



Newly displaced population taking shelter at Kalma camp, South Darfur

Photo by WHO/S.Khan

## Darfur displacement

### Situation

More than 300 000 people are affected by the new wave of insecurity and violence across Darfur. This has generated enormous additional humanitarian needs since late February 2014. As of 14 April, the total cumulative number of people who have been affected by the new crisis stands at 332 819. This includes 214 495 people who remain displaced across all Darfur states, 63 419 people who returned to their areas of origin, and some other people who have been affected but not displaced. Returns mainly took place in Saraf Omra town in North Darfur after the security situation had improved. (Source: UN OCHA Sudan)

### Public health risk

Due to large scale displacement and loss of shelter and access to basic services, and poor living conditions, the displaced people are at risk of contracting vector and water borne disease such as malaria and diarrhoeal diseases. The displaced people are also at risk to develop respiratory tract infections and measles. The disruption of health service delivery can also lead to non-availability of medicines and supplies for treatment of chronic diseases such as TB, hypertension, as well as diabetes.

### Needs

The inter-sectoral rapid need assessment missions were conducted to following locations between March and April: Kalma and El Salam camps, Saniya Deleiba, Dereige and Ottash camps, Fasi, Saraf Omra, Umm Tajok, El Neem camp, Korma, El Serif camp, Khor Abeche, Tawilla, Umtajouk, Sanidadi and Hashaba, Mellit, Yassin, Higelig, Zamzam camp. These missions resulted to the identification of needs and gaps.

Due to its proximity to communities affected by the conflict, there is a need to revitalize Saraf Omra Rural Hospital in North Darfur by supporting minor repair, provision of medicines, reagents, basic equipment and medical supplies to provide health services to about 54 000 people.

Support to health facilities in El-Lait and Eltewaisa with medicines, medical supplies and strengthen Ministry of Health (MoH) operational capacities to ensure sufficient health workers to deliver health care to about 60 000 people. These areas are also affected by the violence in Darfur during the first three months of the year.

The health facilities in areas hosting the new IDPs are faced with a significant increase in the patient caseload that led to fast consumption of their medicines and medical supplies stocks; severe shortages of essential medicines have been reported by all partners. The immediate needs have been covered through mobilization of emergency stocks by all partners including WHO, UNICEF and UNFPA. Additional support with medical supplies has also been extended by FMOH to Darfur states MOH. WHO reported an 80% increase in the utilization of its emergency stock while supporting the response to the new crisis. Almost one-third of the WHO core-pipeline has been exhausted in the two month since the beginning the crisis. There is a definite probability that the increasing trend in current conflict and consequent internal displacement, as well as the new arrivals from neighboring South Sudan will continue, putting additional pressure on the already over-burdened health system. Urgent additional resources to alleviate the WHO capacity to support emergency health response to the growing needs and replenish the supplies pipeline are urgently needed. Almost 70% of all the medical supplies distributed by WHO since end of February had been requested to enable partners to address the immediate health needs and filling in the gap created by the conflict induced displacement in Darfur states.

There is a need to strengthen health care in Kalma, Dereij, Ottash, Elsalam, Elneem, Elseireif and Zamzam camp by supporting NGOs delivering health services in these camps with 62 240 newly displaced people.

To ensure health services in other location such as Mellit, Elseireif, Sania Afando, Heglig, Fasi, Umtajok, Hashaba, Sandadi, support to ministries of health in West, East, South and North Darfur, as well as non-government organizations by providing medicines, medical supplies and assistance to operate health facilities.

Additional funds of about US\$ 5 million is required to address health concerns.

## Health sector response

### Coordination

Federal and State Ministries of Health together with Health Sector Leads are coordinating the response at all levels.

Daily Health Sector Task Force meetings are held in North Darfur while weekly Health Sector coordination meetings are held in South, East and West Darfur to assess the needs, monitor the response and ensure action to address the gaps.

### Health service delivery by the Federal Ministry of Health (FMOH)

FMOH sent higher level committee and rapid response teams to North Darfur affected localities, namely Alleiat, Eltweesha, Malit and Saraf Omra to assess the needs and health situation.

FMOH provided insecticides, 1500 mosquito nets, medicines and medical supplies, as well equipment worth 800 000 Sudanese pounds (US\$ 134 093) for four hospitals in affected localities in North Darfur.

FMOH provided 107 000 Sudanese pounds (US\$ 17 935) to North Darfur State for operational costs for state and locality rapid response teams.



