



sudanhealthupdate

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Sudan Health Sector

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During the Abyei crisis, tens of thousands fled and sought refuge in neighbouring villages. Mother and child shown in this photo await turn for medical consultation in a MSF clinic in Agok.

The Abyei crisis commenced in early May, displacing the population of Abyei Town to nearby areas, giving rise to health risks

Health relief continues for Abyei's displaced population

including the spread of communicable diseases and growing malnutrition. Most of Abyei's inhabitants have remained in Agok, Abathok, Awal, Wun-Peth and Malual Aleu, placing an increased strain on resources in host communities.

Following the signing of the Abyei Roadmap Agreement on 8 June 2008, the health sector in Sudan is focusing its interventions on tens of thousands who fled to nearby displacement camps and settlements in southern states. Health interventions will continue while the international community develops plans to reconstruct and rehabilitate Abyei for the eventual return of its population.

The main health concerns facing the displaced people are access to safe drinking water, the threat of water-borne diseases during the ongoing rainy season and malnutrition. Strong contingency planning and the high quality of primary health care offered by partners in displacement camps have managed to keep diarrhea under control.

Health relief continues to be provided by GOAL, ACF, MSF-Swiss, ADRA, UNICEF, WHO and the Ministry of Health to all people affected by recent events.

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ACSI launched in Sudan

The 'jump start' phase of the Sudan Accelerated Child Survival Initiative (ACSI) in nine northern states of Sudan got underway on 20 May, launched officially in the North Kordofan city of El Obeid by senior government officials including the Presidential Advisor on Health, the State Governor, UNICEF Deputy Executive Director Hilde Johnson and WHO Country Representative Dr Mohamed Abdurrab. The initiative aims to reduce child and maternal

mortality across Sudan through an integrated package of key services - including polio, measles and tetanus immunization, provision of vitamin A and deworming, promotion of breastfeeding, promotion of hand washing, and distribution of anti-malarial bed nets - delivered at community level and supported by investments in local health infrastructure and capacity.

With the under-five mortality rate in Sudan standing at 112 per

1,000 live births, such integrated efforts to tackle basic childhood diseases such as measles, malaria and diarrhea - which are the main killers of children in the country - are expected to have a significant impact on child survival and development - UNICEF and its partners estimate that the eight basic activities delivered through the "jump start" phase of the initiative could save the lives of at least 60,000 child-

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Strengthening health sector response to emergencies

The European Union is one of the world's main donors of humanitarian aid. The Humanitarian aid Office (ECHO) is the department of the European Commission responsible for this activity and one of the key implementing bodies of the EU.

Through ECHO funding, some 18 million people in need are helped each year through 200 partners (NGOs, ICRC and UN agencies such as UNICEF, WHO). From modest beginnings since its establishment in 1992, ECHO now has an annual budget of over € 750 million in humanitarian action throughout the world.

Ensuring that affected populations have access to health care during man made or natural disaster is a primary goal of ECHO. From the very first emergency, where field clinics or hospital are established on the disas-



ECHO is supporting agencies to strengthen capabilities of local health workers

ter site, to the more well-established public health structures through ministries of health, ECHO partners are working along with the most vulnerable population to provide them assistance.

In Sudan, where ECHO has its largest commitment worldwide, health projects represent 50% of its budget. More than 20 humanitarian partners receive ECHO funds in Darfur, in Southern Sudan, and also in other parts of Sudan, to enhance local ca-

capacity to respond to health emergency is crucial.

In Southern Sudan, the development challenge is huge with the context of a a complicated natural environment, and access to health remains a critical issue for the majority. Here again, from the very structured hospital care system in Nimule, implemented through MERLIN, to the current emergency response to the displacement in Abyei through MSF, the rich scope of ECHO partners' response capacity is necessary.

In Darfur, ECHO's focus on health is visible both in IDP camps and in rural areas, where its partners have worked tirelessly to keep services running under difficult conditions. From the remote Kulbus area to eastern Ed Dain, more than 50 ECHO-supported clinics are provided regularly with drugs to ensure quality health care .

Through ECHO's support to partners delivering health services in IDP camps, access to health is being maintained. ECHO's support since late 2006 has allowed a mechanism to be established between the state ministries of health, WHO and NGOs to provide IDPs and conflict-affected people with free access to secondary health care, thus going a step further toward a comprehensive access to health.



