

Sudan Health Sector Bulletin



Blue Nile State Crisis

6 September 2011

Situation

Heavy shooting was reported from the capital of the State Ed Damazine on 1 September 2011. Since then the security situation in Blue Nile has deteriorated. This has led to mass population movement from Damazine mostly towards north, following the Damazine – Singa – Sennar – Khartoum road. It was also reported that most of those who fled were walking on foot accompanied by number of children, elderly and women, while some discontinued on walking and temporary stopped in villages along the road (e.g. Banat, Um Ramad, Sereo, Haroun, Abu Naama, Wad Alneil and Singa). Some of the displaced were seen taking shelter under small trees along the road.

In the same context, humanitarian personnel have moved out of Damazine and Kurmuk, those few left were mostly national staff. As a result, physical presence of humanitarian workers are limited. Those who remained on ground are SRCS, GOAL, Samaritan Purse and some national NGOs which have limited capacity (e.g. Mubadiroon, Pancare, ISRA, etc).

According to the Federal Ministry of Health (FMoH), the total figure of the affected population has reached 150 000 from the northern part of Blue Nile.

Approximately 700 people have moved to South Sudan. UNHCR reported 30 000 people have moved to Ethiopia.



Health situation

According to the Emergency Department of FMOH, 19 temporary IDP settlements have been established for the displaced population with 16 settlements in Blue Nile and 3 in Sennar. Assessments have been conducted in 14 out of the 19 settlements.

Based on consultations conducted in health facilities in Blue Nile, the leading diseases are malaria, acute respiratory infection, conjunctivitis, and diarrhoea.

From the 96 health facilities (hospitals to basic health units) in Blue Nile 38 facilities or 40% are functioning. While in the locality of Damazine alone, from the 22 health facilities 15 facilities or 68% are reported functional.

During this border crisis in Sudan, continuous provision of services has remained a big challenge, with shortage of funds for response activities. The absence of skilled cadres (doctors, medical assistants & laboratory technicians) in areas of IDP settlements is an imminent concern especially that weather will definitely hamper access of displaced population to secondary health care level. Additionally, continuous rains will worsen condition of IDPs and host population, which could lead to spreading of epidemic diseases; while the absence of WASH activities could put IDPs and hosted population at high risk.

Preparedness & response

Ministry of Health

A high delegation team from FMoH headed by the Health Undersecretary visited Damazine and Sennar on 4 September to assess health situation of displaced and affected people in the Blue Nile State, to as well support efforts of Health Ministries in the aforementioned states.

An emergency operation room has been set up in the MoH -Blue Nile. There are 5 doctors, medical assistants, lab technicians, and nurses available. However they are in short supply of essential drugs, bed nets, spraying machines, insecticides, plastic sheeting, and nutrition supplies.

The State Ministry of Health response team has been formed from 15 health personnel and the response team has been divided into three subgroups - curative group(working through two mobile clinics), preventive group (spraying campaigns), and community mobilization group (leading health education sessions and community mobilization).

Two SMOH mobiles clinics have been moved to Tulenhush (also serving the population of Tayeba Al-beleilab), and Bados.

Vector spraying campaigns are planned to start on 6 September 2011 in Bados village and will be extended to other sites. Spraying campaigns will be preceded by awareness campaign.

The team has developed a form for assessment and another for daily reporting. The Epidemiology department has activated daily reporting on epidemic prone diseases.

As of 6 September, 31 health cadres (medical doctors, assistants and laboratory technicians) from Gezira State have been deployed by FMoH to Damazine particularly to support Damazine Hospital. Meanwhile, 23 health cadres from Khartoum State have also been deployed to Blue Nile—including 2 doctors, 5 laboratory technicians, 14 nurses, and mobile laboratory technicians.

So far, FMoH has distributed 50 primary healthcare kits, 1 acute watery diarrhoea kit sufficient for 1 000 cases, and 10 000 ORS sachets.

Two mobile teams have been sent by SMOH-Sennar to areas where IDPs have settled (e.g. Singa, Abu Naama), while SMOH -Blue Nile formed a team to guide response activities and mobile teams to provide PHC emergency services to displaced people within Damazine area and to where people are temporarily seeking shelter particularly in north Damazine along the road Damazine Singa and nearby villages. SMOH- Blue Nile has requested WHO to allow them to use medical supplies that have been prepositioned in their warehouse.

Vaccination campaign against polio and measles (as additional dose) has been carried out from 2 September among displaced children. EPI organized mobile teams to undertake vaccination activities in temporary IDP settlements.

Health Partners

The Health Contingency Plan is in place with an estimated planning figure of 150 000 affected population for the worst case scenario. As part of the plan, the **World Health Organization (WHO)** has conducted capacity building for over 6 months including training programmes on primary health care in emergency, mass casualty management, and first aid. Items currently prepositioned within SMOH in Damazine are as follows, 1 Italian trauma kit, 1 cholera kit, 8 basic health care kits, 3 water quality control kits, and 2 running bags, as well as IV fluids.

UNFPA supplies have been prepositioned in the SMOH warehouse in Damazine, and to Health Partners. More supplies are available in Khartoum should the need arise. A GBV Officer has been recruited

for Kurmuk, however she is currently in Khartoum.

UNICEF reported that it has prepositioned stocks with SMOH in Damazine town including 5000 ITNs, 20 PHC kits, 100 anti-malarial doses, 50 boxes of saline, 10 IMCI kits, and nutrition supplies. While in 21 sentinel sites, it has prepositioned 54 PHC kits, 154 IV fluids, 23 ORS cartons. Early response teams have been trained in each locality.

Islamic Relief Agency (ISRA) reported that a consortium of 11 National NGOs are preparing to launch a 2 week campaign starting 6 September in Blue Nile state in the areas of displaced population. 8 NGOs are already established in the state.

