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# WHO CONSOLIDATED APPEAL 2005

***BASED ON THE UN WORK PLAN 2005***

# SUDAN



**SAVING LIVES AND REDUCING SUFFERING**

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Printed in

**Printed by the WHO Document Production Services, Geneva, Switzerland**

*This document consolidates those projects and activities outlined in the 2005 United Nations and Partners Work Plan for the Sudan June 2005 Revision that relate solely to WHO and its implementing partners. It contains three new projects compared to the original Work Plan as some of the needs have only recently emerged.*

## **I. HEALTH SITUATION ANALYSIS**

The Comprehensive Peace Agreement (CPA) signed in Naivasha in January 2005 marks the entry of Sudan into a complex and predictably long transition. This brings a new dimension to the work of WHO in Sudan.

For some time at least, the livelihoods of all Sudanese will remain insecure, while the many stakeholders, for long at odds with each other, learn to collaborate towards attainment of the Millennium Development Goals. Recognizing this, the UN system has started cross-line assessments in areas so far inaccessible, and is expanding its field presence with hubs tasked with humanitarian and recovery work in Kassala, Kadugli, Malakal, Damazin, Rumbek, Wau and Yambio, in addition to the ones in El-Fashir, Nyala and El-Geneina.

North and South Sudan's health sector will have to evolve along with the peace process and the political and economic changes that come with it. Challenges abound. Sudan is vast and sparsely populated. Its epidemiological profile is marked by a heavy burden of endemic diseases, including a growing threat from HIV/AIDS, and high risk of epidemics and other natural disasters -the latest being the drought looming now in Darfur and Kordofan. Insecurity and poverty are widespread. Armed conflict is ongoing in Darfur, and is close to erupt in other areas. The caseload represented by the IDPs is already one of the largest in the world, and is likely to increase with the return of refugees and the demobilization of the military. People's coping strategies and health systems are exhausted. The consequent levels of risk that face human life and health are unacceptable.

As evidence of this, already congested camps across Darfur continue to see a net inflow of new internally displaced fleeing a combination of extreme food insecurity, drought, and continuing insurgency and counter-insurgency operations. The total number of conflict and drought-affected populations is now estimated to exceed 2.6 million in Darfur, of which 1.86 million are IDPs. Recent UN contingency planning anticipates that this figure could yet rise alarmingly. To these, should be added the long-term IDP and refugee case-loads in and around Khartoum and elsewhere in Northern Sudan, giving rise to a total 'at risk' population of over 6 million, according to OCHA. It is not thought likely that there will be any significant re-location or return in Darfur until early 2006.

Meanwhile, the humanitarian response effort continues to improve, although the situation, especially in some of Khartoum's camps, is extremely precarious. In Darfur, of the total affected population, 56% are covered by regular sanitation activities, 49% have access to clean water, albeit in quantities that are below international standards, 62% to primary health facilities, and 54% to secondary health facilities.

As IDPs and refugees begin to return to southern Sudan, there is an urgent need to rebuild the shattered health system. Very high morbidity and mortality rates are reflecting the overall lack of health infrastructure and qualified health personnel in the region. A lack of trained health workers, pharmaceutical supplies, health and

information management systems and mechanisms for the coordination of health care are the most pressing priorities.

While a degraded infrastructure has undergone substantial 'emergency rehabilitation', there are still in Sudan less than two doctors for a population of 10,000 (against a regional average of 11.7) and even less nurses and midwives with only 8 per 10,000 (against a regional average of 22.2). Total health expenditure is approximately US\$ 13 per capita, of which the government portion is US\$ 3.

## II. WHO'S STRATEGIC APPROACH

WHO's overall goal in Sudan is the reduction of mortality and morbidity to levels that are below the mean for African populations, especially among the most vulnerable people. To achieve this goal, WHO works as the health arm of the UN system to contribute to better health outcomes, support the revitalization of health systems, and promote Sudan's progress towards the attainment of the Millennium Development Goals.

The WHO strategy has two linked elements:

- first, to ensure that threats to human life and health are tackled promptly, and in a manner that is sustainable, cost-effective and conducive to social stability and peace, and
- second, to encourage all stakeholders to lay strong foundations for healthy livelihoods among all the people of Sudan, with emphases on child health services, accessible maternal health care, interventions (such as immunization) to reduce the risks of disease outbreaks, and other health-sustaining activities, established in an equitable manner across the Country.

WHO's approach combines nation-wide policies and programmes with support for local, community-based initiatives.

Consistent and well chosen investments are essential and, in the health sector, WHO has a critical role in helping the national health authorities (in the North and the South) assume their stewardship role. For Sudan's health sector to benefit in full from the UN Humanitarian Plan of Work and the Framework for Transition, Reconstruction and Poverty Eradication, WHO country cooperation programmes need to fit seamlessly into the UN's unified approach.

