

Sudan Health Highlights

Emergency Preparedness & Humanitarian Action (EHA)

Week 1, 1-7 January 2012



Kassala State Minister of Health visits Rashaida tribe of Abu Talha in West Kassala locality, East Sudan.

Public health concerns

- 15 cases with haemorrhagic manifestations were reported from Abu Talha and Abu Dahan villages in West Kassala locality in East Sudan.
- Measles cases were also reported from Nhre Atbra and New Halfa localities in Kassala State. During the week, Nhre Atbara locality reported 46 cases while Rural Halfa locality reported 18 cases bringing the total number of measles cases (since start outbreak) to 246 and 11 deaths, with case fatality rate of 4.5%.
- In Darfur, acute respiratory infections (ARI), bloody diarrhoea (BD), and clinical malaria (Mal) were the leading causes of disease during the last week of 2011.
- Twelve (12) suspected cases of acute jaundice syndrome (AJS) were reported from Darfur with 10 cases from South Darfur, 02 cases from West Darfur.

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South Kordofan Updates

- During the week, malaria, acute respiratory tract infection and dysentery were the leading diseases reported from 58 health facilities in South Kordofan.
- In response to the new arrivals of a hundred displaced persons inside Kadugli town, a one day clean-up campaign was conducted. The campaign initiated by the Ministry of Health (MoH) supported by Labina NNGOs, quantities of garbage were collected, removed and safely disposed off.
- The SK MoH (Nutrition Unit) stressed the need to do an assessment of nutritional status data of children under 5 among IDPs who have just arrived to Kadugli and Dilling from different sites in Elburam and Umdoren localities (Torogi, Elshawaya, Eiri, Elzalataya, Dandour, and Angolo).
- Pancare observed that some IDPs (mostly likely from Dalaka village or elsewhere) were seen entering Kadugli town and staying in the western part of Hia Muwazafeen in Kadugli town.
- Preparations for the planned capacity building workshop were finalized targeting 45 participants from 10 localities and focusing on trained humanitarian crises operations. Each sector lead together with their government counterpart will facilitate the relevant sector presentations during the 3-days workshop scheduled from 8 to 10 January 2012.

Coordination

- In North Darfur, all health actors in the State were updated on the situation of diphtheria outbreak in Eltewisha and Elaiet while response activities for outbreak control are on-going.
- To firm-up collaborative activities of TB and HIV/AIDS in East Sudan, a State tuberculosis steering committee will be established and TB/HIV AIDS coordination meeting will be regularly conducted.
- In West Darfur, the Islamic Relief Agency (ISRA) has presented its need for more support in managing a health facility in Nyorou returnees' area. SMoH has committed to partially support ISRA to ensure that facility remains functional.
- WHO discussed with International Medical Corps (IMC) its plan of handing-over El Ryad clinic which is serving displaced population. Although there are two functioning health facilities serving IDPs in Al Ryad Camp, WHO expects gap in services and has considered it as high priority area for intervention.

Communicable diseases

- 15 cases with haemorrhagic manifestations were reported from Abu Talha and Abu Dahan villages in West Kassala locality in East Sudan. WHO and SMOH jointly conducted verifications mission to affected locality, surveillance system alerted, 5 samples were collected and sent to national public health laboratory in Khartoum for further investigation. No deaths were reported.
- Measles cases were also reported from Nhre Atbra and New Halfa localities in Kassala State. During the week, Nhre Atbara locality reported 46 cases while Rural Halfa locality reported 18 cases bringing the total number of measles cases (since start outbreak) to 246 and 11 deaths, with case fatality rate of 4.5%.
- WHO supported strengthening case management capabilities of health staff with arranged training sessions on case definition and case management for 60 health staff (doctors, nurses and medical assistants). In addition, essential drugs for management centers in both localities were also provided.
- In Darfur, acute respiratory infections (ARI), bloody diarrhoea (BD), clinical malaria (Mal), were the leading causes of morbidity during the last week of 2011.
- Twelve (12) suspected cases of acute jaundice syndrome (AJS) were reported from Darfur with 10 cases from South Darfur, 02 cases from West Darfur compared to seventeen (17) cases reported during the previous week. One (1) case of suspected Measles was also reported during the week from Saraf Omra in North Darfur.
- No case of suspected measles was reported from South Darfur. In Darfur, nine (09) deaths were reported from North and West Darfur and were attributed to ARI, MAL and other causes (6 fatalities).



