



SMOH, UNFPA and WHO joint visit to Omdurman Maternity hospital to assess SGBV services.

**HEALTH CLUSTER BULLETIN  
1-31 July 2019**

# Sudan

Emergency type: complex emergency



8 M  
AFFECTED



1.86M  
DISPLACED



1.2M  
REFUGEES



0.3 M  
RETURNED

## HIGHLIGHTS

- By the end of the national vaccination campaign, 13 million children have been vaccinated against measles across Sudan, 7.5million children were vaccinated against Polio and 6.6million children received Vitamin A.
- Malaria cases are still on the raise, constantly breaching the epidemic threshold and accounting for 8.1% of all cases reported of surveyed diseases. During the month of July, 120,801 cases were reported with mortality rate of 8/10,000.
- Episodes of civil unrest continued to affect the country during the month of July, with several casualties reported from North Kordofan state among school children protesting against deteriorating living conditions.
- 10 deaths were reported among children less than 5 years of age due to complicated malnutrition in North Darfur state.

## HEALTH SECTOR Q2 2019

|   |         |                                   |
|---|---------|-----------------------------------|
|   | 63      | HEALTH CLUSTER PARTNERS           |
|   | 3.7 M   | IN NEED FOR HEALTH ASSISTANCE     |
|  | 3,235   | HEALTH STAFF TRAINED              |
| <b>MATERANL CARE</b>  |         |                                   |
|  | 109,798 | ANTENATAL CARE PATIENTS SUPPORTED |
|   | 31,957  | POSTNATAL CARE PATIENTS SUPPORTED |
| <b>MEDICAL PROCEDURES</b>   |         |                                   |
|  | 4,698   | MENTAL HEALTH CONSULTATIONS       |
|   | 29,414  | TRAUMA CASES SUPPORTED            |
|   | 15,461  | HOSPITAL ADMISSIONS               |
| <b>CHILDREN VACCINATION AGAINST</b>   |         |                                   |
|  | 1.1 M   | POLIO                             |
|   | 1.7 M   | MEASLES                           |
| <b>MALARIA PREVENTION AND CONTROL</b>   |         |                                   |
|  | 4.5 M   | LLINS TO BE DISTRIBUTED           |
| <b>FUNDING \$US</b>   |         |                                   |
|  | 15.5 %  | FUNDED                            |
|   | 70.8 M  | REQUESTED                         |

## Situation update

**Central Darfur:** Heavy rains and flooded wadis have delayed delivery of humanitarian assistance in Umdukhun, Bindidis, Wadi Salih and Mukjar localities affecting about 70,000 IDPs. Sectors mainly affected are FSL, Health and Nutrition.

**North Darfur:** tension between nomads and farmers incidents were reported in Kutum, Sortoni and Tawilla, in addition, villages in El Fasher locality (Sarafaya and Turra), has reportedly been affected by floods destroying 206 houses between 7 and 10 July.

**South Darfur:** According to ICRC, it is estimated that more than 4000 people are living in Feina cluster, population is in dire need for health, WASH and food assistance.