Rapid response team was deployed to North Darfur with a truckload of medicines.  
Photo by FMOH

## **Health service delivery by partners**

### **American Refugee Committee (ARC)**

ARC is providing health services to additional 17 521 IDP in Kalma camp, South Darfur. The agency has relocated staff to run health facility in Saniya Delaiba, South Darfur.

### **Care International – Switzerland (CIS)**

CIS is providing health services to additional 21 623 IDPs in Elsalam IDP camp, South Darfur.

### **Humanitarian Aid and Development (HAD)**

HAD is running eight PHC clinics and four them are in Zamzam IDP camp, including one mobile clinic serving 7382 new IDPs.

### **Merlin**

Merlin is providing health services to additional 17 521 displaced population in Kalma camp.

### **International Medical Corps (IMC)**

IMC is providing health services to additional 21 623 IDPs in Elsalam IDP camp and additional to additional 17 521 IDPs in Kalma camp. It has also initiated a mobile outreach therapeutic programme (OTP) that also supports vaccinations, rapid medical evaluation and referrals. IMC conducted a rapid mid-upper arm circumference (MUAC) screening and distributed BP5 to 3 371 children under five in the camp. Additionally, IMC is providing health services to additional 295 IDPs in Hamedia IDP Camp, Zalengei, West Darfur.

### **International Organization for Migration (IOM)**

IOM has started hygiene promotion campaigns in both Al Sereif and Kalma camps in addition to the waste management campaigns being conducted in those camps.

### **Kuwait Patient Helping Fund (KPHF)**

KPHF with support from WHO is providing health services to additional 1405 IDPs in Dereij IDP camp, South Darfur.

### **Word Vision Sudan (WVS)**

WVS is providing health services to additional 6290 IDPs in Ottash camp, South Darfur.

### **Relief International (RI)**

RI is also providing health services to additional 7382 IDPs in Zamzam IDP camp.

### **Rufaida**

Two primary healthcare centres supported by Rufaida are providing services in Ottash and Umdafooq IDP camps in South Darfur. These facilities are with regular supply of medicines, and healthcare services are maintained to targeted population. Rufaida health center is the only functioning health unit in Umdafoog, which is located along the border of Sudan and Central Africa Republic (CAR). People from CAR seek for health services at the Rufaida health centre. With support from three UN Peacekeeping missions operating in the area (Sudan, Chad and CAR), an operating theater was built at the centre. The theatre has largely contributed in decreasing pregnant women mortality. Managing the health centre has been challenging since it is located in a conflict area serving displaced communities affected by hostilities.

### **UNFPA**

UNFPA provided 13 reproductive health kits including clean delivery kits, STI treatment kits, blood transfusion kits and other emergency drugs and supplies.

### **UNICEF**

UNICEF provided 30 primary healthcare kits, 19 integrated management of childhood illness (IMCI) kits, 26 boxes of sodium lactate and 42 boxes of oral rehydration salt (ORS), sufficient for 150 000 beneficiaries for 2 months in North and South Darfur. Besides MoH, partners supported included ANHAR, CDO and SRC/GRC in North Darfur and ARC, CIS and IMC in South Darfur.

## World Health Organization (WHO)

Since the beginning of February, WHO has provided NGOs and MOH with 128 interagency emergency health kits (IEHK), two trauma kits and five rapid response kits (RRK) along with a large quantity of medicines and medical supplies such as antibiotics, IV fluid, pediatric medicines, consumables, laboratory reagents and water testing kits. The medicines and medical supplies distributed by WHO cover the essential primary health care needs of more than 160 000 people for three months. In North Darfur alone, WHO provided significant support for filling in the urgent health needs of more than 80 000 people and distributed medical supplies to the health facilities run by MOH, Darfur Regional Authority, Humanitarian Aid Development, Sudanese Red Crescent Society, German Red Crescent, Kuwaiti Patient Helping Fund, Relief International and Zulfa for Peace and Development Organization. These facilities are located in Shangil Tobaya, El Salam, Aboushouk, Kugara, Jawar, Unkadada, Tina Mellit, Zam Zam, Kutum, Korn, El Tweesha and Kabkabiya. WHO is also providing full operational support for two additional mobile health units in Al Tawila locality. As the crisis continues, WHO will expand its support to cover the health needs of displaced population in Korma, the re-activation of the health services in Saraf Omra rural hospital serving more than 130 000 population (IDPs and host communities) and damaged during the active conflict, as well as El Lait and El Taweisha affected health facilities.

