

AICS Khartoum Regional Office

- Sudan
- Eritrea
- Central African Republic
- Cameroon
- Chad



AICS - Italian Agency for Development Cooperation

AICS - the Italian Agency for Development Cooperation - is one of the key innovation established by the Italian law on international cooperation (Law No. 125/2014). The Agency began operating in January 2016, with the aim of aligning Italy with its main European and global partners in the development efforts. Its basic model reflects that used in the main European countries, and it must comply with the demand for more professional and innovative forms of cooperation, involving the methodological flexibility necessary in a continuously evolving scenarios.

For Italy, international cooperation is not only "an integral and qualifying aspect of Italy's foreign policy" (Article 1 of Law 125), but also its fulfillment as a tool for a new and more modern form of foreign policy. The ultimate goals of development cooperation are outlined in the first articles of the Law: Eradication of poverty, reduction of inequality. promotion of human rights and gender equality, support for liberal democracy and the establishment of the rule of law. In other words, development is not framed as an "economic agenda".

The key themes of the future are a more equal distribution of wealth, guaranteed access to quality healthcare, education and environmental sustainability.

These are the challenges that international cooperation shall tackle and engage with, demonstrating a new "economy of human promotion", conceived to involve public and private agents, uniting culture, education, employment, rights, business and community.

Moreover, international cooperation should provide concrete answers to the women, men and children that flee from war and poverty, but a programme of human growth.

The Italian Agency for Development Cooperation is committed to move forward on achieving the Agenda for Humanity while ultimately pursuing the Sustainable Development Goals. AICS is engaged in the New Way of Working aiming to contribute to longer-term development gains, in the logic of the SDGs.

Eradication of poverty;

Reduction of inequalities;

Protection of civil rights and personal dignity - including gender equality and equal opportunity:

Prevention of conflict and support for peace processes.

AICS work is aligned with the five-point plan of the Agenda for Humanity that outlines the changes that are needed to "leave no one behind", alleviate suffering, reduce risk and lessen vulnerability on a global scale.

> Global leadership to prevent and end conflict:

Uphold the norms that safeguard humanity;

Leave no one behind;

Change people's lives - from delivering aid to ending need:

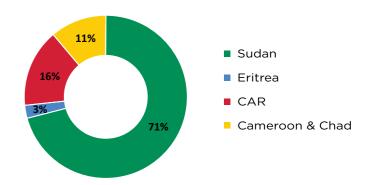
Invest in humanity.

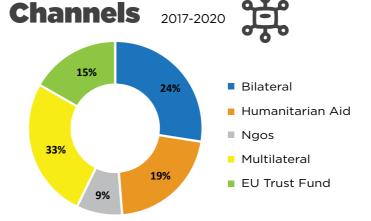
"Advancing the Agenda for Humanity, as a way to transcend the divide between humanitarian and development actors to achieve collective outcomes supporting the implementation of the 2030 Agenda in fragile and conflict affected contexts." (Stockholm Declaration in 2016)

At a Glance



udan	84.734.081,05 €
ritrea	3.105.500,00 €
AR	18.700.000,00 €
ameroon & Chad	13.119.558,00 €
OTAL	119.659.139.05 €





Bilateral	29.096.782,00 €
Humanitarian Aid	22.500.000,00 €
Ngos	10.734.948,98 €
Multilateral	39.627.408,07 €
EU Trust Fund	17.700.000,00 €
TOTAL	119.659.139,05 €

Sectors



Health

WaSH

Migration

■ Poverty Alleviation

Technical Assistance

Social Protection











Health	69.063.797,38 €			
WaSH	3.380.417,00 €			
Migration	14.488.276,67 €			
Poverty Alleviation	12.270.790,00 €			
Social Protection	17.205.858,00 €			
Technical Assistance	3.250.000,00 €			
TOTAL	119.659.139.05 €			

Sudar

Sudan at a Glance 2017-2020

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With a commitment of 84.734 M Euro. Sudan is a priority country for Italy. Actions have been directed in improving the social conditions of Sudanese most vulnerable population groups and migrants. The achievement of this goal is pursued through a holistic approach that complements its actions in core thematic areas with a specific attention given to crosscutting sectors. Hence, support to the Sudanese health sector (at policy, capacity and infrastructural level), contrast to poverty and malnutrition represent pivotal sectors matched with interventions in the fields of social protection, gender, migration and forced displacement. According to the OECD DAC markers, AICS Khartoum embraces a mainstreaming approach regarding to poverty alleviation, gender, nutrition, DRR, migration and environment. Programmes are realised bilaterally through direct implementation to local and international Ngos and multilaterally through several UN agencies and EU Trust Funds. Core geographical areas of intervention are Khartoum, Eastern States (Gedaref, Red Sea and Kassala) and recently Darfur.

