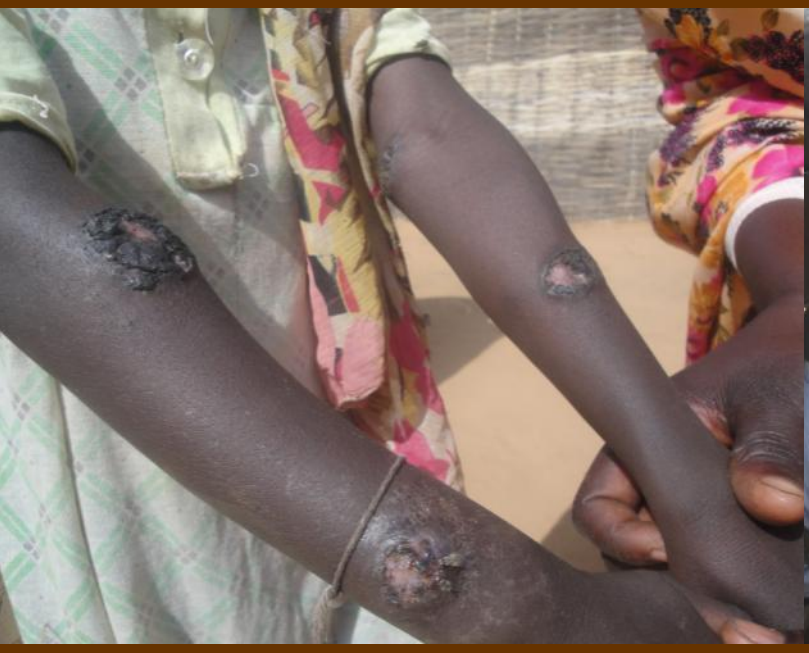
World Health Organization

Sudan Health Highlights

Emergency Preparedness & Humanitarian Action (EHA) Week 6, 4-10 February 2012



An El Fasher student with cutaneous leishmaniasis (left); WHO team meets community leaders at ZamZam IDPs camp to discuss leishmaniasis and HIV/AIDS situation as well as WHO-State AIDS Programme interventions.

Public health concerns

- WHO continues to support 17 health facilities run by the State Ministry of Health (SMoH) and the Sudanese Red Crescent Society (SRSC) in South Kordofan, and which are providing services to vulnerable population in Kadugli, Alrashad, and Talodi localities. These facilities cover around 13,584 beneficiaries.

- Water rapid testing has been conducted in selected settlements in South Kordofan. Water quality monitoring is comparatively new intervention (after the conflict erupted), however, it has been considered essential with dysentery reported as one of the leading diseases in the State.

- Fifteen cases of suspected measles were reported from South Darfur (Al Fardos area), 2 cases from North Darfur (Abu Shouk) and 1 case from West Darfur (Sirba).

- From 1 January up to 10 February, 42 suspected cases of meningitis were reported in Sudan with 3 deaths (case fatality rate of 7.1%).

- In east Sudan, malaria was the leading disease representing 10.7% of the total number of consultations reported.

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CHF The Common Humanitarian Fund Sudan

COOPERAZIONE ITALIANA ITALIAN DEVELOPMENT COOPERATION

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Transitional areas update

Blue Nile

Rapid Response Team (RRT) of SMoH conducted a one day cleaning campaign, two days mobile clinic sessions and provided services to populations who needed medical services in the village of Aseel in Geissan locality where IDPs have temporarily settled. One basic health kit and two boxes of chlorine tablets were provided to the basic health unit (BHU) providing health services in the village. Aseel has around 2730 indigenous populations and some 350 internally displaced people (IDPs) who came from the villages of Kalan, Khor-Magnza, and Fadamia. These areas have recently witnessed attacks and fighting. The village of Aseel on the other hand is relatively secure. Currently, the BHU has one nurse and one village midwife. To assist the health unit reach out to more people, WHO will support three months incentives to health cadres as well as provide the unit with required basic health kits.

WHO donated one truck load of essential drugs and IV fluids to SMoH-Blue Nile State for distribution to health facilities providing health services to conflict affected communities and host populations. Essential drugs include 20 basic health emergency kits & one cholera kit.