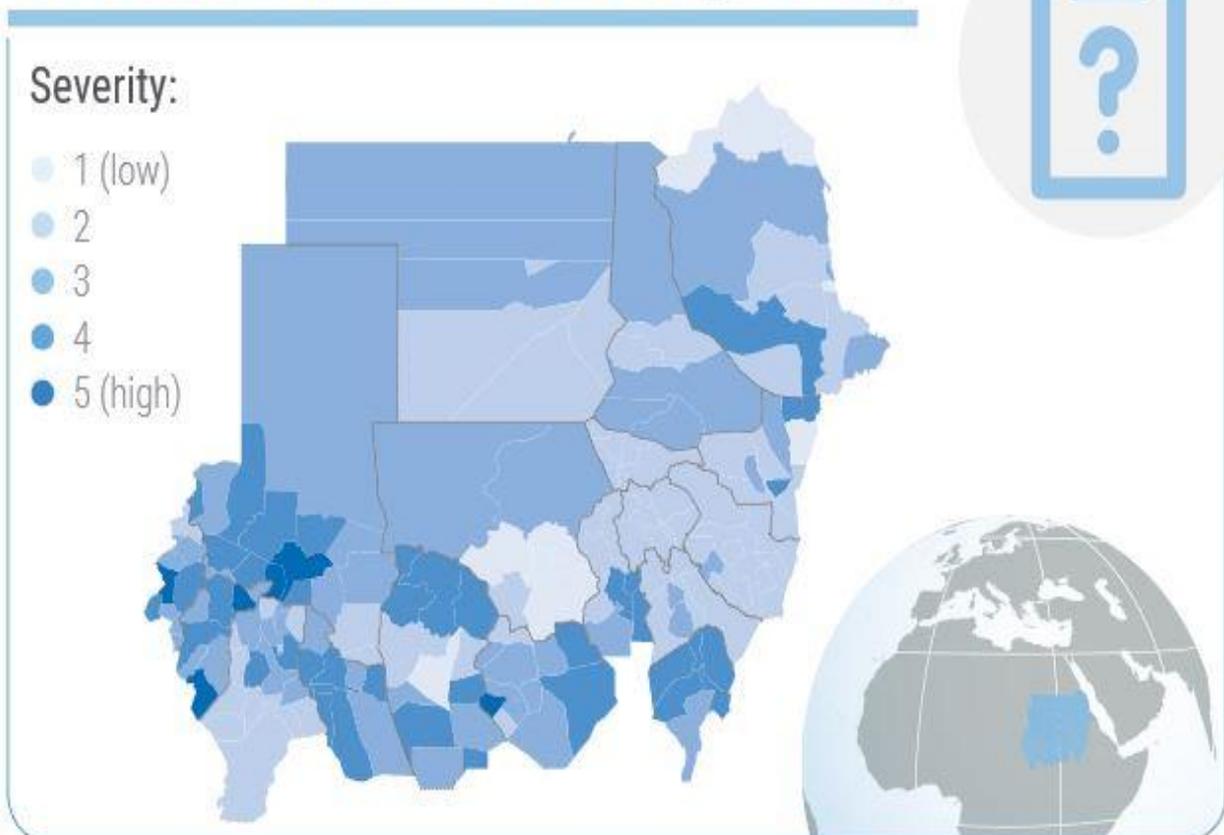
**West Drafur:** Ministry of health reported an increase of Malaria cases to 1,864 cases (863 cases in El Geneina and 669 cases were reported in Kereinik). SMOH highlighted a shortage of insecticides due to different in prices estimated at the budgeting process of the contractors; prices of the insecticides were previously estimated at SDG 700 (13\$) per gallon compare it to SDG 1,200 (22\$) per gallon.

**Abyei:** Agok disconnected from the Abyei area as the bridge near Agok town and some portion of the road were swept away, this was a result of flood that hit the area mid-July. Preliminary information received from the humanitarian agencies reported that around seven villages are affected due to the flood displacing over 244 households.

**North Kordofan:** On 29/7/2019 high school students' protest in El Obeid city ended with violence. The protest was triggered by electricity, water and services shortages on a political background.

WHO office (confirmed also by the FMOH) reported five fatalities (4 bellow 15 years of age) in addition to 72 injured. 25 critical cases were referred to Khartoum. Later the same day one of the referred succumbed to injuries increasing the number of fatalities to six.

## SEVERITY OF NEEDS 2019 by locality



## Public health risks, priorities, and response

### Vaccine preventable diseases

During the month of July UNICEF and WHO supported Measles vaccination campaign integrated with Vit A and Polio in Khartoum and Gezeera States led by the FMOH. While Final report in Khartoum is being compiled, interim data showed 2.2 million children vaccinated against measles representing 97% of the target, 1.1million children vaccinated against polio representing 94% of the target and 1 million children received Vitamin A representing 96% of the planned target.

In Gezeera, 1.7 million were vaccinated against measles, about 1 million children were vaccinated against Polio and 800,000 children received vitamin A.

The successful integrated measles vaccination in campaign in Khartoum and Gezeera States brings to 18 out of 18 States covered by the campaign. All in all, nearly 13 million children have been vaccinated against measles across Sudan, 7.5 million children vaccinated against Polio and 6.6 million children received Vitamin A representing 97%, 99% and 98% respectively. This progress is a significant step towards measles elimination in Sudan and controlling the current sporadic outbreaks.

