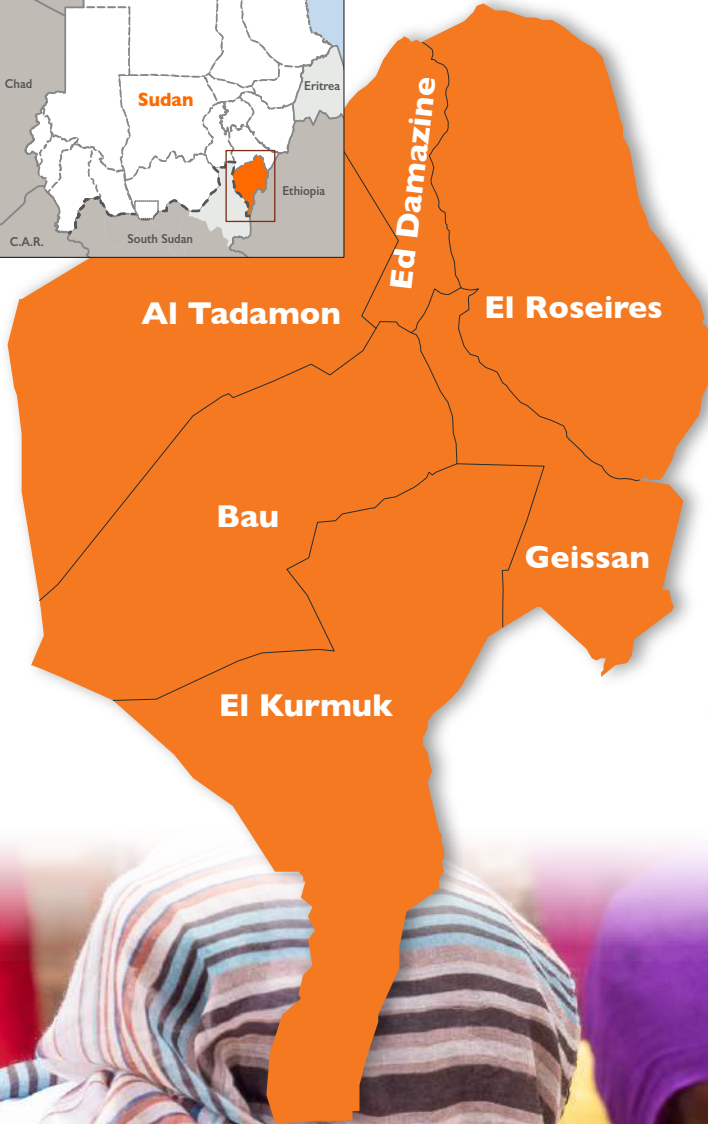


Overview of Blue Nile State Programme

Where We Work



Background

World Vision has been operating in Sudan for over 20 years. In Blue Nile state, World Vision started operations in 2005, implementing programmes that address immediate humanitarian needs of vulnerable communities while building longer-term resilience through recovery interventions. Some of our programmes are delivered through a multisectoral consortium approach.

By 2025, World Vision will have contributed to the well-being of over 220,000 of the most vulnerable children in the state, as direct beneficiaries through both humanitarian and resilience programmes.

Estimated Population

Total: **1,460,819**



1,051,790
adults



409,029
children



OVERVIEW OF IMPACT IN 2022*

*figures rounded off



310,000
people supported



86,000
children supported



39,000
people supported with
food, livelihoods and
cash assistance



96,000
people supported with
clean water, sanitation
and hygiene services



108,000
people supported
with basic primary
healthcare services



62,000
children supported
through education
interventions



US \$ 9,100,000
programme funding
between
20021-2022



2,200
people reached with
community awareness and
sensitisation campaigns on
protection and safeguarding

Sector overview



Food Security and Livelihoods

Our interventions mainly focus on:

- Provision of cash and food assistance to IDPs, refugees and vulnerable host populations
- Restoring livelihoods and enhancing community assets through the Food for Assets and productive safety nets programmes
- Providing agricultural support including certified seeds for smallholder farmers and construction of water infrastructure
- Natural resource management and disaster risk reduction



Water, Sanitation and Hygiene

Our interventions mainly focus on:

- Rehabilitation and upgrading of water supply systems and water pipelines, to bring water supply closer to households
- Promoting the use of latrines, including construction of latrines in health facilities and supporting households to construct latrines
- Establishment of WASH facilities in schools and health facilities
- Hygiene education and campaigns
- Facilitating the establishment and training of WASH committees on water and sanitation facilities use, and management



Protection

Our interventions mainly focus on:

- Capacity strengthening of community-based child protection systems to address the root causes of abuse, exploitation and others forms of violence against children
- Working with faith leaders as agents of change for child protection and to disseminate messages to prevent abuse and other forms violence against children



Health

Our interventions mainly focus on:

- Management of health facilities providing minimum primary healthcare services
- Rehabilitation of healthcare facilities
- Supporting the staffing of health facilities with essential medical and non-medical staff
- Provision of nutrition supplies and essential medications
- Active case finding of malnutrition and referrals to health facilities
- Health facility therapeutic care and management of malnutrition cases

Promoting Menstrual Hygiene Through Production of Quality Reusable Sanitary Towels

Many adolescent girls in Sudan suffer in silence during their monthly periods. Compounded by cultural sensitivities around menstruation, poverty, stigma, ignorance and unavailability of affordable sanitary towels, many girls often find themselves with no choice but to use locally available means to manage their periods. This includes using old pieces of cloth which sometimes lead to infections, especially when hygiene is not well observed.

Disposable sanitary towels are also not very common in hard to reach remote areas where World Vision operates. When available, the price is prohibitive, becoming a barrier to access. This sometimes contributes to regular absenteeism from school by girls to avoid the associated shame. To help support girls through their menstrual cycles, World Vision sought to promote reusable sanitary towels as an alternative safe and affordable option for menstrual hygiene management.

A pilot was first conducted in Blue Nile state with funding from the USAID-Bureau for Humanitarian Assistance (BHA). Three designs were developed, in consultation with various ministries and UNICEF, using locally available cotton fabric. 200 pieces of each design were prepared and distributed to one hundred girls across four localities.

A user survey was then conducted to get feedback from the girls, to ensure that their input was incorporated in the final designs to enhance acceptance and use. In collaboration with local public health officers, the girls were trained on proper and safe use of the re-usable sanitary towels.

To promote sustainability and access to these kits, six women groups of 15 women each from six localities were trained and equipped with start up kits for making the reusable sanitary towels. The groups made 5,000 pieces, which World Vision purchased and distributed to 500 girls.

World Vision is now working with some of the trained women to train other women's groups in South Kordofan, South Darfur and East Darfur to scale up the project.

5,000 girls are targeted in the scale up, with funding from UNICEF, Global Affairs Canada (GAC) and USAID BHA. The women are now enjoying improved household income through this initiative.



COLLABORATIONS AND PARTNERSHIPS

We coordinate closely with government through relevant line ministries such as the State Ministry of Health and the Humanitarian Aid Commission (HAC). We are continuously engaging with our various local NGO partners in the state on planning and designing of projects, and implementation of our day-to-day activities across the different sectors.

This ranges from facilitating community mobilization and disseminating messages to communities about the programs being implemented, conducting trainings and monitoring of field activities. Our goal is to ensure that we are building the capacity of local partners to ensure project activities run smoothly even after project phase out.



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