In this context, the UN is positioned to support a six year 'interim' transition period. WHO's transition to a focus on the whole of Sudan will take place in stages, though should be fully underway by the third quarter of 2005. In the interim, WHO will sustain, and then build upon, its programmes and partnerships in both the North and in the South. At the same time, WHO will realign its activities in ways that match the new operating environment.

Across Sudan, WHO's actions are expected to have a significant impact to:

1. sustain the survival of vulnerable peoples
2. ensure the delivery of priority health services across the country
3. back the transitional & peacekeeping processes
4. facilitate the recovery of the health sector in the South
5. support the decentralization efforts of FMoH in the North

### **1. Sustaining the survival of vulnerable peoples through immediate assistance**

*Objective:*

Secure equitable access to effective health care for all vulnerable populations in Sudan, be they IDPs, returnees in transit, ex-combatants and dependents, and/or host communities.

*Activities:*

Maintain WHO field offices in Darfur -El Fashir, Nyala and Geneina - and strengthen others, or open new ones, in Juba, Kassala, Kadugli, Malakal and Juba. In addition looking in the future to expand into Damazin, Wau, Yambio and installing a field team in Zallingi.

*All these sites will host UN humanitarian/ recovery hubs and are expected to face an important aseload of IDPs, in transit and/or at destination.*

*Outputs:*

Deliver on WHO priority functions: conducting or participating in health assessments, mapping risks, establishing disease surveillance early warning systems (EWARS), facilitating health coordination, participating in area-based planning to fill gaps, providing guidance and programme support for capacity building, contributing to information package for IDPs, and reactivating/ strengthening local systems until national actors can take over from the internationals.

## **2. Ensuring delivery of priority services across the country**

*The costs of this area of work will be mostly covered by WHO regular country budget, plus by resources mobilized from Polio, GFTAM, GAVI, 3X5. Limited additional external inputs will be needed to cover the costs of logistic support, refreshing courses and unplanned emergency response operations at local level.*

*Objective:*

Ensure that public health programmes - Immunization, Polio Eradication, Disease Control, HIV/AIDS control, Child Health and Women's Health - are responsive to the needs of the most vulnerable.

*Activities:*

Give to all WHO relevant country programmes the means to be more responsive to the needs and opportunities arising from the transition

*All WHO-Sudan staff will be made aware of how their work interact with the UN Plan of Work, the return of IDPs, drought or flood relief, demobilization, the Framework for Transition, Reconstruction and Poverty Eradication. Strategy awareness and refresher courses will be conducted; staff will be encouraged to attend relevant inter-Agency training, e.g. on Guiding Principles and Civil-military coordination. Programmes will be given buffer capacity for work in difficult circumstances, and support through the operational platforms provided by the field offices. Activities in the South as well as in the North, will be streamlined, closing down minor projects and strengthening the overall administrative and logistic capacities of what remains.*

*Outputs:*

Substantial increase of coverage by each programmes in priority areas and/or population groups, mainly thanks to better interaction, support and coordination of efforts with NGOs.

## **3. Backing the transitional & peacekeeping processes**

*This area of work will require of WHO an investment for the recruitment of high quality health economists, accompanied by the necessary office equipment and funds for travel and special projects, e.g. for the health aspects of DDR.*

**Objective:**

Use health evidence as a criteria for allocation of resources across all sectors, and ensure that the health sector priorities are reflected in policies, plans and allocation of resources in all aspects of the transition to peace, recovery and reconstruction in Sudan.

**Activities:**

Assign dedicated staff and office resources to the Technical Secretariats of the two MDTFs, i.e. in Rumbek and Khartoum, facilitate liaisons between health actors and the Programme Implementation Agency (PIA) in the South, and the Project Implementation Unit of the Ministry of Finance in the North.

*Special arrangements will have to be in place with OCHA and the office of the SRSG to ensure that WHO is represented in the civil-military coordination, and contribute to inter-Agency contingency planning and emergency response, and to key processes, e.g. Disarmament, Demobilization and Reintegration.*

**Outputs:**

Extent in which health priorities are reflected in the allocation of national resources to the progress towards the MDG.

*A first basis for monitoring progress and national (GOS and GOSS) contributions is already mentioned in the JAM matrix; indicators need to be refined and properly utilized in the management of the sector (see also points 4 and 5, below).*

#### **4. Recovery of Southern Health sector**

*This area of work will need inputs in terms of staff, office and IT equipment, plus operational funds.*

**Objective:**

Ensure that GOSS has resources and systems enabling it to coordinate the delivery of health care, improve access to basic and referral services, and re-structure its workforce

*Activities:*

- a) Task consultants to carry out an in-depth study of the situation of the sector in South Sudan, starting with human resources and infrastructures.
- b) Assign a team of experts to GOSS/ health in Rumbek, to start a health information system, and assist in planning, managing and coordinating with health partners, to strengthen systems as convenient.