Sudan remains largely protracted humanitarian crisis and the severity and scale of needs remain far reaching.

Protracted crises: crises that have been going on for extended periods of time.

Multiple causes: needs are not only related to shocks which continue occurring (e.g. drought, floods, epidemics, mass influx of refugees and continued internal displacement), but also to structural causes (e.g. lack of basic services, unemployment and food insecurity) and environmental concerns (incl. climate variability).

Mixed situations: shocks may occur in areas of under-development and poverty, where the population's capacity to deal with shocks (i.e. resilience) is limited.

Italy - in line with the EU strategy - has taken concrete steps to translate its global commitment into the Humanitarian-Development Nexus. In fact, AICS Khartoum strategy is coherent with the New Way of Working - defined in the Agenda for Humanity - aimed at meeting the need of vulnerable populations more efficiently through an enhanced Humanitarian Peacebuilding Development Nexus Approach.

Moreover Sudan is an EU pilot country for operationalising the **Nexus** in two sectors: malnutrition and forced displacement.

Coherently, the Italian Cooperation and other partners are pushing towards the establishing of the Collective Outcomes Framework with the Government of Sudan to better link humanitarian development and peace approaches within the country.

Finally, the Italian Cooperation is committed in the refresh process of the **Darfur Development Strategy** (DDS) which should provide a deep analysis of the development challenges in Darfur based on the switch from a primary humanitarian mode of engagement to a long term approach focused on development.

Since September 29th 2017, AICS Khartoum is responsible for Eritrea, Cameroon, Chad and CAR (Decree n. 115)

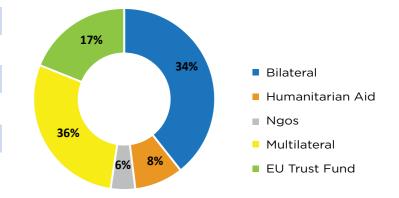
NEXUS:

EU humanitarian aid should go much further than assistance and relief in an emergency context. It should provide at the same time sustainable medium- and long-term development action creating the fruitful synergies between short-term relief measures and longer-term development programmes. The UN Secretary General António Gutteres called for "sustaining peace" to be the "third leg of the triangle".

Sudan at a Glance

People in Need: 5.7 mln
Children in Need: 2.6 mln
Food Crisis: 5.760 mln
IDPs: 1.997 mln
Refugees and Asylum seeker: 924,789 (772,715 from S. Sudan; 108,243 from Eritrea)
(UNHCR - http://popstats.unhcr.org)

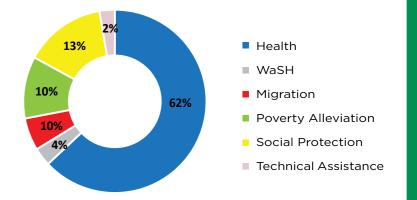
Bilateral	29.096.782,00 €
Humanitarian Aid	6.430.000,00 €
Ngos	4.979.890,98 €
Multilateral	30.227.408,07 €
EU Trust Fund	14.000.000,00 €
TOTAL	84.734.081,05 €



Sectors



Health	52.530.877,38 €
WaSH	3.000.000,00 €
Migration	8.488.276,67 €
Poverty Alleviation	8.097.790,00 €
Social Protection	10.617.137,00 €
Technical Assistance	2.000.000,00 €
TOTAL	84.734.081,05 €





Health & Nutrition

The health situation is characterised by **lack of access** to basic services and weakness in each of its pillars: service delivery, medicines, information system, financing and governance. The status of demographic and epidemiological transition places Sudan among the less developed countries, while economically it is classified as lower-middle income. The public health system is under-funded due to low tax revenue as well as reflecting other Government priorities.

