



Sudan Health Cluster Bulletin

1-30 June 2019

Emergency Type: complex emergency.

Dr Naeema Al Gasseer, WHO Head of Mission in Sudan receiving emergency medical supplies supported by Italian Cooperation in Khartoum.

 **3.7M NEED HEALTH ASSISTANCE**

 **1.86M IDPs**

 **0.3M RETURNEEES**

 **1.2M REFUGEES**

HIGHLIGHTS

- Civil unrest and episodes of violence marked the beginning Of June. On the 3rd of the month a raid by security personnel on the sit-in Protest in Khartoum resulted in at Least 61 people killed, according To the Ministry of Health. According to WHO data. At least 785 people Were injured among of which 19 children, and another 49 have been injured. ¹
- During the events ,Of the 11 main Khartoum hospitals, half were Closed or partially closed from 3 to 9 June. There Was Disruption In services of two major maternity hospitals in Khartoum. Since, all Hospital resumed full functionality Seven attacks on healthcare were reported during the month of June. ²
- Amidst the civil unrest, a nationwide vaccination Campaign Continued targeting 1,700,000 children with polio and measles Vaccines in Jazeera state.
- In anticipation to further episodes of civil unrest and the demonstrations Called by the Sudanese professionals association SPA to take place on The 30th of June, Health Cluster partners in coordination With F/SMoH Of Khartoum finalized a Comprehensive response plan to support Khartoum hospitals with medical supplies, trainings on Mass trauma and GBV case Management.

 1,700,000 children targeted with polio and measles vaccines during the month of June

 213 epidemic disease alerts were investigated within 72 hours since the beginning of 2019.

 7 attacks on healthcare were reported during the month of June.

 As of June 2019, the health sector is 14.6% funded for the year 2019.

¹ OCHA situation report for June 2019.

² Financial Tracking System FTS, <https://fts.unocha.org/appeals/670/clusters?f%5B0%5D=destinationClusterIdName%3A%224355%3AHealth%22>.

Situation Update:

A raid by security personnel on the sit-in protest in Khartoum on June the 3rd resulted in at least 785 injured people according to the World Health Organization (WHO). The actual number of deaths and injuries could be much higher as the data reflect only those who sought treatment at hospitals. There are also reports that South Sudanese refugees were attacked in Khartoum State, including acts of sexual violence, on 6 and 7 June, with up to 57 injured. Fearing further attacks, some 320 families have moved to one of the Open Areas in the outskirts of Khartoum and another 200 individuals have moved to a camp in White Nile State.

In West, Central and North Darfur there have been reports of IDPs being attacked and threatened as they prepare themselves for the agricultural season ahead. IDPs in some locations have reported that Arab nomads have threatened them with violence if they go to their farm lands for cultivation. In East Darfur some 900 families have been displaced, seven persons died and 35 were injured, due to ethnic fighting over land issues just outside El Daein.

Imports of medicine during the first quarter of 2019 were down 11 per cent compared to the same period in 2018, while imports in 2018 had already dropped by a third compared to 2017. A recent WHO assessment of select hospitals in Khartoum found that nearly half of the essential medicines covered were not available. Meanwhile, about 25 per cent of health facilities in Darfur are not functioning due to lack of medicines, equipment, staff and inadequate infrastructure. 1.4 million people in Khartoum and Darfur could be affected if medical supplies are not available, another quarter million mothers are at risk of not being provided maternity services. Health services in the rest of the country are also affected by insufficient drug availability and limited health professionals.

Statement on Sudan by the WHO Regional Director for the Eastern Mediterranean Dr. Ahmed Al-Mandhari:

<https://reliefweb.int/report/sudan/statement-sudan-who-regional-director-eastern-mediterranean-dr-ahmed-al-mandhari-enar>.

Public health risks, Priorities, Needs and Gaps:

Mental Health and Psychosocial Support

There is to narrow the growing gap in availability and accessibility to mental health and psychosocial services at Primary Health Care (PHC) facilities and at community level for the most vulnerable people, Internally Displaced Population (IDP), refugees and their host communities in Sudan. To this end, WHO together with FMOH and State Ministry of Health (SMOH), conducted Training of Trainers (TOT) on Mental Health and Psychological support for 32 participants over 5 days, 25 - 29 June 2019 in Nyala, South Darfur. The participants included nurses, medical doctors and psychologists from South Darfur, East Darfur, North Darfur and West Darfur States. The trainees will cascade the training to integrate mental health and psychosocial services into the existing 65 PHC facilities and communities in 7 States in the coming months.



