

SUDAN SITUATION

October 2023



Um Sangour primary health care facility in Kosti, White Nile state, Sudan, is the only health facility that used to support the whole camp population. Health facilities across Sudan are struggling to cope due to shortages of staff, lifesaving medicine and critical equipment, exacerbating current outbreaks and causing unnecessary deaths.. © UNHCR/Ala Kheir

OVERVIEW

With the conflict in Sudan continuing, more than 5.3 million people have been newly displaced including more than one million people forced to flee to neighboring countries. Health conditions in the country remain extremely dire with reports of high malnutrition, disease outbreaks and shortages of medicines, electricity and water. The health care situation is also extremely worrying in the neighbouring countries of Chad, Ethiopia and South Sudan as new arrivals continue across the respective borders to extremely remote areas with limited, or often non-existent medical structures in place. Aid agencies and national health staff are doing all that they can with the limited resources but continue to struggle to keep up with the health needs as the crisis continues.

Highlights

Sudan

- The health and nutrition situation in White Nile State camps is gradually improving compared to the early part of the emergency. The last case of suspected measles was recorded on the 19 October in Alagaya camp. During the month of October, four measles cases were reported from refugee camp locations (all in Alagaya). No suspected cases were registered from other camp locations. Cumulatively 2,719 were recorded since the first case was reported in March, 88% are children under 5 years old. It is worth noting that suspected cases have continued to be reported in IDP locations, particularly in Khour Ajol IDP camp where 191 cases were reported in October.
- A total of 1,976 deaths were reported between 15 May and 31 October of which 1,351 are children under 5 years of age. The majority of deaths were linked to suspected measles and underlying malnutrition. It is worth noting that the daily mortality rate has significantly decreased since the peak in June/July.
- Two maternal deaths were confirmed in Khor Alwarel camp in White Nile during the first week of October, attributed to poor Comprehensive and Basic Emergency Obstetric Care (BEmOC and CEmOC services).
- As of 31 October, the Ministry of Health (MoH) had reported a total of 1,282 cholera cases in Gedaref state, with a total of 43 deaths since the outbreak started (end of August) in Gedaref. A total of 3,090 cases of dengue fever with 35 deaths has been reported overall.
- In Um Gargour camp (Gedaref), the last case of dengue fever was reported on 8 October. Cumulatively 5 cases were registered and no deaths reported.
- In Um Gargour, the first case of acute watery diarrhea (AWD)/cholera was reported on 10 October. As of 31 October, 15 cases were reported, and no deaths (note that more cases have since been reported and cumulatively 42 cases and one death as of 18 November). The MoH is leading the epidemic response in collaboration with partners.
- The World Health Organization (WHO) supported the MoH to present a proposal to the International Coordinating Group on vaccine provision (ICG), which has been approved to carry out oral cholera vaccines (OCV) in Gedaref, Kassala and Khartoum states. In Gedaref, there are plans for OCV to be rolled out in the six most affected localities as soon as the vaccines are obtained. Refugees in Tunaydbah, Um Rakuba and Village-8 received OCV in July 2021. Negotiations are ongoing for refugees that did not previously receive vaccinations in Um Gargour and Babikri camps, to be vaccinated.
- At the time of writing this report, 2 cases of cholera/AWD were reported from Shagrab and Wadi Sherify respectively in Kassala state. Rapid Diagnostic Tests (RDT) showed that both cases were positive.

Key Figures

1,976 deaths reported between 15 May and 31 October in White Nile, due to suspected cases of measles and underlying malnutrition.

2,719 suspected cases of measles reported since March in White Nile (only four cases reported in October).

15 cholera cases reported in Um Gargour refugee camp (Gedaref State) as of 31 October. No deaths reported.

South Sudan

- In October, a total of 5,175 consultations were provided in Wedweil Primary Health Care Center (PHCC). Respiratory tract infections, malaria, diarrhea and other communicable diseases were among the top five causes of morbidity and which warrant the strengthening of preventive intervention. A total of 18 patients were referred to Aweil state hospital for further management. Health facilities in Upper Nile state, as part of Sudan's situation response, recorded 15,222 consultations, with 51% attributed to malaria, 24% to respiratory infections, and 4% to diarrhea.
- Since May, a total of 143 deaths have been recorded in Renk, Doro and Ajang Thok, 51 deaths of which are attributable to measles and the remaining associated with malnutrition, pneumonia, and diarrhea. UNHCR and its partners have intensified active disease surveillance at the border entry points, transit centers and camp setups managing 2,009 measles cases where three deaths were recorded during the first week of November.
- At border points and transit centers, the acute malnutrition rate stood at 27.3% among children under 5 years and 60.7% among pregnant and lactating women which showed a slight decreasing trend compared to previous months, however it still stands much higher than the WHO emergency level (15%) and UNHCR standard of (10%) with the highest rates in Renk.
- WaSH services throughout the response need to be strengthened including Renk civil hospital where water systems needs maintenance and renovation to improve infection prevention.
- Communal and household latrines are inadequate with less than 50% coverage in Renk and Wedweil which have resulted in the spread of communicable diseases seen during the daily patient consultations and which are consuming limited resources available.