Primary healthcare



- WHO conducted a joint mission to Kutum with SMOH/Reproductive Health to roll-out implementation of comprehensive plan on reduction of maternal deaths. Several meetings were conducted including meetings with hospital directors and RH coordinator. During the mission, a meeting with 78 midwives was organized where pertinent issues were discussed; a monthly reporting format was demonstrated and track sheet of mortalities and investigations was presented. It was agreed to support referred cases presented to the hospital from selected rural areas within kind support of free medications and facilitation of transportation where possible. In addition, maternal death review committee at locality level was formed with involvement of key hospital staff and community agents. Schedule plan for monitoring and supervision for voluntary midwives was agreed while mapping and profiling of existing midwives in the locality has started which should include midwives' names, profile, trainings attended and assessment of work load and capacity.
- Supervision and monitoring of primary health care activities in Buram, Tulus and Al Salam localities in South Darfur are regularly conducted by the State Ministry of Health with support from WHO.
- Together with Malaria Control Programme, the epidemiology department has conducted a visit to Buram, Tulus and Al Salam locality to look for endemic disease burden in these localities. According to surveys conducted in 3 areas, bilharziasis is the leading disease. The Minister of Health called for support to conduct surveys in other localities, provide logistic and technical support to SMOH to help control this disease.
- With aim at re-opening the temporarily closed HFs in Garsilla area after the phase-out of IMC, WHO supported 2 primary healthcare centres namely Amar Jadid and Kurdol. Moreover, WHO is following up with SMOH to ensure hiring of additional technical staff to maintain quality basic health services.



Secondary healthcare

- In North Darfur, Ayadi Alrahma received support from WHO for its health facility in Kutum. WHO provided the national NGO with assorted drugs and essential medical supplies sufficient to cover the needs of 2000 patients for one month.
- The Nursing School at El Fasher Teaching Hospital received medical supplies including 3000 pieces of examination gloves from WHO as donation to help infection control measures being undertaken in hospitals.
- Technical discussions on drug management were conducted with Goal which is operating 10 clinics in Kutum locality. WHO will reassess the rational use of drugs activities within 5 GOAL clinics to evaluate the effect of the RDU training programme which was held in Aug 2011.
- In South Darfur, preparations are underway for a training workshop for laboratory technologists, to be conducted by Sudan National AIDS Programme, WHO and partners.
- In West Darfur, WHO has provided Garsilla rural hospital with essential drugs and supplies after hospital management reported shortage of supplies. The hospital continues to provide free health services to displaced population.
- Gaps in services at El Geneina hospital were identified including peritoneal-dialysis and haemo-dialysis units for children. Hospital management together with WHO will develop a plan and will start looking for support to urgently establish dialysis units in the hospital.

Environmental health

- In North Darfur, locations of additional 6 new water sources inside El Fasher town were identified. Water chlorination activities were conducted on daily basis last week in El Fasher town with 28 water sources checked for free residual chlorine. Out of which only one source was found to be below normal range. Free residual chlorine (FRC) ranged between 0.3-0.5 mg/l last week. Actions were taken to correct the chlorine level. Meanwhile, 10 water samples from pre-determined water sources by GPS from El Fasher town were taken last week for chemical tests. Results showed that all samples were chemically fit for human consumption.
- In South Darfur, sanitary inspection was conducted in Nyala town where a total of 30 sources inspected and samples collected and analyzed for bacteriological quality and other physiochemical parameters. The results showed high risk in 7 sources; while 23 sources showed low and zero risks.
- Water quality monitoring was done in Nyala town with main focus in Nyala North. A total of 1553 samples were collected and analyzed to ensure proper treatment. The free residual chlorine was found within the normal range (0.2 -0.5 mg/l) in 1451 samples representing 93.4% of total samples.
- Water resources covered by chlorination in Kassala State was 53.9% (210 out of 389 water sources), and the amount of drinking water chlorinated was 39,052,252 cubic meters.
- 43 water samples were collected and tested for FRC from 7 localities in Kassala State. Results varied from 0.1 to 0.3 ml/L and where within WHO recommended level.
- House to house chlorination covered 1153 houses with 38 samples tested for FRC. Printed materials with environmental health messages were also distributed.
- Chlorinated 1866 tons of drinking water in 93 tanks at refugee's storage tank.
- Health promotion and chlorine tablets distribution campaign was conducted targeting households covered 380 houses in Port Sudan locality. In addition, 7 women were trained to promote drinking water quality, sanitation and distribution of the drinking water chlorine tabs at household levels.
- Flies larvae control activity was conducted in Port Sudan locality, with 240 breeding sites inspected, 180 positive sites (75%) (Port Sudan educational Hospital, slaughter house, and public food markets) were treated.
- Outdoors fog spraying targeting adult mosquito and flies covered 16 areas (hay) in Port Sudan.
- Dengue vector survey revealed 444 houses out of 1200 houses inspected are positive for larvae. House index was 37%, pupa per resident 0.075 and container index 53.34%. Positive houses were properly treated.
- Outdoor mosquito larvae control, 346 site inspected the breeding present in 300 (80.3%) sites with breeding type Culex and Adeas.

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