

Sudan 2010

Appealing Agency	SAMARITAN'S PURSE (SAMARITAN'S PURSE)
Project Title	Primary Health Provision in Kassala's War Affected Areas
Project Code	SDN-10/H/29949
Sector/Cluster	HEALTH
Objectives	To improve the access to and quality of health services for underserved populations in the war affected areas of Kassala State. Focus on the Hamesh Koreb locality which currently has no acceptable level of primary health care or secondary care (including EmOC).
Beneficiaries	Total: 23,645 3915 patients seen by 4 doctors across 1 year, 5 family members = 19575 direct and indirect; 20 MOH and other medical staff receiving extensive in-service trainings; 4000 individuals reached with CHW messages; 50 MOH midwifery students trained; Children: 13,050 Women: 9,454
Implementing Partners	N/A
Project Duration	Jan 2010 - Dec 2010
Current Funds Requested	\$372,039.00
Location	North Sudan
Priority / Category	A - HIGH

Needs

The health situation in the war affected communities of Kassala State, Hamesh Koreb and Telkook, is quite dire with only minimal basic services provided by MOH PHCUs and some basic clinics by SRC. In Hamesh Koreb there are 2 MOH doctors working part time with minimal drug and supply support, and no managerial or clinical support. The situation in Hamesh Koreb keeps the MOH staff from fully and adequately treating patients with primary and secondary health needs, including pregnant women in need of pre/antenatal and other obstetric care. Hamesh Koreb is located 4-6 hours from the capital of Kassala and half of the journey is through roadless desert. The existing MOH medical facility is incapable of dealing with the health needs of the locality.

In addition to the lack of services in Hamesh Koreb and Telkook, there is a lack of good information on morbidity, mortality and illness, and there have been no major health assessments performed since 2007. In 2005 IRC reported that the NDA areas (containing Hamesh Koreb and most of Telkook) had a crude mortality rate (CMR) of 1.01/10,000/day and an under-five death rate of 2.01/10,000/day. Two years later Sudanese Red Crescent (SRC) reported that Hamesh Koreb and Telkook towns had a CMR of .7/10,000/day and an under-five mortality of 1.86/10,000/day. The majority of the mortality information gathered pointed to preventable disease and illnesses (diarrhea, upper respiratory infection, malaria, etc.) as the cause of morbidity leading to death.

The SRC survey was performed in 2007 when both IRC and Samaritan's Purse had been recently running health clinics and a full service hospital in Hamesh Koreb town. Immediately before this survey, in late 2006, Samaritan's Purse was expelled for a year, and later IRC stopped the primary health programming and is now permanently expelled from Sudan. These gaps in the provision of any healthcare from 2007 to date have left large populations without any sort of adequate basic primary or secondary care.

In addition to the obvious lack of healthcare in Hamesh Koreb and Telkook, there is evidence that the health situation in the areas are getting progressively worse. The 2009 MOH Nutrition survey shows a shocking increase in cases of severe and moderate malnourishment, and alludes to a stark increase in their measurements of the CMR and under five mortality from 2007 to 2009. Finally, their survey of children in Hamesh Koreb and Telkook reported that 60% and 70% had, respectively, reported illness in the previous two weeks.

Activities

- Provision of inclusive obstetrical, neonatal and maternal healthcare including C sections and other EmOC by hiring two physicians qualified in EmOC focused at the Hamesh Koreb PHCU

- Provision of diagnostics and treatment during routine clinic hours for all community members of Hamesh Koreb and the surrounding communities utilizing skills of four or more physicians and nurses (expatriate and national) at the Hamesh Koreb PHCU,
- Deployment of clinical, medical and nursing staff to perform primary health care activities at the Hamesh Koreb PHCU,
- Support and facilitate MOH midwifery and birth attendant trainings with in-kind, and technical inputs,
- Train and build capacity of MOH doctors, nurses, and other clinical staff, specifically in obstetrics and personnel/facilities management,
- Strengthen existing PHCU in Hamesh Koreb with human resource, drug/material, administrative, and logistics support through in-kind donations and technical input/supervision,
- Provision of health education, focused topics including diarrhea, ARIs, malaria, etc. to PHCU patients and families through PHCU CHWs,
- Support ongoing MOH immunization campaigns and efforts with technical, logistics, and facility inputs.

Outcomes

- 1.) Increased community utilization of free improved basic PHCU clinics (mens, womens, and childrens)
- 2.) Increased human resource and material capacity in Hamesh Koreb PHCU to guarantee availability of mininum basic services
- 3.) Establishment of pre-natal, peri-natal and post-natal services to decrease complications of pregnancy and to identify high risk pregnancies with established plans for EmOC and referrals as needed
- 4.) Reduction in maternal and child mortality through clinical services, EmOC, MCH, and CHW services.

Samaritan's Purse	
Original BUDGET items	\$
Clinical Service Provision	119,065
Program Equipment & Supplies/Training/etc.	73,446
Clinical Service Support Staff	64,290
Travel/Transport	61,360
Operations - Other	53,878
Total	372,039

Samaritan's Purse	
Current BUDGET items	\$
Clinical Service Provision	119,065
Program Equipment & Supplies/Training/etc.	73,446
Clinical Service Support Staff	64,290
Travel/Transport	61,360
Operations - Other	53,878
Total	372,039