Chad

- As of 31 October, a total of 450,636 Sudanese refugees had been registered by UNHCR, 93% are women and children, 22% are children under five years. A total of 184,761 individuals have been so far relocated in seven old camps and four new refugee camps. Active mid-upper arm circumference (MUAC) screening for malnutrition of children aged 6 to 59 months carried out by Action Contre la Faim (ACF) with the support of UNICEF, shows alarming figures of global acute malnutrition (GAM) rates in Sila Province 20%; Wadi Fira Province 18% and Ouaddai Province 11%.
- Since the start of the emergency, 125,926 medical consultations have been carried out, with, malaria, respiratory tract infections, watery diarrhea and malnutrition being the most reported cases.
- As of 31 October, 59,851 children had been screened including a total of 14,905 cases treated for moderate acute malnutrition (MAM) and 8,794 cases for severe acute malnutrition (SAM).
- 11,494 pregnant and breastfeeding women were screened, of which 1,291 cases of MAM were supported with supplementary feeding.

Ethiopia

- The security conditions in Kumer site continue to impact road access in the region.
- The cholera treatment center in Kumer site, Amhara closed on 5 October, following the last cases reported on 21 September. Since the onset of the outbreak, 452 cases of cholera and 9 deaths were reported amongst refugees at the site.
- In Kumer site, 1,687 children aged 9 months to 15 years received measles vaccinations; 588 children aged 9 to 59 months received vitamin A supplementation; and 1,523 children aged 2 to 15 years received deworming treatment through a mass campaign supported by MSF-Holland. Additionally, at the transit center, 294 children were vaccinated against measles, and 218 were dewormed and vitamin

A supplementation was provided by UNICEF. At the border entry point, 346 children received measles vaccinations, 100 received vitamin A supplementation, and 330 were dewormed.

- UNHCR dispatched 40 cartons of essential medication and 17 cartons of medical supplies to Kumer site Government health post that UNHCR's operational partner is supporting.
- Arrangements are being made for the new Awulala relocation site. One tent for a health post and Interagency Emergency Health Kits (IEHK) from the zonal health department have been received. World Vision has a Mobile Health and Nutrition Team on ground expected to support the Awulala site which is 7km away from Kumer Government health post.
- At Kurmuk transit site in Benishangul Gumuz, health service provision continues through the Refugee and Returnee Service (RRS), while International Rescue Committee (IRC) is providing sexual and reproductive health services. Over the reporting period, a total of 1,726 patients received consultation services at Kurmuk transit center, of which 337 were children under the age of five. Malaria was the leading cause of morbidity in October, with a total of 1,296 cases treated.
- IRC reached a total of 570 individuals (322 females and 248 males) through house-to-house visits and discussions on maternal and child health services. In addition, seven discussion sessions on family planning and the benefits of institutional delivery, engaging 132 women from reproductive health groups were held at the transit center.
- World Mental Health Day was celebrated in Kurmuk transit site with 300 participants with the theme of "mental health as a universal human right".

Efforts to scale up response capacity

Sudan (White Nile State)

- UNHCR and partners are working closely in coordination and collaboration with the State Ministry of Health to progressively strengthen the quality of healthcare and nutrition service delivery. Medical Teams International (MTI), UNHCR's operational partner, continued to roll out health and nutrition service delivery in various locations including Khor Awarel, Radeis 2 (through fixed facility), Dabat Bosin and Al Jameya (through mobile and outreach services), including strengthening community health services. MoH directly supports Jourie, Radeis 1, Al Gana'a and Al Jameya through UNHCR funding. MSF continues to support Um Sangour, Alagaya and Al Kashafa camps. MTI is in negotiation with UNICEF to provide health and nutrition healthcare support in Dabat Bosin and Al Jameya.
- UNHCR continued to receive medical supplies from the emergency international medical order. All refugee health facilities except Alagaya and Um Sangour were supplied with essential medicines (antibiotics, analgesics, antimalarial, antipsychotic, and fluids) and medical supplies for quarter four expected to cover till end of year.
- With UNHCR funding, the Adventist Development and Relief Agency (ADRA) started rehabilitation work in 5 refugee health facilities (Radeis 1, Radeis 2, Khor Alwarel, Al Jameya and Jourie) in order to strengthen health infrastructure. The work is expected to be finalized by mid-December.
- UNHCR conducted field visits to Al Radeis 1, Al Radeis 2, Khor Alwarel, Al Alagaya, Dabat Bosin, Al Kashafa refugee camps. The visits highlighted critical gaps in health care, nutrition services, and within the Health Information System (HIS). Onsite mentorships were conducted with the support of UNHCR staff.
- UNHCR trained 24 persons (UNHCR and partner staff) on Integrated Refugee Health Information system (iRHIS). This included staff from other states through online access. The training was aimed at enhancing staff capacity for the smooth rolling out of iRHIS in all locations.

