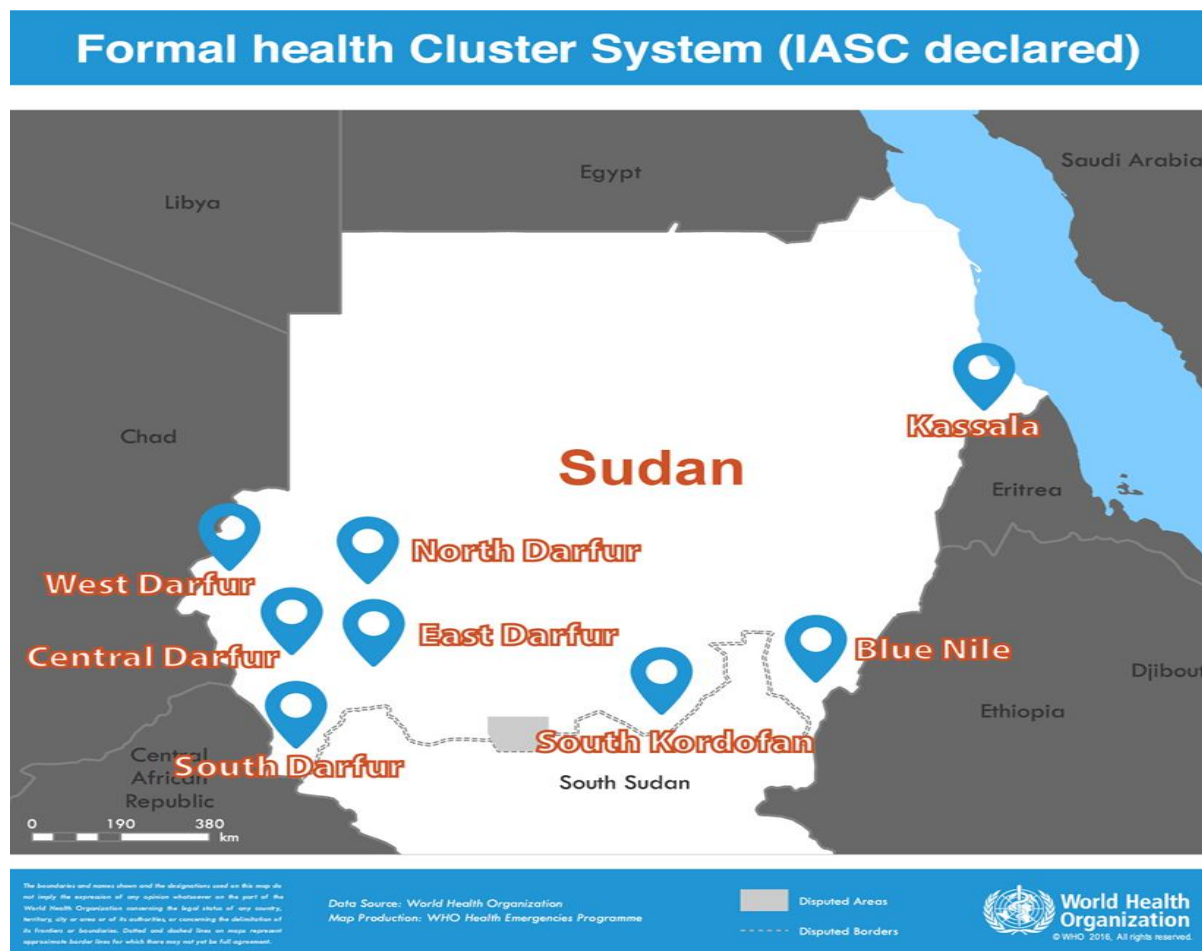


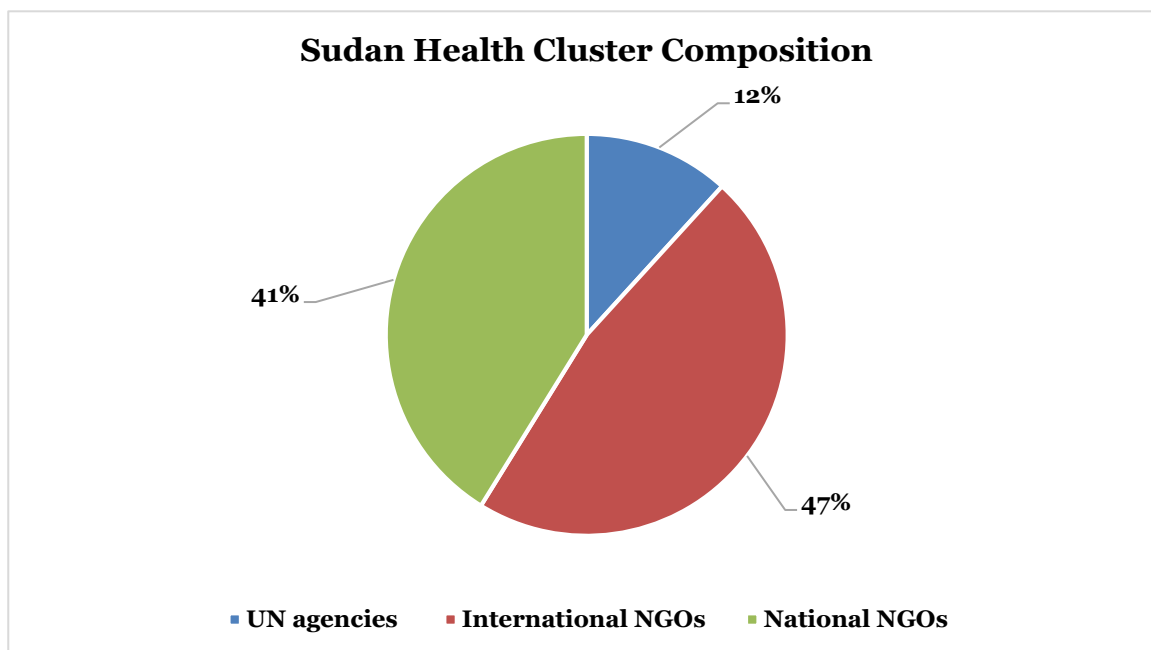
Sudan Health Cluster 2019 Annual Report

During the year 2019 the health cluster led by the world health organization WHO continued to provide a platform to health partners that ensures the delivery of humanitarian health services to the affected population across Sudan. The health cluster action is guided by humanitarian and partnership principles and operates within the Humanitarian Response Plan and strategic priorities of the health sector framework.

According to WHO grades for emergencies, Sudan is still a grade 2 emergency requiring operational interventions by WHO, and health partners. The current health coordination mechanism is comprised of a national health cluster based in the capital Khartoum, eight dedicated sub-national offices located in; five Darfur states, Kassala, South Kordofan, and Blue Nile. In addition, four dedicated WHO liaison officers are based in Red Sea, Gadaref, Sennar, and Khartoum states to facilitate the implementation and coordination of health programs.

In 2019, the health cluster members strived to meet the needs of 3.6 million people in need for life-saving and life sustaining health activities (HNO 2019) in addition to responding to emerging emergencies such as seasonal floods, disease outbreaks, and incidents of conflict. By the end of the year, a total of 34 implementing health partners (UN agencies, INGOs, and national NGOs) contributed to the overall health response across Sudan. In addition, Médecins Sans Frontières (France, Spain, Belgium, Holland, Swiss), the International Committee of Red Cross ICRC, and the Sudanese Red Crescent SRC, were an invaluable asset to the response.

