

EHA Sudan Health Highlights

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With support from Italian Cooperation, statisticians and data collectors from Kass rural hospital were trained on HIMS.

Highlights

- Expansion of immunization activities for populations in Abyei area, as well as immunization monitoring, recording and reporting of vaccines consumption is a salient intervention that needs urgent attention.
- To improve skills necessary to collect, encode, and analyze health data in South Darfur, eight (8) statisticians and data collectors from Kass rural hospital underwent a comprehensive training on health information management system.
- In Blue Nile, 20 medical assistants from rural health facilities were trained on integrated management of childhood illness (IMCI) from 16 to 20 May 2012.
- Several non-government organizations in Darfur, both international and national, actively participated in meetings, to consolidate practical experiences and observations on Health Resources Availability Mapping System (HeRAMS). During meetings and facility visits, several recommendations were raised to firm-up data gathering, as well as data analysis and information sharing.

Communicable diseases surveillance and response

In Blue Nile, malaria was the leading cause of attendance to health facilities under surveillance and contributed with 20%, while in previous week it was 24.4%. Three disease alerts were reported in week 19, two measles (Damazine & Al-Tadamon localities) and one AFP (Geissan locality).

In South Kordofan, 45 health facilities out of the 60 sentinel sites reported to the State's surveillance system. During the week, malaria & acute respiratory tract infection represented 61% & 27% respectively, while dysentery recorded 8% of the total reported cases, which was 1,557 consultations.

Darfur

Acute respiratory infections (ARI), bloody diarrhoea (BD), clinical malaria (Mal), were the leading causes of morbidity in Darfur from 5 to 11 May 2012. During the week, one (01) suspected case of meningitis was reported from West Darfur while the rest did not report any single case. In addition, three (03) cases of suspected measles were reported (01 from West Darfur and 02 cases from North Darfur) compared to twenty two (22) cases reported in the previous week. A total of twelve (12) deaths were reported in West and North Darfur and were attributed to ARI (3 fatalities), other diarrhoea (3 fatalities) and other causes (6 fatalities). No death was reported from South Darfur.

Incidence rate (IR) per 10000 population of ARI, Bloody Diarrhoea & Malaria reported in Greater Darfur, W 16 to W 19, 2012.

State	Disease	Incidence Rate			
		W 16	W 17	W 18	W19
South Darfur	ARI	12.5	8.4	11	7.8
	BD	2.4	1.9	2.1	1.8
	MAL	3.3	2.4	3.1	2.2
West Darfur	ARI	21.9	22.1	20.9	15.7
	BD	3.2	3.3	3.5	2.3
	MAL	3.8	3.6	4.5	4.3
North Darfur	ARI	29.3	27.3	12.9	1.3
	BD	1.2	1	0.5	1.3
	MAL	1.6	1.1	0.5	2

Please refer to table below comparing incidence rate/10000 population in the eastern states of Gedaref, Kassala and Red Sea.

State	Disease	Incidence Rate			
		W 16	W 17	W 18	W 19
Kassala	MAL	18.9	15.5	14.8	12.3
	TB	0.0	0.3	0.2	0.0
	Typhoid F.	0.4	0.4	0.8	0.9
	BD	1.8	1.7	1.4	2.7
	Bilharzias	0.3	0.5	0.4	0.5
Gedarif	MAL	9.5	9.7	8.0	7.9
	TB	0.1	0.0	0.0	0.0
	Typhoid F.	1.2	1.2	1.1	1.0
	Kala-Azar	0.2	0.4	0.1	0.2
	BD	2.4	2.4	1.9	2.2
	Viral H.	0.1	0.1	0.1	0.0
Red Sea	MAL	2.3	2.4	1.8	2.4
	Viral H.	0.1	0.0	0.1	0.0
	BD	0.7	0.7	0.8	0.8
	Measles	0.1	0.1	0.0	0.1

Abyei health situation

While the situation along the border with South Sudan continued to evolve, displaced populations from Unity State have reportedly moved out from Rumameir and have moved to Abiemnom while some have moved closer to Agok for easy access of basic social services. The health needs of around 35 families still seeking shelter in Rumameir are being catered by a health facility which is assessed to be in full capacity, for both supplies and human resource.

Following WHO's assessment of health facilities north of River Kiir/Bahr El Arab, WHO is working closely with health authorities and partners in implementing plan to revitalize non-functioning health facilities, and which will include provision of medicines and capacity building activities focusing on mentorship. After scaling down activities due to security issues, MSF and GOAL have resumed services almost in full scale. However, mobile clinics are yet to operate.

