Sudan Health Sector Bulletin

SCALING UP EFFORTS TO IMPROVE MATERNAL AND CHILD HEALTH


Sudan is the first of the 10 high-burden countries in the Region to launch an acceleration plan on maternal and child health, in line with the commitment expressed in the Dubai Declaration, adopted in January 2013. There has been a significant decrease in the under-5 mortality rate in Sudan, which declined by 33% between 1990 and 2010. The neonatal mortality rate has also decreased by 11% in the same time period.

The Sudan Household Health Survey 2010 reflected a 60% decrease in maternal mortality per 100 000 live births, from 537 in 1990 to 216 in 2010. (next page)

ADDRESSING HEALTH NEEDS OF NEWLY DISPLACED PEOPLE IN ALSALAM

With support from the Common Humanitarian Fund, Care International Switzerland (CIS) is assisting the State Ministry of Health (SMoH) in South Darfur to re-open the Alsalam IDP camp’s second clinic, which Saudi Red Crescent had previously handed over to the SMoH in December 2012.

Since CIS reopened the clinic in July 2013, the structure has been fully rehabilitated and equipped with medical equipment and supplies. Medicines are disbursed to the clinic every two weeks based on consumption records.

**Alsalam camp**

Alsalam IDP camp located 14 km southeast of Nyala city in South Darfur has a population of 82 000 in January 2013. The displacement due to the recent surge in conflict rapidly increased the camp population to 120 500 by May 2013. More than 9 000 households – mostly women and children have arrived in the IDP camp since February 2013. This has created immense pressure on the only operating clinic in the camp, managed by International Medical Corps (IMC), which serves an average of 160 patients per day per doctor, which is dangerously above the WHO-recommended 50 patient per day per doctor threshold, and the clinic is under immense stress.

The increased camp population exacerbated the following critical health gaps in the Alsalam IDP camp population:

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Despite progress, child and maternal mortality remain high; at the current rate and without more intensive efforts, the country will be unable to achieve the targets of Millennium Development Goals (MDGs) 4 and 5.

The high-level gathering in Khartoum, led by the Vice President of the Republic of Sudan Dr Al-Haj Adam Youssef brought together officials from the Government, WHO, UNICEF, UNFPA, as well as the country’s diplomatic corps, highlighting their commitment to mobilize resources and work towards the implementation of the plan.

WHO Regional Director for the Eastern Mediterranean Dr Ala Alwan, together with UNFPA Regional Director for Arab States Mr Mohammed Abdel-Ahad, and UNICEF Country Representative Geert Cappelaere joined hands with Sudan as it presented the plan that has been developed to accelerate the implementation of the most effective health interventions to improve the health of mothers and children. The plan aims to reduce maternal and under-5 child mortality in order to reach the targets of the MDGs.

The work plan was prepared after analyzing the current health indicators at locality level, and the process was technically supported by WHO, UNICEF and UNFPA. During preparation, the priority was given to localities with low coverage of maternal and child health services and community-based services (midwives and community health workers), and those with high population density.

The work plan will be implemented through several axes: expanding coverage of maternal and child health services to ensure equitable access for all population, strengthening the referral system at the primary health care level, raising community awareness regarding maternal and child health issues, strengthening and supporting the health system at the locality level and ensuring community empowerment to promote maternal and child health.

Medical consultation at the health facility providing outpatient/PHC services including communicable diseases case management, nutrition screening and referral for children under-5 years of age, short stay services, basic/routine laboratory investigations and health education to clients. In addition, the clinic has an in-house pharmacy. The clinic also has a delivery room that provides services around-the-clock, coupled with family planning, antenatal care and postnatal care services.

The clinic’s medical team members are seconded by the SMoH, and the team includes one doctor, three medical assistants, four midwives, four nurses, one vaccinator, three health educators, one laboratory technician and eight support staff.

