

## HIGHLIGHTS

- FMOH and WHO report that 11 clinics have closed and 49 are at risk of closure in Darfur, South Kordofan and Blue Nile due to funding shortages.
- About 769,000 people (IDPs and host communities) are affected by these funding shortages. US\$7 million needed to keep these facilities running for one year.
- Over 4 million children aged 6-59 months were screened for nutritional status in August-September across Sudan.
- According to FEWS NET, 27,500 Sudanese refugees have returned from Yida in South Sudan to South Kordofan.



A clinic in Darfur (File photo, UNAMID)

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## 11 health units closed in Darfur, Blue Nile and South Kordofan due to funding shortages, 49 more at risk

A lack of funding is forcing humanitarian organisations to either hand over or close down their health facilities in some parts of Sudan. The latest [Sudan Health Sector Quarterly bulletin](#) reports that the Federal Ministry of Health (FMOH) and the World Health Organization (WHO) assessed 60 health facilities in North, South and West Darfur, Blue Nile and South Kordofan states. They found that 11 clinics have already closed and 49 are at risk of closure. The bulletin said that 769,000 people—including IDPs and host communities—in these states may face significant difficulties in accessing primary health care services as a result of funding shortages, and US\$7 million is needed to keep these facilities running for one year.

According to the report, consequences of funding shortages include people not being able to access health services or buy medicine; no access to immunisation services; less assistance in the control of communicable diseases and outbreaks; and lack of referrals of complicated cases to other facilities. All these factors could increase morbidity and mortality and the risk of epidemics in these states.

In one of the most recent cases related to the issue, the national NGO Humanitarian Aid and Development (HAD) has announced that it will be unable to continue providing services in four clinics in Darfur, due to funding constraints, beyond the end of November. Of the four clinics, three are in Zamzam internally displaced persons (IDP) camp and one is in Al Salam IDP camp in North Darfur. It is estimated that 15,000 IDPs will be affected due to the closure of these four facilities. Other organisations, such as the international NGO Relief International, will continue providing health services in Zamzam IDP camp.

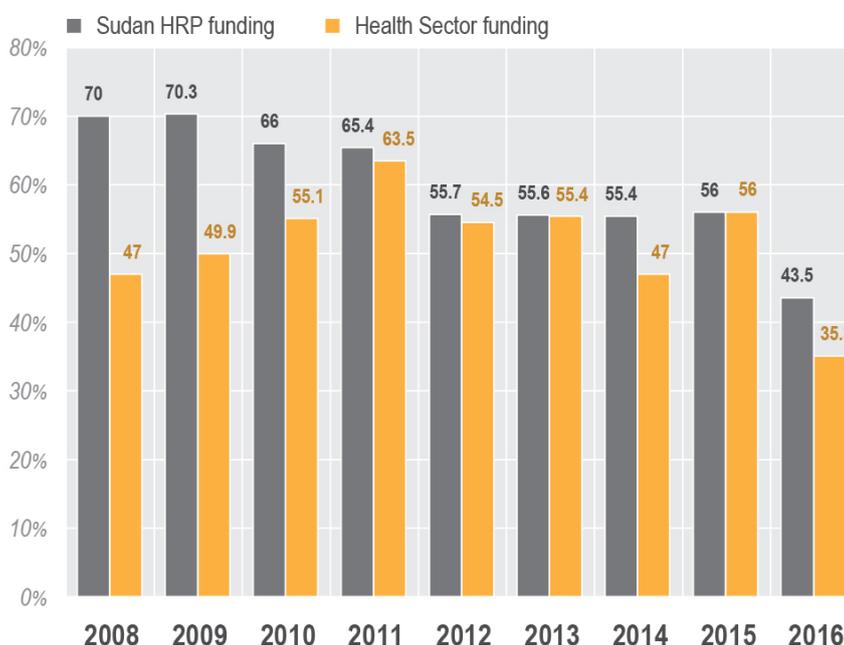
## FIGURES 2016 HRP

Displaced people in Sudan (as of Dec 2015)	Up to 3.2 million
Displaced people in Darfur (as of Dec 2015)	Up to 2.6 million
GAM caseload	2.1 million
South Sudanese refugee arrivals in Sudan - since 15 Dec 2013 (registered by UNHCR) - as of 14 Nov 2016	263,245
Refugees of other nationalities (registered by UNHCR) - as of 31 Oct 2016	140,626

## FUNDING

**427 million** US\$  
received in 2016

**43.5%**  
Reported funding



Source: FTS

*SMoH in North Darfur has reported 137 suspected diphtheria cases in Umm Keddada since August to 137, including 13 deaths*

Aid organisations are increasingly concerned about the decline in funding for health programmes in Sudan. The health sector is only 35 per cent funded as of 17 November, according to the [Financial Tracking Service \(FTS\)](#) for Sudan, which tracks financial contributions against the 2016 Sudan Humanitarian Response Plan (HRP). Funding available for health sector activities under the Sudan HRP has been decreasing since 2011 (see the graph on page 1 for more details).

### **About 140 suspected cases of diphtheria in Umm Keddada, North Darfur**

The State Ministry of Health (SMoH) in North Darfur State has reported 21 suspected diphtheria cases in the Umm Keddada area in the east of the state over the past week. This brings the total number of suspected diphtheria cases in Umm Keddada since August to 137 including 13 deaths. This represents a case-fatality ratio of 9.5 per cent. Globally, the overall case-fatality rate for diphtheria is between 5 and 10 per cent. Health partners are working on case detection and management to stop the spread of the disease.