Expansion of immunization activities for populations in Abyei area, as well as immunization monitoring, recording and reporting of vaccines consumption is a salient inter-

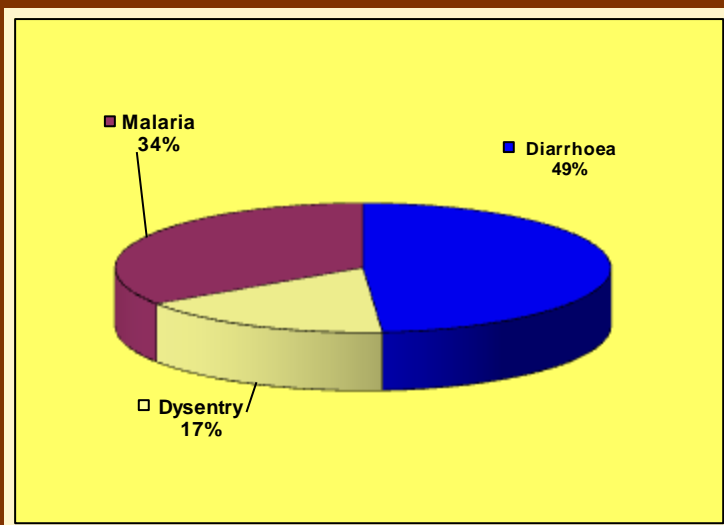
vention that needs urgent attention. Health authorities and WHO are working to urgently implement immunization activities.

WHO continuously supports the Ministry of Health with data collection, analysis, rumour investigation, and dissemination of disease surveillance information.

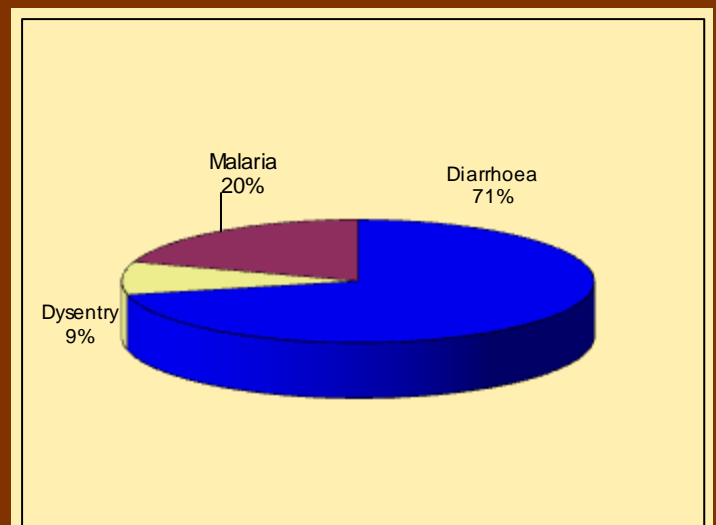
From 5 to 11 May, 8 centers out of the 12 reporting centers in Abyei Area submitted the weekly epidemiology data, representing 67% of the reporting sites, and reported around 279 consultations.

Diarrhoea represented the highest cause of morbidity among reported cases. Across Abyei area, 136 (49%) of the reported cases were diagnosed as diarrhoea, with no death. 125 (92%) of the total reported cases were children below five years of age. From the diarrhoea cases reported, there were 47 cases of bloody diarrhoea (ABD) were reported however there were no deaths reported due to bloody diarrhoea.

Among all population, diarrhoea represented 49%, malaria 34% and dysentery 17%.



For under-five age group, diarrhoea represented 71%, malaria 20% and dysentery 9%.





ANC Follow up at CIS supported clinic in Kass, South Darfur

Primary health care

In Blue Nile, 20 medical assistants from rural health facilities were trained on integrated management of childhood illness (IMCI) from 16 to 20 May 2012. The training course was fully supported by WHO.

In Mallet, the five day follow up training course for 45 community volunteers on danger signs of maternal and child health commenced with technical and logistical support from WHO while training facilitation was conducted by SMoH.

Routine supervisory missions of SMoH to facilities implementing maternal and child health project to reduce maternal deaths are regularly conducted in 6 facilities in Mallet and Kutum. During the missions, use of reporting format, as well as mapping of RH resources were taught together with proper compilation of monthly reports. Feedback on last month's operation was presented where priority has been given to strengthening of good skills and solving problems to improve service delivery system.

Several non-government organizations in Darfur, both international and national, actively participated in meetings, to consolidate practical experiences and observations on Health Resources Availability Mapping System (HeRAMS). During meetings and facility visits, several recommendations were raised to firm-up data gathering, as well as data analysis and information sharing.