**UNICEF report on coverage of the vaccination campaign**

| State          | Measles    |      | Polio     |       | Vitamin A |       |
|----------------|------------|------|-----------|-------|-----------|-------|
|                | Coverage   | %    | Coverage  | %     | Coverage  | %     |
| Gadarif        | 776,055    | 94   | 488,163   | 103   | 424,572   | 101   |
| Kassala        | 587,488    | 85   | 360,063   | 93    | 295,417   | 85    |
| North Kordofan | 705,151    | 100  | 405,737   | 99    | 380,522   | 104   |
| Red Sea        | 269,049    | 107  | 124,276   | 101   | 109,709   | 100   |
| South Darfur   | 1,140,990  | 90   | 739,902   | 99    | 639,646   | 96    |
| South Kordofan | 458,257    | 88   | 283,129   | 95    | 248,818   | 93    |
| West Kordofan  | 573,982    | 105  | 376,753   | 119   | 337,182   | 119   |
| White Nile     | 702,390    | 99   | 421,212   | 103   | 342,242   | 94    |
| Blue Nile      | 334,802    | 89   | 194,481   | 100   | 180,276   | 104   |
| North Darfur   | 934,996    | 97   | 542,898   | 96    | 475,103   | 94    |
| River Nile     | 397,298    | 100  | 215,244   | 100   | 185,918   | 96    |
| Northern       | 179,875    | 94   | 101,317   | 99    | 92,297    | 100   |
| Central Darfur | 439,568    | 100  | 275,685   | 102   | 249,812   | 113   |
| West Darfur    | 475,149    | 99   | 243,283   | 94    | 201,084   | 82    |
| Sennar         | 643,586    | 103  | 356,933   | 99    | 324,343   | 101   |
| East Darfur    | 437,472    | 104  | 247,527   | 100   | 214,043   | 97    |
| Gazira         | 1,664,607  | 101  | 941,112   | 100.1 | 823,704   | 99.81 |
| Khartoum       | 2,209,238  | 96.7 | 1,159,148 | 94.2  | 1,064,101 | 96.0  |
| Total Sudan    | 12,929,953 | 96.9 | 7,476,863 | 98.9  | 6,588,789 | 97.81 |

#### UNICEF charter flights for vaccines:

With thanks to the donors; USA, Gavi, CERF and Kids in Need of Durable Solutions (KINDS) below two charter flights were arranged to bring in Vaccine to Sudan.

1st flight on July 30th, 2019: 3,500,000 doses of Yellow Fever which will cover 3,150,000 beneficiaries' ages from 9 months to 60 years in the last three states (Khartoum, Northern and River Nile) through Yellow Fever campaign.

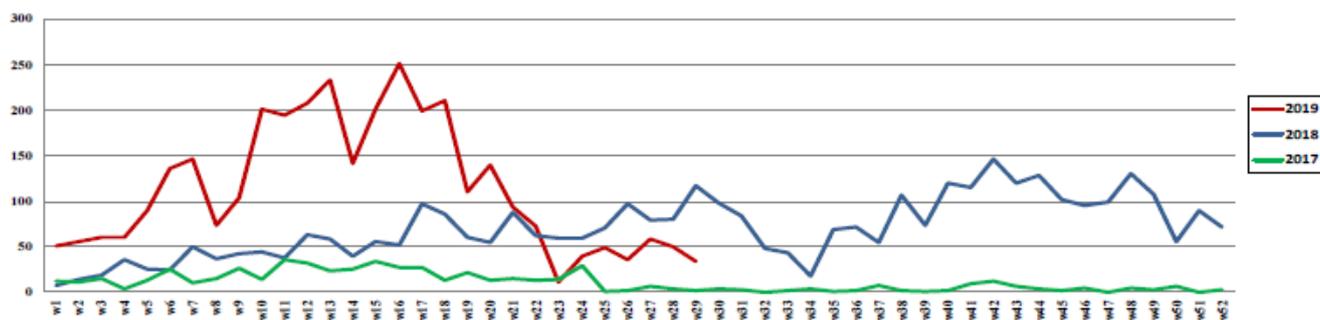
It worth to mention this special timing is critical to allow Yellow Fever vaccine introduction in routine immunization program: Sudan is one of the endemic countries with yellow fever. As part of the global elimination of yellow fever, Sudan completed three phases of the campaign vaccinating millions. By implementing this round, Sudan will cover all the population at risk and become ready to introduce Yellow Fever vaccine in Routine program

2nd flight: Route one flight from Mumbai and Haider Abad the two shipments combined in one charter to Khartoum arrive 4th August.

Vaccines Type and doses: 3,390,000 doses of measles vaccine, 1,300,500 doses of Tetanus diphtheria vaccine, 2,240,000 doses of polio, 1,300,000 doses of Penta valiant and 300,000 doses of Meningococcal conjugate vaccine.

The vaccines are intended for Children under the age of two in all of Sudan in addition to pregnant women including Internally Displaced People (IDPs) and Refugees. Due to the political unrest an embargo was imposed by Air and national buffer stock of routine vaccines has been depleted due to postponing of all shipments. After the embargo was lifted, no space to bring all postponed vaccine shipments and there was a real risk of vaccines running out of stock if no action was taken. UNICEF and partners used charter flight to bring vaccine in-country and help sustaining routine immunization services continue running as usual and all eligible children under two and pregnant women to receive their vaccination

## Reported measles cases until week 29



### Child health:

Following report of 5 under five deaths in Shangyl Tobay locality in North Darfur during the month of July, investigation team from SMOH, WHO, UNICEF, WFP, and PHF national NGO was deployed to the area on 9th July 2019. It was confirmed from the mission that 10 children died within one month in the locality and the community was deeply concerned. Leading cause of death was malnutrition.

