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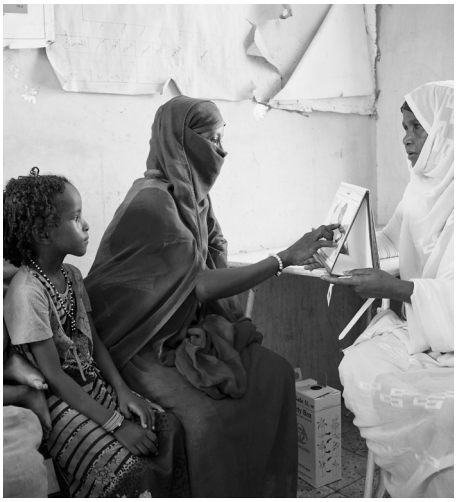

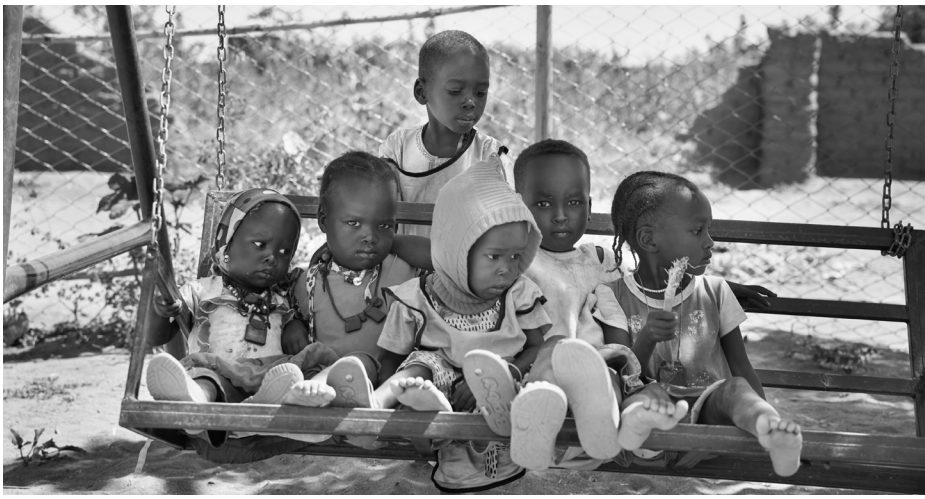

Social protection in Sudan—system overview and programme mapping

Charlotte Bilo, Anna Carolina Machado and Fabianna Bacil, International Policy Centre for Inclusive Growth (IPC-IG)

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Social protection in Sudan—system overview and programme mapping
By Charlotte Bilo, Anna Carolina Machado and Fabianna Bacil

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Authors
Charlotte Bilo (IPC-IG)
Anna Carolina Machado (IPC-IG)
Fabianna Bacil (IPC-IG)

Research Coordinator
Rafael Guerreiro Osorio (Ipea and IPC-IG)

Researcher Assistants
Juliana Bernardino (IPC-IG)
Lucas Sato (independent consultant)
Mohammed Anwar (independent consultant)
Mohamed Ayman (independent consultant)

UNICEF
Elmoiz Ismail (UNICEF Sudan)
Kumiko Imai (UNICEF Sudan)
Samman Thapa (UNICEF MENARO)

Designed by the IPC-IG Publications team
Roberto Astorino, Flávia Amaral, Priscilla Minari and Manoel Salles

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SOCIAL PROTECTION IN SUDAN—
SYSTEM OVERVIEW AND PROGRAMME MAPPING

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ACRONYMS AND ABBREVIATIONS

CBT	Community-based targeting
CSSPR	Commission for Social Safety and Poverty Reduction
CT	Cash transfer
IDP	Internally displaced person
MIS	Management information system
MoFNE	Ministry of Finance and National Economy
MoH	Ministry of Health
MoLSD	Ministry of Labour and Social Development
MoSSD	Ministry of Social Security and Development
NHIF	National Health Insurance Fund
NPSIF	National Pension and Insurance Fund
NSWF	National Students Welfare Fund
PMT	Proxy means test
SSN	Social Safety Nets Project
UNICEF	United Nations Children's Fund
ZPC	Zakat Poverty Census

INTRODUCTION

This programme mapping aims to provide an overview of Sudan's social protection landscape. The document is divided into two parts: 1) an overview of the social protection system; and 2) programme profiles. While the first part provides a quick overview of the main institutions in charge of social protection as well as the key policy and legal instruments that guide and regulate the country's social protection system, the second part offers a detailed description of the main social protection programmes in the country, including key information such as: institutional set-up, benefits provided, coverage, targeting mechanisms used to identify beneficiaries, financing structure, administrative databases, and monitoring and evaluation mechanisms. Part II covers the following programmes: the Cash Transfer (CT) programme, *Shamel*, *Zakat*, the National Health Insurance Fund (NHIF), the National Pension and Social Insurance Fund (NPSIF) and the National Students Welfare Fund, as well as a short summary of the main humanitarian interventions related to social protection.[1]

This mapping is the result of a joint effort between the International Policy Centre Inclusive Growth (IPC-IG), the Ministry of Labour and Social Development (MoLSD), the Commission on Social Safety and Poverty Reduction (CSSPR) and the United Nations Children's Fund (UNICEF) Sudan. Since September 2018, the IPC-IG has been providing technical support to UNICEF Sudan in its efforts to assist the Government of Sudan, and more specifically the MoLSD and the CSSPR, to enhance the country's social protection system. By providing an overview of Sudan's social protection system, this mapping thus presents an important starting point for any reform efforts and helps to identify future areas of research. Moreover, it may serve as a reference document for international partners that wish to support the Government of Sudan in its efforts to enhance social protection provision in Sudan.

The mapping is based on a careful literature review of documents in both English and Arabic, as well as key informant interviews. The documents reviewed include reports by other international partners, such as the World Bank, and those published by government institutions and information available on the programmes' official websites. Two missions were conducted to Sudan (the first in October 2018, and the second in September 2019), during which the IPC-IG team met with programme managers and other focal points, especially from the MoLSD, to validate and complement information and collect additional documents not available online. It should be highlighted that documented information about Sudan's social protection programmes is often scarce, and in some cases conflicting. When this was the case, this was noted in the report.

PART I. OVERVIEW OF SUDAN'S SOCIAL PROTECTION SYSTEM

System of government

The politics of Sudan formally took place within the framework of a federal representative democratic republic until April 2019, when President Omar al-Bashir's regime was overthrown in a military coup. As an initial step, the Transitional Military Council was established to manage the country's internal affairs. The constitution was suspended, and the bicameral parliament—the National Legislature, with its National Assembly (lower chamber) and the Council of States (upper chamber)—was dissolved. On 4 August 2019 a new Constitutional Declaration (Transitional Military Council and Forces for Freedom and Change 2019) was signed between representatives of the Transitional Military Council and the Forces of Freedom and Change, and on 21 August 2019 the Transitional Military Council was officially replaced as Head of State by an 11-member Sovereign Council,[2] with a civilian Prime Minister as the head of the government.

According to the Constitutional Declaration, an interim government is now established in Sudan for a period of 39 months (starting from August 2019), during which its main bodies are:

- the Sovereign Council, the Head of State;
- the Council of Ministers, the government's executive authority; and
- the Legislative Council, the legislative authority.

On 5 September 2019 the new Prime Minister announced the composition of the transitional government, comprising the following 18 ministries (Radio Dabanga 2019):

- Interior Affairs
- Federal Government
- Foreign Affairs
- Justice
- Finance
- Defence
- Cabinet Affairs
- Health
- Education
- Higher Education
- Industry and Trade
- Energy and Mining

- Irrigation and Water Resources
    - Social Development and Labour
    - Culture and Information
    - Religious Affairs
    - Youth and Sports
- Agriculture

A federal system of government was adopted in 1992, with three levels of power: the federal government, the states and local communities—a set-up that has been corroborated by the new Constitutional Declaration. The current federal system in Sudan consists of 18 states and 199 local communities/governments (UNDP 2013).[3] The duties and responsibilities of the different government levels include the following (UNDP 2013; Kjellgren et al. 2014):

- **Federal government:** traditional national-level functions such as defence, foreign relations, monetary, fiscal and exchange rate policies, higher education, larger infrastructure projects, transfers to states to finance schooling
- **State governments:** secondary education and procurement and distribution of school textbooks, health care in hospitals, construction, operation and maintenance of small water schemes, agricultural development
- **Local governments:** pre-school and primary education, supply and management of primary health care and environmental sanitation, collection of local taxes.

Each state has its own constitution, while the Local Government Act of 1951 provides the legal framework for local (community-level) governments. The federal and state constitutions and the Local Government Act stress the principle of autonomy of the different levels of government (Kjellgren et al. 2014).

The commitment of the interim government to social welfare is reflected in the Constitutional Declaration, which recognises the State's role in achieving social development through the provision of education, health, residence and social insurance (among other aspects). Moreover, the Constitutional Declaration establishes the task to "solve the economic crisis, stop the economic collapse, achieve sustainable development, implement an economic, social and humanitarian plan". It further highlights the intention to "ensure and empower the rights of women in all the domains including the political, social, economic and to fight all the forms of discrimination [and to] (e)mpower the role of youth from both sexes and to increase their opportunities in all the social, economic and political domains" (Transitional Military Council and Forces for Freedom and Change 2019, 7).

3. In addition, the Abyei area is accorded 'special administrative status' by the 2004 Protocol on the Resolution of the Abyei Conflict. Under the terms of the Protocol, the Abyei area was declared, on an interim basis, to be simultaneously part of the states of West Kordofan (Sudan) and Northern Bahr el Ghazal (South Sudan).

Main institutions related to social protection in Sudan

Ministry of Labour and Social Development

As a first action, the interim government implemented an institutional reform in which the ministries of Labour and Social Security and Development were combined into one single entity. The Ministry of Labour and Social Development (MoLSD) is now the main institution responsible for social protection policies.

According to Prime Ministerial Decree No. 70 of 2019, the objectives of the Ministry include the development of an efficient civil service sector as well as overall capacity-building to improve knowledge and skills to meet local, regional and international challenges. Moreover, it aims to enhance the capabilities of institutions to achieve a quantitative and quantitative leap in production.

Table 1. The MoLSD's seven directorates

Name of directorate	Main tasks
General Directorate for Social Welfare and Rural Development	• Providing care, protection and social service packages to improve the situation of the target groups (elderly people, orphans, children, persons with disabilities, displaced persons, beggars and people living with HIV) • Launching initiatives for community development • Providing training and capacity-building for individuals, leaders, groups and institutions working in the field of community development
General Directorate for Women and Family	• Developing public policies for women, women's activism and social care for motherhood • Proposing draft laws for women's affairs, protecting maternity and enhancing the role of women • Monitoring and evaluation of programme and project implementation • Preparing national, regional and international reports on the progress of all women's issues
General Directorate for Planning Policy and Research	• Developing unified plans and programmes and preparing periodic performance reports and evaluation criteria • Coordinating and following up on legislation and policies in the field of the Ministry's mandate • Developing a system of coordination and follow-up between the Ministry and relevant units and entities • Overseeing and developing reports related to the field of social work
Directorate of Foreign Cooperation and Partnership	• Cooperating and coordinating with United Nations organisations, the Arab League, the African Union and other countries from the South • Attracting support to finance the Ministry's projects • Promoting the role of Sudan in specialised councils and technical committees • Strengthening bilateral relations and following up on the ratification of agreements with other countries
General Directorate for Human and Financial Resources	• Developing and modernising the systems operating in the various departments of the Ministry • Training of staff
Media, Information and Public Communication	• Establishing databases that serve the national objectives and executive requirements of senior management. • Advancing e-government
Ministerial Executive Office	• Serving as secretariat of the Ministry

Source: Based on <http://mssd.gov.sd/mss_ar/?page_id=255> and personal communication with the MoSSD in September 2019.

In the area of social welfare, the Ministry's objective is to achieve human and social security, reduce poverty and promote a society that fosters and preserves the rights of elderly people, orphans, persons with disabilities and vulnerable groups, among others. It works to strengthen the social safety net by maximising the *Zakat* ritual and enhancing the coverage of old-age and health insurance. The labour sector of the MoLSD also plays an important role in the provision of social protection, as it has, among others, a department related to labour legislations and the Vocational High Council.

The Ministry's mandate includes, among others:

- developing and implementing training policies;
- developing employment policies to ensure equal opportunities for all citizens;
- developing policies to protect workers from occupational hazards and upgrade working conditions;
- organising collective bargaining and arbitration processes related to labour disputes;
- coordinating and developing policies, strategies and programmes for poverty reduction and coordinating governmental, civil society and private-sector efforts to combat poverty;
- formulating national strategies, policies, plans and programmes for the development of women and the family, and following up on their implementation; and
- strengthening and expanding the umbrella of social and health insurance networks and pensions, and protecting the real value of pensions and insurance benefits.

The MoLSD comprises seven departments, as shown in Table 1.

MoLSD units related to social protection

In addition, a total of 19 units fall under the supervision of the MoLSD after the merger of the two ministries. The following are directly related to the provision of social protection (Government of Sudan 2019):

- **The Commission for Social Safety and Poverty Reduction (CSSPR)** was introduced in early 2018 and is in charge of implementing the government's flagship programme *Shamel* and the CT Programme led by the MoLSD. The CSSPR is in charge of coordinating all governmental and non-governmental actors working in poverty reduction at federal and state level—i.e. line ministries, non-governmental organisations and the private sector. The CSSPR's technical staff are employees hired by the Ministry, including representatives of several councils of the MoLDS as well as the National Health Insurance Fund (NHIF). The CSSPR emerged from the Centre for Coordinating Poverty Reduction Projects, which was established in 2002 to conduct research related to poverty issues and poverty reduction efforts. It also operates at the state level through decentralised units called Poverty Centres, which are responsible for implementing the government's poverty reduction policies and reporting programme progress to the central level (Rahamtalla 2018).
- **The Zakat Fund** oversees all *Zakat* activities in the country. *Zakat* contributions are mandatory in Sudan. The Chamber is supervised by a Council chaired by the MoSDL, and the members are appointed by the President. For more information on the Zakat Fund, please see the programme profile in Part II.

- **The National Pension and Social Insurance Fund (NPSIF)** was established by law in 2016 and oversees the contributory social security system. Previously, two separate funds existed: one for the government sector, and one for the private sector. Although the new fund is defined by law as a joint entity for both sectors, in practice operations are still divided into two different bodies. For more information on the NPSIF, please see the programme profile in Part II.

- **The National Health Insurance Fund (NHIF)** is the main health insurance provider in Sudan, consisting of both non-contributory and contributory branches. For more information on the NHIF, please see the programme profile in Part II.

- **The Humanitarian Aid Commission** coordinates work between government departments, civil community organisations, United Nations agencies and non-governmental organisations. In cooperation with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA), it was also responsible for elaborating the Multi-year Humanitarian Strategy 2017–2019 (OCHA 2017) and the yearly Humanitarian Response Plans (OCHA 2018a), which aim at setting a common framework for humanitarian action in Sudan.