The clinic currently sees an average of 180 patients per day in outpatient/PHC, in addition to 22 reproductive health clients (majority for antenatal care services). EPI services vaccinate an average of 46 children and nine women on a daily basis. Three cases are referred to secondary level care, and seven patients receive dressing services every day. Three facility-based health education sessions are held daily, reaching an average of 200 persons.

In terms of training activities, three medical assistants received refresher training on integrated management of childhood illnesses (IMCI), four midwives received refresher training on basic reproductive health guidelines, and 25 community health volunteers have been trained on IMCI.

The main challenges facing CIS are limited access to the IDP camp from Nyala due to persistent insecurity in the area, as well as heavy rains and flooding. In addition, Al-salam IDP camp continues to face a chronic shortage of water supply, which has its negative implications on the health status of IDPs, despite efforts by water environment and sanitation (WES) and partners to meet increased demand for safe water. Also, the IDPs continue to have high expectations from the clinic due to the high demand for health services, and this requires the SMoH to rapidly take serious steps, to ensure that the exit of CIS can take place responsibly and as planned by the end of 2013.
The inter agency verification mission conducted to war affected communities in Kurmuk and Giessan localities between 22 and 30 April revealed huge gaps in terms of basic services including health care. To respond to the needs of the vulnerable population, UNICEF provided monetary and material support to State Ministry of Health (SMoH) and Water and Environmental Sanitation Department (WES) to organize mobile clinics, conduct hygiene promotion and health education sessions, and implement water chlorination activities. These interventions targeted 14 conflict affected communities of Dindiro, Diglok, Kurmuk town, Kailei, Jurut East & West, Gambarda East and West (Kurmuk locality); and Mugran Tumat, Amara Dalu, Abu Shinishna, Akeleli, Mangulili, and Medium Masaleet (Geissan locality). A total of 77 114 people have benefitted from the interventions provided between June and August 2013.

Additionally, UNICEF has recently provided two tractors with trailers to the SMoH to ensure sustained delivery of immunization services in remote locations. The months of June to October are characterized by heavy rainfall and flooding that render many roads impassable across the state; therefore, severely disrupting essential services targeting children and women. The donated tractors will facilitate the movement of vaccines and staff to reach hard to reach population and help improve vaccination coverage in the state.

**Beneficiaries of implemented activities in Blue Nile State- June – August 2013**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Kurmuk Beneficiaries</th>
<th>Giessan Beneficiaries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile clinic</td>
<td>3,172</td>
<td>1,427</td>
</tr>
<tr>
<td>General Health education sessions</td>
<td>8,618</td>
<td>3,243</td>
</tr>
<tr>
<td>Hygiene promotion (soap distribution, IEC material)</td>
<td>22,865</td>
<td>7,462</td>
</tr>
<tr>
<td>Water safety (chlorine tablets distribution)</td>
<td>22,865</td>
<td>7,462</td>
</tr>
<tr>
<td><strong>Subtotal Total</strong></td>
<td><strong>57,520</strong></td>
<td><strong>19,594</strong></td>
</tr>
<tr>
<td><strong>Total beneficiaries</strong></td>
<td><strong>77,114</strong></td>
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</tbody>
</table>
Save the Children’s health and nutrition programs seek to facilitate and promote sustained improvements in the health and nutritional status of children and women, with special attention given to the needs of vulnerable populations.

Since the conflict erupted in the South Kordofan region in 2011 over 700,000 people got affected. The state’s health facilities – especially in the rural areas – are operating under few number of skilled health staff and some areas are left with no permanent staff and run by volunteers. The health services have been interrupted, limited to no access to health facilities, the medical stocks were running down and number of patients were increasingly growing and all these had its shade on the children of the state and their families. The main causes of morbidity among children and adults in South Kordofan are acute respiratory infection (ARI), diarrhea, and malaria. Overall, the children morbidity rate for ARI is 7.5%, diarrhea is 3.1% and malaria is 8.9% - while for adults the percentages stands at 22.7% for ARI, 7.4% for diarrhea and 31.2%.