*Equipment will be provided, in-country training will be conducted and staff from GOSS/Health will be supported to participate in international events, study travel, etc.*

*Outputs:*

Establishment of a health information system and health coordination fora and production of standard guidelines, essential drugs list, sectoral plans and monitoring tools such as indicators of performance and progress for the sector.

## **5. Supporting the decentralization efforts of FMOH**

*Objective:*

Ensure that GOS has the capacity to restructure its governance of the health sector and improve its performance in line with the CPA.

*In practice this will mean for FMOH to step up its work of decentralizing the resources and systems needed to coordinate the delivery of health care, improve access to basic and referral services, and restructure its workforce.*

*Activities:*

Assign in Khartoum and, initially, in four selected states, teams of experts to FMOH and SMOH to assist in running and streamlining the health information system, planning, managing and coordinating with health partners, so to strengthen systems as convenient.

*In-country training will be conducted and staff from GOSS/Health will be supported to participate in international events, study travel, etc. At least one of the Darfur states will be covered by this area of work.*

*Outputs:*

Establishment of a health information system and health coordination fora and production of standard guidelines, essential drugs list, sectoral plans and monitoring tools such as indicators of performance and progress for the sector.

### III. WHO'S OPERATIONAL PLAN

#### DARFUR

1. Project title	Requested funds according to June 05 revised Work Plan in US\$	
	Original amount	Revised amount
Disease Surveillance and Health Information Management Systems Development(SUD-05/H57)	1,500,000	1,500,000

**Goal:** Consolidate and expand disease surveillance and outbreak response

**Beneficiaries:** All drought and conflict-affected populations of Darfur  
*approx. 2.4 million vulnerable people, including IDPs, urban poor, those marginalised in difficult-to-reach but accessible rural areas, women & children in areas outside government control*

**Objective(s):** To enable rapid and effective response to epidemic-prone communicable diseases

**Outputs:**

- Strengthened epidemiological and management capacities of the departments responsible for surveillance and related coordination
- Strengthened early warning systems (EWARS) through improved outreach and connectivity
- Expanded technical capacity for disease surveillance, outbreak detection, alert, investigation, confirmation, response and control
- Strengthened laboratory diagnostic capacities at State referral level
- Strengthened preparedness and response capacities of MOH staff in disease prevention, surveillance and reporting improved

**Activities:**

- Conduct consensus workshops at State and County level to define area-based micro-plans
- Select priority communicable diseases for surveillance based on local health risk and vulnerability data emanating from an improved mapping facility
- Revise case definitions, response thresholds, standards and indicators
- Move to a comprehensive disease surveillance network by expanding the number of sentinel reporting sites and improving quality of reporting through increased disaggregation
- Improve information flows, including through use of informal and anecdotal data capture via NGOs and community health workers
- Improve data management, analysis, and interpretation by widening availability of primary data through an enhanced Health Information Management System
- Training of trainers (ToT) on EWARS surveillance protocols, case definitions, epidemic thresholds, and reporting mechanisms for roll-out to peripheral level
- Skills up-grading for national epidemiologists on outbreak investigation, response and epidemic control
- Systems enhancement and software development

- Strengthen and expand public health laboratory networks and systems for safe collection, transport, processing, and testing of specimens from suspected outbreak areas
- Stock-piling and pre-positioning of drugs, consumables, and materials for selected epidemic-prone diseases (e.g Cholera) at strategic locations
- Establish and train outbreak rapid response teams

**Partners**

*Federal and State Ministries of Health, Hospital Boards*

2. Project title	Requested funds according to June 05 revised Work Plan in US\$	
	<i>Original amount</i>	<i>Revised amount</i>
<i>Endemic and tropical Disease Control (SUD-05/H29)</i>	1,500,000	1,500,000

**Goal:** Reduce avoidable mortality and morbidity due to endemic and tropical diseases

**Beneficiaries:** All drought and conflict-affected populations of Darfur, especially in high risk areas

**Objective(s):**

- Enable effective preventive public health interventions
- Improve control of endemic diseases

**Outputs:**

- Re-established comprehensive immunization strategies (EPI), including polio and measles campaigns in areas outside government control
- Improved environmental sanitation, water quality, and vector control

• **Activities:**

- Vaccination campaigns in response to outbreak (e.g Meningitis, Measles), including vitaminization where indicated
- Distribution of insecticide-treated bed-nets (ITNs)
- Residual insecticide spraying and other vector control measures
- Training (WES) inspectors for improved water quality control, including provision of treatment chemicals/minerals
- Training of SMOH Health workers to improve case management and disease prevention and control.
- Raise awareness of community members (including IDPs) on endemic diseases.
- Monitor and assess disease control activities, including case management and vector control.