UNICEF and WHO jointly supported the SMOH to rapidly respond to the underlying causes of mortality. On the job training for SC staff was conducted by WHO and SMOH. UNICEF also supported two-week health promotion campaign, including targeted MUAC screening and a training of traditional healers on early referral of SAM.

Further to this, UNICEF supported the SMOH to deploy seven staff to Shangyl Tobay SC, including 1 medical doctor, 2 nurses, 3 Nutrition to the SC on permanent basis. WHO supported with one SAM kit and UNICEF is planning to expand the ward and to provide additional latrines to meet the needs of the caretakers. During the weeks following the incident no deaths have been reported in the SC.

### Reproductive health:

UNFPA has distributed 68 RH kits to hospitals providing lifesaving SRH services in Blue Nile, White Nile, West Darfur, North Darfur, South Darfur and Khartoum States. Furthermore 90 healthcare providers were trained on CMR and 155 were trained on GBV in the aforementioned states. Additionally, SMOH through the support of UNFPA printed and distributed CMR protocols to hospitals in Khartoum.

A mission from WHO EMRO liaised with health actors and the GBV AoR to support the mainstreaming of GBV response in health.

| Current Status: Provision of services for survivors across the sectors  |   |  |
|---|---|--|
| Health  | Protection  | Other Sectors  |
| <b>Services</b> <ul style="list-style-type: none"> <li>Referral clinics under MoH providing MR services (within outpatient unit) supported by UNFPA</li> <li>PHC level facilities provide basic support and referral to GBV victims:                             <ul style="list-style-type: none"> <li>physical examination</li> <li>psychological examination</li> <li>forensic examination (only available in one hospital in the capital state)</li> <li>STI/HIV testing</li> <li>post-exposure prophylaxis (PEP)</li> <li>emergency contraception</li> <li>counselling</li> <li>referral to other services</li> </ul> </li> <li>Community based and PHC level facilities (Supported by UNFPA)</li> </ul> | <b>Services</b> <ul style="list-style-type: none"> <li>Legal aid services and support to women from remote areas (UNDP)</li> <li>UNAMID operates in four Darfur states to provide Human Rights and protection support to GBV victims</li> <li>Women-friendly spaces and community protection networks.</li> <li>Reintegration of GBV survivors into communities.</li> </ul>   | <b>Services</b> <ul style="list-style-type: none"> <li>Police services include:                             <ul style="list-style-type: none"> <li>specialized trained first responders (depending on reporting unit)</li> <li>forensic lab examination (only available in capital)</li> <li>survivor counselling</li> <li>criminal investigation</li> <li>victim protection</li> <li>witness protection</li> <li>referral for care</li> <li>referral to other health, social or legal services</li> </ul> </li> </ul> |
| <b>Intersectoral/interagency coordination</b> <ul style="list-style-type: none"> <li>The GBV Sub-Sector in four states of Darfur – led by UNFPA</li> <li>The Unit for Combating Violence against Women (CVAW) for coordinating and leading GBV efforts – led by government</li> <li>The National Committee for the Advancement of Women is part of the government mechanism to fight GBV</li> <li>The national and State FGM Task Force</li> </ul>  |   |  |
| <b>Good practices</b> <p>Partnership programs to jointly address gender norm issues (FGM, Family planning, child marriage and GBV).</p>   | <b>Challenges or bottlenecks</b> <p><b>Coordination:</b> There is no centralized coordination; Lack of coordination between humanitarian and development</p> <p><b>Access to services:</b><br/> <b>AVAILABILITY:</b> Adequate health care is missing, also PSS, social services, legal aid<br/> <b>ACCESS:</b> Challenges include lack of information, stigma, family hiding cases, fear that if they go to police, maybe attackers will show up; generally reporting system is not perceived to be safe; Procedure for access: police, medical care, further services.<br/> <b>LOW QUALITY:</b> staff not sufficiently trained to provide healthcare and psychosocial support; high turnover; Risk of doing harm is high, due to lack of awareness from stakeholders and lack of established safe and dignified referral</p> | <b>Way forward</b> <ul style="list-style-type: none"> <li>GBV integration in multisectoral response;</li> <li>Sensitization and awareness raising for health providers;</li> <li>Establishment of safe and dignified referral system;</li> <li>Comprehensive interagency mapping of available services including human resources, the quality and needs</li> </ul>   |