Sudanese Red Crescent Society has volunteers with health skills (first aid training well as formal institutional training as lab technicians, nurses and medical assistants). 90 volunteers have received training in Bau, Tadamon, and Damazine localities, and will be relied on to provide first aid services.

Kurmuk

As of 5 September, **GOAL** could communicate to only 5 out of its 14 health facilities in Kurmuk which are functioning with national technical staff. As they could not communicate with the rest of the facilities, the status of these facilities remain unknown. GOAL reported that they have prepositioned essential medicines in their health facilities which are sufficient for the next 3 months if facilities have normal caseloads. The rest of its stocks are in Damazine town. GOAL has started using WHO prepositioned supplies to support its response activities.

Mobile clinics may be established as the need arises. However, currently it seems impractical to set-up mobile clinics with heavy rains in the area.

Samaritan's Purse reported that the rural hospital located in Kurmuk is functional.

Approximately 50 staff of **World Vision (WV)** are working in Bau and Kurmuk. WV's activities in addition to Health, include agriculture, WASH, Education, and Nutrition. In health, main activities are limited to rehabilitation of health facilities in Bau through CHF funding (not for provision of health services). Vehicles have been withdrawn from Bau and Kurmuk to Damazine.

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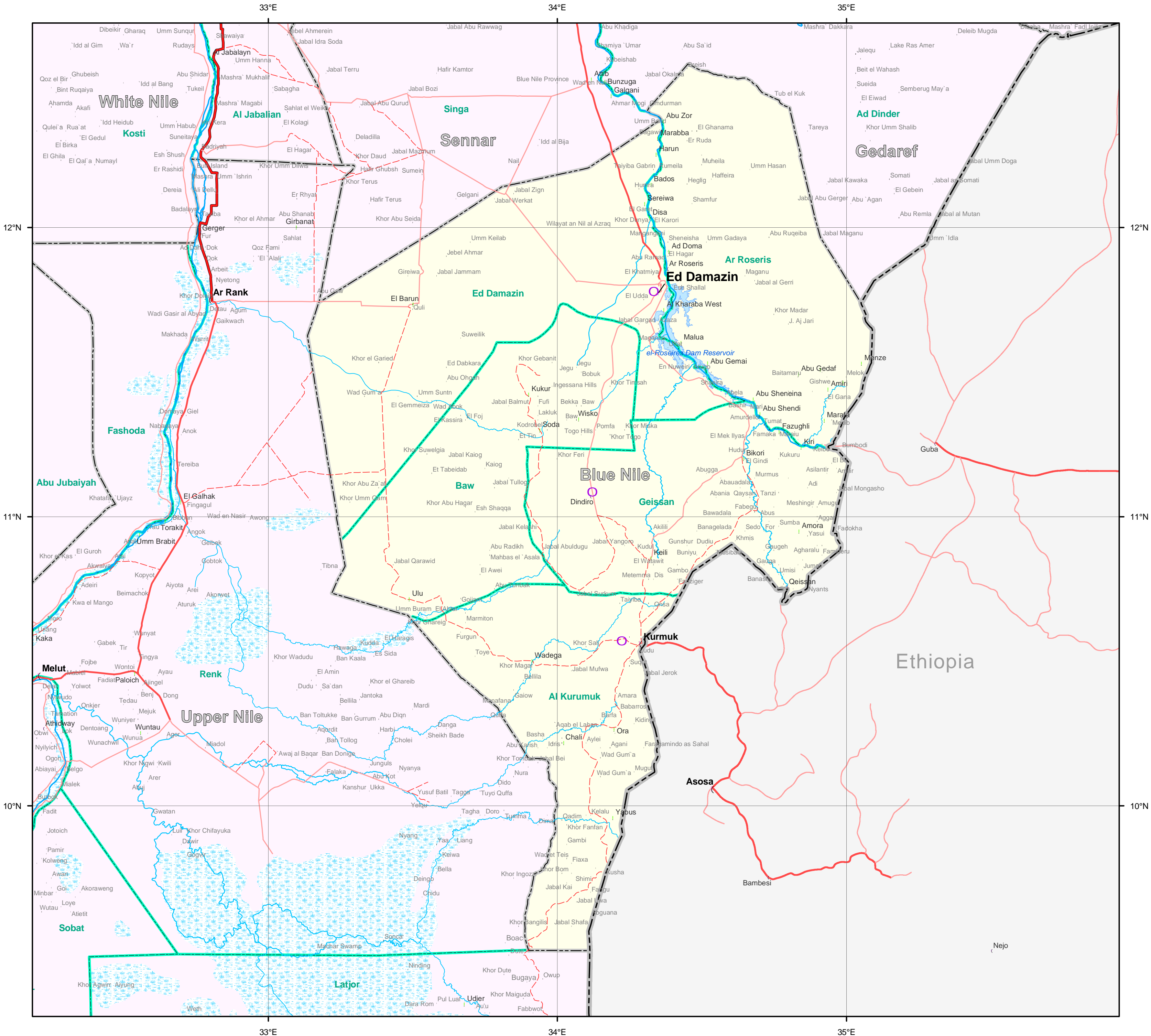


BLUE NILE

State Map

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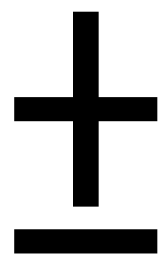
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	Administrative Centre
	Settlement
	Paved Road
	Unpaved Road (Primary)
	Unpaved Road (Secondary)
	Track
	River
	Stream
	Fresh Water Marsh
	Lake
	Locality or County
	State Boundary
	International Boundary

Scale 1:1,000,000

0 50 100

Kilometers

0 25 50

Nautical Miles

Datum : WGS 84

Projection : Geographic

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