ECHO's supports NGOs working to deliver health services in Darfur



ECHO's supports health emergency preparedness and humanitarian action activities in Sudan

Prevention is at the core of the ECHO's strategy in Sudan which is working with a multisectoral approach. ECHO funds a range of implementing partners working within health services, environmental health, water and sanitation, prevention of communicable and water-related diseases through hygiene campaigns. Strong preparedness of actors made possible through ECHO projects at the local level has already proved effective during recent outbreaks of diseases.

Access to health care in Sudan is a great challenge and all ECHO partners are working together to improve, on the ground, the health of the most vulnerable people in Sudan.

Health humanitarian actors in Sudan directly benefit from ECHO support to WHO, UNICEF, UNFPA, UNHAS and OCHA. ECHO health partners are IRC, MSF, GOAL, MDM, CARE, CORDAID, IMC, Malaria Consortium, Malteser, Helpage, Handicap International, PSF, CAM, Tearfund, Merlin, Healthnet, AMI, German Red Cross, Cafod, IFRC, Save the Children Fund.

Statement on the Humanitarian Situation in Darfur

22 June 2008

As the people of Darfur face the annual hunger gap — the period leading up to the harvest in October — the humanitarian community in Sudan is warning that limited time remains to safeguard against an increasingly precarious situation.

Underlying this potential crisis is the continued insecurity in the region, which led to an additional 180,000 being displaced from their homes in the first five months of 2008.

Attacks on the UN World Food Programme convoys have seriously delayed the delivery of food aid to Darfur culminating in a cut in the general food ration of more than 40 percent since May. At least 2.7 million people will be affected by a reduction for at least the next two months.

The increasing number of vehicle hijackings affecting humanitarian agencies in Darfur — 160 to date in 2008 — is undermining the delivery and quality of life-saving assistance. Eight humanitarian workers have been killed this year.

In addition, the general population of Darfur experienced a substantially lower cereal harvest in 2007. In South Darfur in particular, there has been a shortfall in the cereal harvest. This combined with rising food prices is of great concern. If crops cannot be cultivated due to fighting and displacement, many households will become even more vulnerable.

Water and sanitation services are already over-stretched. The impact of diseases such as diarrhoea and acute respiratory infections in the forthcoming rainy season will be more severe if people are weakened by a shortage of food.

In order to monitor, assess and alleviate the impact of these factors, it is essential that humanitarian workers have safe access to all communities. Such monitoring can only succeed if aid agencies are able to undertake and release the results of surveys and assessments in a timely manner and without restrictions.

There is a window of opportunity to protect the population of Darfur from the worst effects of this year's difficult hunger gap but it is closing. Overall, despite localized spikes and the vulnerability of the newly displaced, malnutrition and morbidity rates in Darfur are still currently comparable to the same time last year. However, all parties must act now to allow humanitarian agencies to safely monitor the situation and deliver life-saving assistance. Without these conditions in place, specifically the security necessary to deliver full food rations, the situation will deteriorate.

We, as humanitarian agencies in Sudan, call for the following immediate actions to address these concerns which we know the Government also shares, many of which have already been agreed to at the Sudan Consortium in Oslo and through the High Level Committee.

The Government of Sudan should implement its stated commitment to ensure that food convoys with escorts are organized a minimum every 48 hours on main routes into Darfur. However, in order to return the food ration to normal levels, the authorities must permit food relief trucks to travel into Darfur every day, regardless of whether escorts are in place or not.

All armed groups operating in Darfur who bear responsibility for attacks on humanitarians — including signatories and non-signatories to the Darfur Peace Agreement — must cease the hijacking of vehicles and assets and demonstrate full respect for International Humanitarian Law and principles.

The Government of Sudan must urgently enact its agreement to release the results of technically cleared humanitarian surveys — including nutritional and crop surveys — and minimize delays in publishing future survey findings.

The deployment of UNAMID troops needs to be accelerated to provide protection of civilians and humanitarian workers and assets. Ultimately, there must be a negotiated settlement to the Darfur crisis which allows internally displaced people (IDPs) to return home voluntarily and in safety, and enables communities to re-establish their lives and livelihoods. In the interim, IDPs should continue to have access to camps and protection against forced or involuntary return.

