Partner Aid International's (PAI) mobile clinic is providing services to IDPs in Zam zam camp, North Darfur

Sudan Health Sector Bulletin

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Highlights

- A rapid assessment mission was conducted in Shangil Tobaya and Zam Zam IDP camps in North Darfur by the Donors, Sector Representatives and the UN to look into the humanitarian situation of the displaced people including those who have just newly arrived.

- From 1 January to 25 March 2011, a total number of 202 suspected cases of meningitis with 6 deaths (case fatality rate of 3%), were reported from 10 states (Khartoum, Gezira, White Nile, Blue Nile, Sennar, Gadaref, Northern, South Kordofan, West and South Darfur).

- Health Sector reported that around 80% of planned core pipelines have been prepositioned in designated locations in South Kordofan, and the main challenge the sector is currently facing is the insufficient coordination with the South Sudan.

- Based on an assessment made by Save the Children Sweden report, basic services particularly water are not adequate in areas where IDPs are currently seeking shelter in Abyei. There is a reported shortage of drugs in health facilities in the villages of Marial Achak, Rumamier, Mijak and Dungob. In some areas, there are mobile health services provided by MSF-Switzerland but in most the IDPs reported the service is not available.

- The Health Sector submitted two proposals to the United Nations Central Emergency Response Fund (CERF) to cover the rising needs of the newly arrived IDPs in Darfur and the immunization activities in response to the measles outbreak in 5 Northern States in Sudan.

Situation

Abyei
Influx of conflict induced internally displaced people (IDPs) has been reported following the clashes in Todach on 27 and 28 February, the fighting in Noong and Maker Abior on 2 March and the reported attack in Tajalei on 5 March. Reports indicated that many people, especially women and children, have reportedly moved southwards. More than 36 000 people are estimated displaced within Abyei area.

Concerns are raised on the increase of tensions in Abyei, where recent violence between the Missireya Arabs and the Ngok Dinka ethnic groups and their allies has left more than 100 people dead and caused the displacement of at least 20000 residents, many of whom had only recently returned from the North.

Darfur
Armed conflict in North Darfur started in December 2010 and has recently intensified and affected Dar El Salam locality (Shangil Tobaya, Dar El Salam and surrounding villages). The United Nations has called for broadening the reach of humanitarian assistance beyond main IDP camps. According to OCHA, more than 80 0000 people who have arrived in about 10 different IDP camps are currently being verified. Some of these IDPs are newly displaced and some people were already displaced and have moved to other camps. Most of the displaced are seeking shelter at Zam Zam camp in El Fasher, North Darfur. This rapid influx has put considerable strain on existing services in the camp. Serious gaps in non food items, water and sanitation facilities have been noted. However, in terms of health situation, NGOs running health centers in the camp namely Humanitarian Aid and Development (HAD), Mercy Malaysia, Relief International (RI), and Partner Aid International (PAI) have stepped up their efforts in response to the increasing demand by organizing mobile clinics covering different areas in the camp. Additionally, WHO, UNICEF and UNFPA supported the organizations by providing primary and reproductive health kits. Mass measles vaccination of children is planned as part of a state-wide campaign.

Health impact

Returnees and IDPs
Abyei
Save the Children – Sweden (SCS) conducted a rapid assessment on conflict induced IDPs and situations of returnees in Abyei between 7 and 8 March 2011. Its objective was to assess the situation of the internally displaced people (IDPs) and returnees who resettled in various villages since November 2010.

The villages visited for IDP situation assessment were: Abathok, Awal, Wunpet, Anyet, Malual Alew, Aganytok, Nyinchuor, Mading Achueng, Agany Achueng, Myokol and Akenjthial. Meanwhile, the villages visited for the returnee situation assessment were: Marial Achak, Mijak, Rumamer, Leu, Wundop, Aman Aabek and Awolunom.

Based on SCS report, basic services particularly water are not adequate in areas where the IDPs are currently seeking shelter. Most IDPs live with their relatives and hence, making visual identification and distinction of IDPs, hosts, and returnees practically difficult. Moreover, majority of the displaced population were noted to be women and children. Men were reported to have remained within their

homes looking after their assets. Sheltering more IDPs in the communities has added pressure on the already limited resources and basic services capacity.

Water points were observed crowded with people and reportedly, people were fighting over water. In addition, sanitation coverage of all villages is already very low in communities and this concern has been raised since open defecation will be the only possible way for IDPs. Hence this can increase the risk of communicable diseases spread especially if the IDPs will continue living with their hosts during the rainy season.

There is a reported shortage of drugs in health facilities in the villages of Marial Achak, Rumamier, Mijak and Dungob.

