5.75 million people in Sudan are in need of basic health services.

The number of health personnel in Darfur is five times lower than the WHO benchmark.

**WHAT?**

- Inadequate and insufficient access to primary health care and referral services for 5.75 million IDPs, returnees, refugees and people from affected host communities in Darfur, South Kordofan, Blue Nile and Abyei and east Sudan.

- High morbidity and mortality from communicable and vaccine-preventable diseases, particularly in conflict-affected regions.

- A low health workforce density, particularly in rural areas, with 1.2 health professionals per 1,000 people in Sudan and 0.4 and 0.6 per 1,000 people in Darfur and the border areas, as compared to the WHO benchmark of 2.3 per 1,000 population.

**HUMANITARIAN FOCUS**

- Increase the access and utilization, and strengthen the quality of, basic health care services, including treatment of common diseases, provision of drugs, immunization, emergency obstetric and neonatal care and nutrition, from 45% to 60% in target areas. Improve first-referral health care services by promoting equity in health service coverage and outcomes.

- Strengthen national, state and local capacity to predict, detect, prepare and respond to communicable disease outbreaks and emergencies, through the establishment of emergency preparedness and response plans in 11 states and the training of 100 rapid response teams.

- Increase the availability of quality maternal and child health services through the provision of emergency obstetric care supplies, increased numbers of trained health personnel and midwives and raising immunization services in target states.

- Mainstream the cross-cutting themes of preparedness, capacity building, gender, environment, early recovery and HIV/AIDS into all health programmes.
FROM THE FIELD

February 2013. East Darfur:

A woman awaits the birth of her
grandchild outside Mubadiron's
clinic in Khor Omer, East Darfur. The child's father waits with a
friend in the background.

While 80% of Sudan's population has access to
primary healthcare services, there are large disparities
between different states. In parts of Darfur, less than 60% of
households have such access – mainly due to security concerns
about travelling to the nearest facility, but also sometimes due
to the sheer distance required to travel there. Moreover, staff
shortages and poor infrastructure mean that about
28% of existing primary health care facilities in Darfur are not
functional – and even those that are, may proper lack medical
equipment or sufficient staff.

Mubadiron is a Sudanese non-
governmental organization that
has managed area clinics since
2010, with partial support from
the Common Humanitarian
Fund. They work closely with
international NGOs as well as
the government Ministry of
Health to manage Primary
Health Care Centers throughout
Darfur. This particular project
provides general clinical
services, child health and
nutrition services, and diagnosis
and treatment of communicable
disease to about 120,000
people.

Maternal and reproductive
health services, including
emergency obstetric care,
management and prevention of
STIS, are a core component of
the primary health care
provided.

(Photo: OCHA)

SECTOR INFORMATION

Government lead: Ministry of Health (MoH)

Lead agency: World Health Organization (WHO)

Projects: 33

Beneficiaries: 3,937,322

Funds requested: $75,383,641

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