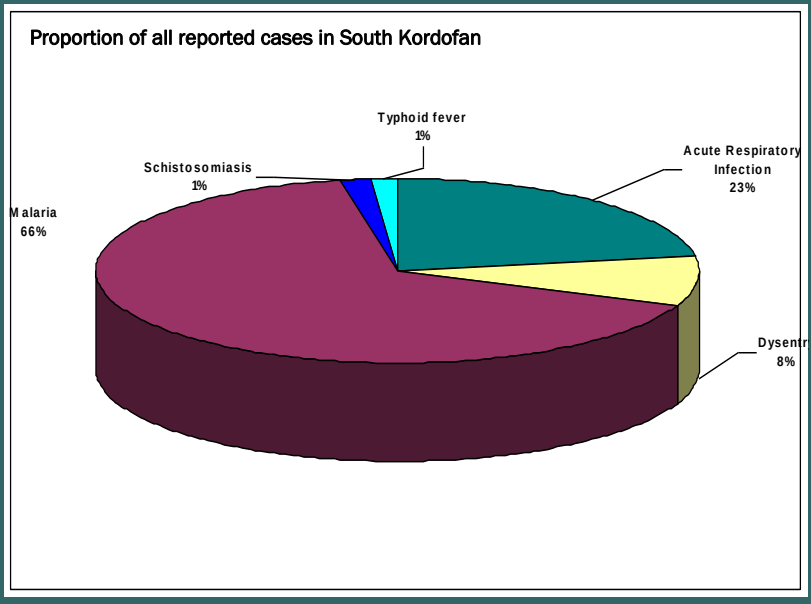
South Kordofan

WHO initiated coordination among environmental health ground actors particularly on implementing water quality activities. A routine plan will be developed and shared with water, environment and sanitation partners for logistics and operational support.

WHO continues to support 17 health facilities run by the State Ministry of Health (SMoH) and the Sudanese Red Crescent Society (SRSC) in South Kordofan, and which are providing services to vulnerable population in Kadugli, Alrashad, and Talodi localities. These facilities cover around 13,584 beneficiaries.

From the 104 sentinel sites, 64 sites or 61.5% of the total sentinel sites reported during the week, with around 1,602 consultations recorded including 650 children less than 5 years old. There has been no trend of epidemic diseases showing an impending outbreak however close monitoring was conducted in accessible areas.

Between 4 and 10 February, the leading diseases were malaria, acute respiratory tract infection (ARI), and dysentery. The same diseases were also the leading reported diseases for children less than 5 years of age.



Water rapid testing has been conducted in selected settlements in South Kordofan. Water quality monitoring is comparatively new intervention (after the conflict erupted), however, it has been considered essential with dysentery reported as one of the leading diseases in the State. During the week, 15 samples were taken from water sources in settlements of displaced population in Seraf Eldaye, Nassej and Masanee sectors inside Kadugli town. Samples were positive to hydrogen sulfide. As urgent response, hygiene messages on water, sanitation hygiene practices at household level, in addition to chlorine tapes were disseminated among IDPs. Meanwhile, 3 water samples were taken by SMoH water quality laboratory staff, samples were taken from reservoirs of (Kadugli Teaching, Dialysis and Emergency Hospitals), with results showing negative to free residual chlorine, and pH reading was within the standard range 6-7. WHO has been supporting SRCS with its required reagents for monitoring and intervention activities.

Disease surveillance

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

Eight suspected cases of acute jaundice syndrome (AJS) were reported from Greater Darfur (six cases from South Darfur and two cases from West Darfur) compared to 30 cases reported in the previous week.

Fifteen cases of suspected measles were notified this week from South Darfur (Al Fardos area), 2 cases from North Darfur (Abu Shouk) and 1 case from West Darfur (Sirba). Ten (10) deaths were reported from Darfur and were attributed to measles in South Darfur (1 fatality) and 9 fatalities due to other causes in West and North Darfur.

Incidence rate (IR) per 10000 population of ARI, Bloody Diarrhoea & Malaria reported in Greater Darfur, W 03 to W 06, 2012.