- In White Nile, the State Ministry of Health (SMoH), through UNHCR funding, trained 100 refugee community volunteers on tuberculosis (TB) information awareness, active case finding, referral and home-based care .
- UNHCR in Kosti donated three echocardiograms to the SMoH (White Nile referral hospitals) that were received by the Governor of the state.
- 755 refugee children with SAM were admitted to the Outpatient Therapeutic Programme (OTP) nutrition facilities during the month of October.
- 101 children with medical complications due to SAM were newly admitted at the stabilization center in Al Kashafa health center.
- 1,090 children with MAM and 248 pregnant and lactating women were admitted to supplementary feeding programmes.
- The MoH, through UNHCR, trained 90 refugee women on infant and young children feeding (IYCF) practices.
- UNHCR conducted coordination meetings with UNICEF, WFP, Plan International and MSF to harmonize nutrition interventions in refugee camps.

South Sudan

- UNHCR is closely monitoring the public health response for the Sudan crisis. Emergency response staff have been deployed to Renk and Aweil and represent UNHCR in the health cluster coordination and provide technical support for public health programming that improved provision of health services and maintained mortality and morbidity indicators within sphere standard.
- In Aweil, three main primary health care partners, MSF, John Dau Foundation, and IRC are providing health services to refugees, South Sudanese returnees, and nearby host communities.
- Safe motherhood services included 213 prenatal screenings, care and follow-up provided with 138 individuals from the host community. A total of 109 children below the age of 5 received vaccination services against preventable diseases.
- In Renk, about four primary health care partners, World Vision International (WVI), Relief International (RI), International Medical Corps (IMC) and MSF are providing emergency response, clinical consultations and health awareness campaigns. Health and WaSH partners have recruited about 20 community health volunteers to strengthen health information and communication. Additionally, 660 pregnant women received antenatal care, and 2,962 children were vaccinated against preventive diseases of measles, polio, and others.
- In Pankuach, daily public health activities resumed with UNHCR, and its partner IRC provided 993 patient consultations addressing various morbidities. The primary causes identified were upper respiratory tract infections (URTI), malaria, and watery diarrhea.
- At the Joda entry point, UNHCR coordinated with MOH, IOM, WHO and other partners to strengthen treatment and to conduct medical and nutrition screening on arrival, identification of sick patients.. Measles surveillance and outbreak prevention and control measures including risk communication and community engagement were carried out.
- UNHCR continued monitoring mortality indicators where weekly mortality data trends, along with causes of mortality at facility and community level were collected, analyzed and feedback provided on regular basis.

Chad

- New arrivals received emergency healthcare services, screening and treatment for malnutrition. Routine nutritional MUAC screening was conducted by the Community Health Worker (CHW).
- A new referral hospital was established under the support of MSF Switzerland at Ourang refugee site, in Goz-Beida. Two health facilities at the site were also rehabilitated. MSF Spain opened a new hospital in Metche, a recently established camp about 40 kilometres from Adre, to help address the needs.
- The second round of seasonal chemoprophylaxis against malaria was carried out by MSF in Metche, Adre and Ourang sites where a total of 87,421 children were reached.
- UNHCR delivered essential medicines and medical supplies to all the sites.
- The handover of health and nutrition activities to IRC by MSF-France was completed in Ourang camp and Ambelia transit center.
- MSF-Spain opened a unit to treat severe acute malnutrition with medical complications at the Metche site.

Ethiopia

- The cholera treatment center in Kumer site, Amhara closed on 5 October, following the last cases reported on 21 September. Since the onset of the outbreak, 452 cases of cholera and 9 deaths were reported amongst refugees at the site.
Health education, risk communication and social mobilization on cholera prevention has been carried out at the Metema transit site and in the Kumer site, including through distribution of key messages on hygiene and other preventive measures. To bolster the response capacity, MTI, in collaboration with the Gondar Health Office, have trained 20 local health care professionals in Genda Wuha.
- In the Amhara region, Community Hygiene Promoters (CHPs) have continued conducting house-to-house awareness raising on cholera prevention in collaboration with MTI and MSF-H. RRS has distributed 10,412 bars of soap to 2,848 households in Kumer.
- Decontamination of any identified infected areas is ongoing in Kumer.

CONTACTS

Joyce Wayua Munyao-Mbithi, Senior Donor Relations Officer, Regional Bureau for the East, Horn of Africa, and the Great Lakes – Region, Nairobi - munyao@unhcr.org

Asaad Kadhum, Senior Public Health Officer, Regional Bureau for the East, Horn of Africa and the Great Lakes Region, Nairobi – kadhum@unhcr.org