The Ministry also supervises the policies of two banks:

- **The Savings and Social Development Bank** is owned by the Ministry of Finance and National Economy (MoFNE) and the Central Bank. Its mission is to support low-income families. Under the supervision of the MoLSD, the bank is managed by a Board of Trustees. The bank was the first institution to provide microcredits in Sudan, and today it finances private-sector organisations that support poor people, artisans, productive families, professionals, women's and social organisations, students, and groups supported by *Zakat*. Around 60 per cent of its portfolio is used for microfinance, and 40 per cent for the commercial sector. Between 2014 and 2019, a total of 354,188 beneficiaries were supported through microfinance from the Savings and Social Development Bank (MoLSD 2019).

- **The Family Bank** provides microfinance to poor people, graduates, small-scale farmers, shepherds and tradesmen. It aims to provide financial services to these target groups; raise awareness of the relevance of banking services and savings; contribute to job creation, especially for the poorest people; and strengthen economic development by supporting the organisation of different sectors. Microfinance resources can be used to promote activities in both the formal and informal sectors. The bank's administrative structure includes a Board of Directors, senior management and executive management (Family Bank n.d.).

Other MoLSD councils

- **The National Council for Population**, established by Presidential Decree in 1995, has the mandate to coordinate issues related to migration, fertility and mortality; formulate population policy; analyse population data; and develop cross-sectoral policy recommendations (Kjellgren et al. 2014).

- **The National Council for Child Welfare (NCCW)**, established by Presidential Decree in 1991—later replaced by the National Council for Child Welfare Law 2008—aims to set child policies, plans and programmes; coordinate child-care activities with other government levels; monitor the implementation of international and regional child conventions ratified by Sudan; establish a statistical information system for child welfare; and mobilise international and national financial assistance to support programmes for children; among others. Specifically, the NCCW is guided by the Child Act (2010), the National Document for Child Welfare (2006–2015) and the National Strategy for the Abolition of Female Genital Mutilation (2008–2018). The Prime Minister chairs the NCCW, and the state governors are members of the Council. Each state has its own Council for Children's Welfare, chaired by the state governor (ibid.).

- **The National Association for Assistive Devices for Persons with Disability** is in charge of providing devices to persons with disabilities, such as artificial limbs etc. The association was established in 1964 to support the rehabilitation of soldiers who fought in the Second World War. Today, the organisation has a strategic objective to develop rehabilitation services for persons with disabilities; it works mostly on manufacturing prostheses and support devices for persons with disabilities. Technical centres are available at the state level in Nyala (South Darfur), Gedaref (Gedaref), Dongola (Northern), Kassala (Kassala), Atbara (River Nile), Ed-Damazine (Blue Nile), ElGeneina (West Darfur), Al Abyad (White Nile), Port Sudan (Red Sea) and Sennar (Sennar).

- **The National Council for Persons with Disability**, established in 2010 by Presidential Decree, develops and executes policies in line with the United Nations Convention on the Rights of Persons with Disabilities. There are 33 members of the Council, of whom 50 per cent represent government institutions and 50 per cent are persons with disabilities (ibid.).

- **The National Council for Combating Violence Against Women and Children.**

Other ministries and institutions relevant for the provision of social protection[4]

- **The Ministry of Finance and Economic Planning** is responsible for directing the funds for the MoLSD's social protection programmes (including cash transfers), subsidies and social development expenditures.

- **The Ministry of Health (MoH)** provides nutrition and health care services for the health insurance scheme and works on reducing maternal and child mortality and malnutrition. It also includes the Medical Supplies Corporation, which procures medicines.

- **The Ministry of Education** is responsible for the implementation of the national component of a school feeding programme.

- **The Ministry of Agriculture** is responsible for food security and livelihoods programming, including early warning systems and the monitoring of food security.

- **The Ministry of Interior** is responsible for the national policy for internally displaced persons (IDPs) through the Humanitarian Aid Commission.

- **The National Students Welfare Fund** (NSWF) supports university students' accommodation and provides them with living allowances and free medical treatment.

- **The Central Bank of Sudan** provides microfinance policies.

- **The Central Bureau of Statistics** is the official statistics office, in charge of conducting household surveys (such as the National Household Budget Survey).

- **The Disarmament, Demobilisation and Reintegration Commission** promotes sustainable livelihoods for ex-combatants and IDPs.

4. Based on Kjellgren et al. (2014) and World Bank and MoFEP (2016).

Legal and policy frameworks for social protection

- The 1990 Social Insurance Act [5] provides for the establishment and management of a social security fund for disability, old age and survivors. It was replaced by the 2004 Social Insurance Act and cancelled by the 2016 Pensions and Social Insurances Act.

- The 1991 National Pensions Fund Act organised pensions for civil servants. It was replaced by the 2004 Social Insurance Act and cancelled by the 2016 Pensions and Social Insurances Act.

- The 1993 Civil Service Pensions Act was concerned with the establishment of the Civil Service Pensions Fund and its authorities and management. It was cancelled by the 2016 Pensions and Social Insurances Act.

- The 2001 National Health Insurance Fund Act, regulating the NHIF, established a decentralised system, repealing the Health Insurance Public Corporation Act of 1994. It was cancelled by the 2016 Health Insurance Act.

- The 2001 Zakat Act [6] is the principle guiding legal document for *Zakat*, establishing it as a socio-economic institution charged with providing safety nets.

- The 2005 National Students Welfare Fund Act,[7] amended in 2010, established the NSWF and its functions.

- The 2008 National Council for Child Protection Act [8] established the Council and its functions.

- The 2008 National Population Council Act [9] established the Council as an independent legal personality and defines its functions.

- The 2009 National Act for Persons with Disabilities provides exemption of prosthetic devices, work and movement aids, and education for persons with disabilities, and established the National Council for Disabilities. It was replaced by the 2017 Persons with Disabilities Act.

- The 2010 Child Act[10] cancelled and replaced the 2004 Child Act and provided children with certain rights, including the right to primary health care and free primary education.

- The 2016 Health Insurance Act[11] establishes that every Sudanese citizen is covered by health insurance or has access to health care services without facing financial risk. It expands the right to access to health to all people, including non-nationals.

- The 2016 Social Insurance and Pension Act[12] established the Social Insurance and Pension Fund through a merger of the Social Insurance Fund (for the private and public sectors) and the National Pension Fund (for the government sector).

5. See <https://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=39857&p_country=SDN&p_count=65&p_classification=15.02&p_classcount=2>.

6. See <http://www.zakat-chamber.gov.sd/arabic/index.php?option=com_content&view=article&id=17&Itemid=59>. In Arabic.

7. See <http://www.parliament.gov.sd/ar/index.php/site/LigsualtionVeiw/236>.

8. See <http://www.parliament.gov.sd/ar/index.php/site/LigsualtionVeiw/279>.

9. See <http://www.parliament.gov.sd/ar/index.php/site/LigsualtionVeiw/283>.

10. See <https://clck.ru/QT5L5>. In Arabic.

11. See <http://www.nhif.gov.sd/law.pdf>.

12. See <https://clck.ru/QT5NP>. In Arabic.

- Presidential Decree No. 21 of 2017[13] regulates the functions and competences of the Ministry of Social Security and Development (MoSSD)—the current MoLSD—and establishes that the Ministry is in charge of enhancing social safety nets.

- Presidential Decree No. 7 of 2019 defines the functions of all ministries, including the MoLSD.

Interim Poverty Reduction Strategy Paper 2012

The Interim Poverty Reduction Strategy Paper 2012 was developed by the Government of Sudan in partnership with the International Monetary Fund and the World Bank. Its four pillars are:

- strengthening governance and institutional capacity of the public sector;

- reintegration of IDPs and other displaced populations;

- developing human resources; and

- promotion of economic growth and employment creation (International Monetary Fund 2013).

Social protection does not play a central role in the strategy, but it is mentioned in the following passages:

- "Provide social protection services in a manner that strengthens the capacity of the poor for self-reliance" (ibid., 77), mentioned within the Developing Human Resources pillar, under the objective "Empower the poor to take advantage of opportunities".

- "Review the use of the Zakat Fund and assess its contribution to poverty reduction and social protection and how best it can support the new poverty reduction strategy" and "Develop a social protection strategy and policy framework" (ibid., 79), mentioned within the Developing Human Resources pillar, under the objective "Assist the poor and indigent and build their social and productive capacities where possible".

The Interim Poverty Reduction Strategy Paper highlights that poverty in Sudan is predominant in rural areas and among those who derive their income from farming and livestock. IDPs and refugees are identified as a group that needs special support (reintegration). In addition, it mentions that the public pension system is underfunded and poorly managed and that due to low benefit values, additional payments have been made to poor pensioners for food, health and education expenditures.

As of 2019, the Government of Sudan is preparing a full Poverty Reduction Strategy Paper for 2020–2025. The MoFNE was appointed leader of the Steering Committee, which counts on the engagement of national ministries (including the MoLSD and the Ministry of Education) and international development partners (UNICEF, the African Development Bank, the UK Department for International Development, the World Bank, the International Monetary Fund and the European Union Delegation).

13. See <http://mssd.gov.sd/mss_ar/?page_id=1096>.

National Five-year Plan for Economic Reform 2015–2019

Compared to the Interim Poverty Reduction Strategy Paper 2012, the National Five-year Plan for Economic Reform 2015–2019 (MoFNE 2014) makes more explicit mentions of social protection. The objectives related to social protection are listed under Axis 4, 'Social Services and Social Care':

- "Develop the performance of the Zakat Fund/Chamber to satisfy the needs of vulnerable segments of society."
- "Enhancing, revising and expanding the role of existing networks and mechanisms of social protection in order to provide social protection for targeted categories, these efforts include the High Council of Wages, National Fund for Pensions, National Fund for Social Insurances, Zakat Fund, Awqaf, the National Fund for Supporting Students, the National Fund for Health Insurance, National Fund for Housing, Universal access to children who survived accidents, universal access to kidney dialysis patients, Al-Shahid Association, Civil Society Associations, CSR [corporate social responsibility] initiatives of large companies, direct cash assistance to poor families."

The Technical Committee for the Service Sectors, Social Protection and Poverty Reduction of the Economic Reform Programme denoted the following dimensions with regard to social protection and poverty reduction for 2015–2019 (MoFNE 2014; Turkawi 2015, 21):

Social support:

- Increase *Zakat* assistance to SDG3 million (Sudanese Pounds) (from SDG1.2 million presently).
- Achieve coverage of 2.5 million households for cash transfers, in addition to lifting 500,000 households out of poverty by the end of the programme.
- Establish a social security database.
- Ensure regular monitoring and auditing.

Social insurance:

- Increase the coverage of health insurance from 37 per cent to 70 per cent with the inclusion of children, mothers and school students.
- Periodically increase the minimum level of retirement pensions to cope with changing wages.

Social funding:

- Raise the ceiling of microcredit from 5 per cent to 12 per cent.
- Expand microfinance and direct it to the productive sectors.
- Continue microfinance that targets young people and graduates and provides financing for consumable goods.
- Increase the capital of the Savings and Social Development Bank from SDG130 million to SDG500 million by the end of the period.

PART II. PROGRAMME PROFILES

In 2011, the Government of Sudan, through the former MoSSD (now the MoLSD), introduced the Social Initiative Programme (also referred to as the Social Support Programme) as the overarching initiative for the social protection sector. It included the following components (World Bank and MoFEP 2016; personal communication):

- direct cash transfers to poor families;
- the NHIF;
- the National Pension Fund;
- support for safety net interventions for poor students, including cash and in-kind transfers by the government and the Zakat Fund;
- revolving programmes;
- general support for certain medical care services such as free treatment in emergencies and free life-saving medicines;
- the Social Insurance Fund;
- the Social Responsibility programme;
- microfinance;
- support programmes for special groups, such as rural women, disarmament, demobilisation and reintegration for ex-combatants, persons with disabilities;
- communication and community awareness;
- vocational training centres aiming to enhance youth employment:
- support to resolve humanitarian crises in war-affected areas;
- creation of productive opportunities for university graduates; and
- support for returnees from South Sudan.

According to the CSSPR,[14] between 2012 and 2015 there was a recurrent challenge to implement the entire budget allocated annually to the CT Programme, which was growing at a faster pace than the programme's capacity to enrol more beneficiaries. This fact, aligned with the government's commitment to approach poverty from a multidimensional and sustainable perspective, led to the decision to expand the social protection agenda by introducing *Shamel* in 2016. Funds allocated to *Shamel* in its initial stage originated from a budgetary surplus from the CT Programme, as further detailed in the description of the programmes below. Note that although certain official documents consider the CT Programme to be part of today's *Shamel*, representatives of the CSSPR consider the programme a separate scheme—a view also adopted by the International Policy Centre for Inclusive Growth (IPC-IG) researchers in this report.

14. Personal communication with CSSPR representatives, October 2018.

The following subsections provide a detailed description of the design features and key information on Sudan's main government-implemented social protection programmes. See Table 2 for a summary. In addition, social protection activities undertaken by international development partners are summarised at the end of this section.

Table 2. Overview of Sudan's main social protection programmes

Programme	Main benefits	Coverage	Targeting mechanism	Main observations
CT	Since 2019: SDG400 (previously SDG250)	1 million households in 2019; 600,000 households in 2018	New: Proxy means test (PMT) Previous: PMT based on the Zakat Poverty Census (ZPC), Community-based targeting (CBT) (see also *Zakat*)	Retargeting process ongoing, using PMT and new registry; irregular transfers
Shamel	Water projects	59,684 households	Communities: based on project proposals; Individuals: CBT	Still low coverage; little information about beneficiaries; no consolidated management information system (MIS) yet
	Livelihoods	334,684 households		
	Community awareness	346,504 households		
	School feeding	158,067 households		
	Health interventions			
Zakat	Cash and in-kind transfers, microfinance	2.3 million households (2018)	PMT based on the ZPC, CBT	Large outreach; works with several other programmes; new MIS was developed, plans to use new MIS used by CT; also finances other programmes, such as the NHIF and the NSWF
Pension and Social Insurance Fund	Old age, work injury, disability, death grant, loans and microfinance to prevent poverty	Private sector (2019): 427,000 insured employees and 142,000 retirees; 9,143 people benefited from social welfare projects (2019); Government sector (2019): 688,050 insured employees and 191,000 retirees	Mandatory for government and public- and private-sector employees; other support services: based on needs	Low coverage in private sector; includes loans and services to reduce poverty among pensioners and their families as well as contributions to the NHIF
NHIF	Health insurance (contributory and non-contributory modality)	27 million individuals (68 per cent of the population)	Through other programmes (Zakat Fund, Pension Fund); is mandatory for the formal sector	Programme with largest coverage; comprehensive MIS
NSWF	Sponsorships and loans, housing, social welfare programmes	Loans: 13,000 students; sponsorship: 40,950 students; social welfare programmes: 148,438 students	Selection by social worker	State-wide structure, also pays contributions to the NHIF

Source: Authors' elaboration based on programme descriptions.

Cash Transfer Programme

Overview

The CT Programme started in 2011 under the Social Initiative Programme following the austerity measures implemented as a result of the economic shock created by the secession of South Sudan. The MoLSD is the major institution responsible for programme implementation, through the CSSPR (formerly the Centre for Coordinating Poverty Reduction Projects). As stated by the Ministry, its major objective is to reduce the burden on families with limited income, by securing the necessary means to ensure a minimum standard of living (MoSSD 2017b).