There are 17 outpatient mental health facilities available across the country, none of which are dedicated for children and adolescents neither there are day care or MH rehabilitation units. The Sudan MH strategy indicates that there are 17 community based units but the concept of the community mental health services has not yet been integrated in the general health services. While the availability of medicines listed on the Sudan National Essential Medicine List is about only 53%, medicines for mental health are widely unavailable.

A total of 213 epidemic disease alerts were investigated within 72 hours by the joint WHO and SMOH team in 11 States (White Nile, West Darfur, Red Sea, Blue Nile, South Kordofan, South Darfur, Khartoum, East Darfur, Central Darfur, Kassala and North Darfur) during the period January to June 2019. Majority of the alerts were for suspected cases of measles (64%), Chikungunya Fever (11%), Acute Jaundice Syndrome (6%), Dengue Fever (4%), whooping cough (5%), Viral Hemorrhagic Fevers (3%), and others (e.g. Acute Watery Diarrhea, dysentery, scabies, etc).

The Federal and State Ministries of Health in collaboration with WHO, UNICEF, and NGOs implement one of the largest and most successful immunization campaigns in Sudan during the past 5 years. UNICEF distributed a total of 13,206,200 doses of measles vaccine were provided along with 13,465,300 Auto-Disable (AD 0.5 ml) syringes. Other supplies provided include 1,415,500 disposable syringes (5 milliliters) and 79,743 safety boxes (5 liters) for the disposal of used syringes for the eighteen states. In addition, 9,472,000 doses of Oral Polio Vaccine (OPV) were distributed through UNICEF (funded by GPEI) as well as 9,313,500 capsules (200 IU) and 1,034,000 capsules (100 IU) of vitamin A, purchased with funds from other donors. WHO has supported with operational costs of USD 3 million (Gavi and SHF), full technical support for microplanning, training of all staff involved in campaign, and quality control of implementation through Six WHO consultants and 20013 independent monitors along with 24 WHO supervisors, along with daily operation room co-chairing with FMOH/SMOH for solving the problems

Phase one: implemented 8 -17 of April 2019 covered 8 states: Kassala, Red Sea, Gadarif, South Darfur, White Nile, South, West and North Kordofan States.

Phase Two: Implemented 23 of April – 2 of May 2019, in 8 states: Sennar, Blue Nile, River Nile, Northern, West, North, East and Central Darfur.

Phase three: implemented 23 June 2019 to 02 July in Jazeera state. The campaign in Khartoum has been delayed for the third time due to security situation. The new planned date for the campaign in Khartoum state is 14 July 2019.

Total target for the measles campaign = 13,342,509 child, 9 month to 10 years.

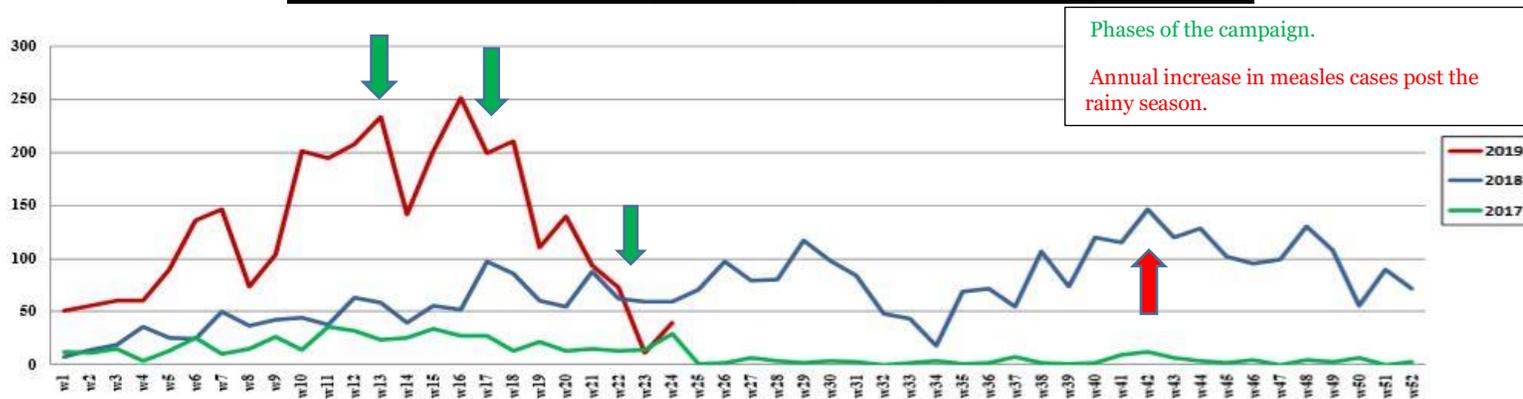
Total target for polio campaign = 7,570,396 child aged 0- under 5 years.