In South Darfur, WHO provided medicines, medical and laboratory supplies and water testing materials to the El Salam, Ghorabeche, Saya Dalaiba, Kateela, UNAMID team site, Muhgiuria, Tulus, Khazan Jadid, Kalma. Nyala and Bulbul Tembisco health facilities run by CIS, WV, UNAMID, MOH, ARC, and ARCS.

In West Darfur, WHO provided medicines to ADAAR, Fasi, Umtajouk, Sanida, Abozar, Elrayad, Margi, Asonga, Sirba and Elhaj health facilities run by NIDDA, HRF, MOH, SMO, and WV.

Plans are underway to support several national NGOs for running additional temporary health facilities in Sheik Musa, located close to Dereij camp, to ensure health services to newly displaced people around Dereij Camp, and any other locations depending on situation development. In May and June, WHO in close collaboration with the Federal and States MOH, will conduct the refresher training courses for all rapid response teams in Darfur states, South and West Kordofan and Blue Nile, as well as support the strengthening of early warning and rumor investigation mechanisms in areas affected by the new wave of conflict and displacement.

## Resource Mobilization

- Total Funding requirement for additional caseload: US\$ 5 million
- Fund Mobilized under CHF Emergency Reserve : US\$ 500 000
- Funding Gap: US\$ 4.5 million



## Utilization of family planning methods in Darfur

In Darfur, International Medical Corps (IMC) is providing high impact interventions including provision of essential drugs, an expanded program of immunization and maternal health care services including family planning. Cultural and religious barriers combined with limited awareness of family planning methods have been factors to low usage of contraceptives.

### Family planning service provision by IMC in Darfur

For the last several years, IMC has been providing continuous, tailored health education messages to mothers and community leaders in Darfur about available family planning methods and the benefits of family planning to women's health. As a result of its strong behavior change community approach, IMC has successfully scaled up the use of modern family planning methods, even in remote areas of Central Darfur.

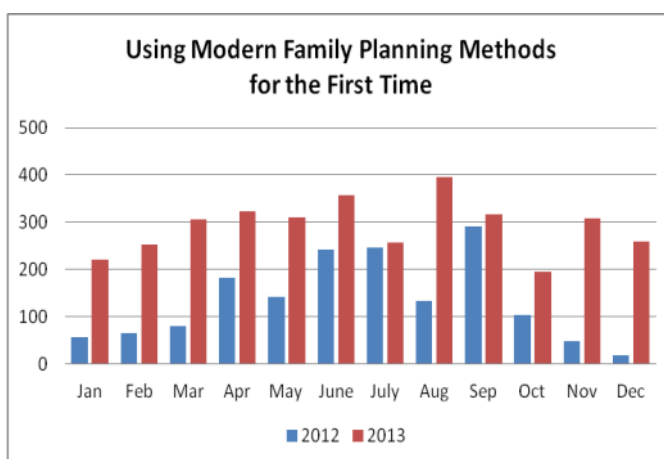
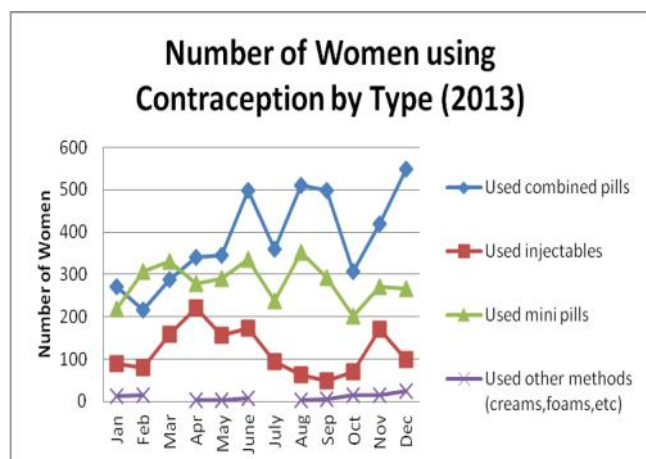


A midwife explains various family planning methods.

IMC provides a wide range of family planning methods including oral, injection and emergency contraceptives as well as both male and female condoms. International Medical Corps usually receives these items from UNFPA, but in case of UNFPA shortages, International Medical Corps procures these items from the local market whenever possible. However, timely distribution of family planning methods to remote clinics such as Um Dukhun remains a challenge due to frequent insecurity.

