World Health Organization

Sudan Health Highlights

Emergency Preparedness & Humanitarian Action (EHA) Week 5, 28 January—3 February 2012

Public health concerns

- In South Kordofan, clean-up campaigns as well as distribution of garbage collection sacks, soaps, and chlorine tablets were conducted in the villages of Masani, Naseej, and Hagar Nar targeting 540 internally displaced households.
- Thirty (30) suspected cases of acute jaundice syndrome were reported from Greater Darfur (19 cases in South Darfur and 11 case from West Darfur) compared to fourteen (14) cases reported in the previous week.
- In Agok, the number of consultations conducted in 7 health facilities reached 396 cases, around 58% higher compared to the number of cases reported the previous week (230 cases). Diarrhoea was the leading disease with 272 (63%) cases reported.
- Thirteen (13) cases of suspected measles notified this week from North Darfur (12 cases in Saraf Omra, 01 case from Abu Shoak), 13 cases from South Darfur (Al Fardos) and 02 cases reported from West Darfur (Al Riadh and Um Dukhun).
- Five (05) deaths were reported in North and West Darfur and were attributed to ARI, AJS and other causes (3 fatalities).
- In Blue Nile, surveillance reports were received from 67% of the total sentinel sites, and an increase in the number of weekly consultations (12 776 consultations compared with 12 093 in the previous week) was noted. However, communication problems hampered flow of information, particularly those from insecure areas.

WHO's Emergency Preparedness and Humanitarian Action (EHA) in Sudan is funded by:

The Common Humanitarian Fund Sudan

Cooperazione Italiana Italian Development Cooperation

European Commission Humanitarian Aid

Government of Finland

USAID United States Agency International Development

Transitional areas update

South Kordofan

Out of 104 health facilities, 64 facilities or 61.5% of the total sentinel sites reported in South Kordofan's surveillance system. There were 1398 consultations during the week including 674 consultations among children under five years old.

WHO is supporting 17 health facilities managed by the Sudanese Red Crescent Society (SRCS) and State Ministry of Health (SMoH) in the localities of Kadugli, Alrashad, and Talodi, covering 13,584 population.

WHO provided 2 boxes of hydrogen sulfide (H2S) rapid tests to SRCS for 20 households in 3 IDP sites inside Kadugli (Masani, Naseej, and sector 3). In addition, 2 pool testers were also donated to SRCS to support the free residual chlorine tests conducted in household and other water sources.

Eight samples of H2S were taken from households where IDPs are temporarily seeking shelter, and all samples were positive of H2S. Immediate action was undertaken by distributing chlorine tablets to households.

Clean-up campaigns as well as distribution of garbage collection sacks, soaps, and chlorine tablets were conducted in the villages of Masani, Naseej, and Hagar Nar where 540 internally displaced households were targeted. The campaigns were conducted by SRCS with support from WHO, however, SRCS still needs additional support as the organization reported the lack of environmental health sanitation tools, materials and capacity to operate the integrated environmental health activities in areas with displaced populations.

Blue Nile

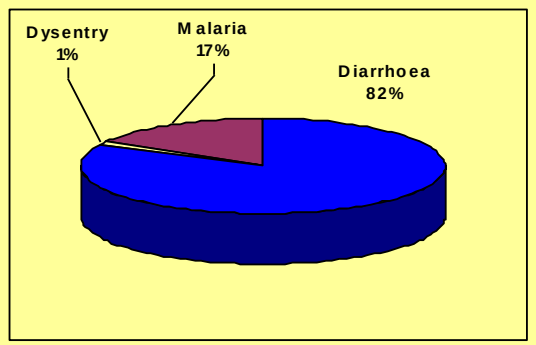
Rapid Response Team (RRT) of SMoH has visited the village of Buleng in Blue Nile which has a population of around 4,244. Buleng village was one of the affected villages when fighting erupted in the State. When situation stabilized, villagers started to go back to the village. According to the basic health unit's (BHU) nurse, additional 200 individuals from neighbouring villages are taking shelter in Buleng. During the week, there were 429 consultations conducted at the BHU including infectious diseases, diarrhoea, malaria, dysentery, acute respiratory infections, superficial wounds, and lower respiratory infection. So far, BHU has enough supply of drugs however WHO has been requested to preposition more including those urgently needed for environmental health interventions such as supplies for health promotion (soaps) and chlorine tablets. This in addition to earlier requested fixtures (for casualty cases) and surgical instruments.