Results of the campaign

During the campaign in the sixteen states, 98.7 per cent of targeted children (9,11,6,527 girls and boys) were reached with measles vaccine, 99.8 per cent of targeted children (5,373,880 girls and boys) with Oral Polio Vaccine (OPV) and 98.4 per cent of targeted children (4,724,117 girls and boys) with vitamin A. By end of June, the Jazeera State-level coverage for measles, polio and vitamin A reached 69%, 47% and 40% respectively. As shown in the graph bellow the optimal coverage reached by the campaign led to rapid decrease in the number of reported measles cases.

measles-polio-vitamin A campaign phases (2019, Sudan)

Phase	Targeted states (ex Khartoum and Jazeera)	Targeted population	vaccinated	% coverage	
Total implementation	16	Measles	9,232,253	9,116,527	98.7
		Polio	5,382,227	5,373,880	99.8
		Vitamin A	4,799,117	4,724,581	98.4



Reported Measles cases in Sudan per week until W24, 2017-2019

³ Weekly Epidemiology surveillance report by the Sudanese Federal ministry of health.

In addition, UNICEF supported the Ministry of Health to combat maternal and infant mortality through the implementation of the Maternal and Neonatal Tetanus Elimination campaign in 23 identified low and middle risk localities in Central Darfur, Blue Nile and Red Sea states. The campaign took place 23-29 June and targeted 665,951 women of child bearing age.

Mass Casualty and Trauma Management;

In a bid to build the surge capacities of public and private hospitals to deal with mass causality scenarios and provide emergency trauma care services, the World Health Organization (WHO) in collaboration with Federal Ministry of Health (FMOH) organized Mass Causality and Trauma Management training on 19 – 23 June 2019 in Khartoum. A total of 38 health workers (5 Nurses and 33 Medical Doctors and Surgeons) selected from nine private and public hospitals in Khartoum (Royal Care, Imperial, Fedail, Al-Moalim, Ibrahim El Malik, Khartoum, Omdurman, Ombada, and El-Ribat) attended the five-days training that included both theoretical and practical simulation exercise. The training will enhance the health workers knowledge and skill sets needed to prepare and respond to mass casualties and trauma incidents.

During the 3rd of June civil unrest events in Khartoum and throughout the weeks after, health actors including WHO, UNICEF, UNFPA, MSF, ICRC supported 11 major hospitals across the city with surgical supplies, trauma, PEP kits and medicines to enhance the capacity of local staff to assist the injured. Furthermore, 19 ambulances were equipped to facilitate patients and hospital staff transportation. USAID/OFDA contributed (through WHO) with trauma and surgical supplies to cover 3,000 patients (for Khartoum and states), in addition, the Italian Cooperation airlifted trauma kits and surgical supplies enough to cater for a 1000 injured, the supplies were delivered to Khartoum hospital with facilitation from WHO.

Status of medicines and medical supplies:

The medicines and medical supplies shortages for the delivery of free-of-charge humanitarian health services are wide spread. During the first six months of 2019, the humanitarian responses only addressed one-third of the need. Around Sixty-six percent (66%) of the available resources for PHC medicines and supplies for humanitarian response is ensured by the support of USAID/OFDA through funding WHO procurement of medicines and medical supplies on behalf of NGOs. Since 2013, USAID/OFDA and 11 Health NGOS assigned WHO to enable procurement, importation, and distribution of medical supplies on their behalf. Accordingly, since the beginning of the year, the WHO have been distributing medicines to SMOH, ARC, IMC, CIS, WVI, WR, SC, Concern, Goal, NCA, RI, Seaker, Pancare, and HAD in 8 states (5 Darfur States, South Kordofan, White Nile, and Blue Nile) as per its commitment with donors. A multi-sectorial review of the Sudan humanitarian response was launched led by OCHA to identify existing and emerging gaps, and availability of supplies. Outcomes should be finalized during the month of July.

. By the end of July supplies for 12 INGOs and MOH to cover 1.1 million people for the next 6 month will be received and distributed by WHO

Summary of PHC medicines and supplies distributed by WHO, Jan-June 2019, in Sudan.