**Partners** *Federal and State Ministries of Health, Water & Environmental Sanitation Services (WES), UNICEF and NGOs*

3. Project title	Requested funds according to June 05 revised Work Plan in US\$	
	Original amount	Revised amount
<i>Protecting the health-affected IDP and resident populations of Darfur (SUD-05/H59)</i>	5,000,000	5,000,000

**Goal:** Reduce morbidity and mortality

**Beneficiaries:** All drought and conflict-affected populations of Darfur  
*approx. 2.4 million vulnerable people, including IDPs, urban poor, those marginalized in difficult-to-reach but accessible rural areas, women & children in areas outside government control*

**Objective(s):**

- Assess and monitor health needs
- Improve access to basic packages of primary and secondary health care

**Outputs:**

- Expanded and consolidated provision of a free comprehensive package of basic primary and secondary health care, including referral services
- Improved access to essential hospital-based services, especially standard and emergency obstetric care, management of severe malnutrition among under 5 year old children, trauma, and mental health
- Reduction in morbidity and mortality due to gender-based violence
- Health needs identified in terms of capacities, resources available, and traditional coping mechanisms
- priority responses coordinated

**Activities:**

- Coordination and monitoring of health activities
- Targeted supply of drugs and consumables
- Emergency rehabilitation of physical infrastructures, including re-equipment, skills transfer, and targeted subsidization of recurrent costs
- Strengthening of primary and secondary health care, with special focus on emergency care, physical and psychological trauma, mental health, Gender Based Violence, protection of women and child health against health threats
- Capacity-building of Federal and State Ministries of Health in the delivery, management, and monitoring of health services

**Partners:** *Federal and State Ministries of Health, UNICEF, UNFPA, and NGOs through informal partnerships (Johanniter, IRC, MSF)*

4. Project title	Requested funds according to June 05 revised Work Plan in US\$	
	<i>Original amount</i>	<i>Revised amount</i>
<i>Strengthening of health delivery and information management systems (SUD-05/H58)</i>	2,000,000	2,000,000

- Goal:** Achieve more efficient and effective health-aid delivery
- Beneficiaries:**
- Populations of the most 'at-risk' in Darfur
  - Vulnerable children, women and indigents
  - State and Federal Ministries of Health
- Objective(s):** Strengthen the capacities of health authorities at state and federal level to plan for health systems recovery
- Outputs:**
- Sustained qualified WHO field presence at optimal levels
  - Built capacities in health hazard, risk, and vulnerability mapping via an integrated health information system
  - Updated and adapted Basic Health Package
  - Strengthened leadership and governance at state and local levels
  - Improved performance of health staff on case management at health facilities
- Activities:**
- Carry out joint needs assessments and surveys
  - Build and expand health mapping unit within FMOH
  - Technical assistance and Training in public health centres and hospital management
  - Conduct capacity review
  - Conduct health facilities assessment
  - Update gap, coverage, and access analyses
  - Forecast epidemiological trends and provide retrospective impact analyses
  - Define and establish tools and planning databases
  - Train LHMTs on management of public health programmes and leadership development
- Partners** *Federal and State Ministries of Health including local health administration at locality level*

## SOUTHERN SUDAN

1. Project title	Requested funds according to June 05 revised Work Plan in US\$	
	<i>Original amount</i>	<i>Revised amount</i>
<i>Improve Laboratory Services in South Sudan (SUD-05/H26)</i>	300,000	750,000

- Goal:** Consolidate disease control services
- Beneficiaries:** Population served by the peripheral health facilities with laboratories in Southern Sudan, with special emphasis to children, women and people suffering from chronic diseases
- Objective(s):** Develop a Microbiology Referral Laboratory in Southern Sudan
- Outputs:** Reference laboratory established and enabled to carry out quality control activities as well as outbreak verifications
- Activities:**
- Rehabilitate, equip, supply and upgrade the laboratory of Rumbek Hospital (run by the Italian NGO CCM) into a reference microbiology laboratory for the region
  - Conduct a 3-month training course for newly recruited and existing staff (with lab background) at Rumbek Hospital – a total of 4 people – on lab techniques related to: blood culture, cerebrospinal fluid, stool culture, other diagnostic reagents, culture for Mycobacterium Tuberculosis, quality control, preparation of specimen collection kits, serological tests
  - Support peripheral laboratories' activities, by conducting quality control tests, as well as through supervision & on-the-job training by trained qualified lab technicians
- Partners**
- *SPLM Health Secretariat authorities (HS, future Ministry of Health/MoH), concerning decision-making, orientation, coordination and follow-up*
  - *NGO running the Rumbek Hospital (CCM), concerning technical implementation and coordination*
  - *Other NGOs running health facilities with laboratories, concerning technical implementation, information sharing and coordination*
  - *EWARN programme (currently run by WHO, to be handed over to the HS/MoH)*