The programme has expanded rapidly since its creation, targeting approximately 600,000 households (approximately 9 per cent of all households) across all Sudanese states in 2019. Yet effective programme implementation has suffered significantly from the effects of Sudan's most recent fiscal and macroeconomic crisis, and cash disbursements were hampered in April 2018 by a combination of insufficient budget allocation and the lower amount of national currency in circulation. Since February 2019,[15] payments have been gradually re-established in Khartoum State—where transfers are implemented through the banking system[16]—as detailed below.

Institutional set-up

The CT Programme is implemented by the MoLSD through its CSSPR (at the central/federal level) and the Poverty Centres and Zakat Committees (at the state and local level, respectively).

Since 2016-2017 the World Bank has been providing technical assistance to the MoLSD for the development of a social protection management information system (MIS). Through the new information system, the Social Safety Nets (SSN) Project (the official name given by the World Bank) also supports the Government of Sudan in retargeting and recertification processes, so far applied for the CT Programme in only the six states where the project has been implemented (North Kordofan, River Nile, Blue Nile, White Nile, Red Sea and Sennar).[17]

More recently, the process has also been supported by the World Food Programme and UNICEF, which are working to support the government to scale up programme recertification in other Sudanese states.

The CT Programme is managed by the CSSPR at the central level, with the support of state and locality administrative levels for implementation. Table 3, next page, provides an overview of the institutional roles of government units at all three levels of government, as well as at the village level, where Community Centres and Zakat Committees play an important role in identifying eligible households and liaising with beneficiaries.

Other institutions are involved in the payment process—namely: the postal service Suda-Post (responsible for payments in five states); the Family Bank (in Khartoum) and the Savings and Social Development Bank (associated with the MoLSD and responsible for the partial provision of cash payments in 10 other states); and the Zakat Committees, which are the main actors supporting payment delivery (in 12 states), as detailed in Table 4, page 25.

15. Payments disbursed in February 2019 were the first made through the banking system. In total, 6 months of benefits were paid at once.

16. Personal communication with the CT Programme Unit (CSSPR), September 2019.

17. At the time of writing this report (October 2019) the recertification process in White Nile State was not complete.

Table 3. Programme implementation and responsibilities of different levels of government

Government level	Implementation units	Responsibilities
Federal level	MoLDS • CSSPR: CT Programme Unit • SSN Project Unit	CT Programme Unit • Management of the Oracle MIS* • Receive lists of beneficiaries from Poverty Centre* as well as from the Zakat Fund, the Savings and Social Development Bank, Family Bank and Suda-Post as payment mechanisms • Approve benefit payroll • Submit final lists of beneficiaries with Poverty Centre • Compile payment proofs (hard copies) for internal auditing processes SSN Project Unit • Implement new MIS • Conduct retargeting and recertification processes (including application of new questionnaire; training of enumerators; organisation of local consultations for the CBT) • Apply PMT for recertification and retargeting • Develop communication strategy • Develop the payment mechanism
States	Poverty Centres	• Serve as a grievance institution and receive complaints • Follow up the payment process • Liaise with payment institutions • Liaise with the locality level for the application of the Cash Transfer Beneficiary Form (CTBF), the questionnaire used to assess the eligibility of new households* • Liaise with the federal level to identify replacements on the list of beneficiaries*
Localities	Locality Administration Unit	• Liaise with Community Centres • Conduct household visits and apply the CTBF*
Village	Community Centres/ Popular Committees and Zakat Committees	• Comprising local leaders • Identify poor households by supporting the CBT mechanism • Support validation of poor households as determined by Zakat Fund poverty targeting. • Zakat Committees: Provide direct cash disbursements

Note: * Only applied to states where the SSN's MIS is not yet in place.

Source: Authors' elaboration based on personal communication with CSSPR and SSN focal points in September 2019.

Table 4. Institutions involved in the direct distribution of cash transfers, by state

State	Savings and Social Development Bank	Suda-Post	Zakat Committees
Al-Gezira	X	X	
Blue Nile	X		X
Central Darfur			X
East Darfur			X
East Kordofan			X
Gedaref	X		X
Kassala			X
Khartoum	X*		
North Darfur	X	X	
North Kordofan		X	
Northern	X		X
Red Sea			X
River Nile	X		X
Sennar	X		X
South Darfur	X	X	
South Kordofan			X
West Darfur	X		X
West Kordofan			X
White Nile	X	X	

Note: *Family Bank and Savings and Social Development Bank.

Source: Authors' elaboration based on personal communication with the CT Programme Unit (CSSPR) in September 2019.

Targeting

The CT Programme targets households listed as extremely poor by the 2011 Zakat Poverty Census (ZPC), undertaken by the Higher Institute for Zakat Sciences and based on the 2009 National Household Budget Survey (see Box 1). The census is also used by the Zakat Fund to target beneficiaries.

In 2016 the World Bank started a new technical assistance project to support the CSSPR to implement a new targeting process, the so-called SSN. The new selection process is based on three steps: 1) community-based targeting (CBT); 2) applying a proxy means test (PMT), based on the 2009 National Household Budget Survey, to households identified as poor through CBT; and 3) verification of a final list with the community. The process includes checking the existing beneficiary list and excluding ineligible households, using the PMT formula (recertification), and including new beneficiaries (retargeting), thus aiming to correct both inclusion and exclusion errors.[18]

The new process was piloted in four states—Khartoum, North Kordofan, White Nile and River Nile (MoSSD and WB 2019)—and the project was scaled up to reach six states (North Kordofan, River Nile, Blue Nile, Red Sea, Gedaref and Sennar). While the project in North Kordofan and River Nile was implemented in partnership with the World Bank, in Blue Nile, Sennar, White Nile and Gedaref,[19] recertification and retargeting have been implemented by the MoLSD. Scale-up to Red Sea State is being financially supported by the World Food Programme, and UNICEF will support the roll-out of the system in Khartoum State (UNICEF 2019).

18. Personal communication with the World Bank, March 2019.

19. As of October 2019, in AlGadarif and White Nile the recertification process had not yet been finalised.

Box 1. The 2011 Zakat Poverty Census

The 2011 ZPC interviewed all households in areas found to be among the poorest by the 2009 National Household Budget Survey. Half of Sudan's population at the time were interviewed. The definition of poverty followed the nationally approved definition of poverty levels, and, additionally, persons considered poor had to fall under one of the following 10 categories:

- The family does not have any income, the head of the family is unemployed, and there is no one able to work.
- The income of the head of the family is less than SDG120 per month, and the family has no income from any other source.
- The average per capita consumption of the family is less than SDG114 per month.
- The head of the family is unemployed as a result of disability, illness or lack of work.
- The total family monthly income is less than the minimum wage.
- The family is afflicted by diseases that require financial expenditures, and the head of the family is paid.
- The head of the family has a chronic illness and a family of six or more members, who are all in education and have no other source of income.
- The head of the household owns assets such as a house or agricultural land or a taxi that does not work, thus these assets do not generate income, and he has no money to invest and a family that depends on him.
- Entrepreneurs such as carpenters, farmers and blacksmiths who do not produce enough for their sustenance and have no other income.
- Agricultural workers and shepherds who have no livestock or other income and have families of six or more members.

The survey included 54 questions, divided into five sections—namely:

- Characteristics of family members (such as age, gender, marital status)
- Household income from agricultural (both vegetable and animal) and non-agricultural activities
- Standard of living of the family
- Experiences of the respondents with social welfare institutions
- Characteristics of the dwelling/housing.

Based on their answers, households were classified in three categories (see Table 5). The first category comprises those living in extreme poverty (scoring between 1 and 33 points in the classification system). The second group comprises those living in poverty (scoring between 34 and 67 points in the classification system), while the third group comprises those who are non-poor (whose scores vary from 68 to 100 in the classification system). The survey identified 2,291,789 poor families (330,703 were extremely poor, 1,729,449 were moderately poor, and 231,637 were mildly poor) (Zakat Fund 2017).

Table 5. Classification of families according to the inventory of poor households, 2011

Category	Total score for the family in the classification system
Category I (the poorest)	1–33
Category II	34–66
Category III	67–100

Source: Higher Institute of Zakat Sciences (n.d.).

As of October 2019, in all states where recertification has now been completed, the list of beneficiaries is based on information collected and assessed by the SSN Project through the new MIS. In states where the SSN Project is not yet being implemented, selection is still based on the ZPC, and paper forms to collect information on new beneficiaries are applied to families whenever Poverty Centres/localities indicate the need to replace households in the payroll (for example, if a beneficiary family has left the community). Importantly, benefits are not transferable from state to state, and transfers can only be withdrawn in the locality where beneficiaries are registered. In case of death of the head of household, benefits can be transferred to another household member.

Benefits and coverage

The CT Programme has expanded gradually in recent years, reaching approximately 600,000 households (approximately 9 per cent of all households) across all states in Sudan in 2018. The programme provides a monthly benefit of SDG250 to extremely poor households, and the benefit level has recently increased to SDG400 to compensate for high inflation. As actual disbursements of the cash assistance were hampered in April 2018, it is planned to reflect the new benefit level in the value of 2019 transfers as soon as payments are re-established.[20] As of September 2019, the programme has resumed in Khartoum State only, where approximately 79,000 households received a lump sum representing seven months of payments (totalling SDG1,700) in February 2019.[21] According to the CSSPR, the next payroll period is expected to be implemented before the end of 2019.[22]

Both the benefit level and target population have increased since the programme's creation, as summarised in Table 6.

Table 6. Total target population and benefit levels, 2011–2019

Year	Target population (households)	Benefit level (SDG per month)
2011	100,000	100
2013	350,000	100
2015	500,000	200
2017	500,000	250
2018	600,000	250
2019	1,000,000	400

Note: The proposed target for 2018 (600,000) has not been reached, partially due to the limited capacity of states to select new beneficiary households.

Source: Authors' elaboration based on MoSSD (2017b) and personal communication with the Cash Transfer Programme Unit (CSSPR) in September 2019 (for 2018 and 2019).

The CT Programme's expansion in 2015 was key for the inclusion of new population groups in the scheme—namely, families of martyrs, dialysis patients and tuberculosis patients. Orphans were included as a target group in 2017, when the government planned to reach 30,000 children in partnership with non-governmental organisations working in the sector (MoSSD 2017b).

The number of target households disaggregated at the state level is available for April 2018, when the transfers were disbursed for the last time (see Table 7).

20. Personal communication with the CT Programme Unit (CSSPR), September 2019.

21. Personal communication with the Khartoum Poverty Centre, September 2019

22. Personal communication with the CT Programme Unit (CSSPR), September 2019.

Table 7. Number of CT Programme target households by state, as of April 2018 (planned and actual)

State	Planned target	Actual target
Khartoum	79,889	79,674
Al-Gezira	52,881	52,856
South Darfur	41,305	41,252
North Kordofan	33,481	33,437
North Darfur	31,123	30,305
West Kordofan	30,73	30,727
White Nile	29,118	28,385
Red Sea	26,843	26,842
Kassala	26,716	26,7
Sennar	23,663	23,665
South Kordofan	21,547	21,536
River Nile	20,332	20,23
East Darfur	19,837	19,802
Gedaref	17,505	17,189
West Darfur	14,133	14,065
Blue Nile	13,343	13,32
The Northern State	12,927	12,76
Central Darfur	10,451	10,445
East Kordofan	4,453	4,450
Total	510,277	507,640

Source: MoSSD (2018a).

Payment frequency

The CT Programme was designed as a monthly benefit. However, financing issues have led to a new arrangement of only two or three disbursements per year. Programme funds are allocated by the MoFNE to the CSSPR/MoLSD, and the number of monthly benefits disbursed in each payment cycle depends on the availability of public resources.

Box 2. Relevance of the regularity and predictability of cash payments

> Cash transfers must be regular and predictable to be effective as a means to reduce extreme poverty and address social vulnerabilities. As evidenced by past impact evaluations, irregular payments prevent families from having a smooth consumption, and thus have less impact on households' overall food consumption and on expanding families' regular spending ceilings. See, for example, the impact evaluation of the LEAP cash programme in Ghana (Davis et al. 2016).

Financing

At least since 2017 the programme has been implemented yearly in at least two project/payment phases, as detailed in Table 8. In 2017, two phases of implementation took place with a total financial cost of SDG1,034,538,200. During the first phase (December 2016 to April 2017) 88.5 per cent (442,475) of the 500,000 target households were reached, while in the second phase (May to October 2017) 90.2 per cent (451,218) of the target group was covered (MoSSD 2017b).

Table 8. Households targeted, households reached and budget executed by implementation phase, 2017 and 2018

Month/Year	Implementation phase	Households reached	Households targeted	Budget executed (SDG)	Budget planned (SDG)
December 2016 to April 2017	Phase I 2017	442,475	500,000	442,475,000	-
May 2017 to October 2017	Phase II 2017	451,218	500,000	592,063,200	-
November 2017 to March 2018	Phase I 2018	-	510,277	-	
April 2018	Phase II 2018	441,881	600,000		
May 2018 to December 2018	Phase III 2018	Hampered in all states after April, except for Khartoum	600,000		a
2019	-	Hampered in all states	1,000,000		b

Notes: a) Ministry of Finance approved benefit disbursement for 10 months at the SDG250 level.
b) Ministry of Finance approved benefit disbursement for 14 months of payments: 2 months at the 2018 benefit level (SDG250) and 12 months at the 2019 benefit level (SDG400).

Source: MoSSD (2017b; 2018a; 2018b; 2018c).

Administrative records and monitoring and evaluation

For those states that do not yet use the SSN MIS, the ZPC 2011 is used to create the beneficiary list, and the unit of observation is the household. This list is gradually being updated with beneficiaries' identity numbers, yet there is no record of the percentage of households that have already had their identity numbers added to the system. As reported above, the names of those who have moved or are nomads are replaced with new beneficiaries based on requests from state Poverty Centres.

Information collected at the state level is sent by Poverty Centres to the central level (the CT Unit at the CSSPR), which is responsible for feeding new information into an internal database developed by MoLSD technical staff on Oracle (open access module) to record beneficiaries' data. Although the process at the central level is computerised, information processed at the state level is collected through paper forms only, which are not compiled in any digitised system.

A Social Survey for Improving the Targeting of the Poor (2017-2018) provides information on location (such as full address, although not GPS coordinates); identification data on household head (full name, gender, age, religion, marital status, number of household members, number of children under the age of 5, and identity number); socio-economic data on the household head and children (education, school enrolment and health insurance); information on household assets; labour information of all members declared as workers; and data on access to social protection benefits.

Although the current survey is quite extensive, not all the information collected at the state level is reported to the CT Unit (CSSPR), which only compiles personal identification information on the household and the number of family members in its Oracle system. The new survey is only applied to new beneficiaries in the replacement process conducted by Poverty Centres and in states where the MIS is not yet in place.

The new SSN MIS includes information on both beneficiaries and non-beneficiaries (applicants), and there are plans for information collected by the new system (which has a more comprehensive data collection form) to be used for *Shamel* livelihoods components as well as the Zakat Fund and the NHIF. Currently, the plan is to scale the targeting and recertification process up to all 18 states.

The SSN MIS system includes a centralised poverty registry, targeting and eligibility module, a grievance redress module, a payment module and a monitoring and evaluation module. In 2019, the MIS was handed over to the MoLSD (CSSPR), although the SSN Project still exists as a semi-autonomous project linked to the Ministry.

