

Impacts of liberalisation

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Since its succession to power, the present government has adopted readjustment and liberalisation policies in an attempt to improve the deteriorating economy, but those policies have had negative impacts on the economy and the people. Social services were hardest hit by these liberalisation policies.

Impacts on education

The first Sudanese national comprehensive strategy stated the right to compulsory education by the year 2001. But many factors have intervened to delay its execution and the percentage of children enrolled in schools fell from 72% in 1990 to 52% in 1998.

The government was and still is unable to allocate enough funds for education. Expenditure on education is one of the lowest in Africa and the Arab world, only 1.2% of the GNP, 1.9% of the GDP, and 15% of the total budget.

In 1996, there was one school for every 512 children aged 6-13, but there are clear regional disparities. In the north, the average ratio is one school for every 431 children; in the south it is one for every 3,417 children. In some areas education is primarily provided by NGOs.

According to the UNDP/Ministry of Social Planning national human development report (1998), the school dropout rate is 24% and it is expected to be much higher in rural areas and among hard to reach children.

Education has become unaffordable to many families. School equipment and teaching aids are in acute shortage in primary schools and completely lacking in some rural schools. The school environment is often hazardous to child health and safety. Seating facilities are inadequate and contribute to poor health and vision problems. Children in schools drink from a common, usually uncovered, water pot (*zeer*) and use one cup, which frequently leads to outbreaks of infectious diseases like tonsillitis and mumps.

Sudan's laws also contribute to putting education beyond the reach of many families. The Sudan constitution does not state the right to free education. An act of the federal government in 1999 shifts the responsibility for many services to state governments, many of which are too poor to provide them. The Educational Act of 1991 asks families to contribute to fees, books and other school materials to make up for shortfalls.

Health impacts

Though the Sudan government has adopted the strategy of health for all by the year 2000, the statistics of the federal ministry of health and UNICEF show a different situation. Table 1 shows the decline in health facilities.

People are dying from manageable diseases, indicating a low standard of primary health care. It was estimated, for example, that 98% of children under five and 81% of mothers in North Darfur had anaemia (UNICEF 1999).

TABLE 1

Health facilities by region per 100,000 people								
REGION	HOSPITAL		HEALTH CENTRES		DISPENSARIES		PHC UNIT	
	1993	2000	1993	2000	1993	2000	1993	2000
Eastern	0.7	1.4	1.4	2.3	5.3	4.7	13.7	13.2
Northern	2.4	3.3	9.4	7.6	16.3	10.4	11.8	6.2
Khartoum	1.1	0.6	2.1	2.2	4.1	2.1	1.7	1.5
Central	1.1	1.4	2.3	4.6	9.6	9.9	2.8	6.2
Kordofan	0.8	0.9	1.1	2.0	4.5	4.2	29.2	N/A
Darfur	0.3	0.3	0.5	1.3	2.6	2.2	13.8	11.9
Upper Nile	0.6	0.5	0.2	0.6	3.2	1.1	6.6	3.2
Bhar El Gazal	0.8	N/A	0.2	N/A	4.6	N/A	3.4	N/A
Equatorial	1.4	N/A	0.6	N/A	5.9	N/A	20.7	N/A
Sudan	0.9	0.8	1.9	2.4	5.3	4.3	11.9	6.0

Source: UNICEF State Encyclopaedia, 2000. PHC: Primary Health Care.

TABLE 2

Ten leading causes of death					
DISEASES	NO. OF CASES		% OF TOTAL		RATE/100,000 POPULATION
	1996	1998	1996	1996	1998
Malaria	4,595,092	4,126,502	15.4	169	139
Diarrhoea	4,082,941	3,244,483	14.0	14.6	10.9
Respiratory system diseases	3,462,046	N/A	12.0	123	N/A
Dysentery	2,792,018	1,828,708	9.0	100	61
Nutritional deficiency	2,277,150	1,474,765	70	81	49
Digestive system diseases	1,395,993	N/A	5.0	49	N/A
Injuries and wounds	1,384,532	N/A	4.7	49	N/A
Eye diseases	1,116,793	N/A	3.8	39	N/A
Pneumonia	1,004,870	N/A	3.5	35	N/A
Tonsillitis	896,131	N/A	3.1	32	N/A
TOTAL	23,007,566	N/A	80.0	82	N/A
Other diseases	5,939,106	N/A	20.0	21	N/A
GENERAL TOTAL	28,946,672	N/A	100.0	103	N/A

Source: Federal Ministry of Health, Annual Statistical Report, 1996; Comprehensive National Strategy report, 1998.