Against this backdrop, the Federal Ministry of Health (FMoH)is developing National Health Policies and plans to strengthen the health system and moving towards the Universal Health Coverage in line with the Sustainable Development Goals.

AICS is one of the leading donor in the Sudanese Health sector: 62% of 2019 AICS funds - approximately 52.530 M Euro - have been dedicated - through bilateral, EU Trust Funds and multilateral interventions - to healthcare activities shaped to concur to SDG #3. Italy actively participates in the Health Partnership Forum, National Health Policy 2017-2030 definition, JAR -Joint Assessment Report conduction and the National Health Insurance Fund Reform Committee.

Multilateral interventions include fundings to WHO, UNOPS, UNFPA, WFP, UNDP and UNICEF and comprise support to the Primary Health Care (PHC) system, fight against acute and severe malnutrition, strengthening food security and resilience of communities, rehabilitation and construction of the Kassala Health Citadel.

On the bilateral channel AICS guarantees - in collaboration with the Federal and State Ministries of Health - technical assistance, capacity building, PHC strengthening and the introduction of the Family Medicine approach. AICS funds Italian Universities (Chieti/ Pescara; Sassari) local and International Ngos and supports the Sudanese Public Health Institute (PHI) as leading institution in public health. AICS is implementing a EU Trust Fund project aimed at strengthening resilience for refugees, IDPs and host communities.



52.530 M Euro \



- Khartoum
 Kassala
- Gedaref Red Sea

AICS health programmes high impact and sustainability is ensured by full alignment to the national policies and strategies (2017-2020), geographical concentration and integration with other AICS interventions, based on harmonization and coordination with donors and international agencies, compliancy to agreed intervention approaches: collective outcomes and Humanitarian - Development Nexus strategy.

AICS health programmes are mainly targeting Eastern Sudan and - in coordination with AICS crosscutting sectors such as gender, social protection and poverty alleviation interventions - aim at providing durable solution to migrants and host communities.

Strengthening resilience for refugees, IDPs and host communities - SDN13



To strengthen the Local Health Authorities, providing technical assistance to fill the human resources gaps.

To rehabilitate/build health facilities and to ensure an adequate referral system, by activating services in the rural areas.

To strengthen staff and health care provider skills in the main referral hospitals.

To ensure an effective drug system distribution. To ensure access to the health care of vulnerable populations.

To promote Universal Health Coverage.



Beneficiaries 2.997.283

12 M Euro



155.858





311/100.000



 Kassala, Red Sea, Gedaref. Port Sudan, Kassala Urban, Girba,



Improving access to quality Primary Health Service supporting facilities' rehabilitation and construction, ensuring availability of safe water and sanitation, providing medical equipment, strengthening training institutions and improving drugs distribution;



Supporting to the national preparedness and rapid response and prevention action plan during outbreaks such as the Acute Watery Diarrhea, Chikungunya and Dengue Hemorrhagic Fever, in full alignment with AICS-WHO action for strengthening the Sudanese Security system;



Technical assistance to the Federal Ministry of Health joint planning, monitoring and coordination mechanisms:



Supporting the Universal Health Coverage in expanding social security and national health insurance system and family health national reform; fostering an health approach based on family medicine at PHC level; supporting PHI in organizing training courses for strengthening the public health sector;



Expanding coverage for early detection and management of cervical and breast cancers in collaboration with UNFPA and Soba Hospital;



Supporting Universities partnerships: National Center of Pediatric Surgery in Wad Madani and the University of Chieti-Pescara for pediatric surgery; the Public Health Institutions in Kassala and the University of Sassari for the promotion of human resources in the health sector;



Supporting the infrastructure of secondary and tertiary hospitals for the benefit of the hosting communities and migrant population of the Eastern States particularly in maternal and childsector, pediatric and laboratories; New Master Plan for the Kassala Health Citadel including the construction of new facilities and the rehabilitation of existing ones in partnership with UNOPS. UNDP and EU Trust Funds:



Developing partnerships for researches and specialized interventions with high level institutions such as the National Institute for Infectious Diseases "Lazzaro Spallanzani" aimed at strengthening the virologic laboratory system and the Global Health Institute - Tuscany region aimed at providing specialized human resource for health capacity building;

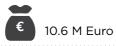


Strengthening the National Nutrition Programme at community level through the expansion of the Nutrition Impact and Positive Practice strategy aimed at developing a better nutrition campaign for lactating women and children, supporting nutrition programs in schools, rehabilitating Hospitals and Therapeutic Nutrition Centers. Italy - as Donor Convener for the UN Programme Scaling Up Nutrition (SUN) - is promoting a national intersectoral approach to nutrition. Italy funded the eleboration of the Spatial Survey Method (S3M) research promoted with Unicef. WHO and WFP. DFID and European Union in partnership with the Mother and Child Department of the Federal Ministry of Health.





Social Protection & Women Empowerment





Social Protection

As key social determinant of sustainable development, social protection represents a priority within AICS commitment in Sudan. Social protection contributes to enhance the synergy between humanitarian aid and long-term development aid, in line with the Nexus Strategy.

Social protection action focuses on vulnerable groups, in particular **children at risk and persons with disability**.

AICS contributes to an equal and inclusive social development, by increasing – in line with SDGs #4 #5 #8 #10 – resilience through actions in poverty reduction, human rights, social justice and shared prosperity among IDPs, migrants, refugees and host communities.

AICS works on two levels:

- Supporting public institutions in increasing the accessibility to public services and in the elaboration of inclusive public policies, through institutional capacity building and technical assistance.
- Promoting socio-economic empowerment of vulnerable groups in partnership with Ngos and Civil Society Organizations.

Gender Equality & Women Empowerment - GEWE

Within the Gender sector, AICS works on three complementary areas of intervention:

Gender mainstreaming at the policy level: the dialogue with institutional counterparts, in particular the Ministry of Security and Social Development and the Ministry of Agriculture, wants to support the revision of national policies on GEWE and the development of a Women Agriculture Strategy;

Empowering women at community level: at community level, the Italian Cooperation's approach wants to promote the role of women's associations as a driver for empowerment and for the development of transformative leadership experiences for women. AICS focuses its action in preventing GBV and traditional harmul pratices. At an economic level, women's associations are supported through revolving funds to promote micro-entrepreneurial experiences, such as the use of food dehydrators aimed at ensuring availability of off season vegetables and fruits round the year;

Raising awareness on sexual and reproductive health and rights: the Italian Cooperation in Sudan promotes interventions aimed at raising awareness on Sexual and Reproductive Health and Rights (SRHR) and on Maternal and Child Health (MCH), thanks to the creation of spaces where women have access to quality information provided by trained personnel.



- Strengthening the Sudanese Welfare system of child protection;
- Promoting the traditional *kafala** care system, social services and vocational training for abandoned children in Khartoum State;
- Developing social reintegration mechanism for street-children;
- Supporting the reactivation of the Family and Child Protection Unit system targeting children at risk, children on the move and victims of trafficking.



- Promoting the mainstreaming disability approach in strategies and policies;
- Empowering organizations of Persons with Disabilities and their advocacy networks;
- Supporting the implementation of training activities to promote equal opportunities;
- Promoting awareness campaigns and community mobilization events.



- Supporting the elaboration and implementation of the National Policy of Gender Equality;
- Promoting the application of a gender mainstreaming approach in order to encourage gender equality;
- Activating counseling points in Health Centers to ensure access to orientation, awareness and quality information services, with a particular attention to Sexual and Reproductive Health and Rights and GBV;
- Supporting vocational training programmes and start-up creation;
- Supporting NGOs and networks of women's associations for activities of community mobilization and increasing awareness.



Technical assistance at the policy level







Promoting socio-economic empowerment of vulnerable groups, by fighting poverty and social marginality.

Bridging the Gap II - Supporting Inclusive Policies and Services for Equal Rights of Persons with Disability by strengthening social inclusion and promoting equal access to employment, in line with the CRPD art 27.

*Kafala: kind of delegation of parental authority by which the kafil (adoptive parent) agrees to support the makfoul (adopted child) until he/she is of age.