Shamel

Overview

One of the flagship social protection programmes of the Sudanese government is *Shamel* (Arabic for 'comprehensive'). In line with Presidential Decree No. 21, the MoLSD aims to achieve social and humanitarian security through a shift from consumption to production, achieving productive communities by enhancing social safety nets. *Shamel* was introduced in 2016 in the Red Sea, Kassala, North Kordofan and White Nile states and then scaled up to all states (CSSPR 2019).

Shamel is a community demand-driven umbrella programme that aims to combat poverty from a comprehensive and multidimensional perspective by improving people's lives and surroundings, focusing on national-level initiatives and efforts. In accordance with the poverty reduction objective of the Five-year Plan for Economic Reform, *Shamel*'s strategic objective is to contribute to social safety by reducing poverty among fragile population groups by 15 per cent within 5 years in the areas where the programme operates. The programme aims to reach 2 million individuals within the first 5 years (MoSSD 2017c).

The **specific objectives** of the programme include:

- addressing community poverty and empowering poor people in the poorest areas;
- spreading and enhancing the meaning and values of solidarity, tolerance and good deeds;
- improving the levels of accessibility to health, education and welfare for all citizens and employment prospects for vulnerable groups;
- achieving coordination for the optimal use of resources to achieve sustainable development;
- building and enhancing skills and human capacities; and
- improving productive social safety networks.

In its current format, *Shamel* is an umbrella programme targeting poor communities and households, comprising the following four main pillars:

- **livelihoods projects**, such as asset transfer and life-skills training;
- **water projects,** such as irrigation-related infrastructure (targeting individuals);

- **school meals** at selected basic education schools; and
- **community awareness** initiatives.

In addition, *Shamel* promotes **diverse interventions in the health sector**. While the water and the community awareness components target communities, the livelihoods, school meals and health interventions target individuals.

The **livelihoods pillar** can include transfers of assets and agricultural inputs (such as goats and seeds) as well as the promotion of small agricultural projects (for example, home-made oils produced through vocational schools and beehive projects). Moreover, *Shamel* can provide training with the aim of improving people's livelihoods. The aim of the livelihoods interventions is to enhance people's means of production, create work opportunities and increase productivity (MoSSD 2017c).

The **water pillar** includes infrastructure projects such as irrigation systems to provide drinking water for both humans and animals and to reduce the impact of droughts and environmental degradation. The latter is also considered essential for reducing causes of conflict. The projects are built by enterprises that are selected through competitive processes (open bidding).

The **community awareness-raising pillar** supports projects aimed at strengthening local welfare institutions and community-based forms of solidarity and can include the organisation of groups of producers into associations and projects aimed at fostering self-help and microcredit initiatives.

The **school meals pillar** finances meals for poor students at selected public schools. The standard school meals usually consist of cereals, beans and boiled eggs, among other items purchased from local markets. Guidance and monitoring are provided by the government education department in the area of intervention.

In some localities the programme is implemented in partnership with the Zakat Fund, and women in the community are responsible for preparing the meals. After a year, the women can take the equipment home, providing them with assets for potential employment creation.

It should be noted that in addition to *Shamel*, the school feeding programmes are managed at the national level by the Ministry of Education, which receives support from other national and international partners. Importantly, the enhancement of school feeding is mentioned in Strategic Objective 5 of Sudan's National Nutrition Strategic Plan 2014–2025.

The World Food Programme implements a significant school feeding programme, reaching over 900,000 children in Sudan.

Complementary interventions in the **health sector** are considered a cross-cutting area, not a particular pillar. Yet interventions are also driven by community demand and can include the distribution of nutritional supplements, the provision of nutritional counselling and referral services for specific health issues. In addition, *Shamel* pays financial assistance to midwives to prevent their exodus from communities due to the incipiency of paid work opportunities and consequently higher living standards elsewhere.

Institutional set-up

Federal level: The *Shamel* programme is financed by the MoFNE and is coordinated by the CSSPR within the MoLSD. The CSSPR is responsible for selecting the projects under the different pillars.

In addition, there are a number of sectoral partners:

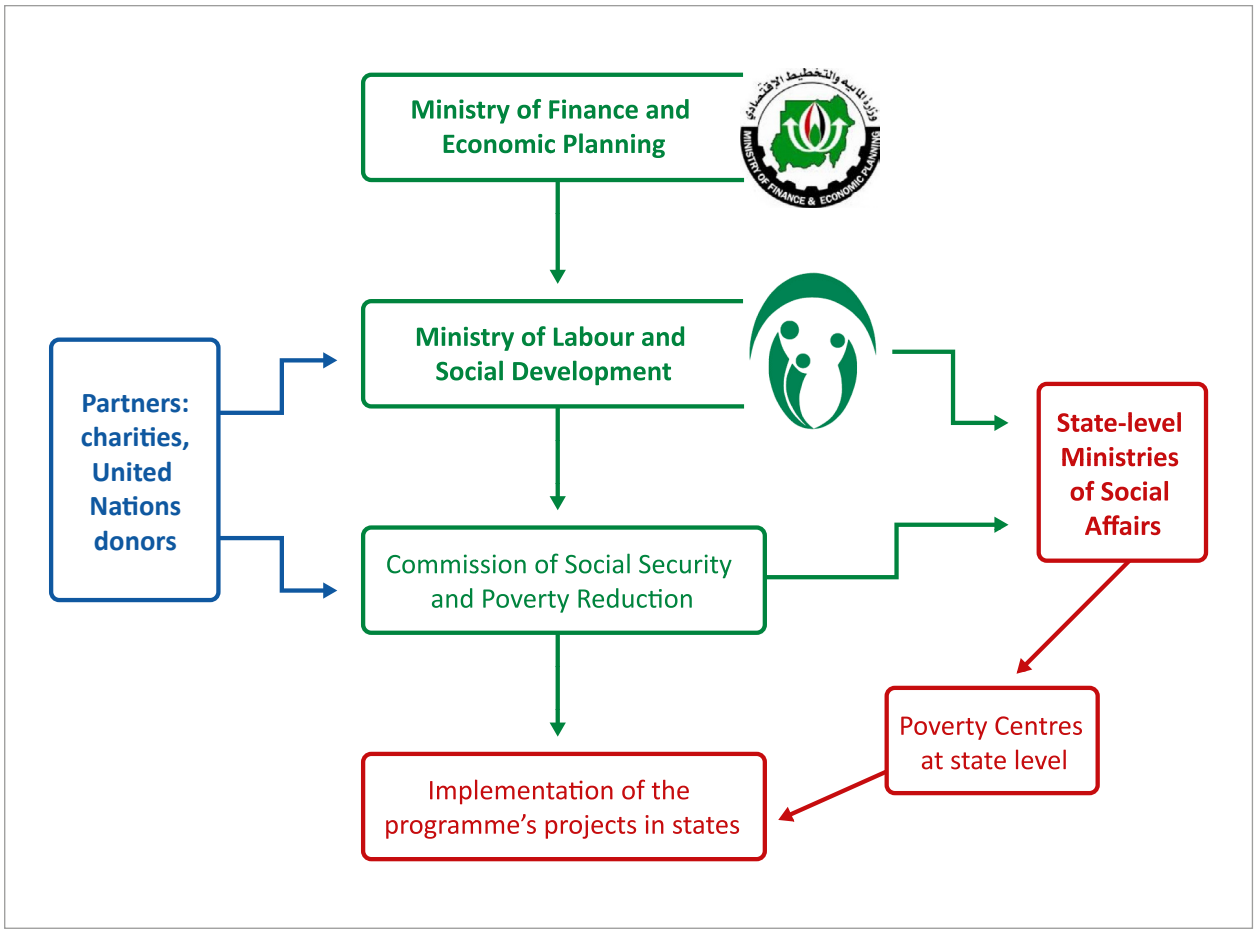
- Ministry of Federal Affairs
- Ministry of Information
- Ministry of Finance and Economic Planning
- Ministry of Agriculture and Forestry
- Ministry of Industry
- Ministry of Water Resources, Irrigation and Electricity
- Ministry of Animal and Marine Resources
- Ministry of Trade
- Ministry of International Cooperation
- Ministry of Environment, Natural Resources and Urban Development
- Ministry of Education
- Ministry of Health
- Ministry of Communications and Information Technology
- National Council for Strategic Planning
- Central Bureau of Statistics.

State level: Poverty Centres, which are CSSPR units within the state-level Ministries of Social Development, are in charge of implementing the project. In addition, the Poverty Centres receive project proposals from the locality level and assess project proposals to be presented by the CSSPR. Each Poverty Centre has a focal person for *Shamel* who reports to the CSSPR. At the state level, there is also a so-called technical committee comprising representatives of the sectoral partners (state ministries).

Local level: *Shamel* often works with local organisations to implement projects. In the case of the school meals programme, for example, Zakat Committees are implementing partners.

In addition, non-governmental organisations and United Nations partners, such as the World Bank, have provided support to the programme (personal communication, September 2019).

Figure 1. *Shamel* organisational chart



Source: Based on CSSPR (2019).

Targeting

Shamel's targeting process varies depending on the pillar of intervention. While the water and community awareness pillars essentially target communities, the livelihoods, school feeding and health interventions also target individuals.

In a first step, the selection of the poorest communities is based on the 2014 household survey. The selection process for the interventions to be supported is based on proposals developed by the Poverty Centres, which in turn receive suggestions for projects from the village level. The Poverty Centres then present the proposed projects to the CSSPR, which decides on their viability.

In addition, the **livelihoods projects** employ a CBT mechanism to identify individual beneficiaries: a selection committee comprising village and religious leaders, teachers and medical staff, among others, decides on the households. To determine whether the households are indeed in need, a visit is conducted by members of the committee.[23]

The **water-related infrastructure** projects are implemented by companies that are selected through an official bidding process.

23. Note that it was not clear to the researchers to what extent the ZPC is used to select beneficiaries.

The **schools** that receive support through *Shamel* select the students who will receive school meals. A counsellor at individual schools is responsible for selecting the poorest students.[24] Actual implementation of project activities started in 2017, and the programme is still in its first phase of execution.

Benefits and coverage

Shamel offers support to communities across all states except East Kordofan and Al Jazeera. It is difficult to obtain the total number of households that have benefited from the programme, since in some localities more than one component is implemented, leading to possible overlaps. Table 9 shows the most recent coverage numbers for each of the components.

Table 9. Coverage of *Shamel*, 2019

Component	Beneficiaries	Geographical coverage (number of localities)
Livelihoods	59,684 households	67
Water	334,684 households	34
Community awareness	346,504 households	45
School feeding	158,067 students	51

Note: There can be overlaps between the beneficiaries.

Source: Personal communication, November 2019.

Financing

Shamel was initially financed through unspent funds from the CT Programme. Many of the CT beneficiaries could not be located because they had migrated or died or were nomads, which led to a surplus of funds. The MoFNE transfers the resources allocated to *Shamel* to the MoLSD, which then transfers the resources allocated to selected projects to the state welfare ministry through a special *Shamel* account. Three instalments are paid in total (30 per cent, 40 per cent, 30 per cent), except for the school feeding projects, for which only two instalments are paid.[25] Annual expenditure figures are currently not available. Table 10 illustrates the planned initial budget for 2016–2020.

Table 10. *Shamel* initial budget by component, 2016–2020

Programme component	Budget (SDG)
Livelihood	5,000,000
Water	115,200,00
Community awareness	25,200,000
School meals	600,000,57
Health	50,000,000

Note: the numbers were reported in this format in the original source. The authors were not able to confirm.

Source: MoSSD (2017c).

24. Personal communication with the Khartoum Poverty Centre, September 2019.

25. Personal communication with Shamel programme staff, September 2019.

Administrative records and monitoring and evaluation

Administrative information about the projects comes from the Poverty Centres and is centralised at the CSSPR. However, there is not one central MIS. Rather, the Poverty Centre are responsible for collecting information about project implementation and beneficiaries and forwarding it to the CSSPR.

At the beginning of each programme phase, the Poverty Centres submit a detailed **project proposal**, including an implementation timeline, which can differ depending on the project. As of September 2019, *Shamel* is still in its first phase, and all projects are still being implemented. For the projects under the livelihoods pillar the proposal includes a list of the names and addresses of the individual beneficiaries identified according to the CBT mechanisms described above.

On request of the CSSPR (usually every 3 months), the focal points at each Poverty Centre submit **implementation reports** about the projects, with beneficiary numbers (though without names).

In addition, after each payment cycle, the Poverty Centres send a **'certificate of achievements'** to the CSSPR for approval by the MoLSD and the Commission. These certificates include information about the services and assets provided as well as the budget spent per service provided and, in some cases, the number of beneficiaries reached.

The CSSPR then follows up to verify whether the project was really implemented as indicated in the certificate of achievement. For each of these visits a **field visit report** is generated. So far there have been no cases of beneficiaries not receiving their benefits, which is why there is no standard redress procedure for when this happens.[26]

National Zakat Fund

Overview

Zakat is one of the five pillars of Islam and considered a religious duty for wealthy people to help those in need. In Muslim-majority countries, *Zakat* has a long tradition of providing income, consumption goods and other basic services, such as health and education, to poor and marginalised households. *Zakat* is the most comprehensive source of social protection in Sudan, providing assistance in many forms, including unconditional cash transfers, payment of health insurance fees for poor people (by partially financing the NHIF), microcredit, livelihoods programmes, and temporary assistance to families during Ramadan or emergencies. The payment of *Zakat* is mandatory for all those above a certain income threshold, and the management of funds is supervised by the State, through the Zakat Chamber.

Institutional set-up

In Sudan, the law of *Zakat* and taxes was introduced in 1984 to make *Zakat* payment compulsory and place it under a single authority with taxes. Then, in 1986, a new law established an independent institution—the Sudanese Zakat Chamber—to separate *Zakat* from other taxes (outside the jurisdiction of Sudan's MoFNE). Finally, the Zakat Act of 2001 became the principle guiding document for *Zakat*, establishing its mandate as a social safety net provider (Hassanain and Saaid 2016).

The Zakat Chamber operates as a semi-autonomous agency within the MoLSD. The Higher Council for Zakat Trustees serves as a Board of Directors and includes the MoLSD, the General Secretary and 20 other members

26. Personal communication with Shamel programme staff, September 2019.

from academia as recommended by the Minister. In addition, each state has its own State Board of Trustees. The Higher Council issues directives about expenditure allocations, while the State Board of Trustees is responsible for creating and selecting members of Zakat Committees at the local level. Furthermore, each state has its own State Grievance Committee (Kjellgren et al. 2014).

The Zakat Chamber has an extensive institutional infrastructure that reaches all the way down to the village level, where about 22,000 Local Zakat Committees are responsible for identifying the most imminent needs of the local community and providing assistance to the poorest households. Cash and in-kind revenues are collected from all over the country, administered centrally and then redistributed through state and local administrative structures (ibid.).

While the Zakat Chamber has some paid employees (about 4,000 in 2019),[27] volunteers commonly help in the collection and distribution of contributions. These volunteers play an important role in accessing *Zakat* contributors and potential beneficiaries through their networks and contacts (ESCWA 2014). Table 11 shows the institutional structure of the Zakat Fund.

Table 11. Zakat Fund institutional structure

Level of government	Unit	Responsibilities
National	Higher Council for Zakat Trustees, which is affiliated to the MoLSD	• Set policies for all levels • Design the annual budget • Account for annual reports from the state-level units
State	Board of Trustees	• Adapt policies to local needs and implement them • Receive reports from the local level • Update database • Select members of committees
Village	Local Zakat Committee	• Provide (updated) information on (new) beneficiaries • Write quarterly reports

Source: Personal communication with Zakat Fund staff in September 2019.