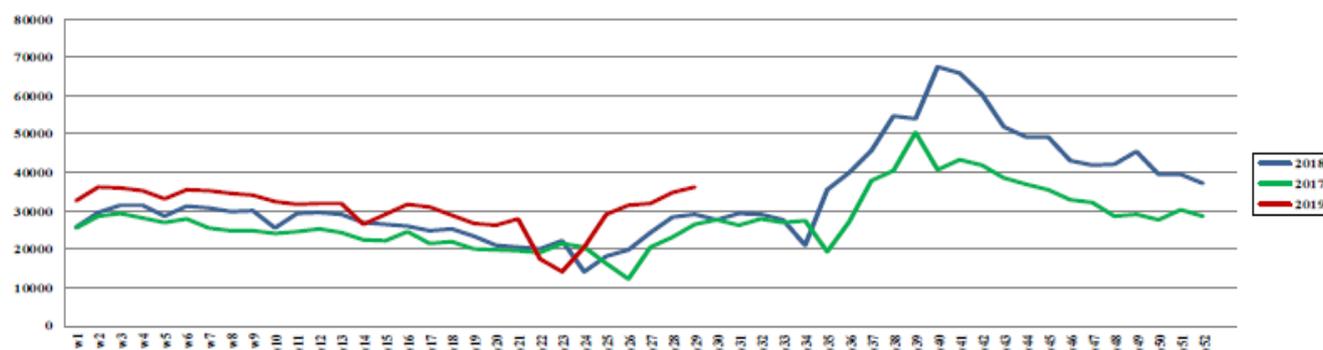
## Vector borne diseases:

### Malaria outbreak response

During the month of July 120,801 malaria cases were reported with mortality rate of 8/10,000. LLINs campaign is progressing well across North, South, East, West and Central Darfur and South Kordofan States. UNICEF has deployed Logistics and programme Staff to work with the FMOH, SMOH and Field Office teams to ensure a successful campaign. So far prepositioning of LLINs at locality level has completed in East and Central Darfur, and ongoing in South, West Darfur, and South Kordofan States. A total of 4.5 million LLINs will be distributed in these six States by end of 2nd week of August while additional 4.1 Million will be distributed in Kassala, Blue Nile, Gedaref, North Kordofan, White Nile and West Kordofan States during September – October as shown in table below.

| State          | No. of LLINs to Distribute |
|----------------|----------------------------|
| West Darfur    | 428,000                    |
| North Darfur   | 1,187,300                  |
| Suoth Darfur   | 1,611,500                  |
| East Darfur    | 168,800                    |
| South Kordofan | 604,240                    |
| Kassala        | 405,159                    |
| Blue Nile      | 485,650                    |
| Gadarif        | 927,100                    |
| North Kordofan | 575,500                    |
| White Nile     | 828,800                    |
| West Kordofan  | 889,200                    |
| Centre Darfur  | 456,200                    |

**Reported Malaria cases until week 29**

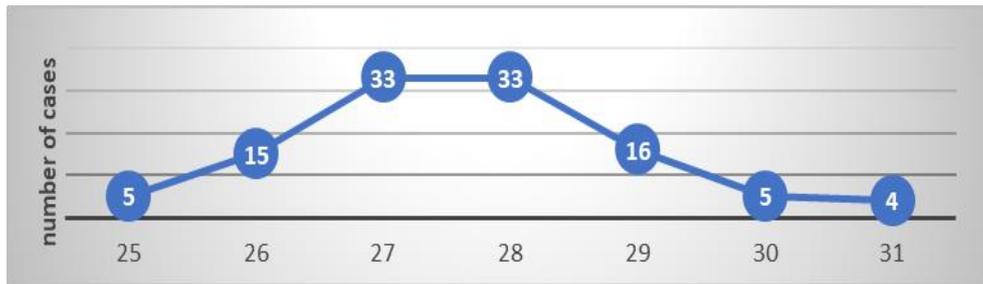


### Chikungunya outbreak response

in Red Sea state Chikungunya Outbreak was reported on June 18, 2019 as of 4<sup>th</sup> of August, 111 cases with only one death reported in Port Sudan Locality, all 110 cases were reported from Sinkat locality. During the month of July 23 alerts were investigated by WHO. While UNICEF is leading the community mobilization and behaviour change communication response, WHO is conducting a wide vector control campaign, So far 8,716 House Holds and 18,740 water containers have been investigated with active destruction of possible mosquito breeding sites benefiting more than 56,000 people at risk. Furthermore WHO donated 4 basic health kits, and miscellaneous medicines in response to chikungunya in Jabait locality.