8

- Khartoum Blue Nile
 - Gedaref Kassala

In Sudan one-third of the population does not have access to safe drinking water; it is estimated that 4.9 million people do not have access to adequate drinking water and safe means of defecation, and that their hygiene practices do not improve their health status. Insufficient water supply, lack of access to drinking water sources and inadequate sanitation and hygiene practices have serious consequences on the living conditions of refugees, migrants, IDPs and host communities.

The poor water supply and sanitation situation is attributed to:

Lack or inadequate water and sanitation facilities in villages and in public infrastructures (health centers, schools, public offices);

Inadequate waste management and disposals in villages and in public facilities (health centers, schools, public offices);

Lack or inadequate capacities of the Local Authorities; Community Leaders and/or organizations in maintaining and managing sources of drinkable water in villages, schools and health facilities;

Lack of environmental consciousness in communities, health facilities, schools and other public services.

AICS Khartoum is committed in the WaSH sector with a budget of 3 M Euro. AICS is implementing a EU Trust Fund initiative worth of 2 M Euro and two humanitarian initiative worth of 1 M Euro aimed at improving livelihood opportunities and basic services such as education, water and sanitation to enable transition from humanitarian assistance towards sustainable development.

The Italian initiatives tackle the needs of different target groups such as migrants, refugees, asylum seekers and host communities. In particular AICS supports access to land, to basic health services and develops labour opportunities.

AICS is committed as well in soft interventions such as:

Hygiene Awareness Campaigns focused on the dissemination of sanitation and hygiene good practices;

Garbage Collection Campaigns aimed at sensitizing local population on the risks of pollution and environmental degradation;

Strengthen of local water treatment plants to tackle waterborne diseases.



Construction and/or rehabilitation of water supplies systems and latrines in schools and in health facilities:



Technical assistance and capacity building trainings to Local Authorities on water source, distribution system management and waste management and disposal;



Awareness campaigns on hygiene, sanitation and waste disposal practices;



Distribution of chlorine and soaps to households in Red Sea State to improve the hygienic conditions of the community members preventing possible outbreaks of water borne diseases:



Provide renewable / sustainable energy pumping solutions (wind generators / solar systems) either improve / rehabilitate existing water sources (including livestock) and purification and/or treatment plants;



Rehabilitation of hafirs* for livestock and agricultural purposes;



Rehabilitation and strengthening of existing water pumps for agricultural purposes.

*Hafir is an artficially constructed water catchment basin with a circular earthen wall and diameters of between 70-250 m and heights of up to 7 m.

WaSH & **Environment**



EU TRUST FUND

Support migrants and host communities in improving access to safe water and sanitation - SDN11



Improve access to safe water in schools and health facilities, especially for refugee camps and neighboring villages;



Capacity building to Local Authorities to administer and /manage water systems;

Promote hygiene and sanitation practices, adapted to women and most vulnerable population needs.







Teachers





2 M Euro



Kassala



• Red Sea • Gedaref White Nile

AICS, within the spectrum of migration and forced displacement programming, is fully compliant with the Nexus strategy.

In particular, the approach combines interventions aimed at reducing the externalities linked to the burden of signficant migratory flows for the host communities and at increasing the resilience of migrants, refugees and IDPs, encouraging their peaceful integration with the host communities.

Sudan is contemporarily a transit destination and country of origin of migrants from Eritrea, Ethiopia, Somalia and S. Sudan who follow the North-Eastern African route towards Libya. Emigration from Sudan is rather limited, as shown by the low rate of asylum applications presented in Europe by Sudanese citizens, which amount to 1% of total applications in the last two years. However, the trend is progressively changing.

The 40-year long reception policy of Sudan has made it the second African country in terms of refugees hosted: according to UNHCR there are 1,089,488 refugees and asylum-seekers in 2019 of whom 844,262 from South Sudan, 120,504 from Eritrea, 93,502 from Syrian and 14,251 from Ethiopia.

In the last three years, with the prolongation and recrudescence of the open conflicts in the States of Darfur, South Kordofan and Blue Nile, there has been a twofold increase in displacement affecting the States of Darfur, Kassala, Red Sea and the peripherical areas of Khartoum. The capital, in particular the open areas of its outskirts, is a temporary destination for migrants heading to Europe, IDPs and South Sudanese refugees. The area is affected by significant pockets of poverty, as well as by growing Islamic radicalization.