State	Disease	Incidence Rate			
		W 03	W 04	W 05	W 06
South Darfur	ARI	13.4	12.8	14.8	14
	BD	3.4	2	4.5	2.2
	MAL	3.9	3.3	4.5	2.6
West Darfur	ARI	33.6	38	32.1	28.2
	BD	3.3	4.9	4.1	2.2
	MAL	7.3	7.5	6.2	4.5
North Darfur	ARI	36.7	36.6	35.4	27.3
	BD	1.3	1.2	1.2	1
	MAL	0.9	1	1.6	1.1

In east Sudan, malaria was the leading disease representing 10.7% of the total number of consultations reported. In Kassala, 98.1% of the total sentinel sites reported while 100% of the sentinel sites in Gedaref reported, and 98.4% in Red Sea state.

From 1 January up to 10 February, 42 suspected cases of meningitis were reported in Sudan with 3 deaths (CFR 7.1%). There were 32 cerebrospinal fluid (CSF) samples collected and only one sample was positive for Nisseria meningitides (Sero-type A). During the week, Aborai sector in North Kordofan reached the alert threshold, and arrangement for a vaccination campaign is underway, targeting 27,000 populations under the age group 20 to 30 years old.

Comparison of Incidence rate (IR) per 10,000 populations of common diseases reported in East Sudan, W 03 to W 06, 2012.

State	Disease	Incidence Rate			
		W 03	W 04	W 05	W 06
Kassala	MAL	10.9	11.4	14.5	15.10
	TB	0.11	0.11	0.01	0.04
	Typhoid F.	0.23	0.24	0.29	0.28
	BD	1.89	1.34	1.43	1.86
	Bilharzias	0.40	0.32	0.35	0.49
Gedaref	MAL	14.2	10.8	13.6	8.74
	TB	0.02	0.03	0.03	0.02
	Typhoid F.	1.51	1.54	1.45	1.03
	Kala-Azar	0.51	0.47	0.53	0.27
	BD	3.17	2.94	1.56	2.66
	Viral H.	0.03	0.00	0.03	0.00
Red Sea	MAL	2.82	2.73	2.42	2.72
	Viral H.	0.02	0.02	0.02	0.03
	BD	0.93	0.73	0.72	0.72
	Measles	0.00	0.04	0.00	0.00

Primary healthcare

In South Darfur, a two-day monitoring and supervisory mission to Gereida locality was conducted to look into the implementation of the Italian project. The 4 designated PHC clinics visited were Forica, Babanosa camp clinics, Ditto and Joghana. Orientation on activities which are implemented to reduce maternal and child morbidity and mortality was provided to staff of health facilities, as well as on the importance of strengthening the referral system - from community to PHC facilities and to Gereida Rural hospital. Reporting tools (monthly forms, referral forms) were also shared with focal persons in all facilities.

WHO monitors PHC services provided by Babnosa Clinic in Gereida locality, South Darfur.

It was agreed that a regular monthly coordination meeting will be conducted every 5th of the month at the Gereida Hospital with MOH focal person, American Refugee Committee (ARC), Merlin and medical assistants from 4 designated PHC clinics to present updates on maternal death review (MDR) and referral issues.

In North Darfur, WHO continues to support implementation of health promotion campaigns in Mustariha and Ghara Zawia Villages. On top of gap filling, the plan fully supports efforts to increase the quality of primary health care services in Kabkabiya locality. Before implementing the comprehensive campaign on health promotion in Mustariha and Ghara Zawia, a field mission was conducted, and required tools and supplies were provided.

To accelerate implementation of the plan on reducing maternal mortality, the new monthly reporting formats was endorsed, while initial steps strengthen communication channels between SMOH and health facilities was also undertaken. Follow-ups will be done to localities implementing activities towards reduction of maternal dealth.WHO will secure necessary funds to facilitate timely implementation of the scheduled plan.

Coordination

In South Darfur, the increased number of acute jaundice syndrome cases in Buram locality was discussed and shared with WASH partners for immediate interventions. WHO initiated further follow up meetings to monitor AJS cases in affected localities.