In Kassala state, WHO along with KPHF and Sudan Vision supported 5 days Sanitation and vector control campaign in Humeshkorab town, in Humeshkorab locality with active fly control, Latrine disinfection, open defecation field management and residual spray activities: 7,333 households were covered covering 22,000 beneficiaries. 15 days sanitation, hygiene promotion and vector control campaign in Kassala locality targeted 52,430 households (402,423 beneficiaries). Included in the campaign, solid waste collection and disposal, house to house inspection for mosquito breeding sites (*Aedes Egypti*), and health promotion.

**Chikungunya cases until week 31**



## Health Cluster Action

### Health cluster coordination:

- The Health cluster participated in the humanitarian program cycle HPC 2020 kick-off workshop 21-22 July. A timeline for the finalizing the process by December 2019 has been agreed on. As first step, the health cluster is engaging with the FMOH and health actors to finalize the severity indicators and PIN calculation methodology all In line with global health indicators and those advanced by the Joint intersectoral joint analysis framework (JIAF). <https://docs.google.com/spreadsheets/d/1Ws2zfAyB9QzMGmmapqJUr3WMQP7BQhFnsZSqEKkW5Cg/edit#gid=0>.
- The WHO Director-General Dr. Tedros Adhanom Ghebreyesus declared on 17 July, 2019 the Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo (DRC) a Public Health Emergency of International Concern (PHEIC) As part of the regional action, Sudan had been identified as at high risk. The FMOH and WHO organized three days’ national workshop with 50 participants from relevant stakeholders from Khartoum and at risk states to assess and revisit Sudan’s preparedness and operational readiness for potential importation of Ebola Virus Disease 29 to 31 July 2019. Table-top simulation exercises were conducted and an action plan with activities has been developed.
- Sudan was selected to be one of the countries to receive funding (USD 14 million) from the CERF Underfunded 2019 2nd Round. In addition, USD 20 million has been allocated under the SHF. Health partners will receive USD 3.5 million under CERF implemented through UN agencies to support medical stock and pipelines, while USD 4 million will be implemented under the SHF mainly through NGO partners.

### Implementation timeline

| SECTOR             | CERF M \$  | SHF M \$   |
|--------------------|------------|------------|
| <b>Education</b>   | <b>0.5</b> | <b>3</b>   |
| <b>Livelihoods</b> | <b>2</b>   | <b>2</b>   |
| <b>Health</b>      | <b>3.5</b> | <b>4</b>   |
| <b>Nutrition</b>   | <b>4.5</b> | <b>3.5</b> |
| <b>Protection:</b> | <b>1.5</b> | <b>2</b>   |
| <b>WASH</b>        | <b>2</b>   | <b>5.5</b> |
| <b>TOTAL</b>       | <b>14</b>  | <b>20</b>  |

| SHF             |  |
|-----------------|--|
| Deadline        | Activity/Process                       |
| 22 Aug          | Endorsement of Prioritization Paper AB |
| 22 Aug – 7 Sept | Call for proposal                      |
| 8 – 11 Sept     | Technical Proposal vetting             |
| 12 – 15 Sept    | HC & AB endorsement                    |
| 16 – 30 Sept    | TRC – Proposal review and revision     |
| 1-14 Oct        | Administration process                 |
| 15 Oct          | Expected project start date            |

| CERF         |   |
|--------------|---|
| Deadline     | Activity/Process  |
| 8 Aug        | Prioritization strategy submission to CERF                  |
| 8 – 19 Aug   | Consultations and drafting of proposal                      |
| 25 Aug       | Submission of proposal                                      |
| 13 Sept      | Address CERF Secretariat concerns and submit final proposal |
| 14 – 30 Sept | Administration Process                                      |
| 1 Oct        | Expected project start date                                 |

## Assessments

Federal Ministry in cooperation with, UN agencies, donors, and health partners finalized the second round the Simple, Spatial, and Survey Method S3M II on the 23<sup>rd</sup> July (first round 2013). Contributors:

- Federal Ministry of Health
- HAC
- National Public Health laboratory
- Central Bureau of statistics
- United Nations( WFP,WHO,UNICEF)
- European Union
- African Development Bank
- DFID
- Italian Agency for development cooperation

A total of 227 indicators were monitored across health, nutrition, and WASH sectors at a locality level. 280 teams collected data interviewing 93,881 mothers and examining 145,002 children

## Provision of essential drugs and supplies

While availability of medicines and medical supplies poses itself as a major challenge facing health actors, strengthening provision of essential drugs and supplies is an ongoing effort by UN agencies and health partners.