2. Project title	Requested funds according to June 05 revised Work Plan in US\$	
	<i>Original amount</i>	<i>Revised amount</i>
<i>SUD-05/H27 – Strengthening Outbreak Surveillance and Response</i>	<i>600,000</i>	<i>900,000</i>

**Goal:** Enable monitoring and effective response to epidemic-prone diseases

**Beneficiaries:** Population living in epidemic-prone zones in the Southern Sudan, with special emphasis on children, women and the elderly

**Objective(s):** Consolidate and further expand on-going integrated disease surveillance and response activities

**Outputs:**

- Health staff trained and community-based EWARN teams established
- Laboratory network expanded
- Adequate stock of drugs in epidemic-prone zones

**Activities:**

- With the support of existing and additional technical assistance (to be recruited under the project), conduct short-term and on-the-job training on EWARN including: integrated clinic and lab sessions; case definitions and early recognition, reporting, verification and response to selected epidemic-prone and vaccine-preventable diseases in a complex emergency situation
- Coordination and integration of activities among the various WHO-run programs, the EWARN and regional public coordinators as well as the Polio Eradication (including the AFP surveillance)
- Feed-back, monitoring and supervision by organizing joint field visits and disseminating general information bulletins (e.g. WHO Southern Sudan Monthly Update), monthly activity reports, summary notes on selected outbreak conditions and basic researches
- Improve epidemic preparedness by collecting/analysing data, sharing information and stockpiling drugs and medical supplies in selected epidemic-prone zones
- Strengthen community-based surveillance with community orientation activities, advocacy and establishment of community-based EWARN teams

**Partners**

- *HS/MoH, concerning decision-making, orientation, coordination and follow-up*
- *NGOs running health facilities, concerning technical implementation, information sharing and coordination*
- *Community-based EWARN teams, concerning information sharing*

3. Project title	Requested funds according to June 05 revised Work Plan in US\$	
	<i>Original amount</i>	<i>Revised amount</i>
<i>First Steps Towards the Recovery of the Southern Sudan Health Sector and the Strengthening of the Health Secretariat (HS) Capacity (SUD-05/H28)</i>	1,000,000	1,000,000

**Goal:** Ensure a sound recovery of the health sector

**Beneficiaries:** • HS/MoH and Health sector stakeholders in general

**Objective(s):** • Strengthen the capacity of the Health authorities to (re)build the health system  
 • Foster an informed and productive policy debate, conducive to sector recovery, and set a baseline against which progress can be assessed  
 • Introduce/strengthen/streamline recovery-oriented tools  
 • Strengthen the HS/MoH capacity focusing on management and coordination

**Outputs:** • Survey on HRs conducted covering information on inventory of the HRs active in Southern Sudan; analysis of the aggregate structure of the workforce; review of existing training outlets; functional study of personnel management patterns; appraisal of skills and performance of health workers  
 • HRs Development Plan 2006-2010 designed including TORs, methodology and required resources  
 • Assessment of the pharmaceutical area conducted including review of key aspects such as policy, regulation, financing, planning, procurement, drug supply, drug use.  
 • Drug Policy formulation and corresponding Strategic Plan designed  
 • Assessment of the Health Care Network conducted with detailed situation analysis including a database of existing health facilities; suggestions for guidelines for the rehabilitation and construction of health facilities; recommendations for a health network development plan, the strengthening of the Health Secretariat (future MoH), the integration of activities, the better interaction among partners  
 • TORs for the formulation of a Health Care Network Development Plan designed  
 • First crash training of Midwives and Health Managers

**Activities:** • Carry out surveys and assessments on Human Resources, Pharmaceutical, Network and Management Systems areas for the formulation of corresponding plans for 2006-2010  
 • Design and create conditions for the crash training of most needed cadres (e.g. health managers and midwives)  
 • Develop/strengthen tools related to strategic and operational coordination, mapping of main partners in the recovery strategy,

accreditation facility for health workers, essential drugs list and standard treatment guidelines and database of health facilities

- Assessment of and formulation of recommendations on the HS/MoH management and support services as well as coordination mechanisms
- Crash training of health managers and midwives

**Partners**

- *HS/MoH authorities, concerning decision-making, orientation, coordination and follow-up*
- *Resource working groups for the several domains, incl. back-up UN agencies (e.g. UNICEF and UNFPA) and NGOs (e.g. AMREF), concerning technical support, implementation and coordination*

4. Project title	Requested funds according to June 05 revised Work Plan in US\$	
	<i>Original amount</i>	<i>Revised amount</i>
<i>Endemic and Tropical Disease Control (incl. Malaria, TB and Kala-Azar)(SUD-05/H29)</i>	1,075,000	1,290,000