Kosti
Between 13 and 19 March, there was a significant clearing out of the way station as families left with the barge to Juba. Around 2 700 individuals were accommodated in the barge and was accompanied by health teams. Meanwhile, families continue to arrive with no clear plan of transportation. Though the influx of returnees was not as high as most expected. With no clear movement strategy, and with families arriving in the area, overcrowding in the way station is expected within the next two months.

Darfur
This new situation of additional IDPs in Zam Zam and situation of the conflict sites namely Shangil Tobaya, Tawila, Tabit and Tokumari represents a huge burden on an already overstretched health care system and will put a great risk on the survival of the vulnerable groups, children and pregnant women, girls, women boys and the elderly men.

A rapid assessment mission was conducted in Shangil Tobaya and Zam Zam IDP camps by the Donors, Sector Representatives and the UN to look into the humanitarian situation of the displaced people including those who have just newly arrived. For health, the following observations were noted during the mission:

- So far, the UNAMID base clinic has no gaps in medical supplies. There are remaining supplies from February when WHO/UNICEF/UNFPA prepositioned life saving drugs after IDPs took shelter at the UNAMID base (when the fighting started in Shangil Tobaya). All IDPs have already left UNAMID base.
- During the visit, MSF-Spain informed the delegation that, at the moment, there is no shortage of drugs and every day, they receive around 100 patients. MSF also operates a mobile clinic twice a week in far-flung areas.
- Currently, health services for new IDPs arriving in Zam Zam are provided by Health cluster partners (IR, PAI, HAD , Mercy Malaysia), while MSF and SRC are maintaining provision of health services in other conflict affected areas such as Abu Zerega, Shangil Tobay, Bileil, and Tawila.

Meningitis update
From 1 January to 25 March 2011, a total number of 202 suspected cases of meningitis with 6 deaths (case fatality rate of 3%), were reported from 10 states (Khartoum, Gezira, White Nile, Blue Nile, Sennar, Gadaref, Northern, South Kordofan, West and South Darfur). Two of the laboratory samples were found positive for Nisseria meningitides in West Darfur (serotype A) and North Kordofan (serotype W135). Beside other samples which were positive for Streptococcus pneumonea and Haemophilus influenzae.

Health Sector Response

Coordination

During the health coordination meeting conducted on 8 March, discussions were on the situation and issues on Abyei, north Darfur (Zam Zam camp) and the planned training schedule for 2011. Health Sector partners were informed that for their core pipeline needs: agencies may request their requirements either through Health Cluster Coordinator/Khartoum or Acting State HCC (WHO head of sub office), who will in turn discuss with core pipeline providers (WHO, UNICEF and UNFPA) and facilitate release to requesting agency. Meanwhile, the timetable for capacity building activities of the sector will be shared to partners. In addition, all partners were requested to send their contributions to health cluster bulletin including activity updates and logos.

The **International Federation of the Red Cross and Red Crescent Societies** (IFRC) Country Representation and **Sudanese Red Crescent Society** (SRCS) continue to participate in various national and inter-agency meetings to coordinate overall relief efforts. At national level, the SRCS is a member of the flood task force chaired by HAC and the High Council of Civil Defence headed by the Ministry of Interior. Through this mechanism, SRCS is able to share information and monitor what other organizations are doing, thereby avoiding duplication of efforts. Nationwide, SRCS is participating in meetings with the WHO, UNJLC, and the NGO-Forum. The National Society is also working closely with the United Nation's Office for Coordination of Humanitarian Affairs (OCHA) and the WFP.

Field Assessment Missions

The **World Health Organization (WHO)- Emergency Preparedness and Humanitarian Action (EHA)** Coordinator visited North Darfur on 13 March to assess the health situation of IDPs in Zam Zam camp. During the mission issues on staff shortage for the mobile clinic run by Partner Aid International (PAI) was discussed, in addition to the urgent need to expand the mobile clinic by strengthening the capacity to cope with continuous influx of IDPs. Immediate actions taken were: WHO supported the mobile team with drug supplies and PAI has increased the number of staff supporting the mobile clinic. Health facilities of RI and Mercy Malaysia were visited during mission, and issue on the night shift operation of health clinics was discussed and resolved.

The Health Sector Team visited Kadugli in South Kordofan to take part in a workshop organized by OCHA to review the preparedness level of different sectors. The Health Sector reported that around 80% of planned core pipelines have been prepositioned in designated locations, and the main challenge the sector is facing in South Kordofan is the insufficient coordination with the South Sudan.

The Team also conducted a monitoring visit to Kerinding 1 & II, Mulli and Gokar villages in West Darfur (where returnees are located) to assess gaps in health services. **Islamic Relief** is the only health organization which provides health services in these areas and in 2 other locations namely Sullu and Tandussa. The completion of construction of a a health facility in Kerinding II is scheduled next month. The health facilities in Mulli and Gokar villages are also providing services to residents, nomads and returnee populations. Islamic Relief is working on recruiting staff from the local community members in order to fill gaps in staffing capacity.