Date	Item	Qty	Beneficiaries	For how long	To Whom	cost USD
Jan-19	RRK	52	104000	PHC needs for 6 month	9 INGOs/USAID/WHO	124800
March	RRK	290	580000	PHC needs for 6 month	9 INGOs/USAID/WHO	696000
April	PHC basic+ miscellaneous	180	108000	PHC needs for 6 month	11 NGOs, MOH (Darfur, BN, WN, SK, WK) CERF RR/WHO	324000
April, May June	RRK	6	12000	PHC needs for 6 month	KHT: In situ and 6 hospitals /WHO, USAID	19200
Jan to June			155000	PHC needs for 6 month	MSF	
Jan - June	PHC	90	149000	PHC needs for 6 month	SC/ECHO	180000
Total		618	1108000			1,344,000

Ahead of the rainy season, in June, WHO pre-positioned the contingency stock to cover 98,000 people PHC needs for 3 month, 3,500 AWD cases, 6, 400 surgeries across the country as follows:

Contingency stock - WHO Sudan 30 June 2019						
State	IEHK	AWD Kit	Trauma A @ B	Surgical supplies	RRK	Beneficiaries
Red Sea	12	1		3		100 AWD, 300 surgical, 12000 population PHC for 3 month
East Darfur	10	2	1	3	0	200 AWD, 400 surgical, 10000 population PHC for 3 month
White Nile	14	4	1	1	0	400 AWD , 200 surgeries, 14,000 PHC needs for 3 month
South Darfur	10	2	1	4		500 surgeries, 200 AWD , 10,000 people PHC for 3 month
Blue Nile	10	2	1	4	0	200 AWD , 500 surgeries, 10,000 people PHC for 3 month
North Darfur	5	1	2	3		500 surgeries, 5000 people PHC for 3 month,100 AWD cases
Central Darfur	5	2	1	4		500 surgeries, 200 AWD, and 5000 people PHC for 3 month
West darfur	10	1	1	3		100 AWD, 400 surgeries, 10,000 people PHC needs 3 month
Kassala	12	1		3		300 surgeries. 100 AWD, 12,000 people PHC 3 month
S Kordofan	10	3	1	4		10,000people PHC, 300 AWD, 500 surgeries,
Gezira		2				200 AWD cases.
Sennar		2				200 AWD case.
Gedaref		2		1		100 surgical procedures and 200 AWD cases
N Kordofan		1				100 AWD cases
River Nile		1				100 AWD cases
WHO KHT		10	12	5		1200 surgeries and 500 AWD cases
FMOH KHT		3	3	3		600 surgical procedures and 300 AWD cases
MOH KHT			2	2		400 surgical procedures
Total	98	40	26	43	0	98,000 people PHC needs covered for 3 month, 3500 AWD cases, 6400 surgeries across the country
Cost	44100	101500	336000	167700		

Furthermore, to enhance preparedness and prevention of vector borne diseases, four rounds of breeding sites management/vector control in each of East Darfur, West Darfur, North Darfur, White Nile and Red Sea conducted by WHO covering 2,8 million people (more than 27,000 breeding sites)

Reproductive health RH and Gender Based Violence GBV:

With GBV being a cross cutting topic addressed by all concerned humanitarian actors. WHO, 64 medical doctors (house officers, registrars and specialist : Oby/Gyn , Pediatrics , ER) at tertiary and secondary hospitals (Ibrahim Malik, Bashaear , Bahri , Alban Jadeed, Omduramn Maternity Hospital) representing Khartoum 3 cities (Khartoum ,Bhri , Omdurman). Received a training on practical guide to respond to Gbv The training was conducted by, Dr Maison Elamin Women Health SFFGC Program, Dr Abdulbasit Merghany the Mental Health Advisor at WHO, Dr Anna Rita/GBV advisor at EMRO.



UNFPA Humanitarian Activities (Jan-Jun 2019)