A failure to respond now will have serious repercussions on the wellbeing and development of the people of Darfur — not just during the coming days and months but in the longer-term.

This statement has been endorsed by the following members of the UN Country Team in Sudan:

International Organization for Migration (IOM)
Office for the Coordination of Humanitarian Affairs (OCHA)
United Nations Children's Fund (UNICEF)
United Nations Food and Agricultural Organization (FAO)
United Nations High Commissioner for Refugees (UNHCR)
United Nations Joint Logistics Centre (UNJLC)
World Food Programme (WFP)
World Health Organization (WHO)



IOM Health Unit: Khartoum IDP Return Operations to South Kordofan and South Sudan

In the beginning of May 2008, IOM led the operations for 2 return convoys from Khartoum to Unity State. A total of 1031 IDPs for 2 convoys underwent pre-departure medical screening in El Salam Departure centre in Omdurman in May.

- Among the returnees, 24 (2.3%) were treated in the departure centre during medical screening and 1 (0.09%) was referred to Umabada Teaching Hospital for further investigations and/or treatment.
- Most internally displaced persons were treated for the following conditions: respiratory infections 8 (33%); major disability 8 (33%); diarrheal diseases 3 (1.5%); eye infections 2 (8.3%) and hypertension 2 (8.3%).
- During medical screening, 6 IDPs (0.58%) were identified as unfit to travel due to health conditions while 32 IDPs (3.1%) required monitoring and follow-up of their health condition en route to their final destination.
- 8 (0.77%) had major disabilities and were dependent on the support of others for their daily activities.



WHO

Medical screening and immunization at El Salam Departure centre in Omdurman

- A total of 977 returnees were vaccinated against measles, yellow fever and tetanus toxoid.

- Around 600 IDPs participated in 2 health awareness sessions on HIV/AIDS which were conducted in the departure centre.

Due to the recent security incident in Khartoum which resulted to further delays in the planned convoys in May and with the onset of rainy season, convoys have been suspended. Convoys will resume in the next dry season in October to November this year.



ACSI launched in Sudan

ren by the end of 2008.

The Sudan ACSI builds on experience from other African countries, which has seen child mortality rates reduced by 20 per cent as a result of similar programmes, and is considered a central element of Sudan's efforts to come back on track to meeting the child survival Millennium Development Goals.

Similar activities are planned for later in the year in states in Southern Sudan, with the initiative continuing to develop through to 2015.



Midwives from North Kordofan parade past dignitaries at the launch of the Sudan Accelerated Child Survival Initiative in El Obeid

UNICEF 2008/Edward Carwardine

An interview with Dr Ferruccio Vio Challenges in working to strengthen South Kordofan's health management system

Dr Ferruccio Vio, is a public health officer working for WHO in Kadugli, South Kordofan. He joined WHO in early 2008 as part of the Italian Cooperation's assistance to strengthen the health management information system in the Region.

What is your background? I am a medical doctor. I have spent most of my professional life in Mozambique. In my first roles, I worked for about 10 years in rural hospitals, where I gained clinical experience particularly in obstetrics, surgery and paediatrics. After gaining a MSc in London, I engaged in teaching of health professionals and, in human resources planning and management at the Ministry of Health of Mozambique. I also worked for some years for the Essential Drug Programme, the HIV/AIDS National Programme and in the maternal health care sector particularly within the Traditional Birth Attendant programme.

What is your role in South Kordofan (SK)? This year, I have been working with the State Ministry of Health (SMOH) and the SPLM-Secretariat of Health (SOH) in order to improve health management and foster integration between the two systems. Health management is a broad concept that includes a health information system, human resources for health, drug distribution and use, financing, maintenance, logistics and health programme integration. Sometimes you wonder from where to start with such a broad range of issues. I started with the information system.

What are WHO and the Italian Cooperation doing to address these issues? Although humanitarian needs still exist in SK, WHO, the Italian Cooperation and other partners are engaged in health sector rehabilitation and development to assist in early recovery activities. The health facility network has been partially rehabilitated by NGOs and new PHC health centres and basic units have been built. To complement these efforts, WHO and the Italian Cooperation are promoting initiatives to supply health facilities with proper equipment, secure drugs, update health professionals through continuous training and improve overall health management of the system.