In West Darfur, issues which have contributed to irregular reporting of sentinel sites were looked into, and approaches to improve reporting of sites were recommended. In addition, preparation for the establishment of maternal death review (MDR) committee is underway including mechanisms for data collection related to maternal mortality.

Secondary healthcare

In response to gaps at Ed Daein rural hospital in South Darfur, WHO provided the hospital with essential drugs and supplies estimated to cover 700 patients. In addition, WHO supported the Renal Dialysis Centre in Nyala to cover the centre's requirements for one month. The centre provides free dialysis services to at least 6 patients per day. Meanwhile, due to serious gap in the supply of oxygen gas at Nyala teaching hospital, reports on postponed surgical operations were received. The hospital management emphasized that the gap was due to logistical problems. Until December 2011, WHO supported the provision of oxygen and nitrous gases; an exit strategy was planned in association with the supported hospital and SMoH that the hospital should cover the gases required starting January 2012.

WHO conducted a joint assessment mission with State AIDS Programme and UNDP to the newly constructed VCT center in Ardamata to identify other requirements before the centre becomes operational. In addition, an assessment mission to the Geneina VCT/ART Centre was also conducted to check on the filing system and tools used by the centre.

In North Darfur, a two-week eye campaign, mainly targeting IDPs was conducted at the El Fasher Eye Hospital. The activity was supported by SMoH and Salamat Charity by deploying two ophthalmic surgeons from the UK. In addition, WHO provided medical supplies and consumables to the hospital to support the campaign. During the campaign, some 5000 patients were targeted for general eye problems, out of which 300 patients were selected to undergo cataract surgery. The patients were filtered from various health facilities including Zam Zam, Al Salaam and Aboushouk IDP camps. The campaign was organized after receiving reports from mobile clinics of IDPs having major eye problems. In addition, training sessions on case management and eye surgery were also conducted for the medical staff at the Eye Hospital.

To cover gaps in its primary healthcare centre in Zamzam camp, WHO supported Mercy Malaysia with life-saving drugs and medical consumables estimated to cover 500 patients for one month.

In close collaboration with SMoH, WHO is strengthening its HIV/AIDS services as well as leishmaniasis programme in the States of Darfur. During the week, collaborative meetings and assessments were conducted. Under HIV/AIDS, voluntary counseling and testing/ antiretroviral therapy (VCT/ART) centres as well as central laboratories were assessed to ensure delivery of services and urgently fill gaps if necessary. With regards to leishmaniasis programme, WHO with SMoH assessed the over-all situation in the region and looked into the capacity of health facilities to detect and manage cases.

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To fight water borne diseases, WHO supports the Ministries of Health and local water authorities to improve water quality in Darfur.

Environmental health

In South Darfur, water sources monitoring is regularly conducted in Nyala locality. During the week, 27 open dug wells were inspected to ensure the absence of coliform bacteria. From the samples taken, samples from 24 wells required urgent action against bacteriological contamination, and the need for immediate preventive interventions for environmental health risk factors within the surroundings. As response, wells were disinfected and owners were requested to improve the sanitary conditions around the sources.

In North Darfur, routine environmental health activities were conducted in all IDPs camps and rural areas in the State. In Kebkabiya, rregular chlorination of water sources (6 ground tanks and 9 open wells) was on going with FRC range between 0.3– 0.5 mg/l. While in Shangil Tobaya & Shadad, water chlorination of storage tanks and at water distribution level was carried out by Darassalam Development Authority (DDA) in Shangil Tobaya with FRC ranging from 0.3 -and 0.5mg/l in monitored tanks and taps. For bacteriological tests, 32 samples were collected from Shangil Tobaya and Shadad with results showing no risks for 21 samples, low risk for 8 samples, medium risk for 2 samples and high risk for 1 sample.

A training workshop on water quality improvement and water sources data collection was conducted from 19 to 23 Feb 2012 in El Fasher targeting 10 laboratory technicians from WES, SWC, MoH-EH, Oxfam America, Kebkabiya Smallholders Charitable Society (KSCS), and GOAL.

* 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.