Targeting

The *Quran* lists eight categories of people who can claim the right to *Zakat*, the two most common being those who are poor and needy.[28] The targeting of poor families is based on information from the 2011 ZPC, conducted by the Higher Institute of Zakat Sciences and the Central Bureau of Statistics.

As mentioned above, the ZPC is also the main source of information for identifying beneficiaries for the CT Programme in those states that are not yet using the updated targeting mechanism (see the CT Programme above). Based on their responses to the ZPC, households are classified into three groups of poverty. Only the first two groups (extremely and moderately poor) are eligible for *Zakat* support.[29]

27. Personal communication, September 2019.

28. The other Zakat beneficiary categories include those employed to administer the Zakat Fund, recent converts to Islam, those in bondage, those in debt, those committed to some act of service or devotion, and wayfarers (Hasan 2006).

29. Personal communication with the Zakat Fund, September 2019.

While cash transfers target families that do not perform any paid activity, productive support is provided for families that work. Beneficiaries who already receive cash transfers through the national CT Programme are only eligible for cash support through *Zakat* if there is additional need. Importantly, both Muslin and non-Muslin people are eligible for *Zakat*, as long as they meet the predefined poverty classification.[30]

In addition to those households listed in the ZPC, the Local Zakat Committees can suggest potential new beneficiaries. In addition, families themselves can ask to be included, and their request is then evaluated by the Zakat Committee. Once a household is identified, the ZPC questionnaire is applied, and if the household meets the eligibility criteria, it is eligible for support.

Benefits and coverage

The assistance financed by *Zakat* is organised around three axes. The first focuses on social security, in particular meeting the needs of poor and needy people. The second axis is defined as social development, supporting services and productive projects. The third axis targets small and microenterprise business projects, providing, for instance, technical and administrative training (Abdelgadir 2019).

The Zakat Fund provides both cash and in-kind transfers, such as food transfers, but also assets in some cases. The value of cash transfers can reach SDG1,000 (Zakat Fund 2016). Productive support projects can vary significantly in size, with disbursements ranging from SDG10,000 to SDG300,000.[31] Educational fee waivers have a fixed value of SDG150 per month. In some cases, tuition fees at public universities are also covered (and in exceptional cases also at private universities); they are paid directly to the universities.[32] In addition, the Zakat Fund also contributes to the NHIF (see the programme description below), with the aim of providing health insurance coverage to the poorest households.

In terms of geographical coverage, the Zakat Fund covers the whole country and has an extensive structure that reaches down to the village level. In 2018, 3,776,081 families benefitted from Zakat (Zakat Fund 2018). As shown in Table 12, the Zakat Fund has been able to steadily increase its coverage over recent years. Between 2017 and 2018, it managed to increase its coverage by 48 per cent.

Table 12. Coverage of the Zakat Fund, 2015–2018

Year	Total number of households covered	Change from previous year (%)	Total number of households covered classified as poor and needy	Change from previous year (%)
2016	2,689,042	-	2,461,097	-
2017	2,585,717		2,403,032	-2.4
2018	3,776,081	46.0	3,599,837	49.8

Source: Authors' elaboration based on Zakat Fund (2017; 2018).

In 2018, the disbursement of direct support to poor households amounted to SDG3,407,776,598. The main programmes in this category of support are listed in Table 13.

Table 13. Direct support provided by the Zakat Fund in 2018

30. Personal communication during a validation meeting, September 2019.

31. Personal communication with Zakat Fund staff, October 2018.

32. Personal communication with Zakat Fund staff, September 2018.

Type of support	Coverage	Expenditure (SDG millions)
Student support	85,612 students	86.8
Orphan support	101,615 families	178.8
Ramadan programme	689,246 families, 3,131 community schools, 3,288 associations	76.8
Support for Islamic schools	3,164 *Quran* community schools	25.6
Schools meals for primary and secondary schools		16.0
In-kind support for primary and secondary schools		76.8
Support for mother and child health (malnutrition)		14.0
Relief efforts		84.4
Health insurance	643,662 families	242.1
Federal health system		67.9

Source: Authors' elaboration based on Zakat Fund (2018).

In addition, 193,381 families benefited from productive and service projects, amounting to SDG1,172,354,831. Table 14 shows the main services in this category.

Table 14. Services provided by the Zakat Fund in 2018

Type of support	Coverage	Expenditure (SDG millions)
Shelter	27,731 families	57.7
Women's and youth projects	3,615 families	57.6
Support for persons with disabilities/special needs	4,954 families	18.2
Training in operating and managing small projects	9,899 small project owners	10.1
Other individual projects	9,899 families	12.4
Service projects	146,075 families	126.8
Water projects	125,986 families	86.6
Health services support	12,334 families	24.6
Education	4,773 families	242.1
Federal health system		15.6

Source: Authors' elaboration based on Zakat Fund (2018).

Finally, a total of 1,054,162 food baskets were distributed in 2018 to widows, orphans, and students at community schools (Zakat Fund 2018).

Financing

Zakat resources are administered by the Zakat Chamber, outside the authority of the MoFNE. Since 1986, *Zakat* taxation has been separated from the Taxation Chamber, and the Zakat Fund's resources are considered non-budgetary government expenditures.[33] Yet the 2001 Act defines *Zakat* as public money, subject to auditing by the Auditor General (World Bank and MoFEP 2016). Sudan has a mandatory *Zakat* collection system (unlike most other countries in the region, such as Morocco and Tunisia, where *Zakat* donations are voluntary and collected by mosques). The *Zakat* law of 1986/1990 permits the State to collect *Zakat* on wages and salaries. Non-Muslims pay

33. Personal communication with the Ministry of Finance, October 2018.

a social solidarity tax at an equivalent rate which goes into other social initiatives (Kjellgren et al. 2014). *Zakat* is collected from the following sources (Zakat Fund 2017):

- Agricultural products
- Animal ownership
- Commercial activity
- Saved money
- Trade activities
- Assets
- Metals (gold, silver and others).

Muslims with a total wealth equivalent to the market price of 85g of gold (around SDG100,000 per year) are required to pay 2.5 per cent of the 'surplus wealth'. The price of gold is determined at the beginning of each year, and the 'surplus wealth' is derived from a declaration form which states all sources of a household's wealth. The *Zakat* Chamber calculates the household needs threshold (i.e. the amount needed for living), and any wealth above this threshold is considered liable for *Zakat*. The tax is deduced at source once a year, at the beginning of the year.

Zakat is also collected from businesses. The amount is calculated when renewing the business licence permit each year. Moreover, all individuals employed in the government, public or private sectors are required to pay *Zakat* if they earn more than SDG1,250; however, this share of the population is rather small. In addition, *Zakat* is also applied to harvests. The contribution in this case is in kind and collected on the day of harvest. The amount to be paid is calculated based on the type of farming. For rain-fed farming, 10 per cent of production is collected, while for non-rain-fed production, 5 per cent is collected.[34]

In 2018, the Zakat collected totalled SDG7,300,063,220, representing a collection rate of 194.7 per cent of the planned amount for the year and a 83.8 per cent increase compared to 2017 (Zakat Fund 2018). The amounts collected have increased steadily over time (see also Table 15).

Table 15. *Zakat* collection and expenditure, 2016–2018

Year	Total amount collected (SDG)	Change from previous year (%)	Total amount spent (SDG)	Total amount spent on poor and needy households (SDG)	Share spent on poor and needy households (% of total expenditure)
2016	2,574,066,831	22	2,348,092,314	1,628,408,761	69
2017	3,971,439,613	54	3,232,368,240	2,292,410,341	71
2018	7,300,063,220	83	6,257,364,028	4,580,131,429	73

Source: Authors' elaboration based on Zakat Fund (2016; 2017; 2018).

34. Personal communication during a validation meeting, September 2019.

The most significant source of *Zakat* is the agricultural sector, for which contributions are collected in kind. In 2018, sesame was the most common type of crop collected, followed by millet. The second most significant sector is the trade sector. The highest-performing states in 2018 were Sennar, Gedaref and White Nile, which all collected over 300 per cent more than projected. In addition, Sudanese citizens abroad also contributed 282.6 per cent more than projected (Zakat Fund 2018). Table 16 shows collection data for all states and sources in 2018. It should be noted that the average inflation rate reached 57.5 per cent during the first half of 2018 (Hassan 2019), although it is not clear whether these values are adjusted for inflation.

Table 16. *Zakat* collected in 2018

State/source	Projected collection (SDG)	Actual collection (SDG)	Difference between projected and actual collection (%)	Increase from 2017 (%)	Contribution to total collection (%)
Sennar	210,500,000	743,461,545	253.2	89.8	10.02
Gedaref	391,000,000	1,353,572,043	246.2	115	18.50
White Nile	93,000,000	282,049,750	203.3	143.7	3.90
South Kordofan	92,500,000	229,051,877	182.6	111.5	3.10
East Darfur	147,000,000	353,862,987	147.6	116.7	4.70
Blue Nile	169,800,000	404,418,935	140.7	115.5	5.50
North Darfur	82,000,000	190,076,766	138.2	163	2.60
Central Darfur	30,000,000	67,923,085	131.8	148.5	0.90
North Kordofan	105,000,000	221,776,617	126.4	95.1	3.00
Kassala	100,000,000	210,881,724	111.2	126.3	2.90
West Kordofan	158,000,000	318,897,006	110.9	116.4	4.40
West Darfur	53,600,000	105,467,115	101.8	187.4	1.40
South Darfur	134,600,000	223,437,598	96.8	104.9	3.10
Nile River	176,000,000	267,680,382	66.0	58.4	3.70
Al-Gezira	224,000,000	334,911,645	52.1	64.6	4.60
Northern State	117,000,000	173,346,930	49.5	84.2	2.40
Red Sea	90,000,000	132,129,606	48.2	50.8	1.80
Khartoum	481,000,000	553,327,911	46.8	38.4	7.60
Companies	8,500,00,000	1,006,623,169	18.4	30.3	13.80
Sudanese abroad	45,000,000	127,164,530	15.0	159.9	1.70
Total	3,750,000,000	7,300,061,221	94.7	83.8	100

Source: Authors' elaboration based on Zakat Fund (2018).

According to the 2018 *Zakat* report, the increase in 2018 can be explained by several factors, including an increase in the prices for crops and animal products, but also a greater presence of Zakat collectors which helped to reduce *Zakat* evasion. Moreover, regions that could not previously be reached due to conflict, such as North Darfur, were finally included.

According to the Islamic Research and Training Institute (2015), *Zakat* collection increased from about SDG119.1 million in 2000 to about SDG1.3 billion in 2013, with an annual average growth rate of 19 per cent. In US dollar terms, however, the growth has been less significant, at about 7.2 per cent per year, due to the devaluation of the Sudanese Pound.

Table 17 shows the planned allocations and actual expenditures by beneficiary group in 2018, as a share of the total (based on Table 16). Finally, Table 18 presents the allocations to each beneficiary category in each state.

Table 17. Planned *Zakat* allocations, 2018

Beneficiaries	Planned allocation (%)	Actual expenditure (% of total expenditure)
Poor and needy	71.0	73.2
Indebted persons	4.0	2.9
Wayfarers	0.5	0.3
Advocacy	3.0	3.3
In the cause of Allah	2.0	0.8
Zakat Fund workers	15.0	12.3
Administrative costs	4.5	7.3

Note: In the 2018 report, the category 'Other' is used instead of 'In the cause of Allah'.

Source: Authors' elaboration based on Abdelgadir (2019) and Zakat Fund (2018).

Table 18. Zakat Fund total expenditure, 2018 (in SDG)

State/source	Poor and needy	Persons in debt	Wayfarers	Advocacy	Others	Zakat Fund workers	Administrative costs	Total
Gedaref	732,010,117	24,425,298	2,844,820	26,023,089	8,630,351	61,418,524	45,322,546	900,674,745
Khartoum	463,655,510	32,225,870	2,449,411	9,966,438	2,923,461	98,215,858	52,168,954	661,605,502
Al-Gezira	234,797,335	8,622,882	954,940	8,918,054	2,278,044	49,988,708	15,931,537	321,491,499
Companies				729,579		23,411,577	15,710,981	39,852,137
General Secretariat	299,513,474	777,200	2,107,500	23,267,364	3,205,750	104,796,829	76,800,541	510,469,658
Kassala	143,829,257	7,358,463	793,877	6,619,030	1,436,283	31,970,992	13,314,586	205,322,488
Red Sea	114,596,022	5,700,904	650,113	6,583,867		25,733,363	9,088,128	162,352,397
Blue Nile	214,599,432	10,896,337	782,260	11,424,000	3,294,450	22,981,277	14,672,158	278,649,914
White Nile	198,473,295	6,812,425	1,058,327	8,574,430	2,844,277	33,786,626	16,562,910	268,112,290
Sennar	548,336,350	25,867,134	627,878	24,860,815	7,247,706	38,933,893	22,664,781	668,538,556
North Kordofan	148,228,793	5,570,563	766,841	10,683,141	1,616,268	31,539,531	16,932,566	215,337,704
South Kordofan	117,002,497	6,324,314	583,168	7,870,947	3,207,740	30,930,882	18,371,785	184,291,333
North Darfur	151,020,590	9,622,933	816,965	8,217,395		24,805,616	16,467,373	210,950,872
West Kordofan	98,150,865	2,830,027	522,807	5,260,667		15,845,206	8,865,070	131,474,642
South Darfur	189,769,597	5,872,173	918,723	7,216,017	2,806,495	31,813,507	20,388,815	257,785,328
Northern	132,024,024,659	5,347,822	702,513	3,277,750	1,148,179	29,551,485	14,016,231	186,068,637
River Nile	217,461,614	6,941,171	798,461	5,955,388	1,469,550	34,786,993	15,015,980	282,429,067
East Darfur	265,132,801	4,120,146	549,047	12,975,447	6,338,881	22,839,396	17,057,846	329,013,564
Central Darfur	63,975,995	10,324,533	118,426	1,761,819	1,087,466	17,001,390	14,507,983	99,487,612
West Kordofan	247,553,225	9,034,965	1,287,963	12,777,379	2,914,485	29,633,028	16,163,517	319,364,562
Zakat Science Institute				782,497		8,045,103	14,263,921	23,091,521
Total	4,580,131,429	179,385,160	19,334,039	203,746,112	52,449,385	768,029,784	454,288,119	6,257,364,028

Source: Zakat Fund (2018).

Administrative records and monitoring and evaluation

The Zakat Fund has an electronic database with information on beneficiaries and non-beneficiaries (based on the 2011 ZPC). The database includes names of household members and, in some cases, their identity number, address, village, locality and telephone number (see also the description of the CT Programme). However, Local Zakat Committees do not have ready access to the database. It is updated through information provided by Zakat Committees. To include new potential beneficiaries, the ZPC questionnaire (in paper form) is applied, and the data included in the database at the state level.