Acute flaccid paralysissurveillance(AS) review mission was conducted from 22 January to 26 January in Blue Nile to assess if AS components at all administrative levels functioned efficiently and follow the national and WHO recommended policy. The mission also assessed if the collection, documentation and analysis of data were regular and adequate, and if there were coordination and exchange of information between all groups involved in surveillance.

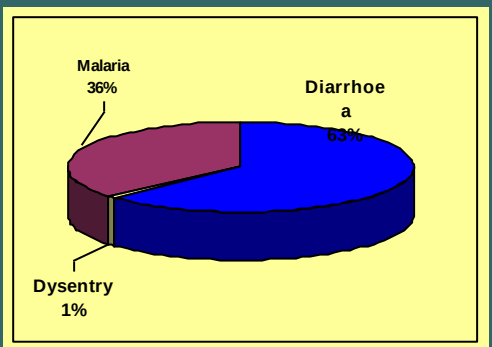
A training course focusing on primary healthcare (PHC) during emergencies was conducted in Blue Nile targeting 30 health workers from different parts of the State. The course was facilitated by the PHC directorate and was supported by WHO.

Abyei Administrative Area

There are seven health clinics serving the people in Agok area with more than 64,000 population. Between 28 January and 3 February, the number of consultations conducted was 396 cases, around 58% higher compared to the number of cases reported the previous week (230 cases). Diarrhoea was the leading disease with 272 (63%) cases reported. There were no cases of meningitis, measles, cholera, VHF, AJS, and neonatal tetanus.



Among all population, diarrhoea represented 63%, malaria 36% and dysentery 1%.



For under-five age group, diarrhoea represented 82%, malaria 17% and dysentery 1%.

Coordination

To advocate for Darfur's early recovery strategy for health, FMoH and WHO met with authorities and health partners in the region.

Representatives from the Federal Ministry of Health (FMoH) and the World Health Organization (WHO) met with Darfur authorities to advocate for the region's early recovery strategy for health, from 29 January to 2 February 2012.

- In North Darfur, it was emphasized that the strategy should be properly aligned with the State's 5 year plan and national health policy. Sudan's national health policy focuses on increased coverage/expansion of services, and infrastructural rehabilitation. Important issues discussed during briefings/meetings included challenges facing the state such as maternal mortality and lack of qualified human resources.
- In Nyala, discussions varied from situation in IDP camps and health issues to security issues. Highlights of various meetings conducted were: the need to focus on the main diseases including belharsiasis, leprosy and malaria, which are affecting the state and depleting its resources. There is also a need to improve health service delivery at state level to decrease the number of patients going abroad for care. Other concerns raised were: shortage of human resource , lack of funds, security issues.
- Discussions with different entities disclosed that there were many strategic plans earlier developed for West Darfur and their main impediments included lack of funds. In addition, important issues were also discussed including Health Academy's scheme on student enrolment/acceptance. This in reference to the academy's criteria of accepting only students from rural areas who would commit to work in their areas of origin after completion of the course. This is considered as a good strategy to ensure sustainability and decrease staff turnover. The Health Academy recently completed several training courses (midwifery, nursing, laboratory technicians and X-ray assistants) for 400 students.

In South Darfur, the health sector partners are preparing for the meningitis season. WHO has requested partners to report on daily basis to the epidemiology department any suspected case of meningitis in order to pick any outbreak at early stage.