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Diagnosed AIDS cases rose from two in 1986 to 1555 in 1996 and 2607 by June 1999. The actual number of cases is expected to be much higher than the reported number because of lack of sexual education and public awareness, the unwillingness of people to have voluntary tests and the influx of refugees from surrounding countries.

Impacts on drinking water

The government had set the goal of universal access to safe drinking water by 2000. The rural water sector has depended for a long time on foreign financing without community participation. In 1993 the total investment in drinking water supply was about USD 11.8 million of which 63% was external aid, 20% paid by foreign NGOs, 10% paid by users and 7% provided by the government. By 1996 rural water tariffs increased 773% as federal subsidies were cancelled. Shrinking public investment has adversely affected achievement of targets for rural water supply and sanitation programmes.

The last decade witnessed a great influx of rural people into the urban centres. Urban population increased from 6.8 million in 1993 to 10.3 million in 1999. This has increased pressure on already limited urban water supplies. The targeted urban water consumption is 90 litres/person/day. The overall fulfilment rate was 56.8%. Khartoum had the best rate with 81% and Bahr El Gazal the worst with 13.6%.

About 30% of the urban population in 1999 had running water. No state had over 40% of its urban population with running water, while South Kordofan had as low as 10%. Nearly 48% of the urban population still gets its water from standing posts whereas the targeted percentage is 15%.

The goals regarding availability of urban water, type of water supply and regional disparities, as set in the comprehensive national strategy, are not expected to be achieved. Achieving the goal of safe drinking water for all would require protection of water from pollution, increased community involvement and appropriate low-cost technologies.

Economic impacts

Privatisation and terms of international trade agreements have a negative impact on the national economy and the broad population base. National productive enterprises collapse because they cannot compete with imported substitutes. Economic growth is stunted and real *per capita* income declines. The trade gap grows because of the price differential between exported primary products and imported manufactured goods and services.

Galloping inflation was reduced to 10% in 1995 and dropped to 8.2% in 1999, stabilising the price of domestic products. Prices of imported products continued to rise, however, because of deterioration in the value of the national currency from SDD 1.4 per USD 1 in 1990 to SDD 80 in 1996 and to SDD 258 in 2001.

The government's foreign policy curbed the inflow of development aid, loans and investment. The need to settle its debts may obligate the country to expand exports at the expense of food production. Sudan's external debt had grown to about USD 19 billion in 1997.

The civil war has had a very high cost in terms of human capital, national resources, financial resources, infrastructure and socio-political instability. The politicisation of the military, security and civil services and the subsequent purge of qualified office-holders has opened the door to government supporters to occupy senior posts, however unqualified and inexperienced they may be.

Decentralisation proved to be expensive and undemocratic and led to decreased public support for development. Local governments with meagre resources and many services to render have been forced to levy unaffordable taxes and fees on their local communities.

Regional disparities have fuelled the massive rural-to-urban migration while social polarisation has dissolved the middle class, which usually shoulders the greater burden of development.

Oil produced and refined in Sudan has increased the country's foreign currency balance by reducing the need to import oil and through direct exports.

TABLE 3

Economic participation rate by sex in Northern Sudan, 1999		
STATE	FEMALE (%)	BOTH SEXES (%)
Read Sea	9.7	34.9
Kassala	8.2	28.0
Gedaref	8.6	25.7
Northern	4.3	25.3
Nahr El Nile	5.1	25.4
Khartoum	9.3	30.2
Gezira	7.4	25.5
White Nile	8.6	26.4
Sinnar	5.2	26.4
Blue Nile	7.8	29.9
North Kordofan	31.0	28.2
South Kordofan	21.7	31.2
West Kordofan	36.1	41.4
North Darfur	39.5	40.2
South Darfur	35.4	40.9
West Darfur	38.5	42.3

Impacts on employment

According to the 1993 census, girls and women constituted 27.7% of the total labour force of 6.5 million persons aged 10 years and above in Northern Sudan. The total labour force grew by 40% from 1993 to 1999, male labour by 34% and female labour by 55.6%. Despite the increase in female labour, it still constituted only 30.8% of the labour force in 1999.

From 1990 to 1996, unemployment increased by 0.1% for the total labour force as well as for male labour. There was a massive migration of male labour to foreign countries.

Unemployment is highest among children and youth aged 10-24 years. It is more prevalent among men in rural areas, but the reverse is true in the urban centres, reflecting women's poor access to education and vocational training, which is provided mainly in gender-stereotyped occupations of education, nursing secretarial work, the arts and handicrafts (UNICEF 1996).

According to the 1993 census, about 1.43 million children and youth (26.96% of the economically active population) in northern Sudan worked. Twenty-five percent of children aged 10-14 and about 38% of those aged 15-18 years were employed. ■