More recently, the Zakat Fund has been working on a new beneficiary database which includes information on the type of service received as well as on household members. It also includes the beneficiary's identity number. However, so far it has only been implemented in Khartoum. The Zakat Fund also intends to use the new MIS system in the future.[35]

National Health Insurance Fund

Overview

The NHIF is the main health insurance provider in Sudan. It was established through the National Insurance Corporation Act of 1994 (Public Health Institute 2016), which entered into force in 1995. Health insurance was first implemented in Sennar State, and subsequently expanded to all states (NHIF n.d.). The NHIF started by including government employees and then gradually expanded to other sectors. In 1996, membership became compulsory for both government and private-sector employees (Kjellgren et al. 2014). In 2008, the government started to include poor and vulnerable families as one the components of the Social Initiative Programme, funded by *Zakat* and targeting poor households (MoSSD 2018d). The 2016 Health Insurance Act establishes that every Sudanese citizen shall be covered by health insurance or have access to health care services without facing financial risk (Government of Sudan 2016). By the end of 2018, about 66 per cent of the population was covered. The NHIF's Third Strategic Plan 2017–2020 (NHIF n.d.) foresees increasing coverage from 48.8 per cent of the population in 2017 to 80 per cent in 2020, giving priority to poor persons and those affected by exceptional circumstances.

Institutional set-up

The NHIF is affiliated to the MoLSD (MoSSD 2018d). The MoFNE and the Zakat Fund are its main financers. The NHIF has its head office in Khartoum and state executive offices in all states (Public Health Institute 2016). It is run by the National Board of Directors, which comprises representatives from all states and meets quarterly. In addition, there is a technical committee headed by the Undersecretary of Health to execute financing policies (MoSSD 2018d). The Fund encompasses five general administrations (population coverage, health services, planning, financial and administrative affairs, and human resources) (NHIF n.d.). In addition, NHIF state branches exist in all states.[36]

Targeting

The NHIF is constantly increasing its coverage through both contributory and non-contributory schemes, with the aim of reaching its objective of covering 80 per cent of the population in 2020. To identify those eligible for non-contributory coverage, the NHIF employs the same targeting mechanisms as the Zakat Fund, based on the ZPC conducted in 2011, prioritising the poorest regions.[37] In addition, it conducts ongoing initiatives to expand coverage.

35. Personal communication with Zakat Fund staff, September 2019.

36. See also 'Our state offices' for more information about the state branches: <http://www.nhif.gov.sd/ar/%d8%a7%d9%84%d8%ae%d8%af%d9%85%d8%a7%d8%aa/>.

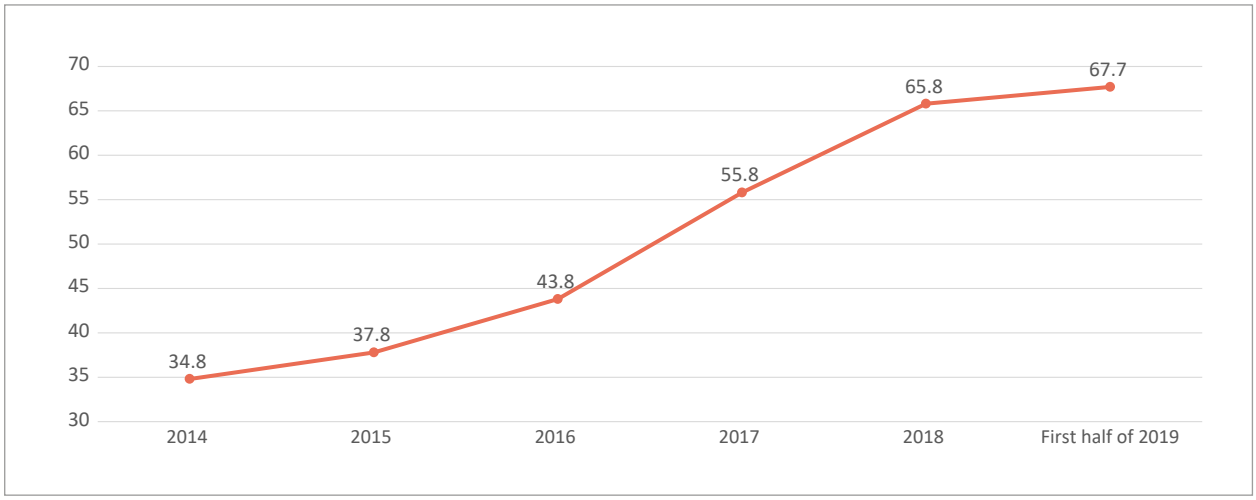
37. Personal communication with NHIF staff, October 2019.

The 2016 law foresees that, in addition to all Sudanese nationals, all foreigners and refugees are covered by health insurance "in accordance with regulations to be set and through coordination with relevant parties" (Art. 5). However, the availability of services for these groups is still very limited.[38] Despite government efforts to ensure legal coverage in access to health care, most refugees—especially those living in camps—are excluded from the system, remaining dependent on humanitarian support to access basic health care services.

Benefits and coverage

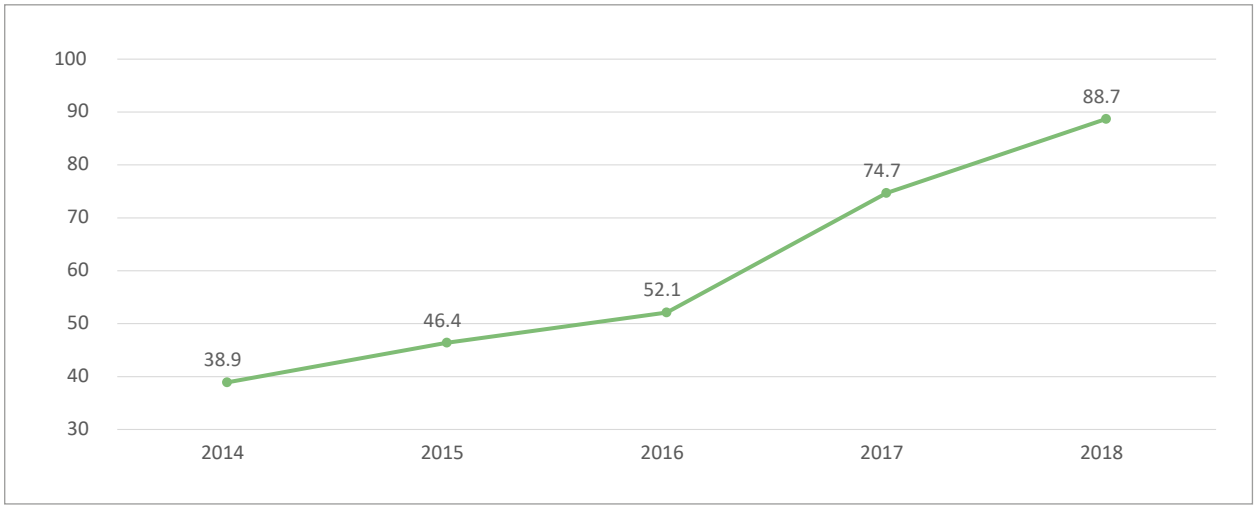
In the first half of 2019, 27,225,277 people (67.7 per cent of the population) were covered by the NHIF, a considerable increase compared to the 34.8 per cent in 2014 (see Figure 2).

Figure 2. NHIF population coverage (% of total population), 2014 to first half of 2019



Source: NHIF (2019b).

Figure 3. NHIF coverage of poor households (%), 2014–2018



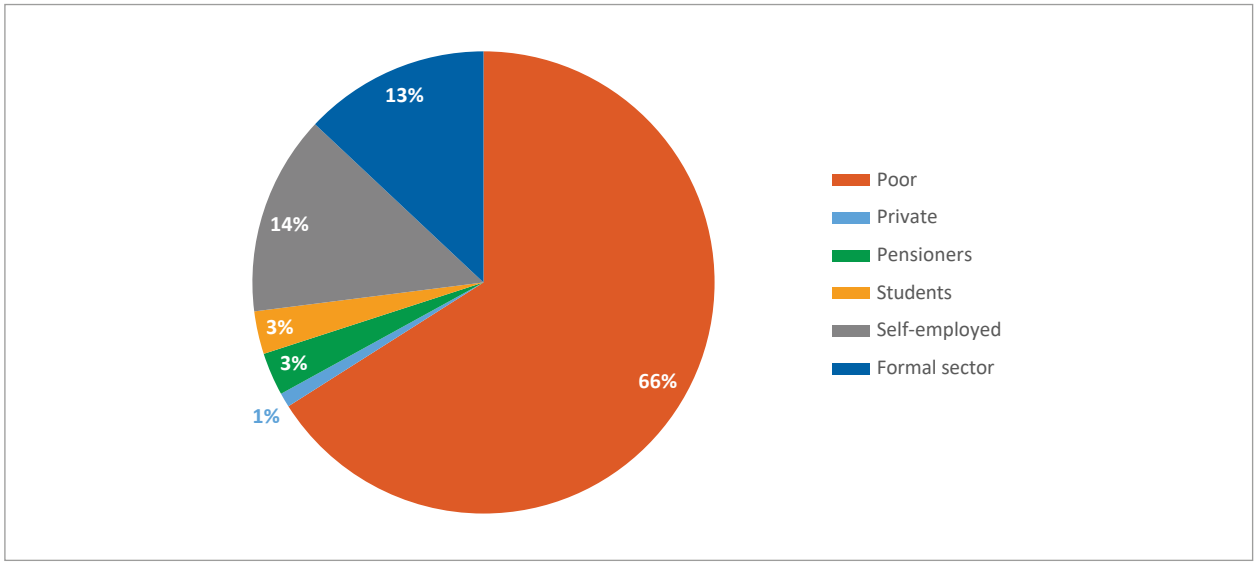
Source: MoSSD (2018b) and NHIF (2019a).

38. Personal communication, October 2018.

The NHIF has increased its coverage of poor people significantly, reaching 16,586,351 subscribers (or 88.7 per cent of poor families) by the end of 2018 (MoSSD 2018d). This compares to 1,838,634 households (52.1 per cent of poor families) in 2016 (NHIF 2016) (see Figure 3).

Poor households do not pay contributions to the NHIF; instead, these are paid by the Zakat Fund and the MoF. Most of the beneficiaries (62 per cent) are poor, while the formal sector and self-employed people account for 15 per cent and 14 per cent, respectively (see Figure 4).

Figure 4. NHIF population coverage by sector, first half of 2019



Source: NHIF (2019b).

The states of Central Darfur, Northern, Gedaref, West Darfur and North Kordofan have achieved the 2020 goal of universal coverage by reaching over 85 per cent of their population. On the other hand, the states of Blue Nile, South Darfur, Red Sea, Kassala and Al-Gezira have the lowest coverage rates (NHIF 2019b).

The NHIF has established several interventions to expand its coverage. In 2016, 299,237 children under 5 years were covered in North Kordofan through a pilot project, bringing the total number of children included to 434,582 (96.3 per cent of those in the state). By the end of 2018, 652,987 children under 5 were covered in Sudan, and six states achieved universal coverage of this age group: North Kordofan, River Nile, North, Gedaref, Central Darfur and West Darfur. Four other states—Khartoum, West Kordofan, South Kordofan and Blue Nile—began covering children under 5 (NHIF 2019a). In addition, a partnership memorandum between the General Federation of Employers and the General Federation of Sudanese Trade Unions was signed, with the aim of covering all private-sector workers. An additional 13,214 families from 250 companies were covered as the result of a field inspection campaign targeting 732 companies.

In 2016 a joint committee with the Ministry of Higher Education was formed to include higher education students in the NHIF. In total, 106,631 students were included in nine states. As a result, the proportion of students covered rose to 47.8 per cent that year. By the end of 2018, the coverage of higher education students reached 68 per cent. In addition, an intervention ensured 3 months of free health insurance coverage for 3,000 national school course students. A partnership agreement with the Islamic Rescue Organization was also signed to cover 15,000 orphan families. Through a partnership with the United Nations High Commissioner for Refugees, 10,000 Syrian and Yemeni refugees were included, and in 2018 a partnership was signed with police forces to include their employees and their

families in health insurance coverage. The beginning of this project covered an additional 108,000 families. Lastly, 1,604 families (out of 7,500 targeted families) were covered by the additional services package, and the foundation statement for public-sector employees was updated (NHIF 2016b; 2019a).

Benefits

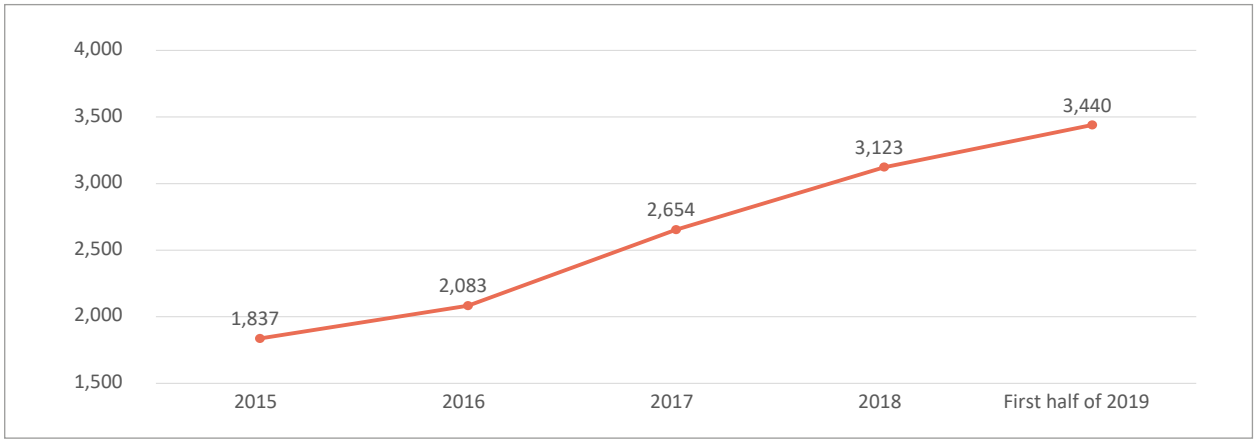
The family is the unit of coverage, including the head of the household, parents, wife/wives, daughters until they get married and sons until the age of 18, or 25 if they are still studying. Upon registration, each family member receives an NHIF identity card with a unique number (each household has a core number, plus an extension for each family member—i.e. -01, -02 etc.).

With the health insurance card, beneficiaries are eligible for several services at both public and private facilities, based on predefined criteria.[39] Whether beneficiaries use private or public services depends on their availability. The services provided include medical consultations, laboratory tests, radiological and imaging diagnostic services, surgical operations and other services, such as physiotherapy, dental care and psychiatric care, among others. Beneficiaries are eligible to access services across different states, regardless of their place of residence or card issuance. In addition, 690 drugs are included under the Essential Medicines List. For these, the insured pays only 25 per cent of the costs, while the NHIF pays 75 per cent (MoSSD 2018d); the exception is children under 5, for whom drugs are free of charge. This list of drugs was updated in 2018 and is valid until 2020. In some cases, even treatment abroad is covered (NHIF 2019a).

However, one of the challenges faced by the NHIF is the provision of the drugs included on the list. The Joint Committee highlighted the main reasons why the provision rate in direct pharmacies is low: the failure of Sudanese industry to supply the agreed quantities; the adoption of measures that stopped imports of manufactured products that are similar to those produced nationally; and the weak response of some pharmaceutical companies to the request of the Committee to provide direct offers and prices it deems appropriate (ibid.).