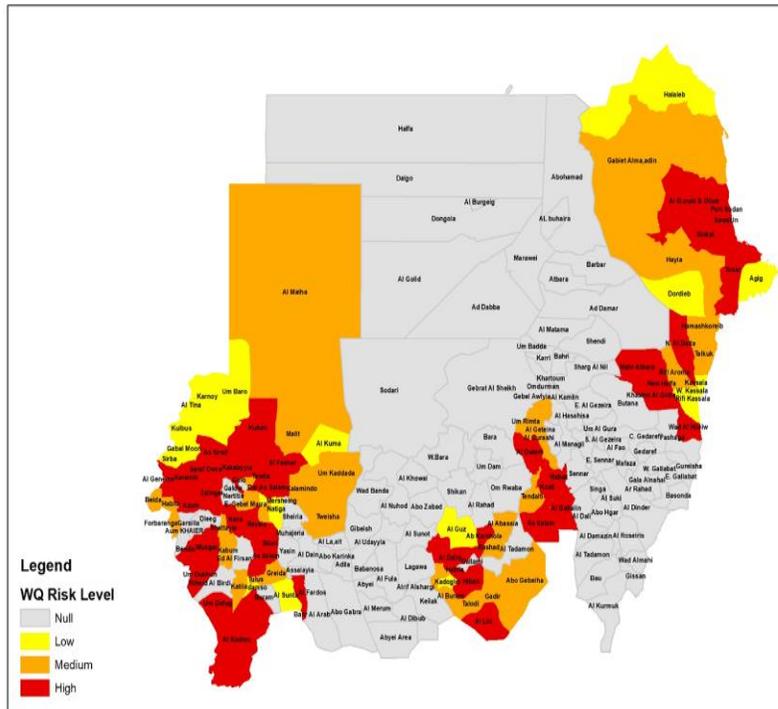
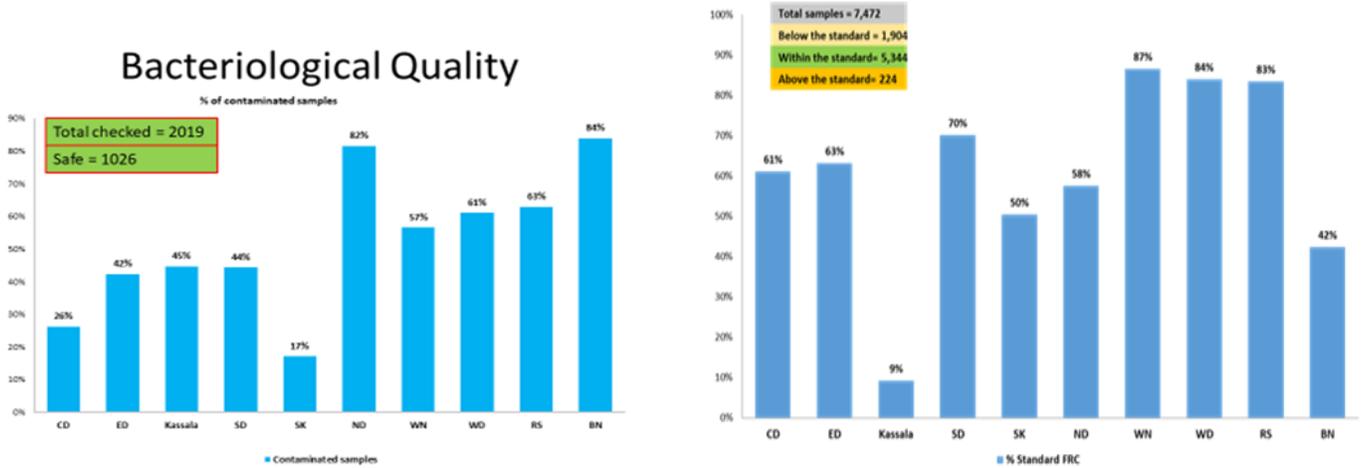
Implementation of Minimal Initial Service Package for RH (MISP for RH)

Months	Item	Qty	Beneficiaries	For how long	To Whom	Funding
Feb-March	RH Kit 3	8	480	CMR facilities needs for 3 months	SMOH in the relevant state: South Darfur, North Darfur, Blue Nile, South Kordofan, Gaderif, Abyei	Government of Denmark through UNFPA
		18	1080	CMR facilities needs for 3 months	SMOH in the relevant state: West Darfur, Central Darfur and North Darfur	ECHO through UNFPA
		5	300	CMR facilities needs for 3 months	SMOH: South Darfur	Government of Japan through UNFPA
Feb-March	RH Kit 8	4	240	EmONC facilities needs for 3 months	SMOH: West Darfur, North Darfur, Blue Nile, Abyei	Government of Denmark through UNFPA
June	RH Kit 11 B	8	840	CEmONC facilities needs for 3 months	SMOH: Khartoum State	SIDA through UNFPA
Total		43	2,940			

Water, Sanitation and Hygiene, WASH

WHO and SMOHs conducted a survey to assess Free Residual Chlorine FRC in 7,772 water sources, and sanitary inspection of another 2019 sites, the survey lasted for three months March-May 2019. FRC was below standard limits in 1904 sites (25.5%), within standard limits in 5344 sites (71.5%), and above standard limits in 224 sites (3%).