**WHO donated medical supplies to the MOH and NGOs**

| State                 | Medical Supplies  | Beneficiaries                          |
|-----------------------|---|--|
| <b>Central Darfur</b> | RRK + basic health kits   | 35,000 beneficiaries                   |
| <b>Kassala</b>        | Surgical Equipment  |  |
| <b>Read Sea</b>       | 4 SAM kits  | 200 SAM cases                          |
| <b>South Darfur</b>   | 2 Hudson Machines.<br>2 fogging machines<br>11 RRK kits<br>8 IEHK | 48,000 beneficiaries                   |
| <b>East Darfur</b>    | 4 SAM kits<br>7 IEHK<br>13 RRK                                    | 200 SAM cases<br>57,000 beneficiaries  |
| <b>West Darfur</b>    | 2 trauma kits<br>2 IEHK<br>28 RRK                                 | 200 surgeries<br>122,000 beneficiaries |
| <b>North Darfur</b>   | 24 RRK<br>9 IHEK<br>4 Surgical kits                               | 400 surgeries<br>100,000 beneficiaries |

**July Status of supplies in Khartoum according to the central committee of pharmacists/ Sudan**

| Hospital         | locality     | Item             | Monthly Consumption | Current Stock  |
|------------------|--------------|------------------|---------------------|----------------|
| Sharg alneel     | Sharg alneel | Normal Saline NS | 6000                | less than 1000 |
|                  |              | Dextrose NS      | 4000                | 0              |
|                  |              | Noradreoline     | 1000                | 0              |
| Ahmed gasim      | Bahri        | NS               | 3000                | 390            |
|                  |              | DNS              | 1000                | 650            |
|                  |              | Noradreoline     | 600                 | 40             |
| Ban jadeed       | Khartoum     | NS               | 6000                | 300            |
|                  |              | DNS              | 3000                | 0              |
|                  |              | Noradreoline     | 600                 | 0              |
| Ibrahim malik    | Khartoum     | NS               | 6000                | 0              |
|                  |              | Noradreoline     | 500                 | 0              |
| Alzarra hospital | Khartoum     | NS               | 10,000              | 0              |
|                  |              | DNS              | 6,000               | 13000          |

|  |          |              |               |     |
|--|----------|--------------|---------------|-----|
|  |          | Noradreoline | 60            | 0   |
| Alshaab                                    | Khartoum | NS           | 3000          | 0   |
|  |          | DNS          | 2000          | 0   |
|  |          | Noradreoline | 700           | 0   |
| Alyaa                                      | Omdurman | NS           | 7500          | 0   |
|  |          | DNS          | 3000          | 150 |
|  |          | Noradreoline | 1500          | 300 |
| Alacademy                                  | Khartoum | NS           | 6000          | 100 |
|  |          | DNS          | 2000          | 400 |
|  |          | Noradreoline |               | 0   |
| ibn seo/hemodialysis                       | Khartoum | NS           | 1200 - 2000   | 0   |
|  |          | DNS          | 600 - 800     | 0   |
| Ibn seo / center for internal bleeding     |          | NS           | 3500 - 5000   | 0   |
|  |          | DNS          | 800           | 0   |
| Ibn seo/hospital                           |          | NS           | 1600          | 0   |
|  |          | DNS          | 500           | 0   |
| Bahri center for reol diseases and surgury | Bahri    | NS           | 2400          | 420 |
| Sudanese center for kidney transplant      |          | NS           | 3600          | 0   |
|  |          | DNS          | 2100          | 0   |
| aldowale                                   | Bahri    | NS           | 1500          | 350 |
|  |          | DNS          | 1000          | 450 |
| Ali Abdalfatah                             | Bahri    | NS           | 1000          | 0   |
|  |          | DNS          | 700           | 0   |
| Altamyoz                                   | Bahri    | NS           | 500           | 0   |
|  |          | DNS          | 500           | 0   |
| Bahri hospital (emergency)                 | Bahri    | NS           | 1000          | 0   |
|  |          | DNS          | 700           | 400 |
| Haj Safi                                   | Bahri    | NS           | 3000          | 300 |
|  |          | DNS          | 1500          | 200 |
| alzytoo                                    | Khartoum | NS           | 1000          | 80  |
|  |          | DNS          | 1000          | 0   |
| Imperial                                   | Khartoum | NS           | 4500          | 0   |
| Aldawa Aldaere                             | Bahri    | NS           | 50000 - 60000 | 0   |
|  |          | DNS          | 35000 - 40000 | 0   |
| Aldayat                                    | Omdurman | NS           | 6000          | 0   |
|  |          | DNS          | 4000          | 0   |
| Omdurman public hospital                   | Omdurman | NS           | 9000          | 0   |
|  |          | DNS          | 3000          | 0   |