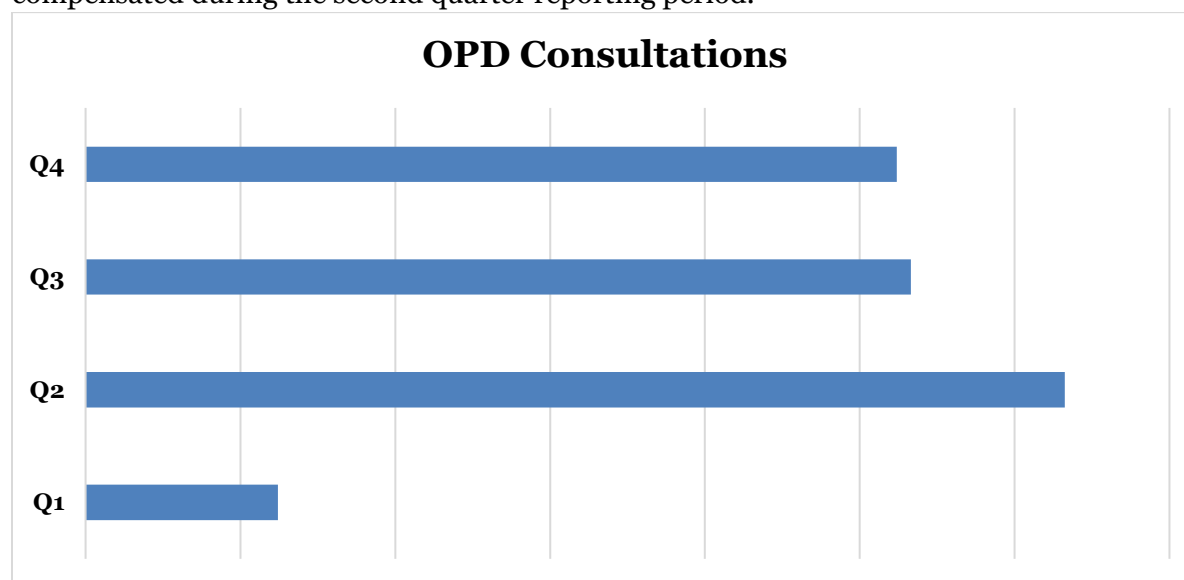




2019 Achievements against the core functions of the health cluster:

1- Support service delivery, monitor, and evaluate performance:

In 2019, a total of 3,627,154 outpatient consultations were supported, reporting on the 4Ws during the first quarter of the year witnessed a decline due to the countrywide civil unrest. Health partners compensated during the second quarter reporting period.



2019 health outputs as reported on the 4Ws by cluster partners.

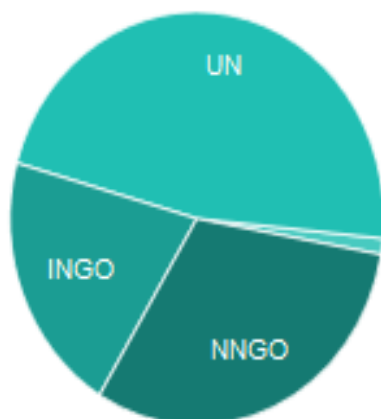
Indicator	Q1	Q2	Q3	Q4	Total
Total OPD consultations	248,412	1,264,695	1,066,046	1,048,001	3,627,154
# of supported Hospital Admissions		15,461	5,862	6,409	27,732
# New mental health consultations		4,698	7,517	7,507	19,722
# of antenatal care patients supported		109,798	162,661	88,902	361,361
# Trauma received life support		29,414	25,690	22,870	77,974
# of postnatal care patients supported		31,957	53,142	55,695	140,794
# Women received family Planning services		10,235	30,206	38,676	79,117
# of deliveries by skilled birth attendant (including village trained midwives)		16,052	35,438	28,556	80,046
# beneficiaries from community awareness		1,240,000	1,616,060	3,063,958	5,920,018
# Of health emergency events reported, investigated and response initiated within 72 hours after reporting.		66	69	60	195
# of rapid response teams trained	5	31	50	14	100

By the end of 2019 the completeness of reporting by health partners reached 80% vis-à-vis 64% at the beginning of the same reporting year.

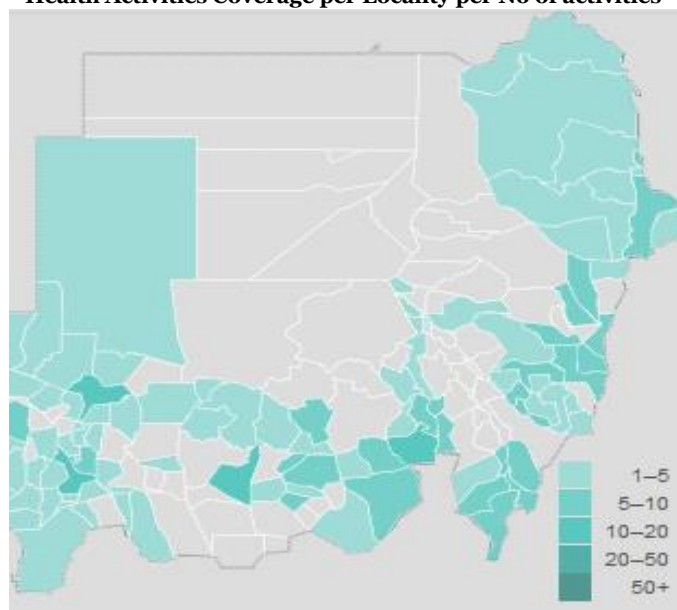
2019	Completeness of reporting on the 4Ws
Q2	64%
Q3	77%
Q4	80%

The Health response covered 164 localities and locations across the 18 states of Sudan.

Health Activities per organization type



Health Activities Coverage per Locality per No of activities



2- Plan and implement cluster strategies and inform the HC/HCT strategic decision making:

Through the designated and OCHA led humanitarian coordination structure, the health cluster actively participated in the inter-sector coordination group ISCG and HCT weekly meetings feeding the relevant information received from field offices to inform the overall implementation of the humanitarian response plan HRP and formulating the priorities in response to the emergencies across Sudan.