The bacteriological analysis showed that out of the 2019 tested water sources 993 (49%) were contaminated. The chlorination of drinking water of the central water network was identified as gap during the planning for the rainy season by the federal ministry of health.



Based on the above survey, a water borne disease risk map was developed by WHO demonstrating high risk areas, it is worth mentioning that prevalence of water borne diseases is one of the main indicators factoring into the overall health severity in Sudan.

the WASH sector partners and SMOH have increased activities to ensure provision of safe water to the most vulnerable communities including both treatment/chlorination of water and quality monitoring as well as scaling up hygiene awareness and cleanup campaign in identified hot spot locations for the coming 3 months. In North Darfur, chlorination has been scaled up for 21,000 people in Tawila locality. The AWD task force has been activated and is meeting on weekly basis to ensure information sharing and active surveillance.

In Central Darfur, open hand dug well are regularly disinfected in Bindizi and Um Dhukun, and 11 emergency water treatment systems have been set up and supplied with sufficient chlorine to provide safe water through the coming months in Um Dhukun; 42,500 chlorine tabs (0.33g) have been distributed to

Nertiti and Golo IDPs by WASH partners. More than 300 monthly water quality tests are being conducted and corrective measures taken when necessary. A strong focus is being put on camps with distribution of soaps (25 cartons in Nertiti and 5 cartons in Golo). Refresher training have been conducted with hygiene promoter to reinforce key hygiene messages.

In South Darfur, partner focal points have been defined for each locality to monitor chlorination activities and ensure corrective measures are taken when the water quality does not meet standards. Access remain a challenge in Kalma camp, but chlorination is on-going thanks to community led operation and maintenance of the water supply systems.

In Blue Nile, stocks of chlorine and soaps have been prepositioned in hard to reach areas. Refresher training for chlorination of unprotected water source such as haffir to ensure proper chlorination will be done 2nd week of July. Partners are increasing hygiene promotion in coordination with SMOH and planning for mass campaign through local media.

In Red Sea, Kassala and Gedaref, chlorination has been reinforced hot spot areas but due to limited number of partners on the ground, not all areas can be covered.

In the Kordofan States, chlorination is on-going in areas at risk and in coordination with SMOH key hygiene messages are being shared through radio.

As a preventive measure against vector-borne and water-borne diseases during the ongoing rainy season, UNICEF in cooperation with the Ministry of Health has made preparations to distribute 8,567,449 Long Lasting Insecticide Treated Nets through a mass campaign between July and September in 12 states¹. More than 1 million nets will be distributed linked to the provision of routine health services (measles vaccinations and antenatal care) within the same states. In addition, UNICEF Delivered lifesaving supplies ahead of the rainy season in Darfur, Eastern States, White Nile and Blue Nile, South and West Kordofan States. This distribution is to support normal PHC services during the rainy season in the most remote and hard to reach villages.

in addition, and in preparation to the rainy season UNICEF Delivered lifesaving supplies ahead of the rainy season in support to the PHC services in Darfur, Eastern States, White Nile and Blue Nile, South and West Kordofan States.

Description	Total
Obstetric, surgical kit, supplementary 2, equipment.	25
Obstetric, surgical kit, supplementary 3, renewable	22
Midwifery kit, 3-renewable	348
Sudan CMW Kit,2016	1,960
Sterilization Kit - C	9
Hand-operated, neonatal Resuscitator	257
Reusable suction bulb	628
Umbilical cord Clamp	14,580
Chlorhex.diglu.7.1%sol.cord c./BOT-30ml	1,000
Erythromycin 250mg tabs/PAC-100	100
ORS low osm. 20.5g/1L CAR/10x100	157
Erythro.pdr/oral sus 125mg/5ml/BOT-100ml	1000
Tent,light weight,rectangular,24m ²	6
Doxycycline 100mg tabs PAC/10x10	300
LLIN,100d,w/b/g,190x180x150cm LxWxH	1000
AWD Periphery kit Drug	11
AWD, Periphery kit, Renewable	10
Sudan, IMCI Medicine kit, 2016	104
Zinc 20mg tablets/PAC-100	125
Sudan, IMCI Medicine kit, 2016	150

For further information please contact Juliette Ravault jravault@unicef.org, WASH cluster coordinator.