Who are your main counterparts in the health sector? The SMOH Director General and the Secretary of Health (SOH) have been my main counterparts, and their staff, from the directorates of planning, human resources, epidemiology and finance. I also visit different health facilities including hospitals, health centres and basic health units, and training institutions, and coordinate with UN agencies and NGOs.



Dr Ferruccio Vio speaking before the staff of Save the Children-US in South Kordofan

What are the biggest health system challenges that you have faced? The health system in SK faces many challenges. These include strengthening the current health information system in terms of its completeness and coherence, improving the management of human resources, increasing financial resources particularly for basic maintenance and operational costs, establishing policies and enhancing integration of PHC activities, developing a functioning drug purchasing and distribution system, updating health teaching methodologies and establishing clear distinction between the public and private sectors.

What are the achievements so far within the project? A thorough joint analysis of the different issues has been conducted in cooperation with the SMOH and the SOH, and different proposals and plans of action have been discussed and funds allocated. Some synergies have been established with other programmes for example—the Mutli Donor Trust Fund.

What are the future directions for health systems in the Region? In my opinion, policy issues should be tackled first. The public health sector needs more resources, particularly for recurrent and operational costs. From a SMOH point of view, decentralization should mean delegation of decision-making powers and greater funding. Private and public sphere should be clearly defined. Improvement in health management should promote expansion of access to standardized PHC services. These should include most activities performed at the rural hospital level, such as caesarean sections and mother-child attendance. The ultimate goal of all activities should be universal access to health care for vulnerable groups such as women and children and free-of-charge treatment for the common diseases such as malaria, tuberculosis, leprosy, bilharziasis and HIV/AIDS.



INTEGRATED COMMUNITY BASED RECOVERY AND DEVELOPMENT (ICRD) PROGRAMME IN SUDAN

The **Integrated Community Based Recovery and Development (ICRD)** programme supports community-led socio-economic development and local governance structures that are conflict-sensitive, transparent, accountable, accessible, efficient, representative and sustainable.

This national programme is already well-established in South Kordofan and aims to achieve its wide-ranging goals through partnership amongst local stakeholders among local stakeholders, including: communities, NGOs, community-based organizations and supported by the locality administration, state/federal government institutions and UN agencies. The programme is based on prioritized activities suggested/identified by local communities and developed through consultative, participatory planning process, building on the existing natural resources base, communities know-how, experience and lessons learned from development programmes led by some UN agencies e.g. Child Friendly Community Initiative (CFCI) of UNICEF, Community Based Initiatives (CBI) of WHO, Food and Livelihood Security Programme of FAO, and UNDP experiences in the region.

The ICRD programme is an opportunity to provide basic socio-economic services and support to governance structures in a convergent manner for the well-being of vulnerable and underserved populations in selected communities in South Kordofan State.

The main development objectives of the ICRD programme are to meet basic social and economic needs, enhance participatory and community-based conflict transformation and peace building, and strengthen human and institutional capacity at locality and community levels for estimated 110,000 people in 45 of the most vulnerable communities in South Kordofan. Through the initiative, Integrated sectoral and cross-sectoral development packages that take environmental, biophysical, socio economic and political factors into account will be provided with technical support and assistance by government authorities

and sister UN agencies.

For the 15 ICRD pilot communities, specific outcomes include:

- * *strengthened governance institutions and community empowerment*
- * *livelihood development and food security*
- * *access to improved drinking water sources* expanded to reach 10,000 people (22% of the population; access to improved sanitation facilities to 15% of the population and hygiene education to 60%)
- * *access to primary health care services* expanded to 60% of the population including child and maternal health and nutrition services with strengthened referral sites within the catchment areas and community-based surveillance system and a network of community health promoters and functional revolving drug fund schemes
- * *access to quality and child-friendly basic education* for 1,500 children with the same number retained through school feeding
- * *strengthened sustainable protective systems* for vulnerable women, youth and children against abuse and exploitation, gender-based and other forms of discriminatory and harmful cultural practices.