In North Darfur, the Sudanese Red Crescent Society/German Red Cross' (SRCS/GRC) support to the primary healthcare centre at Abushouk camp will be extended up to July 2012. SMoH committed to sustain the 24-hour service for emergency cases in the clinic and rehabilitate/permanent construction of the clinic, and sustain human resource. All stake holders including community leaders committed to address identified challenges by introducing user fees and revolving drug funds. Meanwhile, SRCS/GRC is looking into strengthening support to rural communities and provide health & nutrition services in 8 centers serving 70 villages in Mallet locality.

Disease surveillance

Acute respiratory infections (ARI), bloody diarrhoea (BD), clinical malaria (Mal) were the leading causes of morbidity in Darfur.

Incidence rate (IR) per 10000 population of ARI, bloody diarrhoea & malaria reported in Greater Darfur, W 02 to W 05, 2012.

State	Disease	Incidence Rate			
		W 02	W 03	W 04	W 05
South Darfur	ARI	15	13.4	12.8	14.8
	BD	3.2	3.4	2	4.5
	MAL	4	3.9	3.3	4.5
West Darfur	ARI	26.3	33.6	38	32.1
	BD	3	3.3	4.9	4.1
	MAL	6.3	7.3	7.5	6.2
North Darfur	ARI	31.1	36.7	36.6	35.4
	BD	1	1.3	1.2	1.2
	MAL	1.1	0.9	1	1.6

Thirty (30) suspected cases of acute jaundice syndrome (AJS) were reported from Greater Darfur (19 cases in South Darfur and 11 case from West Darfur) compared to fourteen (14) cases reported in the previous week.

Thirteen (13) cases of suspected Measles notified this week from North Darfur (12 cases in Saraf Omra, 01 case from Abu Shoak), 13 cases from South Darfur (Al Fardos) and 02 cases reported from West Darfur (Al Riadh and Um Dukhun).

Five (05) deaths were reported in North and West Darfur and were attributed to ARI, AJS and other causes (3 fatalities).

In Blue Nile, surveillance reports were received from 67% of the total sentinel sites, and an increase in the number of weekly consultations (12 776 consultations compared with 12 093 in the previous week) was noted. However, communication problems hampered flow of information, particularly those from insecure areas.

For East Sudan, please refer to table (right) comparing incidence rate/10000 population in the states of Gedaref, Kassala and Red Sea.

Comparison of Incidence rate (IR) per 10,000 populations of common diseases reported in East Sudan, W 02 to W 05, 2012.

State	Disease	Incidence Rate			
		W 02	W 03	W 04	W 05
Kassala	MAL	15.0	10.9	11.4	14.50
	TB	0.07	0.11	0.11	0.01
	Typhoid F.	0.49	0.23	0.24	0.29
	BD	1.56	1.89	1.34	1.43
	Bilharzias	0.44	0.40	0.32	0.35
Gedaref	MAL	14.0	14.2	10.8	13.62
	TB	0.01	0.02	0.03	0.03
	Typhoid F.	1.45	1.51	1.54	1.45
	Kala-Azar	0.51	0.51	0.47	0.53
	BD	3.14	3.17	2.94	1.56
	Viral H.	0.03	0.03	0.00	0.03
Red Sea	MAL	2.20	2.82	2.73	2.42
	Viral H.	0.01	0.02	0.02	0.02
	BD	0.77	0.93	0.73	0.72
	Measles	0.00	0.00	0.04	0.00

Primary healthcare

To strengthen primary healthcare interventions in South Darfur, discussions and meetings were conducted during the week, prioritizing issues such as reactivation of the regular PHC forum, regular gathering of health data, and collaborative activities with ground partners.

