











Humanitarian Development Nexus:

Strengthening a Decentralized Health System for Protracted Displaced Population (HealthPro) in Al-Fashir and Nyala

North and South Darfur States







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The EU and the Delegated Cooperation

The European Union is a unique economic and political union between 28 EU countries that together cover much of the continent. The EU has delivered more than half a century of peace, stability and prosperity and helped raise living standards. The EU remains focused on making its governing institutions more transparent and democratic. Decisions are taken as openly as possible and as closely as possible to the citizens.

Collectively, the EU and its constituent countries are the world's leading humanitarian aid and development cooperation provider. The EU plays an important role in diplomacy and works to foster stability, security and prosperity, democracy, fundamental freedoms and the rule of law at international level.

The EU maintains permanent diplomatic missions throughout the world, and is represented in Sudan by the Delegation of the European Union. The European Union (EU) Delegation to Sudan deals with political and development cooperation relations between the EU and Sudan.

The EU maintains dialogue with the Sudanese government and civil society organisations to support peace, democracy, human rights and sustainable development. The Delegation coordinates between the resident EU Member States Embassies to maintain one policy and one position on Sudan.

The European Union is one of the main donors to Sudan. The action of the EU in Sudan is aligned with the strategies of the Country and aims to facilitate the transition from humanitarian support to sustainable development and focusses on supporting local institutions, by fostering their ownership. These projects directly benefit the people of Sudan.

From 2012 to date, the "Delegated Cooperation" has been highly consolidated and today represents an essential element of the Italian Development Cooperation System. Italy so far has been one of the first Member States to implement EU cooperation programs, with clear positive returns for the institutional image, both in terms of volumes of resources available and political visibility. In detail, AICS Khartoum, thanks to its solid experience in implementing system strengthening programs in the health sector through recognised best practices, plays a key role in technical assistance to the programs, carrying out the function of program verifier for the coordination and management of Delegated Cooperation interventions.

In Sudan, AICS runs currently three delegated cooperation programs for a total of 23,795 MEUR aimed at supporting migrants and host communities in improving access to safe water and sanitation (SDN11); strengthening resilience for refugees, IDPs and host communities in Eastern Sudan (SDN13); and at strengthening a decentralized health system for protracted displaced population in North and South Darfur (HealthPRO).

Why Darfur?

Darfur is one of the poorest areas in Sudan. Due to the protracted instability and insecurity in the Region, the health, nutrition, and social indicators are among the worst in Sudan.

- It is estimated that about 40% of the health facilities are not operational while the remaining 60% are unable to provide quality Primary Health Care (PHC) services.
- The mortality for children under 5 years old is much higher in the states of North Darfur and South Darfur than in Khartoum.
- Nutritional indicators are worse than the average in Sudan: the population percentages with severe or moderate malnutrition are 44.9% in North Darfur and 29.4% in South Darfur.
- Inaccessibility to many Darfur communities, because of insecurity, has seriously undermined preventive programs: immunisation coverage for measles in South Darfur is 58.9% while in North Darfur it is 67.5 %. 2

Geographic area	Neonatal mortality (1,000 live births)	Under 5 mortality (1,000 live births)
Sudan	32.6	68.4
North Darfur	43.9	90.3
West Darfur	39.2	91.4
South Darfur	35.2	71.9
Central Darfur	24.7	77.4
East Darfur	51.8	111.7

Source: Multiple Indicator Cluster Survey (MICS) 2014

In addition, following the demobilisation plan of Internally Displaced Persons (IDPs), out of camp policy, which is one of the pillars of the post peacebuilding reconstruction program, Darfur is facing an additional challenge: reorganising IDP camps and their facilities in new residential areas, while guaranteeing basic social services to the host communities and IDPs themselves.

Simple Spatial Survey Method (S3M) 2014

Multiple Indicator Cluster Survey (MICS) 2014

About HealthPRO

Funded by the European Union and implemented by the Italian Agency for Development Cooperation and the INGO GOAL, the Program "Humanitarian Development Nexus: Strengthening a Decentralized Health System for Protracted Displaced Population (HealthPro) in Al-Fashir and Nyala in North and South Darfur States" aims at contributing to the achievement of universal health coverage in North and South Darfur States.