During 2019, the health cluster supported the planning and implementation of:

- Khartoum civil unrest response.
- Seasonal floods response.
- Cholera outbreak response.
- Vaccine preventable disease outbreaks (measles and Diphtheria).
- Vector- borne diseases outbreaks response (Malaria, Dengue fever, and Chikungunya fever).
- West Darfur response.

The health cluster held bi-weekly meeting with cluster members to update health partners about the progress of the response and receive feedback addressing emerging needs and gaps. All health cluster products, assessments, and health reports were made available on the official health cluster website, and distributed to humanitarian actors and donors on timely bases.

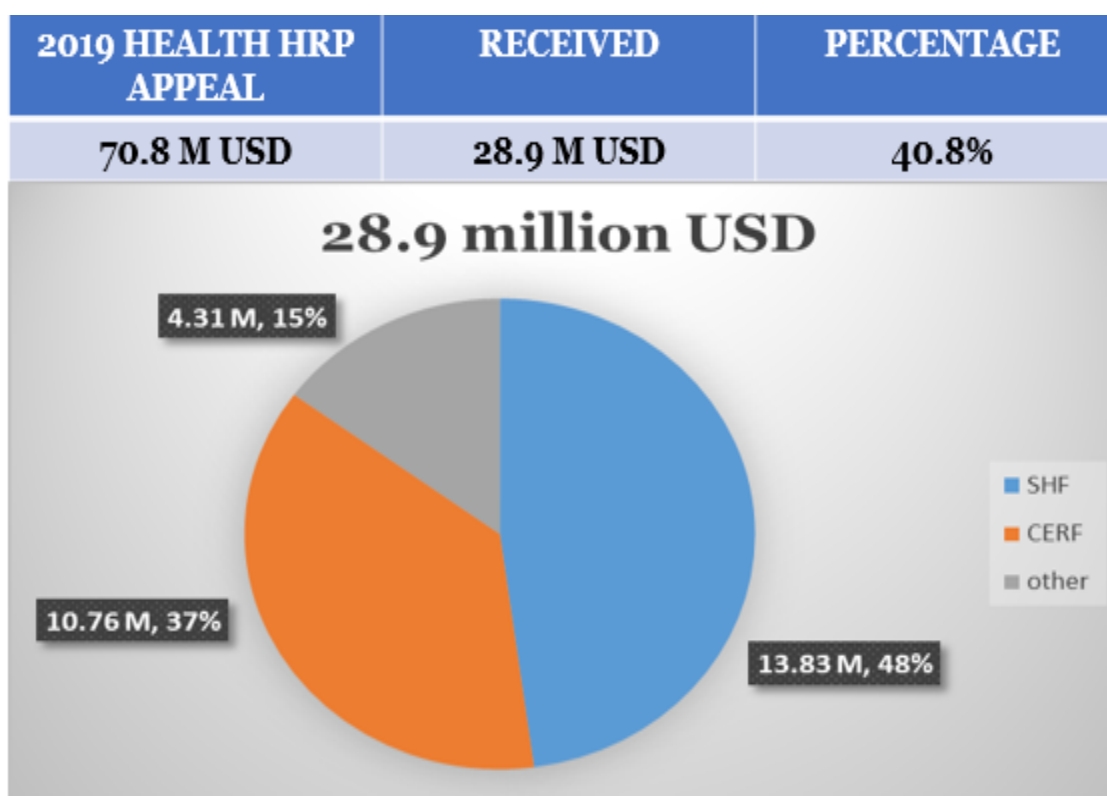
Product	Frequency	Source	Timeliness
HC bulletin	Monthly	Health Cluster	On time *
HC Minutes of meetings	Bi-weekly	Health Cluster	On time
Field HC minutes of meeting	Bi-weekly	HC Sub-offices	With delay**
Disease surveillance reports	Weekly	FMOH	On time
4Ws indicator reports	Quarterly	Health Cluster	With delay
IA assessment reports	Ad-hoc	UN agencies/OCHA	Delayed ***
Emergency planning	Event based	FMOH/ UN Agencies/ OCHA	Delayed

- * On time: relevant to the event and effectively informs timely response.
- ** With delays: late submission, can inform late response.
- *** delayed: late submission, poorly informing the response and resource mobilization.

