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# Sudan *Health*

SUDAN HEALTH SECTOR QUARTERLY BULLETIN

## Sudan health partners seek for more support

Unless there is additional funding bilaterally or through the Sudan Common Humanitarian Fund (CHF), more than 500 000 children under five years old will be at risk of the country's big killers namely acute respiratory infections, measles, diarrhoea, malaria, malnutrition, as well as other vaccine-preventable diseases; and more than 130 000 pregnant women will have no access to maternal health care services such as ante-natal care, delivery assisted with skilled birth attendants, and emergency obstetric care.

The Health Sector's overall appeal under the Strategic Response Plan (SRP) is US\$ 68 million targeting 5.1 million people. These funds will help facilitate better access to basic primary health in camps, gatherings and affected host population and support prompt response to new crises of displacement, outbreaks or public health threats.

To date, there is a gap of US\$ 59 million to support health interventions to save more lives and sup-

port relief efforts.

Under the CHF, 33 eligible health partners submitted projects for US\$ 28.7 million. However, due to the drop in CHF funding only 17 projects could be funded from an allocation of US\$ 6.68 million complemented with US\$ 2.5 million from Central Emergency Response Fund (CERF).

The Sudan CHF is a multi-donor pooled fund and supports the timely allocation and disbursement of funds to Sudan's most critical humanitarian needs. This is a well-established mechanism that allows donors with no in-country presence or without technical staff to contribute to the humanitarian needs in the country. CERF is the United Nations' central humanitarian fund to help speed-up relief efforts.

### *Health needs*

According to Sudan's Humanitarian Needs Overview (HNO), 69% of the country's population have access to health services while only 24% of health facilities in these localities are



More health assistance is needed by mothers and children.

providing the full package of basic/minimum health services. Physical accessibility to primary healthcare (PHC) facilities varies from 3039 people per facility in the Northern State to 20 779 people per facility in South Darfur while the national average per facility is 6816 compared to the planned 5000 population.



## Safe motherhood at night

Twenty-three-year-old Hosna, calmly cradles her eight-week-old son, playing with him as she narrates the experience she went through during her first pregnancy. Hosna did not receive any antenatal care and when it came time to deliver, she sought the services of a Traditional Birth Attendant. The baby was born at home, after a long anxious labour. Hosna recounts that the services of the traditional birth attendant, cost her a handsome fee, however, she did not receive the proper medical care neither were any vaccines administered.

During Hosna's second pregnancy, she was fortunate to attend a health education session where she was encouraged to attend antenatal care at Ottash clinic. She registered and attended all her antenatal visits and subsequently delivered with the help of a skilled birth attendant. The necessary vaccines were also provided at the clinic free of charge. Hosna describes the experience of her second pregnancy as a joyful one for her family.

"Now Ali is only 8 weeks, but he is big and healthy because I attended antenatal sessions and gave birth at the clinic with the help of a midwife and also got vaccinated. I thank World Vision staff at Ottash clinic for helping me and my family," she says.

Hosna and her family live in Ottash camp in Nyala North locality of South Darfur state, which is home to 56 530 internally displaced persons (IDPs). Conflict in 2013 resulted in a new wave of displacement forcing 160 000 people in South Darfur out of their homes into camps near Nyala, which include Al Salaam, Kalma and Ottash. World Vision is providing humanitarian assistance in the camp including primary health care (PHC) services at Ottash clinic funded by WV US and United States Government through Office of Foreign Disaster Assistance. Reproductive health services provided at the clinic include safe motherhood, family planning, management of sexually transmitted infections, and clinical care for survivors of sexual & gender based violence.

While the availability of free maternal health services in the camp has significant-



ly improved the number of safe deliveries, not all mothers are accessing this service. During a focus group discussion held with women in Ottash camp, those present lauded the free lifesaving support being provided at the clinic. However, the women cited a key challenge of the clinic being closed during the night; coincidentally a time when many of the pregnant mothers go into labor.

*Most difficult deliveries occur at night and are conducted by traditional birth attendants who cannot manage complications.*

Due to insecurity and lack of transport women who go into labor during the night are end up to deliver at the hands of unskilled birth attendants, resulting in maternal complications and sometimes death. While overnight services are available at

Nyala referral hospital under SMOH management, the mothers reported insecurity, lack of transport to the hospital and lack of money to pay for delivery services at the Government hospital in Nyala town.