Health partners action:



A health facility in Beltebei supported by CRS

Catholic Relief Services CRS extended its health and nutrition services in Um Dukhun locality with support from the Sudan Humanitarian Fund (SHF) and the Recovery, Return, and Reintegration (RRR) Sector and to date, is continuing these services. Under Phase I of an SHF RRR-funded project, “Integrated Health and Nutrition Services for Um Dukhun locality,” CRS completed the construction of a health facility in Beltebei village, which has been functioning since its completion in December 2018. Services are being continued in Phase II of the SHF RRR-funded, “Integrated Livelihood, Health and Nutrition Services for Um Dukhun.” 3,279 beneficiaries received medical consultations from qualified nurses at supported health facilities. Project staff conducted health education trainings, benefitting seven MoH staff, eight national partner project staff, 40 Community Health Workers (CHWs) and 60 Community Health Promoters (CHPs) on house-to-house visits, active case finding, and nutrition education and awareness. In addition, 4,760 individuals participated health education and nutrition awareness activities.

American Refugee Committee (ARC) International, supported PHCCs; 10 in East Darfur and 15 in South Darfur. Fully operational Throughout the month of June. 24567 people (Male 9,302 and 15265 Females) benefitted from outpatient Consultations. 417 deliveries assisted by skilled birth attendants; 290 Health facility deliveries and 127 home deliveries. ARC received 5 RRs from WHO; 2 in East Darfur and 3 in South Darfur, Rehabilitated 5 Health facilities (Old camp PHCC in Gerieda, South Darfur and Alferdos, Elneem, Habib Suliman and Hilal PHCCs In East Darfur) and Completed Construction of Adilla BeMONC Center in Adilla.



Adilla BeMONC center in Adilla



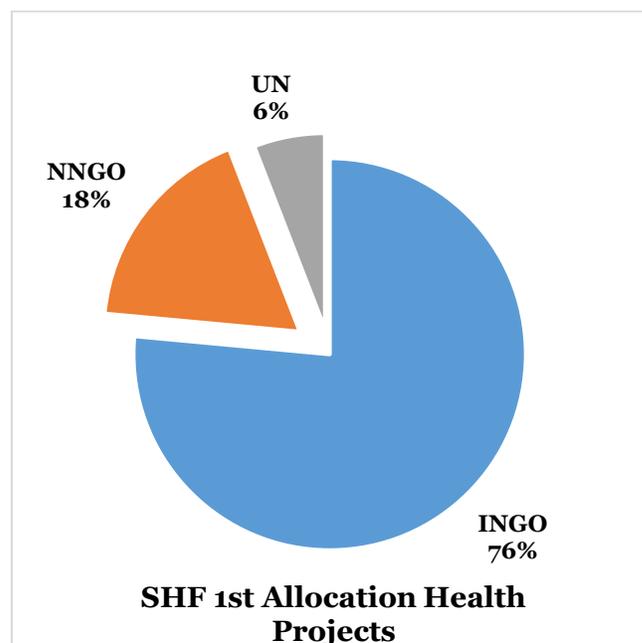
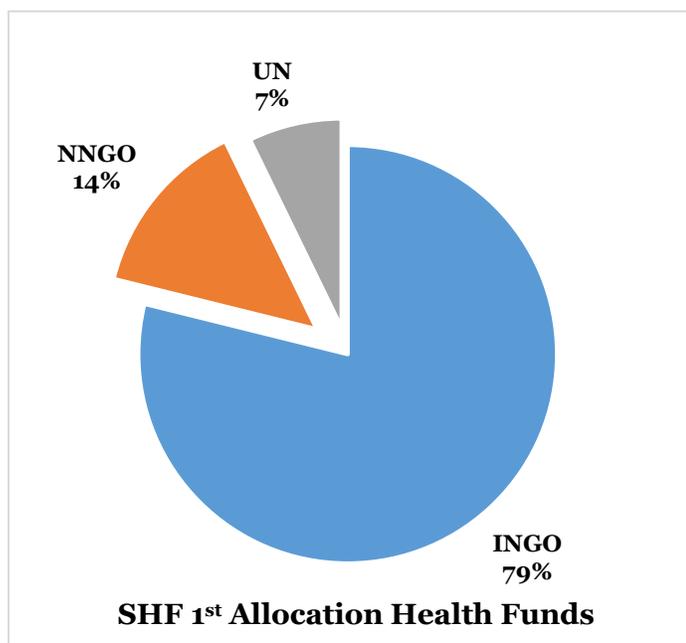
Success story:

On the eve of 30 June Mass Rally called by SPA in Khartoum, and for the first time in Sudan, and after WHO facilitating getting the approvals from FMOH US / and DG Khartoum SMOH, an emergency medical team by MSF Sweden was deployed to Um Durman hospital to support the hospital health staff, and further supported with medical supplies enough to cater for 150 wounded.