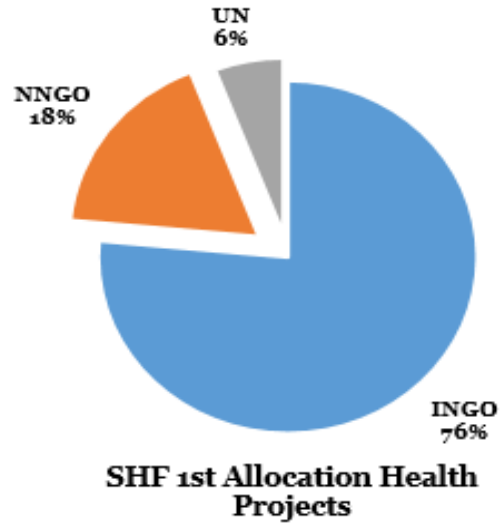
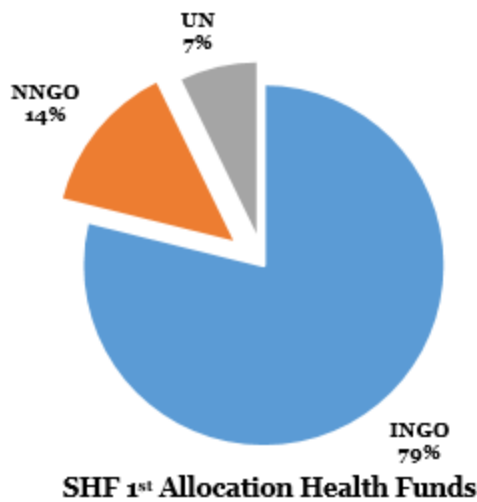
3- Support humanitarian advocacy and resource mobilization:

The health cluster in cooperation with the office of coordination of humanitarian affairs OCHA contributed to the key information and messages of the HC and HCT action. In addition, the health cluster engaged in the Sudan humanitarian fund SHF and CERF processes in support to the health actors implementing their projects at field level.

By the end of 2019, the health sector appeal was funded by 40.8%. Out of the original appeal of 70.8 M USD the sector received 28.8 M USD. 10.7 M USD were received through CERF (37%), and 13.8 M USD through the SHF (48%).



The SHF first standard allocation for the year 2019 supported 17 multi-sectorial projects with health component. Out of the 17 projects, 13 by INGOs (76.5%), 3 by national NGOs (17.5%), and 1 by UN agencies (6%). Funding for the health component in all projects amounted to 4,853,295 USD, out of which, 3,827,823 USD for projects by INGOs (78.8%), 675,484 USD for projects by national NGOs (14%), and 349,988 USD for the project submitted by a UN agency (7.2%).



The second SHF standard allocation for 2019 supported 13 multi-sectorial projects with health component. 12 projects were submitted by INGOs, and one by a national NGO. The total amount of health funds was 6,327,861 USD.

2019 Allocation	Total received Million \$	Health	%
SHF	58.1	13.8	23.7
CERF	43.3	10.7	24.7

A glimpse into 2020

On the 6th of March 2019, The changes are designed to support countries in achieving the ambitious “triple billion” targets that are at the heart of WHO’s strategic plan for the next five years: one billion more people benefitting from universal health coverage (UHC); one billion more people better protected from health emergencies; and one billion more people enjoying better health and well-being. All to achieve health-related Sustainable Development Goals SDGs.

In 2020, the health cluster members and health partners will strive to meet the needs of 8.6 M people in need for health assistance. In due course, the health cluster will prioritize 5 million people of dire need of help across 112 localities of the highest health severity of needs as outlined in the 2020 Sudan HRP. The health cluster pledged on behalf of the health partners \$120 M to support the required life-saving and life sustain health activities across the country.

The health sector objectives, activities, and indicators were all set to be aligned with the Sustainable Development Goals, and the 13th General Programme of Work (GPW) that sets out WHO’s strategic direction for the next five years.

Global indicator framework for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development		SDG indicator code	2020 Health sector objective	HRP 2020 indicator
Goal 3. Ensure healthy lives and promote well-being for all at all ages				
3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.8.1 Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population)	Co3o801	Increase equitable access to humanitarian life-saving and life-sustaining health services for those most vulnerable and in need.	Number of consultation per person in need per year
3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all	3.b.1 Proportion of the target population covered by all vaccines included in their national programme	Co3ob01	Increase equitable access to humanitarian life-saving and life-sustaining health services for those most vulnerable and in need.	Coverage of DPT3 vaccine
	3.b.3 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis	Co3ob03	Strengthen health system capacity to support continuity of care, strengthen community resilience, and enhance risk mitigation measures.	Number of functional health facilities per population.
3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness	Co3od01	Strengthen health sector capacity to prepare and deliver timely response to affected population by conflict, natural emergencies, and disease outbreaks.	Percentage of disease alerts investigated within 72 hours of identification



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