With almost half (41%) of PHC clinics in Darfur being managed by NGOs (WHO HeRAMS 2013), majority of these clinics are not open during the night due to insecurity. Referral facilities which open at night (majority Government managed) are either inaccessible, inadequately staffed and or equipped; and require service fees. World Vision remains committed to contributing to reduction of excess morbidity and mortality of vulnerable women and children especially in conflict and disaster affected populations; however still faces several challenges. Humanitarian imperative recognizes the need for women in Ottash camp to receive humanitarian assistance (including safe motherhood) and yet the risk of making this a reality is the cost for The Midwife at Night.

World Vision in collaboration with SMOH, community leaders, UNFPA and other partners envisions to strengthen local capacities within the camp to make Motherhood safer, even at night.

# Addressing health needs in Kalma Camp

More than two million people depend on humanitarian assistance all across Darfur. Recent conflict in South Darfur has caused some 50 000 individuals to seek refuge in Kalma Camp, increasing the camp's total population to about 132 000 by July 2013.

Kalma Camp is one of the largest camps in Darfur. The camp has become a semi-permanent site for those people who have fled from their villages as a result of armed conflicts. The new arrivals are contributing to the expansion of the camp and are stretching the capacity of existing American Refugee Committee (ARC) basic health care resources. In collaboration with the State Ministry of Health (SMoH), camp administration and the World Health Organization (WHO), under MoH guidelines, ARC started supporting Kalma Camp's primary health care centre (PHCC) in 2004 working with qualified medical staff, providing required medical equipment, supplying essential medicines, as well as making quality health care services available to majority of the population living in the camp.

Currently, ARC-managed PHCC in Kalma Camp is providing integrated primary healthcare and reproductive health services including diagnosis and

case management of leading causes of morbidity and mortality in the camp, immunization services, early warning systems (EWARS) for outbreaks, referral systems, laboratory services, essential medicines, health education and behavior change, as well as capacity building of health staff and communities. In the last quarter of 2014, more than 7700 cases received consultation services and 4028 women and children received immunization service, all free of charge, in the Kalma PHCC.

In addition, health education and safe motherhood campaigns have reached over 11 000 men and women in the last quarter (Oct – Dec 2013). They were designed to reach communities living in the camp to help promote positive healthy lifestyles and increase healthcare-seeking behavior.

In Kalma Camp Sector 8 area, over 24 666 new IDPs settled in this area between April -July 2013. The health needs of the large influx of new IDPs could not be handled by the

existing ARC-managed PHCC, compelling the establishment of a new temporary medical shelter to attend to their increasing health needs.

After close consultation with Kalma camp local administration, SMoH, WHO, as well as other implementing partners in the camp, ARC established one new temporary medical shelter in Kalma camp Sector 8, with financial support from USAID/OFDA, CERF and CHF focused on the health needs of children under five, women, elderly, people with disabilities and men. The temporary medical shelter will complement the existing ARC-manage PHCC, and will meet the increasing health needs of new IDPs in Kalma Camp.



Temporary medical shelter in Kalma Camp Sector 8 funded by USAID/OFDA

## Building capacity of local health staff



Health officers and staff of the State Ministry of Health (SMoH) in West Darfur were trained on health information system. The training was conducted by Human Relief Foundation (HRF) in collaboration with UNFPA and SMoH.

Key issues covered during the workshops, included identification of significant gaps in data, funding, training, coordination and awareness of challenges in HIV awareness for children and youth in Sudan. One of the important outcomes of the workshop was raising awareness among health staff, as well as opening constructive dialogue between health personnel and specialists.

Additionally, HRF conducted 10 community awareness raising sessions/campaigns to identify Fistula cases for treatment in West and Central Darfur. The activity targeted the community leaders and students through distribution of information and educational materials in schools and communities centres in Zalengli, Golo, Nertiti, Morni and Geneina. Materials' messages were focused on community attitudes obstacles to women with Fistula. A drama was also presented bearing the messages that Fistula is a treatable disease, where can communities access to treatment, the kind of support received from the government, as well as the socioeconomic impact on women.



# Supporting maternal health in Darfur

To address the challenges of maternal health services and the high maternal mortality rate (MMR) in Darfur, the Swiss Agency for Development and Cooperation, World Health Organization and the United Nations Population Fund will launch the Midwife Training Centre in Kutum, North Darfur (ND) in January 2014. This project is also in line with the Ministry of Health’s strategic direction in building capacities to address the severe human resource shortage.

The project covers the establishment of a fully furnished and equipped midwifery training centre with a capacity of training 80 students at a time, and the training of the first batch of midwives.

Darfur has been challenged by the shortage and inequitable distribution of human resource for health including midwives. The average coverage of midwifery services in ND is 34.6% with a range of 5.8% (Dar Selam) to 96.7% (Umkadada).