Gap filling

GOAL currently operates 4 health clinics in Abyei covering 76 000 people: Ganga, Abyei town, Juljok (Agok), and Awol. The Ministry of Health has requested Goal to assist with 4 additional health clinics in Rumamer, Mijak, Agontok, and Marial Achak, covering over 100 000 people, as MoH system is currently overwhelmed with the returnees.

International Medical Corps (IMC) provides comprehensive and integrated Primary Health Care (PHC) and Emergency Obstetric Care (EmOC) services for a total of 539 603 beneficiaries in South Darfur and West Darfur. IMC is the only INGO which provides PHC services in the remote and hard-to-reach localities of West Darfur, including Um Dukhun, Mukjar, and most part of Wadi Saleh and Zalingie.

A total of 1 657 pregnant women attended their first antenatal care visits in IMC clinics while two cesarean operations at its Um Dukhun health center were performed. A total of 75 EmOC referrals were made from IMC-supported clinics in West Darfur.

Capacity building

Johanniter International Assistance (JIA) in collaboration with SMoH and UNICEF conducted a 5-day training course on community management of acute malnutrition for health care providers from facilities supported by JIA, national NGO Sanabil, Humanitarian Aid Commission (HAC) Commissioners from Edd El Fursan and Kubum, and HAC representative from Nyala. The training was conducted from 27 to 31 January at the Nyala Teaching Hospital.

Since the establishment of an Emergency Operation Room in the **Sudanese Red Crescent Society** (SRCS) headquarters as well as 12 high risk branches (HRBs) in South Sudan Secretariat Juba, the management and follow up of activity implementation has been well coordinated.

A total of 37 First Aid refresher training sessions have been conducted in six HRBs namely Khartoum State, South Darfur, South Kordofan, White Nile, Sinnar and Blue Nile. More than 3 000 volunteers participated in the trainings. The trained volunteers will be deployed to carry out First Aid and evacua-

Johanniter International Assistance with SMoH and UNICEF conducted a CMAM training at the Nyala Teaching Hospital.

Islamic Relief's construction of its health facility in Kerinding II, West Darfur will be completed in April 2011.

tion services in target transition sites. They will also conduct CBFA training sessions in their respective areas. The major focus will be on emergency First Aid and community health.

A total of 25 570 individuals received health education messages through Community Health Workers on major topics such as malnutrition, environmental sanitation, and prevention of major communicable diseases. IMC also provided training for 80 Community Health Workers and 74 Village Health Committees about environmental sanitation and personal hygiene.

Core pipeline prepositioning

The **SRCS** provided 1 200 individual First Aid kits which were distributed to 99 polling stations in 12 HRBs (600 to the south, and 600 to the north). In addition, 300 First Aid kits were replenished, 24 first aid vehicles were procured, 57 stretchers distributed and six Emergency Health Kits were purchased. Operations have already started at the emergency clinic that was established by the SRCS White Nile Branch in White Nile Harbor, So far, 452 people (254 children and 198 adults) have been provided with health services.

The **World Health Organization** (WHO) conducted supervisory and monitoring missions in South Kordofan and Abyei. During the missions, essential drugs and supplies were donated. In South Kordofan, 5 facilities received supplies sufficient to cover 9 000 population for 3 months. In addition, WHO provided medical drugs and supplies to Sudan Aid to cover the health needs of 12 000 population for 3 months. In Abyei, essential drugs and supplies were also provided to 2 health facilities enough to cover 5 000 population for 1 month.

WHO – Emergency Preparedness and Humanitarian Action (WHO/EHA) informed partners that medical

supplies and reagents are available in Kadugli. Partners needing supplies can put forward their pipeline requirements to WHO/EHA Khartoum or to Head of WHO Sub Office whom are at the same time acting HCC at the state level.

UNICEF and UNFPA provided PHC and reproductive health kits to FAR and SRC health facilities in Kosti, these facilities are currently providing health services to returnees in kosti way station .
UNICEF released required PHC kits for Goal's health facilities in Abyei program ,the supplies are on their way to Abyei.

Resource mobilization

The Sudan Health Sector has applied for a CERF grant to support health activities for new IDPs in Zam Zam camp as well as in conflict affected areas of Dar El Salam, Abu Zerega, Shangil Tobay, Bileil, Mer shing, Dreige, Manawashi, Mallam.

In response to the measles outbreak in 5 northern States namely South and North Kordofan and 3 Darfur states, the Health Sector has submitted another CERF application to cover UNICEF's requirements for vaccines and WHO's technical support and operational guidance. The over-all and campaign will be conducted by SMoH and health sector partners.

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