In collaboration with SMoH, WHO continued supervisory visits to health facilities to monitor PHC activities and to indentify gaps for immediate actions. Between 28 January and 3 February, 9 monitoring visits were conducted jointly with PHC and RH directorates to monitor the delivery of PHC services and implementation of IMCI in IDP camps and remote areas of the state. These supportive supervision missions helped in enhancing the skills and solving technical problems related to health services delivery and particularly case management.

WHO is providing support to SMOH in its implementation of Materanl and Child Health Project in Kutum and Maliet localities. SMOH supervisors conducted meetings with 12 midwives in Kutum and Mallet, and introduced RH tools for maternal review and surveillance, registration forms, referral pathway, technical discussion on delivery and post-delivery complications and solving some administration problems of midwives to facilitate improvement of their work performance.

In West Darfur, issues pertinent to priority areas for construction/rehabilitation as well as gap filling measures in health services delivery following the withdrawal of MedAir from West Darfur were discussed. SMoH will provide an alternative site for the construction of a clinic.

Merlin and International Medical Corps (IMC) will take on providing health services in clinics which were previously supported by MedAir. There are on-going discussions between the SMoH and IMC with regards to supporting Durti and Ardamata clinics which were also previously supported by MedAir and primarily catered to the health needs of the IDP communities. These are 2 of the 4 clinics identified as WHO priorities for gap filling interventions in health services delivery.

Secondary healthcare

Responding to gap identified in the last supervisory visit to Nyala Teaching Hospital in South Darfur, WHO provided drugs and consumable supplies to be utilized at the emergency OPD and laboratory, sufficient for one month; the items released were expected to cover one month period. In addition, drugs and supplies were also provided to El Nahda Hospital (Nyala North) expected to cover 500 population for one month.

The monitoring and supervisory visit to El Fasher teaching hospital in North Darfur revealed heavy load in the outpatient department and the urgent need for maintenance of electric supply. There were also some shortage of infection prevention supplies, consumables and essential life-saving drugs. WHO urgently responded by supplying the hospital with assorted drugs and consumables estimated to cover 2000 patients. In addition, the overall situation was discussed with the Director of Curative Medicine at the SMOH for immediateinterventions and follow-up.

WHO supported Dar El Salam rural hospital with essential life-saving drugs, medical consumables and supplies estimated to cover 1000 displaced and conflict-affected populations for one month.

In West Darfur, the El Geneina Renal Dialysis Centre presented to WHO the centre's need for medications and consumable items, WHO WHO is looking into

Environmental health

Water source monitoring is regularly conducted in Nyala locality, South Darfur. From 28 January to 3 February a total of 23 sources were inspected, samples were collected and analysed to ensure the absence of coliform bacteria.

From the samples collected, 14 samples were completely satisfactory, while the other 9 sources showed low level of bacteriological contamination, however, the sanitary inspection risk score indicated high risk in 14 water sources.

Simple water quality control was conducted in Nyala town where a total of 1,380 samples were collected from different sources and analysed for free residual chlorine. From the samples collected 1,282 samples or 93% of the sources were found within the required free residual chlorine levels.

With the on-going monitoring of water quality at household level, a total of 420 households were visited for dissemination of hygiene promotion messages on safe drinking water handling and storage.

In North Darfur, WHO supports the Ministry of Health/Environmental Health Department in implementing activities to improve water quality of various sources in the State's localities such as water chlorination, collection of water samples for chemical and bacteriological tests. Strengthening of interventions will be initiated in Mallet locality.

* WHO recommended free residual chlorine (FRC) level for safe drinking water is 0.2 to 0.5 mg/L.

** There is no guideline value for hydrogen sulfide. However, hydrogen sulfide should not be detectable in drinking-water by taste or odour.

***Normal range of pH or the hydrogen concentration in water is 6 to 7.5.

For further information please contact:

Dr. Iman Shankiti
EHA Coordinator | WHO Sudan
shankitii@sud.emro.who.int

Mrs. Christina Banluta
Communications and Advocacy Officer | WHO Sudan
banlutac@sud.emro.who.int