According to WHO, [diphtheria](#) is an infectious disease caused by the bacterium *Corynebacterium diphtheria*, which primarily infects the throat and upper airways, and produces a toxin affecting other organs. The illness has an acute onset and the main characteristics are sore throat, low fever and swollen glands in the neck, and the toxin may, in severe cases, cause major health problems. The diphtheria toxin causes a membrane of dead tissue to build up over the throat and tonsils, making breathing and swallowing difficult. The disease is spread through direct physical contact or from breathing in the airborne secretions from coughs or sneezes of infected individuals.

## **Results of nutritional screening of over 4 million children released - UNICEF**

The UN Children's Fund (UNICEF) reported in its [Sudan Humanitarian Situation Report for October 2016](#) that the FMoH released the results of the national mass mid-upper arm circumference (MUAC) screening campaign, which was carried out between end of August and beginning of September 2016. Over 4 million children aged 6-59 months were screened across all 18 Sudanese states – representing 75 per cent of all children under five in Sudan – by UNICEF with support from the Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO). NGO nutrition partners also participated in the campaign. In addition, the Federal Ministry of Health-National Nutrition Programme (FMoH-NNP) has allocated resources for the procurement of therapeutic and supplementary food items for the treatment of acute malnutrition in states where humanitarian partners have no presence.



MUAC screening in Sudan (2014, UN)

According to UNICEF, 31,177 children (15,701 girls; 15,476 boys) suffering from Severe Acute Malnutrition (SAM) were admitted for treatment in outpatient therapeutic treatment programmes (OTPs) in September. From January to September, 173,973 children (86,980 girls; 86,993 boys) suffering from SAM have been treated across Sudan. The number treated so far represents 70 per cent of the 250,000 children targeted for treatment in 2016 in the Sudan HRP. UNICEF reported that among the children treated for SAM, 13,500 (6,800 girls; 6,700 boys) are IDPs in North Darfur (Sortony, Kebkabiya, Tawilla), Central Darfur (West, Central and North Jebel Marra) and South Darfur (Kass,

*Over 4 million children aged 6-59 months were screened in August-September across all 18 Sudanese states, according to FMoH*

Otash and Mershing). In addition, some 1,700 South Sudanese refugees (845 girls; 855 boys) were treated in East Darfur and White Nile states.

In Sudan, an estimated 2 million children under age of five suffer from acute malnutrition annually, according to the [Humanitarian Needs Overview](#) (HNO) 2016. The Multiple Indicator Cluster Survey (MICS) 2014 survey determined a Global Acute Malnutrition (GAM) rate of 16.3 per cent, which is above the 15 per cent threshold that constitutes a critical emergency. In several localities across the country, however, the GAM rate is alarmingly higher. In Red Sea State, localities have GAM rates as high as 46.7 per cent (Toker locality) and 37.4 per cent (Agig locality), according to the MICS 2014.

Among the Darfur states, the worst nutrition levels are observed in North Darfur, where four localities have GAM rates above 25 per cent (El Sireaf, Al Lait, Dar El Salam, and Kalimendo). During recent years, community-based management of acute malnutrition has been scaled up across Sudan. There are over 1,100 health facilities providing treatment of acute malnutrition this year. As a result of scaling up, the number of children who received treatment for severe acute malnutrition increased by 25 per cent as compared to the same period (January to September) last year.

The Nutrition Sector is only 33 per cent funded against the 2016 HRP as of 17 November, according to FTS.

## FEWS NET: About 27,500 Sudanese refugees return from Yida, South Sudan to South Kordofan

*According to FEWS NET, an estimated 27,500 Sudanese refugees have returned from Yida refugee camp in South Sudan to South Kordofan recently*

According to FEWS NET, conflict and food insecurity in South Sudan are reportedly pushing Sudanese refugees to return to South Kordofan. FEWS NET reported in its latest [food security outlook report](#) that an estimated 14,400 Sudanese refugees returned from Yida refugee camp in South Sudan to South Kordofan during August 2016. This brings the number of recent returnees from South Sudan to South Kordofan to over 27,500 people, FEWS NET reported. The returns were reportedly mainly to Sudan People's Liberation Movement-North (SPLM-N) controlled areas in western, central, and eastern parts of the Nuba Mountains in South Kordofan, with some limited returns reported in government-controlled areas, according to the FEWS NET report. The main factors driving refugee returns are insecurity in South Sudan, lack of food, and an unwillingness to relocate to the new Pamir refugee site in Unity state, South Sudan. Most returnees and IDPs in SPLM-N-controlled areas who return to Sudan after the end of the rainy season would be unable to cultivate, FEWS NET said.

According to UNHCR in South Sudan, the number of registered Sudanese refugees in Unity State, including Yida, had decreased by about 15,000 people between [1 June](#) and [31 October 2016](#). Population movements between SPLM-N areas in South Kordofan and Yida in South Sudan's Unity State have been taking place since the start of the conflict between Sudanese security forces and SPLM-N in parts of South Kordofan in 2011. Movements between these areas depend largely on the intensity of fighting, seasonal factors and search for safety and humanitarian assistance.

The United Nations and its partners do not have crossline access to SPLM-N areas in South Kordofan and are therefore not able to verify these reported returns and humanitarian needs.



A Sudanese refugee family in a camp in South Sudan (2016, UNHCR)