Given the strategic importance of Sudan in the context of migration dynamics from the Horn of Africa to Europe, several initiatives have been set up to strengthen migration management and foster harmonization of stakeholders interventions.

Among the latter, specific mention is made to the Italian role within the Khartoum Process, a regional political dialogue launched in 2014 under the Italian Presidency of the Council of the EU and the delegated cooperation projects entrusted to AICS by the EU under the financing of the EU Trust Fund for Africa. Italy funds a number of multilateral initiatives implemented by IOM and UNHCR for a total amount of 8.488 M Euro.



Providing technical support to the Government of Sudan in addressing migration management challenges in order to contribute to regulate illegal migratory flows through electronic border control systems;



Ensuring an improvement in water supply and services, health and hygiene for refugees and the local population:



Ensuring the full respect of human rights of migrants, refugees and IDPs in Sudan.



Poverty Alleviation

Agriculture is one of the most important sectors in Sudan, both in terms of GNP generated and of people employed within the sector or with livelihoods strictly connected to and dependent from it. Italy and Sudan are committed to work jointly to promote inclusive economic growth and create sustainable employment opportunities.

The main goal of Italian bilateral and multilateral interventions - mainly with UNIDO, UNWOMEN and UNDP - is to promote:

Value-chain development and agriculture productivity improvement at the household level;

Community participation in entrepreneurship development:

Access to finance through local microfinance institution, mainly through a gender approach.

The use of credit microfinance and revolving funds have allowed the development of sustainable agricultural techniques, aimed at reducing pathogens and improving the variety and to ensure preservability and horticultural qualities to strengthen the business management.

In line with its poverty guidelines, AICS Khartoum works to foster agricultural interventions, food security and livelihoods of the most vulnerable people - in particular women - for immediate contribution to improved household foodsecurity.





To boost the development of key agricultural value chains and market access are Italy's main goal to support Sudan in its efforts to revive its agriculture.



Sustainable job opportunities and fostering inclusive economic growth;



Food security & nutrition security;



Empowerment of rural women and introduction of new technologies to increase the productivity of women in fisheries and agribusiness:



Access to finance: creation of revolving funds and promotion of value-chains:



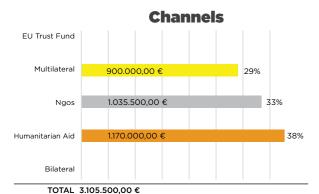
Community participation in valuechains integration and entrepreneurship development.

Eritrea

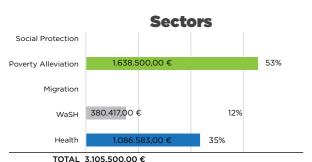


Since 2017. AICS Khartoum became responsible for Eritrea

AICS is committed in humanitarian aid initiatives aimed at improving the nutritional standard of vulnerable people in Eritrea and promoting a better health system. The Italian Cooperation is engaged in poverty alleviation projects - targeting potential migrants and youth - implemented by UNICEF and UNDP through the EU Trust Fund La Valletta, AICS - through FAO - is committed in supporting small farmers to increase their productivity







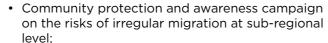
People in Need: 600.000 Children in Need: NA Food Crisis: 23,000 children affected by SAM (ACAPS)

IDPs: NA

Refugees: 2,392 refugees (2,286 Somali and 67 Sudanese)

(UNHCR - http://popstats.unhcr.org)





- · Supporting know-how transfer to the most vulnerable groups:
- · School reintegration.
- Distribution of agricultural products (seeds and feed) and livestock:
- Training on cultivation techniques;
- · Income generating activities for women living in rural areas.



- Food supplement for children under 5 years old:
- Hygiene and nutrition trainings for mothers.
- · Safe water supply, sanitation and hygiene training courses focused on hand washing and reducing open defecation in order to reduce water borne diseases.
- Start-up of training centers;
- · Awareness campaigns on workers' rights with particular attention to the vulnerable groups (women and persons with disability);
- Job creation in particular for women and the most vulnerable groups;
- Creation of new income-generating opportunities.
- Support the diagnosis, the treatment and the prevention of cardiac and renal rheumatic diseases:
- Strengthening the provision of the health services;
- Trainings on Non-Communicable Disease (NCD).