The shortage of midwives who can timely detect high risk pregnancies is a key factor that contributes to high MMR, particularly in rural areas, where there are no easily accessible means of transportation . According to SMOH figures in 2012, Kutum locality accounted for 25% of obstructed labor cases reported from rural hospitals.

Taking into consideration the magnitude of the MMR and the recovery efforts, strengthening the health delivery system and particularly the human resource for health component by establishing a midwifery training centre is a much needed intervention that can have a high impact.

After completion of the midwifery course, the midwives will be deployed to rural villages in North Darfur to address the unmet needs in maternal health interventions such as family planning, antenatal care, and delivery by a skilled attendant. The establishment of the midwifery school will support the MoH target to assign at least one midwife per village.

THE SHORTAGE OF MIDWIVES IN RURAL AREAS IS A KEY FACTOR THAT CONTRIBUTES TO HIGH MATERNAL MORTALITY RATE..

Two months later, the reproductive health manager of the Ministry of Health conducted a follow-up visit among the trained midwives, and learnt that Fatima has been able to diagnose danger signs in seven pregnant women and successfully referred them to the nearest primary healthcare centres. Additionally, she has been conducting awareness sessions on maternal health issues for members of her community.

There are only 25 midwives serving Kutum locality. The shortage of midwives in rural areas is a key factor that contributes to high maternal mortality (MMR) rate. According to SMOH figures in 2012, Kutum locality accounted to 25% of obstructed labor cases reported from rural hospitals.



### *Fatima’s story*

31-year-old midwife Fatima Adam works in Mullagat village, some 54 kilometres from Kutum town, North Darfur. She was one of the 12 midwives trained earlier this year on standard obstetric care at Kutum hospital, a training course supported by the World Health Organization in Sudan.

WHO is working closely with partners to establish the Kutum midwifery school to address the challenges of maternal health services and the high MMR in Kutum.

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Additionally, there is a critical gap in reproductive health as only a third of the population has access to an adequate number of midwives providing reproductive health services. Only 9% of married women in the age range of 15 to 49 use contraceptives while the unmet need for family planning is estimated at 29%.

Many areas in Sudan are prone to emergencies with 21 localities categorized as highly prone, reporting more than three incidents of disease outbreaks and other

health emergencies over the last three years.

In Darfur, the number of health partners has decreased since 2009; however, 41% of health facilities are managed by non-government organizations. Most of these facilities are concentrated at camps and rural areas. In 2013, five NGOs pulled out leaving almost 30 health facilities poorly functional.

The Human Resource for Health (HRH)

situation in Sudan and especially in Darfur region and Protocol Areas are characterized by shortage and inequitable distribution of health cadres both at the state and locality levels. The density of physicians, nurses and midwives is 1.23 (FMoH 2012) against WHO standard benchmark of 2.28 per 1000 people, however, most of the staff categories concentrated at the main towns.

## Supporting the fight against tuberculosis in Khartoum

MSF-Belgium supports the Ministry of Health through its National Stop Tuberculosis (TB) Programme by improving TB services in eight health facilities in Jebel Awlia locality in Khartoum State and by strengthening the existing health system. These two approaches are key to scale up improve the TB services in the five health centres and three hospitals in the locality.

The MSF-support aims is to improve the detection rate, the cure rate, community TB knowledge and find a mod-

el of care adapted to the context replicable in other settings in the country.

To achieve its goal, MSF works with the State Ministry of Health and Sudanese TB Patient Association to implement interventions in supportive supervision and clinical mentoring. Additionally, MSF works with the existing TB programme by providing technical support on medical and health services management and improving infrastructure in view of quality TB care.



Jebel Awlia TB clinic before (left photo) and after (right photo) rehabilitation



Regular TB awareness meeting with community leaders is essential. Photo shows one of the meetings conducted in Mandela, Mayo, Khartoum.

## UNICEF supports Blue Nile State

As the crisis in Blue Nile continues, UNICEF carries on its commitment towards conflict-affected communities in Kurmuk, Bau and Giissan localities. During the last quarter of 2013, UNICEF supported the State Ministry of Health to conduct three rounds of mobile clinics, hygiene promotion, water chlorination and health education interventions (in collaboration with Water Environment and Sanitation). These were continuation of activities that started June 2013 targeting the villages of Kurmuk, Gurut, Diglok, Bulang, El shemi, Dindiro, Alkailei, Dowia and Gambarda in Kurmuk locality- Masfa and Khor Maganza in Bau locality-Medium Masaleet and Bakori in Giissan locality. By end of 2013, the cumulative figures of people who have benefited from health interventions in Blue Nile are as follows:

- 4957 people have benefitted from mobile clinics including 2329 children;
- 398 pregnant women attended ANC clinics and received iron-folate supplementation;
- 9878 individuals have attended the general awareness sessions about malaria and diarrheal diseases control, as well as personal hygiene that included distribution of 13 423 IEC materials, as well as 230 personal hygiene kits.