Sudan Humanitarian Fund SHF:

The vetting process SHF first allocation for the year 2019 was concluded with 17 multi-sectorial projects with health component approved to receive the applied for funds. Out of the 17 projects, 13 by INGOs (76.5%), 3 by national NGOs (17.5%), and 1 by UN agencies (6%).

Funding for the health component in all projects amounted to 4,853,295 USD, out of which, 3,827,823 USD for projects by INGOs (78.8%), 675,484 USD for projects by national NGOs (14%), and 349,988 USD for the project submitted by a UN agency (7.2%).



1st SHF standard allocation projects coverage by state

State targeted	Health PIN (HNO 2019)	PIN targeted by SHF activities	Coverage
Central Darfur	595,537	171,389	29%
East Darfur	304,257	119,845	39%
North Darfur	586,062	114,487	20%
South Darfur	595,468	608,681	102%
West Darfur	241,049	63,399	26%
Red Sea	31,074	104,859	336%
West Kordufan	85,910	35,370	41%

Surveillance system of attacks on healthcare SSA:

Attacks on health care encompasses a wide spectrum of topics that can affect access to health services including,

Health workers: Doctors, nurses, auxiliary health workers and persons when working in the capacity to deliver health care.

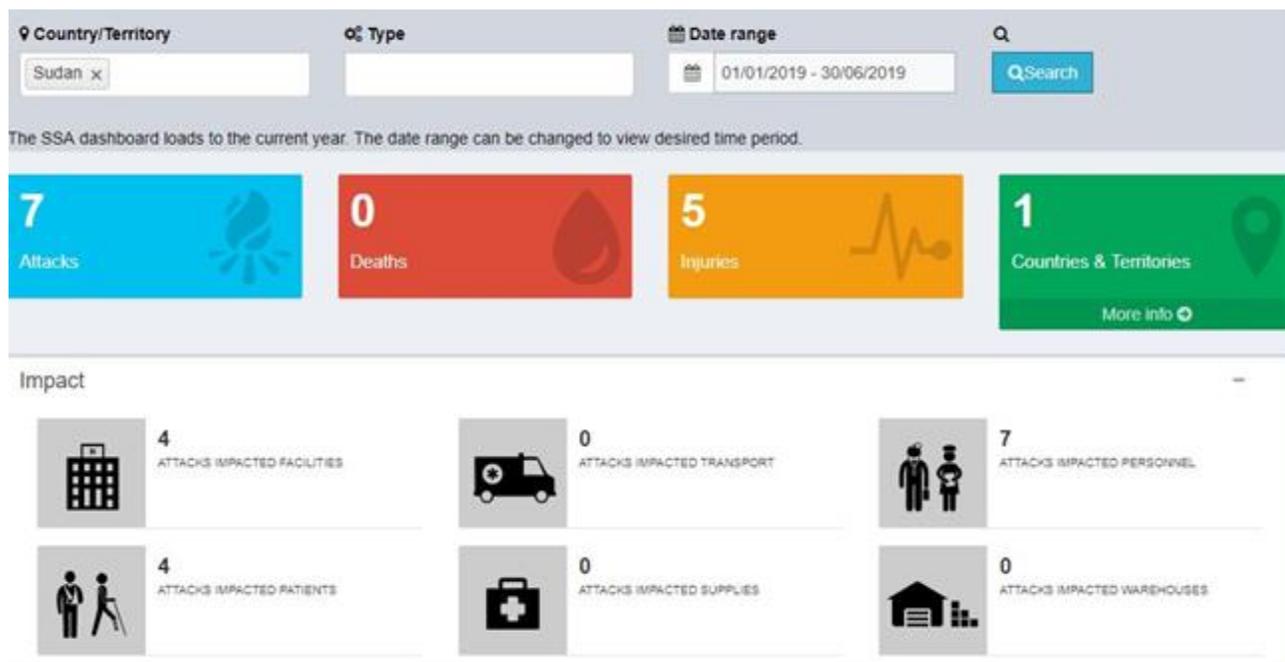
Patients: Patients, family, by-standers at hospital.

Health facilities: Health service related facilities.

Transport: Ambulances, transport for medicine and supplies

During the month of June 7 incidents of attacks on health care were reported and published on the SSA website,

<https://publicspace.who.int/sites/ssa/SitePages/PublicDashboard.aspx>. A fourth round of training of healthcare providers on reporting incidents of violence against health care personnel and assets was conducted on the 26th of June conducted by WHO Geneva office and facilitated by WHO Sudan country office. 10 participants from the NGO community and the ministry of health received the training.



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