Cameroon-Chad

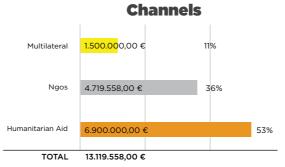


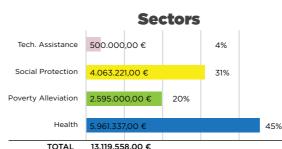


Since 2017. AICS Khartoum became responsible for Cameroon and Chad

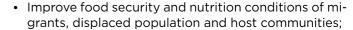
AICS acts in Cameroon and Chad through humanitarian, multilateral (UNWOMEN, WFP) and INGOs programmes with a portfolio of 13.119 M Euro aimed at providing assistance to the most vulnerable population such as refugees and displaced persons.

AICS works for the improvement of the living conditions of refugees, IDPs, returning populations and host communities in the Lake Chad Region; particular attention is given to women and girls affected by the conflict and to children under 5 affected by Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM).











Provide social protection to IDPs, refugees, retur-



Promote formal education, creation and/or rehabilitation of school infrastructures:



Promote health conditions and services:

- Construction and/or rehabilitation of basic health infrastructures;
- Treatment of malnutrition, epidemics and infectious diseases, as well as services aimed at improving maternal and child protection.

The initiatives take into account cross-cutting sectors, such as environmental issues; gender issues; WaSH, with particular focus on waterborne diseases and hygiene practices.

Cameroon

People in Need: 3.3 mln Children in Need: 1,8 mln Food Crisis: 2.3 mln

IDPs: 221,695

Refugees: 337,375 (248,843 from CAR, 85,319 from

Nigeria)

(UNHCR - http://popstats.unhcr.org)

Chad

People in Need: 4.3 mln Children in Need: 2,3 mln Food Crisis: 3.7 mln

IDPs: 99,983 in Lac Region

Refugees: 411,464

(UNHCR - http://popstats.unhcr.org)





Central African Republic

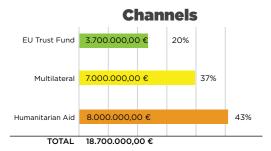


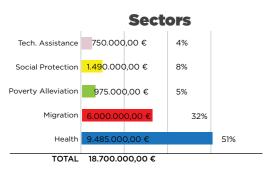
18 7 M Furo



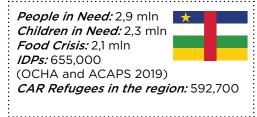
Since 2017, AICS Khartoum became responsible for Central African Republic

AICS is committed in Central African Republic through humanitarian, multilateral (UNICEF, IOM) and Bekou Fund with a portfolio of 18.7 M Euro. Our action is aimed at providing assistance to the most vulnerable populations improving healthcare and protection service, supporting the resilience of women and children and fostering reconciliation. The main efforts of the Italian Cooperation are channeled in the health and the protection sectors in line with the Nexus approach and the *Plan National de Relèvement et de Consolidation de la Paix*.





The initiatives take into account some cross-cutting sectors, such as: environmental issues; gender issues; WaSH, with particular focus on waterborne diseases and hygiene practices.





Supporting food security and livelihoods of the rural population.



Supporting the resilience of the most vulnerable population; ensuring a protective, dignified and healthy environment for women and children.



Supporting public health and pediatric services; improving the capacities of the health staff in line with the "Global Partnership for Education"; supplying of drugs; supporting maternal health care and improving to strenghten the governance and the leadership of the Ministry of Health in line with the Nexus approach.



Supporting community stabilization and strengthen local peace building capacities; decrease the risk for recruitment and manipulation of youth; reintegration activities for the returnees into their community.