Health care service providers are mainly health centres and hospitals, the number of which increased from 1,347 providers in 2012 to 3,440 in the first half of 2019, corresponding to 85 per cent of the 2018 target set in the annual expansion plan (NHIF n.d.; 2019a) (see also Figure 5).

Figure 5. Number of health service providers, 2015 to first half of 2019



Source: NHIF (2019b).

39. See also <http://www.nhif.gov.sd/dep_box/map/> for a detailed description of the type of health provider and services offered per state. In Arabic.

Table 19 shows the changes in the number of health service providers by state between 2017 and 2018.

Table 19. Number of medical facilities by state, 2017–2018

State	Number of medical facilities in 2017	Number of medical facilities in 2018
Khartoum	401	381
Sennar	136	137
Al Jazeera	412	443
Gadaref	246	276
Red Sea	110	142
River Nile	150	185
White Nile	161	196
North Darfur	162	183
Blue Nile	63	61
West Darfur	49	71
North Kordofan	176	234
Northern State	114	139
Kassala	73	85
South Kordofan	43	78
South Darfur	140	236
West Kordofan	157	214
Central Darfur	27	28
East Darfur	26	26
Total	2,654	3,123

Source: NHIF (2019b).

While the benefit package is fairly extensive, some preventive and promotive measures are missing, such as vaccinations, which are covered by the MoH. Secondary health care services, with some exceptions, and tertiary services are not covered. For surgical operations that are not covered, the NHIF provides financial assistance to beneficiaries capped at SDG25,000 (NHIF 2018). In 2018, 1,925 insured people benefited from contributions to cover services outside the insurance umbrella, with a value of SDG25,191,467. The most commonly supported cases were: cardiac surgery (26.0 per cent of cases), treatment abroad (22.5 per cent), orthopaedic surgery (11.8 per cent), neurosurgery (8.3 per cent), off-list drugs (6.2 per cent) and advanced tests abroad (4.2 per cent) (NHIF 2019a). Moreover, health care services for children under 5 years and pregnant women are not covered by the NHIF, as they are provided by the MoH.[40] Both the MoH and the NHIF provide a service package for under-5s. In some cases, the MoH funds the NIHF to provide services on behalf of the MoH in health care institutions.[41]

Drugs for children under 5 and pregnant women are provided free of charge (Public Health Institute 2014). Yet plans have been developed in six states to shift the resources that are currently spent on free health care for under-5s to the NHIF (MoSSD 2018d).

Other services provided free of charge include emergency care, free care for renal dialysis, immunosuppressant drugs for renal transplants, chemotherapy and radiotherapy, and haemophilia (Public Health Institute 2014).

40. Personal communication, 2018.

41. Personal communication, 2019.

At the moment, the NHIF is both a health service provider and a purchaser. According to the Health Finance Policy for Sudan (ibid.), the NHIF will be the single purchaser of health services and move out of provision of services. The NHIF is responsible for purchasing goods and services from a total of 1,400 providers, including 300 that it owns (ibid.). According to personal communication with the MoSSD, private contracting is more expensive than government contracting.

Financing

The Health Insurance Act established that the insurance system should be financed by premiums paid by employees and employers, government subsidies, fees paid by corporations, revenues generated through investments by the corporation's funds, and charitable donations and other forms of contributions that support the objectives of the insurance plan (ibid.). The MoFNE is the major contributor, providing about 72 per cent of revenues, followed by parastatal organisations at 13 per cent. Households contribute 9 per cent of total revenues through premium co-payments. *Zakat* contributes over 6 per cent, while private employers contribute less than 1 per cent (Public Health Institute 2016).

In the formal sector, contributions are deducted from the payroll. For the informal sector, contributions are paid to the account of the State Health Insurance Fund (SHIF) or through local organisations such as market associations. For other groups, the NHIF is paid through *Zakat*, the NSWF, the Pensioners' Fund and the MoFNE. The latter also funds the contributions of civil servants and pensioners. For the informal sector, contributions are paid to the account of the SHIF or through local organisations such as market associations (ibid.).The contributions charged per sector are shown in Table 20.[42]

Table 20. Contributions to the NHIF by sector, 2018

Sector	Contributions	Channels
Formal sector (public and private)	10% of fixed salary (4% employee + 6% employer)	MoFNE
Self-employed	Family flat rate (SDG80)	Syndicates, associations, unions
Pensioners	Family flat rate (SDG25–60)	MoFNE, NSIF
Poor families	Family flat rate (SDG60–91)	*Zakat*, MoFNE, non-governmental organisations

Source: MoSSD (2018d).

There are several factors that hinder the collection of funds: the pool of contributors is small, comprising just the formal sector; the premium charged is low compared to the actual need; and there are exemptions for specific organisations, such as large companies. Moreover, the monitoring process is weak, and there are no mechanisms to control the payment process (Public Health Institute 2014).

In 2018, there were 1,474,579 patients, at an average cost of SDG132.6 per person. Blue Nile and Al-Gezira states had the highest average cost (SDG159.8 and SDG155.2, respectively). On the other hand, River Nile and Central Darfur states had the lowest average cost, at SDG38.8 and SDG44.5, respectively.

To make a claim for reimbursement, service providers must provide proof that the service was delivered. This process is computer-based in three states and paper-based in the others.[43]

42. However, the MoSSD (2018e) shows different premium values: formal sector: 10 per cent of basic salary; self-employed: SDG100; pensioners: SDG100; poor families: SDG138; and students: SDG10.

43. Personal communication with NHIF staff, September 2019.

In 2018, revenues reached SDG4,524,315,016, which represents 96 per cent of what was expected to be collected (collection rate). Table 21 provides an overview of the sources of financing.

A total of SDG4,023,098,402 was spent on the following (NHIF 2019a):

- 89.3 per cent spent on medical services;
- 6.6 per cent spent on goods and services;
- 2.8 per cent spent on non-financial assets; and
- 1.3 per cent spent on compensation for workers.

Table 21. Planned and actual revenues by sector, 2018

Source of financing	Planned for 2018 (SDG)	Collected in 2018 (SDG)	Collected as a proportion of planned (%)
Ministry of Finance	3,041,400,000.00	3,029,234,000	99.5
Zakat	330,614,720.00	325,324,884	98.3
National Pension and Social Insurance Fund	54,527,460.00	60,078,800	110
Federal and state-level sectors	416,787,776.00	404,284,142	95
Free trades and self-employed persons as well as other sectors	644,424,445.33	483,318,334.00	75
Sales and services revenues	169,916,301.33	222,074,856	130.7
Support through compensation paid for workers[44]	48,014,186.67	59,014,186,67	122.9
Total	4,705,684,889.33	4,524,315,016	96

Source: NHIF (2019a).

The Health Finance Policy (Public Health Institute 2016) identified that only 0.01 per cent of expenditures go to primary health care services, while hospitals receive over 18 per cent, of which 5.25 per cent goes to hospitals operated by the NHIF. Most resources are spent on payments to pharmacies (53 per cent). About 13 per cent of resources are used for administration, and 0.75 per cent are used for research activities.

According to the NHIF website, the aim for 2018 was to achieve optimal use of financial resources and to direct at least 85 per cent of the total funding available towards medical service (NHIF n.d.).

Some of the main challenges listed by the NHIF (2019a, 52) include:

- the need to sustain financial stability in light of the continuous rise in prices of medical services and drugs, and to sustain the stability of the value of contributions for different categories;
- accelerating coverage in heavily populated states (Al-Gezira, South Darfur and North Darfur);
- completing the coverage of farmers, the private sector and self-financing government institutions;

44. The researchers are not sure if this refers to contributions paid by the insured.

- the identification of poor families;
- coverage of foreigners and refugees;
- direct NHIF funding from organisations for health care services;
- the provision of drugs according to the health insurance list in all states and health institutions; and
- introduction of a joint plan for comprehensive health care coverage in all states and the follow-up of implementation.

Administrative records and monitoring and evaluation

The NHIF keeps a web-based database with its members' data and coverage information. The database includes information on the household head and family members, including identity number, date of birth, address, address of nearest health care providers and type of insurance scheme (self-employed, 'poor'/non-contributory).

When registering for the NHIF, the applicant's birth certificate, marriage certificate and residence certificate (issued by the local authority—i.e. the village) have to be presented. The identity is double-checked by comparing Ministry of Interior and Civil Registry data. However, this process is not automatic, with the exception of Khartoum, where a pilot scheme is being implemented.

The database covers all states, except Khartoum, which has an independent database, but there are plans to merge the separate systems, according to the 2016 law.

Enrolment information is updated daily. However, it is only possible to update beneficiaries' information in the office where the individual was originally registered. The data are updated every 3–5 years, when the card expires, but the family's address cannot be amended to a new state, since each state issues its own cards (except for students).[45]

There are reports every 3, 6 and 12 months on the development of the NHIF. Moreover, supervisory visits to 10 branches in 18 states were implemented to follow the implementation of the performance mandates and to identify potential improvements (NHIF 2019a).

According to NHIF documentation (NHIF 2019a), the NHIF applies a model that follows the documentation requirements of European quality standards (NPSIF 2019b). Moreover, in 2018 there were four systems being developed to facilitate NHIF procedures (regarding referrals, chronic diseases, human resources and the circulation system), and efforts are being made to implement a digital transformation programme, which provides electronic services (external hosting systems, a national customer services centre, the list of essential drugs).

Additionally, in 2018, two research priorities were established: 1) the factors that influence the decision of workers to enter the informal health insurance sector; and 2) financial and economic analysis to compare the costs and benefits of direct and indirect services in the NHIF.

The 2018 NHIF report also states that the field inspection manual was designed and revised, and three manuals were prepared (planning and follow-up, statistics, and information technology) (NHIF 2019a).

45. Personal communication with NHIF staff, September 2019.

National Pension and Social Insurance Fund

Overview

The Social Insurance and Pensions Law of 2016 established the National Pension and Social Insurance Fund (NPSIF) to provide pensions and social insurance to the government sector and the private and public sectors. The former includes all government employees who are paid through the MoFNE, and the latter covers all private and public companies.[46]

Prior to this, these two sectors were covered by two separate funds: the National Pension Fund[47] for the government sector and the Social Insurance Fund for the public and private sectors.

The National Pension Fund was established in 1904 during the colonial period, through the Government Pension Law. It covers civil servants, yet the army, police and security forces have separate pension funds (World Bank and MoFEP 2016). To equalise the government and private sectors, the government passed the Social Insurance Law in 1975.[48] Several laws have been passed since the introduction of the two funds; however, the 2016 law replaced all previous legislation and created one single fund. As of September 2019, the two funds have been legally merged, but the financial merger is still ongoing.[49]

The strategic objective of the NPSIF is to build an effective social security system and provide comprehensive social protection (NPSIF 2019a). It offers insurance coverage in cases of old age, work injury and death, and provides social support to pensioners to combat poverty through microfinance, loans and other support projects in the areas of trade, agriculture and livestock, among others, in addition to cash for pensions. These benefits are provided in addition to the insurance coverage established in the 2016 law.[50]

Institutional set-up

The NPSIF is a financially and administratively independent entity under the MoLSD, divided into two sectors: government and public. It is managed by a Board of Directors, which is responsible for setting general policies, approving the work plan, annual budget and performance reports, and proposing the general principles to ensure the safety of the Fund's investments.

The Director General of the NPSIF is appointed by the Council of Ministers, is responsible for the implementation of the policy approved by the Board of Directors and carries out executive activities. The Fund has specialised directorates covering branch affairs, actuarial and technical affairs, information systems, planning and development, and human and financial resources (NPSIF 2019b).

At the state level, the government fund has branches in 16 states, while the private fund has 22 branches all over Sudan, 9 of them in Khartoum. As of September 2019, a new organisational structure for the NPSIF is being prepared after the merger of the two funds set out in 2016. The two funds still have their own head offices and individual branches and the same organisational structure as before the merger,[51] and the financial management of the two funds is still separate.[52]

46. Personal communication with NPSIF staff, September 2019.

47. See <http://penfund.gov.sd/>. In Arabic.

48. The law was first introduced in 1964 but was only implemented in 1975 due to the coup d'état.

49. Personal communication with NPSIF staff, September 2019.

50. Personal communication with NPSIF staff, September 2019.

51. Personal communication with NPSIF staff, September 2019.

52. Personal communication with NPSIF staff, September 2019.

According to the 2016 law, the NPSIF's head office is to be created in the State of Khartoum, and it will be allowed to create branches in the different states. Moreover, a Board/Council of Management is to be created, which must include representatives of trade unions, employers' organisations, pensioners and different ministries as well as the Commissioner General and the Director General.

The Board is responsible for setting the policies of the insurance schemes offered through the NPSIF, monitoring its performance, managing its funds and approving the budget.

The Director General is the most senior executive officer and in charge of managing the Fund. He/she is appointed by the Council of Ministers based on a recommendation from the mandated Minister.

Targeting

According to the Pensions and Social Insurance Law of 2016, the insurance is mandatory for all employees in the government sector as well as in public and private companies. Craftsmen and professionals are also covered. Sudanese nationals who work abroad may optionally be covered, while the coverage of foreign workers is subject to the provisions of international, regional and bilateral agreements. Foreigners serving diplomatic or international missions, agricultural workers (except those working in maintenance of agricultural machines and those working in agriculture-related factories), household workers, family labourers and those in traineeships (unless for more than 3 months) are excluded from the programme.

The eligibility criteria for the insurance are as follows (based on the Pensions and Social Insurance Law of 2016):[53]

Work injury

- Insured persons who are subject to permanent disability of 15 per cent or more as a result of work-related injury.

Old-age pension

- 65 years of age (or the retirement age stated in the person's contract)
- 50 years of age in case of early retirement
- At least 20 years of contributions.

One-time pension

Given to insured persons who are not eligible for any other type of pension, in the following cases:

- 65 years of age (or the retirement age stated in their contract) and being assigned to a constitutional position or permanently leaving the country

53. The information provided here is based on the 2016 law and personal communication. Note that there are slight differences compared to the information provided in the Social Security Throughout the World country profile: <https://www.issa.int/en/country-details?countryId=SD&regionId=AFR&filtered=true>.

- The separation or resignation of the insured person if the person contributed for at least 3 years of service, and only for two times; their contributions shall be suspended if this occurred more than two times
- If the contribution duration did not exceed 3 years, the person may not be eligible for the one-time pension except after 3 years from the period of their first contribution.

Disability pension (for health reasons)

- Must be assessed with a permanent total disability, be younger than age 65 and have been in covered employment in the last year.

Survivor pension

- The deceased (or missing person) received or was entitled to receive an old-age or disability pension
- Did not receive a one-time pension
- Eligible survivors include widows/widowers; children younger than age 18 (age 26 if a student; no limit for unmarried daughters or persons with disabilities); and dependent brothers, sisters and parents

Death grant (lump sum)

- Paid to an eligible survivor when an insured person or pensioner dies. Eligible survivors include widows/widowers, children and dependent parents.
- If there is no other eligible survivor, the grant is paid to dependent brothers and sisters.

End of service (lump sum)

- Was employed in the government or public sector, and end of service is not just cause
- The insured has contributed more than the maximum contribution period (41 years and 8 months, according to the NPSIF (2019b)).