Strategies for Implementation of ICRD Programme

- *Community-based institutional development*- capacity development and empowerment to create an enabling environment that promotes community participation and ownership of development programmes and political processes
- *Partnership building* – support for a broad-based partnership that provides linkage between the communities and the federal/state governments and local government systems to ensure sus-



tained confidence of the community for sustainability of the programme

- *Disparity reduction* – focus on vulnerable groups with emphasis on knowledge, participation and control of resources
- *Advocacy and social mobilization* – to promote community participation including cost-sharing, labour and material contribution, management and protection of community facilities, supervision, monitoring and reporting of programme activities
- *Service delivery* – including construction and rehabilitation of facilities, supply of materials, and capacity building for service provision
- *Environmental protection* – to conserve natural resources and ensure their sustainable management throughout the rehabilitation of degraded natural resources bases (afforestation, energy saving devices, tree replacement, soil and water conservation, access roads, fire breaks).



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health@sud.emro.who.int



Celebrating the World Blood Donor Day in Sudan: Stronger commitment to increase safe blood donation

A strong government commitment and extensive national and local campaigning are key to achieving Sudan's aim to increasing of safe blood donation from voluntary blood donors.

On 17 June 2008, thousands attended celebrations for World Blood Donor Day, held under the auspices of the National General Directorate for Blood Transfusion Services (NBTS) of the country's Federal Ministry of Health (FMOH) with the support of WHO. The theme for the day, celebrated across the world, was "Giving Blood Regularly" and celebrated in Khartoum on 17 June 2008 at the Friendship Hall in Khartoum. The annual event highlighted the role that blood donors play in saving lives and improving health of millions. Such events also creates awareness about the availability, safety and appropriate use of blood and blood products.

"Safe blood saves the lives of



World Blood Donor Day 2008 celebration in Sudan was launched with over a thousand attendees at the Friendship Hall in Khartoum. Picture showing Khartoum State Minister of Health with WHO Representative and the Ambassador of the Kingdom of Saudi Arabia



People came to share their blood. Photos above show blood donors from Petronas.

thousands of Sudanese mothers who need blood for pregnancy and labour-related conditions. It saves patients who bleed as a result of injuries; and saves children affected by severe malnutrition and anaemia," said WHO Representative in Sudan Dr Mohammad Abdur Rab. "As the National Blood Programme moves towards the goal of total voluntary donation, there is an increasing appreciation of these donors and their pivotal role in ensuring adequacy of safe blood."

In Sudan, a considerable challenge lies in the promotion of voluntary safe blood donation. In consideration of the country's cultural and social background, a strong awareness campaign will answer key issues and concerns pivoting voluntary safe blood donation.

"There is a need for new volunteer blood donors and increased commitment of volunteer blood donors to donate regularly and over long-term," emphasized the NBTS Director Dr Ahmed Hassan. "A stable voluntary donor pool is necessary to achieve our

goal," he added.

Voluntary blood donors are the safest source of blood. They donate of their own free will, without pressure, coercion or payment, and are therefore less likely to hide information about their health status and behaviour that may make them ineligible as blood donors. Regular voluntary donation guarantees a sufficient and sustainable blood supply.



World Health Organization

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WHO



WHO

Offices and compounds of INGOs and UN agencies were looted and destroyed. Photos here show the compounds of WHO and Save the Children in Abyei.

There is a high probability of outbreaks of communicable diseases in Abyei and surrounding areas. This is due to a range of factors including the level of health service coverage, overcrowding and unsanitary conditions in IDP settlements and onset of the rainy season. Increased rainfall could cause a rise in acute watery diarrhea, dysentery, viral haemorrhagic fever and malaria.

Agencies providing assistance to the displaced population has fo-

cused their attention on vulnerable groups, including women and children, to prevent outbreaks of communicable diseases and further malnutrition.

A three-day joint polio-measles campaign was conducted by the State Ministry of Health, UNICEF and WHO and partners in communities where the displaced fled.

Urgent health priorities include:

- Ensuring the presence and access to basic health services,

including vaccination and nutrition interventions

- Restoring destroyed health facilities
- Replenishing medical equipment and supplies
- Operating mobile clinics and referral units to deliver services especially during the rainy season
- Enhancing surveillance to strengthen preparedness for communicable disease outbreaks.



Sudan health sector's flood preparation and response information, available on http://www.emro.who.int/sudan/floods_08.htm

Sudan flood emergency hotlines
 Email: health@sud.emro.who.int
 Mobile: +249-912167648
 Fax: +249 157792505