- Goal:** Consolidate disease control services – with a special focus on Malaria, Tuberculosis and Kala-Azar
- Beneficiaries:** Population of Southern Sudan in endemic/epidemic-prone areas, with special focus on vulnerable groups such as children and women.  
*Malaria (Southern Sudan as a whole) and Kala-Azar (Upper Nile region): population estimated at 1.5 million*  
*Tuberculosis (Southern Sudan as a whole). However, the project will focus on a population of about 300,000.*
- Objective(s):**
- Improve control of epidemic diseases
  - Reduce mortality and morbidity due to Malaria (focusing on the outbreak season)
  - Reduce mortality and morbidity due to TB and prevent the development of drug resistance
  - Increase capacity to control outbreaks of Kala-Azar
- Outputs:**
- Endemicity maps and centralized database (for Kala-Azar)
  - Health workers trained in Malaria, Kala-Azar and TB early diagnosis and proper case management; as well as in treatment and management of TB cross-infection
  - Peripheral laboratories accurately diagnosing Kala-Azar
  - Reduced TB infection and increased prevention of multi-drug resistance
  - Increased access of communities to health services
- Activities:**
- Design the map prevalence of selected endemic diseases
  - Develop standard guidelines for diagnosis, treatment and data reporting
  - Organize on-the-job training of health workers
  - Increase the number of sites accurately performing lab diagnosis, by providing medical supplies & equipment and training
  - Review and improve coordination mechanisms
  - Develop and strengthen control measures of endemic disease while focusing on phlebotomine sand flies, vector of visceral leishmaniasis.
- Partners**
- *HS/MoH authorities, concerning decision-making, orientation, coordination and follow-up*
  - *NGOs running endemic diseases programmes (e.g. Malteser, MSF family), concerning technical implementation, information sharing and coordination*

5. Project title	Requested funds according to June 05 revised Work Plan in US\$	
	<i>Original amount</i>	<i>Revised amount</i>
<i>Polio Eradication (SUD-05/H30)</i>	917,271	917,271

- Goal:** Eradicate Polio from Southern Sudan in line with the Global Eradication Initiative
- Beneficiaries:** Under-5 children of Southern Sudan, estimated at 1.9 million
- Objective(s):** Consolidate disease control services, specifically through the implementation of the Polio Eradication Initiative.
- Outputs:**
- Every child under 5 years of age receives 6 doses of OPV
  - Only 1 AFP case per 100,000 children below the age of 15 (as well as the achievement of other Global Polio indicators)
- Activities:**
- Conduct six rounds of immunization in 2005: four until May and two in October-November
  - Conduct AFP surveillance and reporting based on established sentinel sites and using the existing network of WHO AFP surveillance staff
- Partners**
- *HS/MoH authorities, concerning follow-up and information sharing*
  - *UN agencies (e.g. UNICEF) and NGOs, concerning technical support, implementation and coordination*
  - *EWARN programme*

6. Project title	Requested funds according to June 05 revised Work Plan in US\$	
	<i>Original amount</i>	<i>Revised amount</i>
<i>Immediate Health Assistance to Returnees and Host Communities (SUD-05/H31)</i>	927,688	927,688

- Goal:** Provide health information to IDPs returnees – and their host communities
- Beneficiaries:** Returnees (mostly IDPs) and host communities, with focus on Northern BEG, Upper Nile and Equatoria.
- Objective(s):**
- Identify, advise and treat/refer for treatment the vulnerable ones
  - Ensure the provision of a basic health care package to returnees and host communities
  - Strengthen strategic and operational coordination among the involved stakeholders
- Outputs:**
- IDPs informed on where to return
  - Vulnerable IDPs returnees identified, advised and treated/referred for treatment
  - IDPs returnees and host communities basic health needs addressed
  - Agencies supporting IDPs in the North and South, following the same strategic and technical approach
  - Strengthened coordination between the Health sector, the Sustainable Returns Teams in Khartoum (HAC/agencies/sectors) and Rumbek (SRRC/agencies/sectors) and the OCHA-led EP&R.
- Activities:**
- Carry out (health) informative workshops in IDP concentration areas in Khartoum (camps and squatter areas) and in garrison towns
  - Provide resources to health facilities along key return routes and final destinations (drugs and medical supplies & equipment; funds to recruit additional staff and cover for recurrent expenditures)
  - Establish the necessary links with the EP&R for conducting specific rapid assessments
  - Keep informed health implementing agencies about the strategic and operational plans related to IDPs returnees, establish coordination fora and share information on regular basis
- Partners:**
- *HS/MoH authorities and SRTs (Kht/HAC and Rumbek/SRRC), concerning decision-making, orientation, coordination and follow-up*
  - *Local/county level civil authorities, concerning field coordination and information sharing*
  - *Other sector focal points (e.g. UNICEF for Water & Sanitation, Education and Protection), concerning technical coordination over implementation of activities*
  - *Health NGOs, concerning technical implementation, information sharing and coordination*

## New projects for Southern Sudan

7. Project title	Requested funds according to June 05 revised Work Plan in US\$
<i>Mass Measles Campaign (SUD-05/H94)</i>	2,309,210