In addition, all pensioners may apply for microfinance and loans. To be eligible for the additional benefits, the pensioner has to present a project for evaluation. A social worker will be in charge of assessing the family's condition to ensure that it is capable of sustaining the project.[54]

54. Personal communication with NPISF staff, September 2019.

Benefits and coverage

The following cash benefits are paid to insured workers as described in the 2016 law:[55]

Work injury

- Full disability: a monthly pension equal to 83.33 per cent of the salary at the time of the injury. If the person requires a carer, the person is eligible for an additional pension equivalent to half of the pension
- Partial disability (more than 15 per cent but less than 100 per cent): a monthly pension that is equivalent to a percentage of the full permanent disability pension based on the assessed degree of disability.

Old-age pension[56]

- The minimum monthly pension is 40 per cent of the insured's average monthly wages in the last 3 years before retirement (with a minimum value of SDG1,125)
- The maximum monthly pension is 83.33 per cent of the insured's average monthly wages in the last 3 years before retirement.

Disability pension

- 50 per cent of the last salary or on the basis of the old-age pension (whichever is more), with a maximum of 83.33 per cent of the last salary
- A person who receives the full disability pension for medical reasons will not be eligible for other types of insurance.

Survivor pension

- 50 per cent of the last salary or on the basis of the old-age pension (whichever is more), with a maximum of 83.33 per cent of the last salary
- 100 per cent of the pension is paid to the widow(er) if there are no other eligible survivors; 50 per cent if there are eligible children or parents; 30 per cent if there are both eligible children and parents. If there is more than one widow, the pension is split equally
- 100 per cent of the pension is paid to full orphans
- 100 per cent of the pension is paid to eligible parents if there are no other eligible survivors; 75 per cent if there are eligible brothers and sisters.

55. The information provided here is based on the 2016 law and personal communication. Note that there are slight differences compared to the information provided in the Social Security Throughout the World country profile: <https://www.issa.int/en/country-details?countryId=SD&regionId=AFR&filtered=true>.

56. Personal communication with the government-sector pension fund, September 2019.

Death grant

- A lump sum of 4 months of the insured's monthly wages is paid when an insured person dies; 2 months of the old-age or disability pension if the deceased was a pensioner.

End of service

- Equivalent to 2 months of service salary paid by the government for those in the government and public sectors (not in the case of just cause termination)

- 2 months of salary for each year exceeding the maximum duration of contribution to be paid to the person at the end of his/her service.

Benefit amounts should be re-evaluated every year according to inflation levels. Currently they are being re-evaluated every 3 years. An automatic adjustment of pensions was just implemented, to reflect the percentage profit from investments.[57]

Other benefits

In addition, both funds offer social support programmes for pensioners and their families based on their needs. This includes support for university students through sponsorships and contributions to tuition fees, as well as support for orphans. Both funds provide advances to pensioners to cover urgent needs as well as microfinance for service, agricultural and commercial projects, among others, that contribute to improving income and generating job opportunities for pensioners' families (NPSIF 2019b).

Moreover, the NPSIF (together with the MoFNE) pays the NHIF fees of all pensioners and their families wishing to be covered, and supports treatments not covered by the NHIF.

The government sector has also signed agreements with the national treatment centres working in the field of life-threatening diseases and high-cost treatments. In exchange for annual support from the NPSIF to these centres, pensioners and their families receive treatment at very low cost (ibid.). Moreover, both funds provide grants and food baskets for special occasions, such as Eid al-Fitr, Eid al-Adha and Ramadan. In cases of emergencies such as floods and fires, the funds provide additional support to affected pensioners (ibid.).

Table 22. Number of individuals insured by the government sector of the NPSIF, 2014–2018

Year	Number of insured individuals
2014	566,827
2015	613,158
2016	627,510
2017	634,142
2018	688,050

Source: NPSIF (2019b).

In the government sector, about 688,050 employees were insured and 191,000 retirees were receiving benefits in 2018 (ibid.). The number of people insured has increased over recent years, as shown in Table 22.

57. Personal communication with NPISF staff, September 2019.

Moreover, a total of 208,665 individuals have benefited from social welfare projects funded by the government fund since 2011 (see Table 23).

Table 23. Number of beneficiaries and financial cost of social welfare projects funded by the government sector, 2011–2018

Year	Number of beneficiaries	Cost (SDG millions)
2011	28,048	6.0
2012	26,777	5.4
2013	27,112	8.0
2014	30,112	9.3
2015	30,321	9.0
2016	24,686	10.2
2017	32,466	16.0
2018	9,143	4.8
Total	208,665	68.7

Source: NPSIF (2019b).

Government sector

Between January and June 2019, 9,143 people benefited from social welfare projects (52.3 per cent of the target number) at a cost of SDG4,814,950 (27.5 per cent of the allocation for the period). Most of them benefited from Ramadan grants (see Table 24) (NPSIF 2019a). The mismatch between planned targets and actual implementation can be explained by the economic challenges that the country has been facing.[58]

Table 24. Beneficiaries of social welfare projects provided between January and June 2019

Type of support	Cost (SDG)	Number of beneficiaries
Treatment	420,650	473
Education	88,500	156
Orphan	550,800	459
Diverse support	55,000	55
Ramadan grant	3,700,000	8,000
Total	4,814,950	9,143

Source: NPSIF (2019b).

A total of 1,078 **social projects** were implemented for retirees between January and June 2019 (18 per cent of the target number) at a cost of SDG22,039,460. Moreover, 35,883 pensioners benefited from the Ramadan basket at a cost of SDG30,141,720. A total of 130 employees in the government sector received training at a cost of SDG2,564,841 (62.7 per cent of the allocation for the period) (ibid.). Table 25 shows the total number of projects implemented since 2011, as well as the associated costs.

Table 25. Financial cost and number of projects implemented between 2011 and 2018

58. Personal communication with NPISF staff, September 2019.

Year	Number of projects	Cost (SDG millions)
2011	10,500	35
2012	9,926	47
2013	9,500	42
2014	7,600	38
2015	7,648	56
2016	7,292	62.1
2017	6,478	70
2018	4,091	62

Source: NPSIF (2019b).

Private/public sector

In 2019, 427,000 employees were covered (compared to 369,497 in 2017), and 142,000 pensioners were receiving benefits (MoSSD 2017a).[59] In 2017, 76,938 new beneficiaries were included in the private/public-sector fund, exceeding the target of 75,000. A total of 1,631 university students and 86 orphans were also included. In addition, the fund provided food supplies to 56,872 pensioners in 2017 (ibid.).

Financing

The insurance fund is financed by 25 per cent of monthly wages/income, divided as follows (based on the 2016 law):

- Insured person: 8 per cent of gross monthly wage
- Employer: 17 per cent of gross monthly payroll (of which 2 per cent is assigned to cover work injury insurance)
- Government: contributes as an employer
- Contributions of craftspersons and those who work in free trades and labour
- Amounts paid by the insured person to compensate for previously uninsured employment times in accordance time
- The profits from the investment of these contributions.

The funds use a 'pay as you go' system, meaning that today's pensioners are being paid by contributions from those contributing today. Funds are invested, and there are no individual accounts.[60]

In the **public and private sector**, the NPSIF collected SDG2,576,510,873 in 2017, which constitutes 90 per cent of the target of SDG2,877,768,000. SDG364,856,047 was collected from contributions. In total, SDG1,666,637,478 was spent on insurance benefits, which is 83 per cent of the projected budget.

As of September 2019, the budget amounted to SDG805 million, of which about 50 per cent had been spent

59. Personal communication with NPISF staff, September 2019.

60. Personal communication with NPISF staff, September 2019.

(SDG517,459,040).[61]

In the **government sector**, revenues reached SDG2,529,425,025 in 2017. Spending reached SDG2,305,919,691 (90.8 per cent of the approved budget). Contributions amounted to SDG1,351,177,628, with a collection rate of 93 per cent of the projected total (ibid.).

Between January and June 2019, the resources of the government-sector fund amounted to SDG2.108 billion. Contributions amounted to SDG1.027 billion, with a payment rate of 66 per cent of the projected total of SDG1.559 billion.

Total actual disbursements between January and June 2019 amounted to SDG1.629 billion, representing 82 per cent of the available budget of SDG1.987 billion, compared to 86 per cent for the same period in 2018 (NPSIF 2019b).

Monitoring and evaluation and administrative data sets

A database exists for each fund with information on beneficiaries, including name, amount of the pension, disbursement office and dependents. The databases can be accessed at the local/branch level. The private/public-sector fund is currently working on an updated version including name, identity number, gender, date of birth, date of employment, salary, percentage contribution of the employer, and phone number. Similarly, the government-sector fund is updating its database to automate the calculation of benefits. It is also working on including the social situation of the pensioner.[62]

Regarding the monitoring system, satisfaction surveys with beneficiaries were conducted in 2002, 2008, 2012, 2016 and 2018 (ibid.). In February 2019, the internal audit team launched an ISO system in the headquarters and branches of the government-sector fund in preparation for external audit (NPSIF 2019a).

National Students Welfare Fund

Overview

The NSWF is a system to support low-income students to access higher education in Sudan. Introduced in 1991, the NSWF aims to expand access to higher education to poor people and provide them with university housing and a living allowance to cover their expenses (NSWF n.d.). It also provides a diverse range of additional support to students, such as psychological counselling, uniforms, Ramadan *Iftars* (meals) and several cultural and sports activities. Moreover, the Fund also contributes to the NHIF to provide insurance coverage. According to the Ministry of Education,[63] in September 2018 the Fund was expanded to cover students in primary and secondary education. The NSWF is regulated by the National Fund for Students' Welfare Law of the Year 2005, later amended in 2010.

Institutional set-up

The 2005 law sets out the institutional set-up of the NSWF. According to the law, the Fund is managed by a Secretary General, who is appointed by the President of the Republic. The Secretary General functions as a rapporteur and prepares the plans and budgets of the Fund to be submitted to the Board of Trustees. The Board of Trustees is constituted by a decision of the President of the Republic, upon the recommendation of the Secretary General.

61. Personal communication with NPISF staff, September 2019.

62. Personal communication with NPISF staff, September 2019.

63. Personal communication, 2018.

The Board is, among others, in charge of: approving the Fund's general policy, work plans and programmes; approving annual budget proposals; coordination between the different departments of higher education institutions to achieve the Fund's objectives; and evaluating the Fund's performance annually. State-level funds exist in all 18 states.[64]

Targeting

Sponsorships are given to the poorest students at public universities, and only those who have studied in Sudanese public schools are eligible. Loans, however, are available for students at both public and private universities. A unified electronic platform is available for students' applications for sponsorship, loans and housing. The form includes basic personal information, health condition and information on their parents/guardians.[65] All applicants are assessed by a social worker (NSWF n.d.).

Benefits and coverage

As a result of increasing costs of living, in 2013 the **sponsorship** grant increased from SDG60 in Khartoum State and SDG50 in the rest of the country to SDG200 per month in all states. SDG100 is paid as a direct stipend, and SDG100 is used for health insurance and clothing. A sponsorship grant for outstanding students (top 100 of secondary schools) that is delivered to students throughout the academic year increased from SDG75 to SDG150. In 2007, students started to receive payments via bank transfers through the Savings and Social Development Bank. This allows students to withdraw the allowance from regular ATMs. By 2016, 10 states had introduced this payment method (ibid.).

Student **loans** (refundable advances) have been available for students in all states since 2011. The loans cover up to SDG4,000 of tuition fees and a maximum of SDG3,000 for other expenses (a monthly living allowance of SDG150, up to SDG500 for housing, and SDG1,000 or more for additional expenses—for example, at facilities of Medicine or Engineering (ibid.).

Moreover, there are different forms of **housing subsidies**, depending on whether the student resides in university housing or not. Undergraduate students in university housing contribute an annual fee of 10 per cent of the operational costs. Other students and those who cannot find university housing contribute a fee of 50 per cent to 70 per cent of the operational costs.

While in 1991 about 10,000 students benefited from one or more services offered by the NSWF, by 2014 this number had increased gradually to 200,000 (ibid.). In 2018, 13,000 students received loans, while 40,950 received sponsorships. In addition, 1,800 housing opportunities were created, and a total of 160 university residencies were constructed. However, the NSWF's Annual Report of 2018 also highlights a gap of 29,064 housing places (NSWF 2018).

The 2017 Annual Report also points to significant coverage gaps: while 3,456 students applied for a loan in 2017, only 2,542 received one, compared to the target of 6,000 for the year (NSWF 2017). Table 26 shows the number of applications for loans, the number of loan recipients and targets per state.

64. See also <http://studentwelfare.gov.sd/index.php/en/home/branches>. In Arabic.

65. See <http://kaf.studentwelfare.gov.sd/index.html>. In Arabic.

Table 26. NSWF loan applicants and recipients per state, 2017

State	Students who applied for a loan	Students who received a loan	Target
Khartoum	913	589	1,500
Al-Gezira	670	702	500
River Nile	359	278	500
White Nile	239	184	500
Sinnar	206	108	300
Blue Nile	58	62	200
Red Sea	80	73	200
Kassala	191	121	300
Gedaref	166	124	350
Northern	117	76	350
North Kordofan	56	33	200
South Kordofan	29	28	200
West Kordofan	37	0	100
South Darfur	30	31	300
West Darfur	76	37	100
North Darfur	142	64	200
Central Darfur	38	15	100
East Darfur	49	17	100
Total	3,456	2,542	6,000

Source: NSWF (2017).

In addition, 214,484 students were covered under the NHIF. The contributions were sponsored by the NSWF and other partners, such as the Zakat Fund, as shown in Table 27.

Table 27. Sponsorship of students covered by the NHIF (2017)

Sponsor	Proportion of students covered (%)
NSWF	58
Federal *Zakat*	29
State *Zakat*	7
Armed forces	1
Labour unions	2
NPSIF	0.17

Source: NSWF (2017).

In 2017 a total of 148,438 students benefited from **social welfare programmes** at a cost of SDG166,813,063. Moreover, 179,405 students in residential complexes benefited from *Iftar* for 25 days during Ramadan (ibid.).

Financing

The law of 2005 states that the NSWF's financial resources consist of:

- federal and state-level allocations;
- property, funds and shares;
- annual contributions from the Zakat Chamber at the federal and state level;
- contributions from any other social funds or charitable bodies;
- returns from the Fund's projects;
- support from regional and international economic and social institutions; and
- support from regional and international technical assistance projects.

The MoFNE is the main institution responsible for providing funds for the NSWF, along with the Zakat Fund (World Bank and MoFEP 2016). Other entities contributing to the Fund are the armed forces, the NPSIF and labour unions (NSWF 2017).

Administrative records and monitoring and evaluation

Applications to the NSWF are made though an online form.[66] However, the authors of this report have little information about the status of the Fund's database. According to the 2017 Annual Report, the senior management approved the issuance of a memorandum of understanding with the Central Bureau of Statistics, with the idea of adding NSWF indicators into the Bureau's database. A committee was formed to establish the infrastructure required for statistical software (ibid.). In 2018, 17 states were linked to each other through software (NSWF 2018). The NSWF has issued surveys regarding its performance and students' satisfaction,[67] and it publishes regular reports.

66. See <http://kaf.studentwelfare.gov.sd/index.html>. In Arabic.

67. See <http://studentwelfare.gov.sd/index.php/en/home/researches>.

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International Policy Centre for Inclusive Growth

SBS, Quadra 1, Bloco J, Ed. BNDES, 13º andar
70076-900 Brasília, DF - Brazil
Telephone: +55 61 2105 5000

ipc@ipcig.org • www.ipcig.org