## Training of health staff

- **Khartoum**, WHO has finalized a 3 day training of trainers for Ministry of Health staff in Sudan on the use and application of the strategic tool for assessing the health risk (STAR). The STAR tool was developed by WHO to assess and prioritize risks for evidence based planning for health emergencies as stipulated by the International Health Regulations (IHR 2005).
- **Al-Fula, West Kordofan**, A workshop had been organized for 42 health staff and health facilities managers from 13 localities. The aim was to identify the hospitals capacity to deal with mass casualty situations, and to build the capacity of staff for development of state and individual Health facilities plans for mass-casualty maogement.
- **Kassala**, 3 days training workshop by WHO for 25 public health officers and assistants on water quality monitoring,

- **Blue Nile**, Training of 20 nutritionists and nutrition assistants by WHO, in addition to 30 environmental health staff on relevant subjects.
- **South Darfur**, Training by WHO of 40 health managers on case management and 32 on mental health and psycho-social care.
- **West Darfur**, WHO Training on Medical waste management for 50 health staff, Training on the Rational Use of Drugs targeting 30 pharmacists, MDs and MAs from ElGenina, Habila, Kulbus, Forbaranga, Beida, Jebel Moon and Kreiniek. Training of six RRTs.

## Health partners' achievements



GOAL is working in close collaboration with State Ministry of Health in provision of primary health care services through 17 health facilities in Kutum and Al Waha localities in North Darfur. Since 2010 a total of 43 midwives have been trained with support of GOAL in Health Sciences College in El fasher, North Darfur. This fulltime Midwifery course is for a duration of 18 months. Hanan Abdalla (pictured holding the baby) is a new mother whose baby is 5 months old. She was assisted through child-birth at home by midwife Manahil, a graduate from Health Sciences College in El fasher. Hanan stated that *“without the assistance of the midwife, I would not have had a smooth delivery as I had faced some extreme difficulties during pregnancy. I am grateful to GOAL because they have ensured we have skilled birth attendants in our communities who support pregnant mothers and ensure a successful delivery.”* Manahil has advised Hanan to keep attending the post-natal visits in the GOAL supported clinic at Kassab IDP camp so as to access the required vaccinations for her baby. There are now 14 trained midwives who have been deployed to Kassab IDP camp serving a population of 25,810 individuals whereby about 6000 (24%) of them are women of childbearing age.



Global Aid Hand is supporting three health facilities in Abyei. During the month of July, 168 children under one year of age received their immunization and 23 pregnant and non-pregnant women received tetanus vaccine through the support of three health centers (Diffra, Mekanis and Elradaya). In addition, 154 pregnant women received antenatal care services, 5 of which were supported to deliver in the hospitals and 4 in the community. Global Aid Hand supported awareness sessions addressing the following topics:  
 Malaria Disease.  
 Diarrheal Disease  
 Personal hygiene  
 Utilization of Medicine.

FGD with children in Diffra



On the 15th of July EMERGENCY delivered a stock of medical items to the Bashiar Hospital in Khartoum, These kits include medications, disinfectants, gloves, bandages and other consumables, drugs, and IV fluids enough for more than a 1000 patients.

## Funding status

As of the end of July 2019, and according to the financial tracking system FTS, out of the original 2019 HRP appeal, the health cluster stands at 15.5% funded. Total requirements of this plan are calculated through project-based costing, a method of determining overall resource needs by adding together the budgets of individual projects submitted by health partners.

| <u>Cluster/Sector</u> | <u>Original requirements US\$</u> | <u>Current requirements US\$</u> | <u>Funding US\$</u> | <u>Coverage %</u> |
|-----------------------|-----------------------------------|----------------------------------|---------------------|-------------------|
| Health                | 70,784,663                        | 70,784,663                       | 10,998,068          | 15.5%             |

For further information, <https://fts.unocha.org/appeals/670/clusters?f%5Bo%5D=destinationClusterIdName%3A%224355%3AHealth%22>.

Follow health cluster updates, meeting minutes, and surveillance reports on:  
<https://www.humanitarianresponse.info/en/operations/sudan/health>.

For updates on humanitarian presence and action across Sudan follow:  
[https://reliefweb.int/updates?search=\(primary\\_country.iso3:%22sdn%22\)%20AND%20ocha\\_product:%22Thematic%20Map%22%20AND%20source:%22UN%20Office%20for%20the%20Coordination%20of%20Humanitarian%20Affairs%22](https://reliefweb.int/updates?search=(primary_country.iso3:%22sdn%22)%20AND%20ocha_product:%22Thematic%20Map%22%20AND%20source:%22UN%20Office%20for%20the%20Coordination%20of%20Humanitarian%20Affairs%22).

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