## Cell phones empower village midwives in White Nile State

Over the past two years, waves of displaced people from South Sudan reached the White Nile State. Most returnees are nomads and families of women and children. The maternal mortality and morbidity has been on the rise due to poor infrastructure and weak health care services particularly in remote rural communities.

As response, UNFPA Sudan in partnership with the State Ministry of Health has launched an innovative initiative to reduce the maternal complications faced by the returnees – in the form of cell phones for village midwives.

With mobile phones, the village midwives can now connect with other midwives to share knowledge and experiences, refer emergency cases to the nearest health facility, receive mentorship and supervision on their cell phones, contribute to the strengthening of the maternal death reporting mechanisms through the cell phone.

"Now I feel empowered, and it feels great to be recognized as a village midwife; after more than fifteen years of working independently, I now feel I belong to a network of midwives in the area which helps me improve my work," says Umal Hassan Mohamed, a midwife from Aljabalain locality (bordering South Sudan).

Some 253 village midwives are benefitting from the project. Midwives are now empowered to respond to the needs of the women returnees in their communities with more timely, quality and professional services.

The initiative includes an agreement with the Sudani Telecommunications Company which offers one year prepaid services. This exemplifies a unique public-private partnership towards reducing maternal mortality and morbidity in the White Nile State.

## Fistula campaign in Nyala



Health staff and patients in a fistula ward in Darfur

UNFPA has been active in supporting a number of fistula campaigns on an annual basis in El fasher, Geneina and Zalinjei since 2005. Through the years, over 600 women were screened, operated or referred to hospitals. Advocacy and awareness interventions were conducted, along with equipping fistula centres and building the capacities of the service providers.

South Darfur is characterized by being having the highest fistula cases prevalence in the region. Fistula patients from this state used to travel a long way, for several weeks, to other states seeking health care in a journey surrounded by insecurity and the lack of support to patients by either their families or even husbands. Fistula patients are usually stigmatized, isolated and ignored.

In 2008, UNFPA initiated the operations of a fistula centre in South Darfur. Due to logistical issues, the fistula centre became only fully operational recently, and with support from the State Minister of Health an agreement was reached with Nyala teaching hospital. UNFPA supported the rehabilitation, equipping and staff capacity building for the fistula centre within Nyala hospital.

The first fistula campaign in South Darfur kicked off on 20 November 2013. Around 15 patients were screened and operated while some complicated cases were referred to other higher level centres in Khartoum. UNFPA has been closely monitoring the campaign to learn the lessons and sustain the initiative.



Cellphone distribution ceremony

## A decade of support in Kulbus

In collaboration with the State Ministry of Health and the national NGO Nahda, COSV supports a network of health units and nutrition centres providing a comprehensive set of integrated services: primary healthcare, maternal and child health, family planning services, free drugs, vaccination services, VCT counseling, and nutrition services. A team of peer educators are working in the communities to create awareness on health behaviors, outbreaks and health emergencies, hygiene, nutrition, environmental health, and healthy lifestyles.

During the last quarter of 2013, two new primary health care (PHC) units were inaugurated; the first one is in Adareeb - a few kilometers outside the



main city of the locality Kulbus town, and the second one in Adawee - in the remote rural area of Dar Muqta.

COSV intervention is supported by multilateral agencies: the European Union Delegation to Sudan, the Sudan Common Humanitarian Fund, as well as WHO, UNFPA, UNICEF and WFP. Support for operations were also received from the Italian Development Cooperation and the European Commission – Humanitarian Aid & Civil Protection.

Additionally, COSV's role is to facilitate technical and financial support to achieve the goal of providing universal access to quality health and nutrition services to all people living in Kulbus Locality of West Darfur, as well as work closely with the Ministry of Health, the local institutions, the national NGOs and communities.

COSV is an Italian NGO working in Kulbus locality of West Darfur since 2004.



Talawiet Organization for Development (TOD) is supporting primary health care centres and community midwives programme in Kassala State. In 2013, some 1 649 women, including 99 referred cases, were provided with ante-natal care services in Kassala. During the last quarter of 2013, TOD raised funds to purchase an ambulance that has been essential in saving lives of mothers and children from the rural villages of Kassala.

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