**Mothers’ tale**

Access to medical care in Tajmala in South Kordofan was very limited even before the conflict and because of the nomadic life style of its population when people leave their homes searching for a better land and after the conflict it got worse. Hawa who is expecting her eighth baby belongs to one of the nomadic populations in Abuazam located in western Tajmala – Rashad locality. In her last pregnancy month she felt fever and pain all over her body and since there was no health clinic in the area she went to the traditional midwife who thought Hawa’s symptoms are more of delivery symptoms and she kept watching her for two days with no improvement and no baby had come out. On the third day the husband decided to take his wife to Tajmala health center which is eight walking hours from their area. As soon as they arrived, Hawa got checked up and was diagnosed with malaria and her blood pressure was below the normal which caused the delay of the labour.

When Zeinab’s 18 months baby got sick it was easy for her to visit the Basic Health Care Unit (BHCU) and ask for help in the health unit in Al Laboura village – southwest Lagawa where he was diagnosed with malaria “In the past times we used to travel for over 12 Km to reach the nearest health unit in Lagawa locality” Said Zeinab.

In this Save the Children supported health centre Hawa and Zeinab’s baby got saved. It is not only Hawa, but thousands of women are benefiting from these services which is not only limited to improve and facilitate access to primary health care, but is covering other areas of ante-natal and post-natal services through trained health staff and raising awareness in the community through reproductive health outreach campaigns as well as providing medication and supplies.

Many mothers and newborns in Sudan do not benefit from known, affordable, life saving services and practices that could prevent two thirds of maternal and newborn deaths. Through the 25 health facilities supported by Save the Children across the South Kordofan State, the organization work to build large-scale leadership and increase our focus on developing improved approaches to reduce the major causes of maternal and newborn death, and further the use of life saving care.

In partnership with the Ministry of Health, Save the Children working to ensure that the children, their mothers and other caregivers have access to and use key health and nutrition services, and adopt healthy behaviours. Yet, more needed to expedite progress on MDG 4 and 5 for which we know there are proven solutions that need to be expanded to reduce maternal and new born deaths in relatively short order.
The Patient Helping Fund (PHF) supported the emergency response activities to flood affected areas in Khartoum, River Nile and Blue Nile states. A complete package of primary health care services was provided through mobile clinic, health education, sanitation in terms of permanent and temporary latrines, vector control (flies and mosquitoes), nutritional assessment, as well as distribution of food and non-food items.

In Khartoum, PHF provided services in Karari locality in Alfateh area and Alhamadap area, and Sharag Elneel locality in Marabei Elshereif area. Two days mobile clinic services were also made available to communities in two affected villages in River Nile, and support to communities were complemented with food and non-food items such as insecticide-treated bed nets. Around 113,732 people benefited from the above mentioned activities.

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Yellow fever outbreak in West Kordofan

The workers usually travel in groups from east Sudan. Currently, an estimated number of 200 people are residing in the camp.

Immediate priority during this outbreak is to strengthen case management, control the vector and reinforce the disease surveillance system in Kordofan as well as in Kassala and Gedaref states. WHO through the Federal Ministry of Health has sent supplies to the State Ministry of Health comprising of medical equipment, life-saving medicines, laboratory tools, cleaning tools and disinfectant, mosquito nets and insecticides to the affected area. UNICEF has provided 200 insecticide treated mosquito nets to be used in patient’s wards in Lagawa Hospital.

Late last year, there was an outbreak of yellow fever in the Darfur region. The total number of suspected yellow fever cases has reached 849, including 171 deaths (case-fatality rate 20.1%). Three emergency vaccination campaigns were conducted with timely support from donors and active involvement of nongovernmental organizations working in the affected localities. Around five million people were vaccinated in the five states of Darfur.

For latest situation reports, please visit http://www.emro.who.int/countries/sdn/