- Goal:** To reduce child mortality by raising immunization coverage for Measles to 90% for under 15 yrs
- Beneficiaries:** 3,580,844 children aged 6 months to 15 years in Southern Sudan
- Objective(s):**
- Reduce child mortality by raising immunization coverage for measles to 90% for under 15 year olds
- Outputs:**
- Immunize 3,580,844 children under 15 years against measles in Southern Sudan and transitional areas (SBN, Nuba and Abyei)
- Activities:**
- Microplans will be prepared in collaboration with partners
  - Preparation of social mobilization materials and information dissemination
  - Training of vaccinators and volunteers
  - Training of supervisors and monitors
  - Vaccine and other logistics distribution
  - Coordination with all stakeholders
  - Preparation and dissemination of injection safety and wastage management protocols
- Partners:** *Health Secretariat, UN agencies and NGOs*

8. Project title	Requested funds according to June 05 revised Work Plan in US\$
<i>Expanding IECHC (modified IMCI) activities (SUD-05/H98)</i>	300,000

- Goal:** Reduce morbidity & mortality of the under-five population through the expansion of IECHC in Southern Sudan.
- Beneficiaries:** 1.5 million under-five population of Southern Sudan
- Objective(s):**
- Improve morbidity and mortality of the under-five population through the expansion of IECHC in Southern Sudan
- Outputs:**
- The IECHC programme is established and functioning
  - Faculty at all training institutions for health workers are trained in the IECHC methodology
  - ToT workshops have been held for all requesting partners
  - Standardized data collection system is in place
  - IECHC manuals are revised, produced and available for all health workers trained in the methodology
- Activities:**
- Establish a mechanism for the coordination of IECHC activities
  - Increasing capacity for IECHC programme management/monitoring and evaluation by national staff
  - Revise, produce and distribute IECHC training package to partners
  - Incorporating IECHC guidelines into training curricula at all training institutions in Southern Sudan and provide training for the faculty of the institutes
  - Promote expansion of IECHC through training of trainers workshops for partners implementing IECHC activities
- Partners:** *Health Secretariat, WHO, Training Institutes and implementing partners*

## REST OF SUDAN (not including Darfur or South)

1. Project title	Requested funds according to June 05 revised Work Plan in US\$	
	Original amount	Revised amount
Endemic and tropical disease control (SUD-05/H29)	400,000	400,000

**Goal:** Reduce avoidable mortality and morbidity due to endemic and tropical diseases

**Beneficiaries:** Kassala State estimated population of 1,507,000 as well as an IDP population of about 63,000 and a refugee population of 110,000

**Objective(s):**

- Enable effective preventive public health interventions
- Improve control of endemic diseases

**Outputs:**

- Re-establishment of comprehensive immunization strategies (EPI), including polio and measles campaigns in areas outside government control
- Improved environmental sanitation, water quality, and vector control

**Activities:**

- Vaccination campaigns in response to outbreak (e.g. Meningitis, Hepatitis-E), including vitaminization where indicated
- Distribution of insecticide-treated bed-nets (ITNs)
- Residual insecticide spraying and other vector control measures
- Training (WES) inspectors for improved water quality control, including provision of treatment chemicals/minerals
- Training of SMOH Health workers to improve case management and disease prevention and control
- Raise awareness of community members (including IDPs) on endemic diseases
- Monitor and assess disease control activities, including case management and vector control

**Partners** *Federal and State Ministries of Health, Water & Environmental Sanitation Services (WES), UNICEF*

2. Project title	Requested funds according to June 05 revised Work Plan in US\$	
	<i>Original amount</i>	<i>Revised amount</i>
<i>Strengthen surveillance and control of main communicable diseases (SUD-05/H90)</i>	800,000	800,000

- Goal:** Consolidate and expand disease surveillance for early detection of and response to outbreak
- Beneficiaries:** IDPs and Returnees in 'at risk' areas
- Objective(s):** To enable rapid and effective response epidemic-prone communicable diseases
- Outputs:**
- Strengthen epidemiological and management capacities of the departments responsible for epidemiological surveillance and related coordination
  - Strengthened early warning systems (EWARS) through improved outreach and connectivity
  - Expanded technical capacity for disease surveillance, outbreak detection, alert, investigation, confirmation, response, and control
  - Strengthened laboratory diagnostic capacities at State referral level
  - Strengthened preparedness and response capacities of MOH staff in disease prevention, surveillance and reporting improved
- Activities:**
- Conduct consensus workshops at State and County level to define area-based micro-plans
  - Select priority communicable diseases for surveillance based on local health risk and vulnerability data emanating from an improved mapping facility
  - Revise case definitions, response thresholds, standards and indicators
  - Move to a comprehensive disease surveillance network by expanding the number of sentinel reporting sites and improving quality of reporting through increased disaggregation
  - Improve information flows, including through use of informal and anecdotal data capture via NGOs and community health workers
  - Improve data management, analysis, and interpretation by widening availability of primary data through an enhanced Health Information Management System
  - Training of trainers (ToT) on EWARS surveillance protocols, case definitions, epidemic thresholds, and reporting mechanisms for roll-out to peripheral level
  - Skills up-grading for national epidemiologists on outbreak investigation, response and epidemic control
  - Systems enhancement and software development
  - Strengthen and expand public health laboratory networks and systems for safe collection, transport, processing, and testing of specimens from suspected outbreak areas