The Program is based upon three pillars:



Institutional based – Local Authorities will be supported and strengthened in accordance with WHO District Health System definition*;



Facility based – Local Health Authorities will be supported and strengthened at the centralised level to ensure the quality and accessibility of Primary Health Care services (supply of equipment, drugs, health financing, support National Health Insurance Fund) in accordance with gender responsive approach, non discrimination, accountability and transparency;



Community based – Local Health Authorities will be supported and strengthened to provide a full package of health and nutrition services at facility level (health promotion, prevention, education, Emergency Obstetric Care – EmOC, vaccination and nutrition)



















IDP camps in suburban areas of Nyala and Al-Fashir, where almost half of the people have decided to stay after the returning process, present an ideal condition to realise a program based on EU Humanitarian Development and Peace Nexus approach: moving from the emergency humanitarian approach towards development interventions, thus strengthening the governance of sector systems in order to shift service ownership and leadership from humanitarian agencies to national institutions.

^{*} WHO framework describes health systems in terms of six core components or "building blocks": (i) service delivery, (ii) health workforce, (iii) health information systems, (iv) access to essential medicines, (v) financing, and (vi) leader-ship/governance.

About AICS action

AICS will facilitate the achievement of the Program's objectives through the following actions:



- Support to the Academy of Health Science and the Continuing Professional Development (CPD) office for human resources with **health capacity building programs**;
- Support to the State Ministry of Health and Locality Health Authorities for planning, monitoring and supervising activities, and for strengthening the data collection and analysis system;
- Support to the National Medical Supply Fund (NMSF) for **drugs and supplies management** and **distribution**;



- Support to the National Health Insurance Fund (NHIF) to achieve a sustainable universal health coverage;
- Rehabilitation and refurbishment of health facilities to provide quality primary healthcare services;
- Support trainings, seminars, and technical workshops on health system



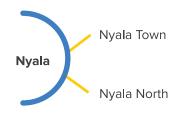
- Support to the expansion of the age of nutrition and immunisation program;
- Support to National Program on early detection and management of cervical cancer.













In North Darfur, AICS will work in coordination with the international NGO GOAL in order to strengthen the governance of the State Ministry of Health as well as the health system in the camps for IDPs, in accordance with the EU Humanitarian-Development-Peace nexus approach.

GOAL will work specifically in Kutum, Umbaro, and Seref Umra.



The total number of beneficiaries is **2,347,497** of which **265,421** are IDPs, **128,965** returnees and **1,953,111** host communities (population of Locality/Town)

Nyala suburban area (South Darfur)		
IDPs	121,432	
Returnees	55,246	
Host communities	1,000,000	

Al-Fashir suburban area (North Darfur)		
IDPs	80,083	
Returnees		
Host communities	500,000	

Synergies and Coordination

At Central Federal level, ownership and full alignment to national policies and strategic plans will be guaranteed through coordination with the Global Health Department of the Federal Ministry of Health. The action will be also integrated and synergic to the ongoing national reforms process of NHIF and NMSF and coordinated with National and State programs aiming at supporting NHIF universal coverage and NMSF drugs and supplies distribution system.

At State peripheral level, coordination will be established with the European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO) and United Nations' emergency funded health projects to design the best process for transitioning health services from a humanitarian to a development approach ensuring quality healthcare sustainability and continuity, and a consistent and factual human resources attraction and retention strategy.

AICS complimentary actions

In Darfur, AICS is financing two additional projects:

- "Emergency initiative to support the reopening of the EMERGENCY Pediatric Centre in Nyala" the project aims at guaranteeing the rehabilitation and reopening of the Hospital of the NGO Emergency as well as the resumption of medical activities;
- "Promoting Community Stabilisation in South Darfur State" the project aims at supporting social stability in communities hosting high numbers of displaced populations, youths with conflict carrying capacity and other at risk groups in South Darfur through the creation of sustainable livelihoods, job opportunities as well as technical assistance and capacity to the Sudanese authorities in peacebuilding and transitional justice.

The coordination of these two initiatives with the EU Program ensures a great impact and visibility to the Health-PRO Program.











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