EU TRUST FUND - BEKOU

Renforcement de Capacités des Equipes-Cadres de Région et de Districts Sanitaire «RECaRD»



To strenghten the governance and the leadership of the Ministry of Health in line with the Nexus

approach

To promote the process of decentralisation through the streghnening of Regional and District Offices and their connections with the Health Structures(FOSA)



-1 16 H

3.7 M Euro



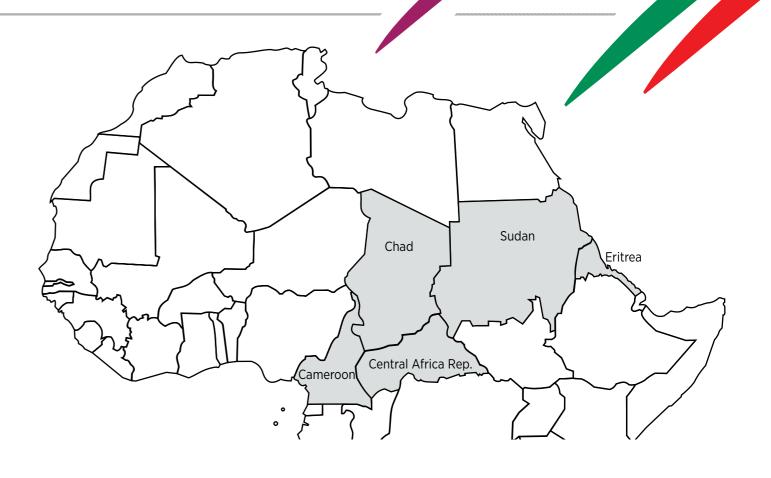
Country Profile 2019	Sudan	Eritrea
Population, total (millions) (Sudan, July 2018 est.)	43,120,843	5,970,646
Surface area (sq. km)	1,861,484	101.000
GDP (currentUS\$) (billions)	117.49	5.8 (2017)
GDP growth (annual%)	3.8	8.68
Life expectancyat birth, total (years)	65	65.5
Mortality rate, under 5 (per 1,000 live births)	65.1	44.5
Refugees and asylum - seekers (UNHCR)	906,585	2.392
IDPs (UNHCR)	1,997,022	NA
Population in multidimensional poverty, headcount (%) (poor health, lack of education, inadequate living standard, lack of income (as one of several factors considered), disempowerment, poor quality of work and threat from violence)	52.4	NA
Unemployment rate %	12.73	6.3
Transparency International	175/180	165/180
World Economy	162/190	189/190
Human Development Index-HDI	167/189	179/189
Gender Development Index (measures gender inequalitiesin health; education; command over economic Resources)	0.831	NA
Gender Inequality Index (gender -based inequalities in three dimensions – reproductive health,empowerment, and economic activity)	139/160	NA

Source: http://hdr.undp.org/en/composite/GII - http://hdr.undp.org/en/countries - http://popstats.unhcr.org

Country Profile 2019	Cameroon	Chad	CAR
Population, total (millions)	25,640,965	15,833,116	4,659,080
Surfacearea(sq. km)	475,440	1,284	622,980
GDP (currentUS\$) (billions)	34.799	9.98	1.95
GDP growth (annual%)	3.91	-2.95	4.3
Life expectancyat birth, total (years)	58.6	57.5	52.3
Mortality rate, under 5 (per 1,000 live births)	79.7	127.3	123.6
Refugees and asylum - seekers (UNHCR)	337,375	411,464	10,027
IDPs (UNHCR)	221,695	99,983	688,700
Population in multidimensional poverty, headcount (%) (poor health, lack of education, inadequate living standard, lack of income (as one of several factors considered), disempowerment, poor quality of work and threat from violence)	45.4	85.9	75
Unemployment rate %	4.24	5.89	5.95
Transparency international	153/180	165/180	156/180
World Economy	166/190	181/190	183/190
Human Development Index (statistic composite index of life expectancy, education, and per capita income indicators, which are used to rank countries into four tiers of human development)	151/189	186/189	188/189
Gender Development Index (measures gender inequalities in health; education; command over economic Resources)	0.866	0.775	0.780
Gender Inequality Index (gender - based inequalities in three dimensions – reproductive health, empowerment, and economic activity)	141/160	158/160	156/160

Source: http://hdr.undp.org/en/composite/GII - http://hdr.undp.org/en/countries - http://popstats.unhcr.org

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