- Stock-piling and pre-positioning of drugs, consumables, and materials for selected epidemic-prone diseases (e.g. Cholera) at strategic locations
- Establish and train outbreak rapid response teams

**Partners**

*Federal and State Ministries of Health in Khartoum, Kassala, and along routes of return*

3. Project title	Requested funds according to June 05 revised Work Plan in US\$	
	<i>Original amount</i>	<i>Revised amount</i>
<i>Strengthening of health delivery and information management systems (SUD-05/H58)</i>	2,000,000	1,000,000

- Goal:** Achieve more efficient and effective health-aid delivery
- Beneficiaries:** Populations of the most 'at-risk' States in North Sudan  
*Vulnerable children, women and indigents*
- Objective(s):** Strengthen the capacities of health authorities at State and federal level to plan for health systems recovery
- Outputs:**
- Sustained qualified WHO field presence at optimal levels
  - Built capacities in health hazard, risk, and vulnerability mapping via an integrated health information system
  - Updated and adapted Basic Health Package
  - Trained trainers and health staff
- Activities:**
- Carry out joint needs assessments and surveys
  - Build and expand health mapping unit within FMOH
  - Technical assistance and Training in public health centres and hospital management
  - Conduct capacity review
  - Conduct health facilities assessment
  - Update gap, coverage, and access analyses
  - Forecast epidemiological trends and provide retrospective impact analyses
  - Define and establish tools and planning databases
  - Rehabilitate and equip essential State MOH administrative premises
- Partners** *Federal and State Ministries of Health*

## New project for Rest of Sudan

4. Project title	Requested funds according to June 05 revised Work Plan in US\$
<i>Health Assistance to IDP communities in Khartoum States and En-Route Way- Stations (SUD-05/H96)</i>	754,435
<b>Goal:</b>	Reduce morbidity and mortality of IDPs and assist returnees
<b>Beneficiaries:</b>	IDP Population of the most 'at-risk' States Children, women and indigents. The estimated caseload is 580,000 people
<b>Objective(s):</b>	<ul style="list-style-type: none"> <li>• Ensure the access of IDPs to basic health services at the area of displacement, way stations and at final destination.</li> <li>• Strengthen strategic and operational coordination among partners</li> <li>• Strengthen communicable disease surveillance and epidemic control</li> <li>• Reduce the prevalence of blindness (Khartoum camps)</li> </ul>
<b>Outputs:</b>	<ul style="list-style-type: none"> <li>• Promoting and maintaining health system assessments and gap analysis by geographical area and by level of care</li> <li>• Strengthened coordination</li> <li>• Most vulnerable people are screened, treated and referred</li> <li>• A comprehensive and accessible information package on health risks, endemic diseases and areas</li> <li>• Availability of health services along the return routes is disseminated at the area of displacement, way station and final destination.</li> <li>• Increasing the number of IDPs, returnees and host communities having access to basic health services</li> <li>• Strengthened disease surveillance and outbreak response systems at State and locality level</li> <li>• Strengthened blindness programme</li> </ul>
<b>Activities:</b>	<ul style="list-style-type: none"> <li>• Enhance capacity in coordination</li> <li>• Consolidate and enhance disease surveillance</li> <li>• Procure outbreak investigation and response equipment and supplies</li> <li>• Improve the use of PHC (mainly in Khartoum camps)</li> <li>• Provision of complete health information package to IDPs willing to resettle and to returnees before their departure</li> <li>• Ensuring that medical screening of vulnerable IDPs/returnees is provided</li> <li>• Provision of minimum quality health services to IDPs, returnees and host communities that includes preventative, curative and mass vaccination</li> <li>• Assuring health education</li> </ul>
<b>Partners</b>	<i>Federal and state Ministries of Health, UNICEF, UNFPA and NGOs</i>

#### IV. SUMMARY

<i>Requested funds according to June 05 revised Work Plan 2005</i>	
<i>4 Projects for Darfur</i>	<i>US\$ 10,000,000</i>
<i>8 Projects for southern Sudan</i>	<i>US\$ 8,394,169</i>
<i>4 Projects for transitional areas, eastern and northern Sudan</i>	<i>US\$ 2,954,435</i>
<b>TOTAL</b>	<b>US\$ 21,348,604</b>

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