### Outcomes of IMC family planning services

From January 2013 to December 2013, a total of 9502 beneficiaries visiting International Medical Corps' clinics utilized family planning methods, a 121% increase from 2012.



The trend in uptake of family planning methods is attributed to continuous health education at both the community and health facility level; innovative peer mother education and support groups; and collaboration with traditional birth attendants as referral agents.

## Treating obstetric fistula:

### A new lease on life

The 2010 Sudan Household Survey (SHS) findings showed South Darfur as the state with the highest maternal mortality ratio within Sudan. This is a direct reflection of poor maternal health services and the impact of the armed conflict on the availability and accessibility of maternal health services for pregnant women. Poor maternal health outcomes are also linked to traditional and cultural barriers.

Obstetric fistula is one of the most severe maternal morbidities. It is linked to harmful traditional practices of early/child marriage and early pregnancy when the body is not yet mature enough to deliver healthily. It also comes as a direct consequence of delayed referral of obstructed labour to health facilities offering comprehensive emergency obstetric care including caesarian section. The babies are most often still-born, and the women end up with complicated injuries along the birth-canal that leave them incontinent. In most of the cases women suffering from obstetric fistula end up being rejected by their husbands and ostracized by their communities. Without any repair, they can no longer bear children and live a normal productive life within their communities. The only solution to obstetric fistula, once it has occurred, is surgical repair by well trained and specialized surgeons.

UNFPA has started worked on the establishment of a surgical fistula repair centre in South Darfur as early as 2008. However, due to many hindering factors, this could only be completed in 2013 after entering a strong and fully supportive partnership with the Darfur Regional Authority.

UNFPA has supported Nyala Teaching Hospital, the main referral hospital in South Darfur, through renovation/rehabilitation of the Obstetrics and Gynecology Department and the Fistula Centre through provision of equipment and supplies to ensure access to quality comprehensive maternal and new-born services in south Darfur.

UNFPA, in cooperation with the State Ministry of Health, supported two dedicated fistula repair campaigns - one in December 2013 and the other one in February 2014. A total of 33 women were successfully operated.

Going through the list of the patients age and the length of suffering from fistula hints at the suffering of this group of women. Their ages ranged from the early twenties up to the seventies, some of them having undergone unsuccessful fistula repair before. Some have suffered from the condition for so many years, some as long as 23 years without earlier access to surgical treatment.

For fistula patients, successful repair is not the end of the journey. Patients are ignored by husbands and families, and many are isolated and stigmatized by their communities. To reintegrate patients in these communities and to help them lead a productive happy life, UNFPA in collaboration with State Ministry of Social Welfare organized training programmes for the repaired patients on income generation skills. This will equip patients with some skills and help them build on to whatever they have and continue their journey.



Equipping the theatre of a Fistula Centre in South Darfur

## Working to create impact for children

Inspired by Save the Children Theory of Change, the Sudan Country Office (SCO) is striving to promote durable solutions for children, by testing innovative approaches, documenting results, evaluating impact and replicating successful models at wider scales.

In South Kordofan State, Save the Children runs an expanded health programme to serve children and conflict affected communities. In remote areas in Sudan and due to lack of sufficient resources, it has always been a challenge to sustain health facilities and provision of health services to target groups. In one of the remote villages in Lagawa Locality, namely, Al Labora village, there is a health centre serving around 4,000 people including settled villagers and nomads.



Patients at the health centre in South Kordofan State

Save the Children started a Community- Based Management of Acute Malnutrition (CMAM) programme in Al Labora health centre. While testing systems and mechanisms of support to provide sustainable services, SC found gaps in securing financial resources to cover running costs (water, stationary, casual labour and transpiration of the health cadre). Realizing that both local government and target beneficiaries are poor and can't contribute to the running costs, SC in consultation with the community, introduced a 'Solar Mobile Charger Unit' to be used at cost by the community to recharge cell phones and other electronic batteries. The income generated from using the charger is to be used to cover the running costs of the Health Centre and though sustain the service. The system was tested and proved working. The average earnings per month are around US\$100, which is enough to cover mentioned costs. Mohamed Abdalla, the solar unit supervisor said "This small project is like a miracle to us. It is simple, easily managed, and helped us to address a serious concern. The solar unit is only a beginning."

SCO will continue working with communities and partners to develop and test evidence-based, replicable breakthrough to solve problems facing children.



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