is critical for early diagnosis and effective treatment outcomes for children under five, services should be free, because the high cost of care is a major obstacle to access health care.
- To ensure access to free health services to Sudan's states and localities without discrimination.
- The country is witnessing special economic conditions that require the implementation of strict policies to prevent child labour and exploitation as stipulated by the International Labour Organization and the establishment of national mechanisms to monitor violations, as well as special programs to support poor families to ensure the child's right to survival, development, protection, welfare and sensitivity, such as the Fruits programme.
- Child marriage is one of the problems in the Sudanese society. A study carried out by the National Council for Child Welfare found that 60 to 70 per cent of girls were subjected to child marriage between 2006 and 2010. Cultural beliefs, social customs, poverty, lack of access to education, economic difficulties, and families' misunderstanding of gender equality were considered among the main reasons for the high rate of child marriage.

Our organization noted that the procedure for obtaining a birth certificate is difficult. The absence of identification documents for the parents or the absence of a marriage certificate complicates the procedure, especially for children without parental care, in addition to the imposed fees for the certificate after the age of one. We recommend setting policies that facilitate procedures, spreading civil registry centres geographically to facilitate access to them, and enforcing the Child Law 2010, availing birth certificates for all children without discrimination.

The lack of proper allocation of funds for education resulted in a significant increase in the number of children out of school, reaching 3,097,328 (1,485,878 males and 1,611,450 females), which is the largest number in the Middle East and North Africa, as stated in the 2015 report of the Ministry of Education and UNICEF, due to the lack of budgets allocated to education, which leads to the expulsion of children. Children who do not pay school fees are expelled even though the Child Act 2010 provides for free and compulsory education for basic schooling. Free and compulsory education must be implemented, spending on education must be raised, and penalties should be established for those who impose school fees.

Despite the approval by the Ministry of Education of the regulation prohibiting corporal punishment and all forms of violence against children related to Article 29 (1) of the Child Act 2010, violence against children, especially corporal punishment, is widely practiced, especially al-Khalawi (a traditional religious education system). A common practice in this system is known as the falaqa, in which the feet are tied, raised and beaten with a stick or whip, in addition to use of iron chains to prevent children's attempts to escape (according to the Ministry of Education, Manual on Positive Discipline, National Center for Curriculum, 2015). Work is needed to protect children from corporal punishment and other forms of punishment, to take the necessary measures to end the practice of corporal punishment in all its forms in a clear manner and ensure the effective implementation of regulations and the accountability of violators, resolving Khalawi's subordination to the Ministry of Education and applying penalties for those who use violence or corporal punishment

of children, and setting standards for its eradication to guarantee the protection of children.