- provision of continuous technical support to the partners specially the NNGOs through the meetings, visits and workshops

- production of simple form for SMoH focal person to distribute it to the localities to improve the quality of the data
- discussion with the partners to elicit any difficulties, shortage or unnecessary requested information in the HeRAMS if there

In South Darfur, WHO provided CIS five basic health kits while Mubadiroon received 4 basic health kits sufficient for 27,000 beneficiaries.

In West Darfur, some 25 health professionals including medical doctors and assistants from El Geneina were trained on meningitis case definition and management from 14 May.

Preparations are underway for Darfur's celebration of the World Blood Donor Day in June. Together with the Ministries of Health and local blood banks, WHO finalized plans for the celebration of blood donor day with this year's slogan "Be a Hero, Give Blood."

In South Kordofan, WHO continues to support medical services for vulnerable populations in affected areas. WHO works in collaboration with main health players on ground namely the Federal Ministry of Health, State Ministry of Health, Sudanese Red Crescent Society, and with Pancare in Kadugli, Alrashad, Abujubayha, Lyree, and Kharasana areas. During the week, some 1,500 patients sought medical services from SMoH managed health facilities in Lytree and Abujubayha.

Environmental health

In North Darfur, acceleration of water sources data encoding will be looked into by WHO and SMoH central water quality laboratory. Water, Sanitation, Health (WASH) and partners in the state acted on contaminated water sources from the 250 samples collected and analyzed.

Although water chlorination and hygiene promotion activities are being implemented in Abushouk IDP camp, high density of house flies were observed around Aboshuk market and slaughter area during the recent supervisory visit conducted in the camp. WHO coordinated interventions of partners and requested to focus on vector control activities and emphasized on the need to step-up hygiene promotion and regular garbage collection.

In South Darfur, water quality monitoring was conducted in Tulus and Eid Elfursan and a total of 62 water samples were collected from different sources and analysed for simple water quality. Results showed standard free residual chlorine (FRC) level (0.2 -0.5 mg/l) in all 17 water points. Out of 45 samples collected from households; the FRC level was found between 0.2 – 0.5mg/l in 8 samples and the rest 37 samples were 0.1mg/l. Low FRC at household level was observed in Tulus and further investigation is required to find out the causes of below standard FRC level and consequently plan for remedial actions.

In South Kordofan, some 36,352 IDPs in eastern part of the State namely Abujubayha, Talodi, Lyre areas, and Bardab areas were covered by environmental health activities such as cleaning campaigns, home visits, water chlorination, and spraying of latrines. Moreover, environment related diseases monitored during the week within these areas where as follow diarrheal 250 cases, eye infection 86 cases, malaria 233 cases, and dysentery 171 cases.

With the start of the rainy season, WES, MoH, WHO, UNICEF and other environmental health partners have conducted preparedness meetings to ensure all key players in health and environmental health are prepared in case flooding and results of flooding will affect communities.

UNICEF allocated funds for chlorination and monitoring activities for 48 identified water sources within the areas of Kadugli, Diling, Abujubayha, Talodi, Alrashad, Lagawa, Debaihat, Muglad, and Kadugli proper.

WHO will fill the gap in the other risk areas of massive displacements with routine water activity through MoH, Sudanese Red Crescent Society (SRCS) and health partners on ground.

Coordination

Accessibility and security remained major concerns for North Darfur, with East Jebel Marra still inaccessible, and with other areas such as Shingle Tobaya, Tawilla & Dar-Elsalam facing security challenges. Restriction of movements in Zamzam, Saraf Umra, and Eltewisha has affected programme delivery in North Darfur.

After the attack in Um Dafog locality in South Darfur, gaps in health service delivery were immediately addressed. This Rufaida Health Foundation (RHF) reported gaps in medical supplies, consumables and some essential medicines due to increased case load. Currently, only RHF's health facility is functioning and is providing services to the whole locality. Partially, WHO will fill the gaps by providing support

Together with the State Ministry of Health (SMoH)/ Expanded Programme on Immunization (EPI), WHO and UNICEF finalized the plan for a mass vaccination campaign in East Jebel Marra in South Darfur which reported nine positive cases of measles EPI will provide the micro plan for the campaign, UNICEF pledged to provide the cost and the vaccines needed for the vaccination. WHO will provide technical support and also supervise the campaign.

To ensure surveillance and timely response to any cases of measles and meningitis, regular coordination meetings have been conducted in El Geneina, West Darfur. Updated information particularly on disease outbreaks and response activities were deliberated during coordination meeting.

Secondary health care

During the week, WHO handed over essential medicines and medical supplies to Humanitarian Aid and Development in North Darfur to fill gaps in essential medicines and to scale up measures in infection prevention and universal precautions in their clinic in Zamzam IDP camp. The donated supplies are sufficient to cover 1000 patients for one month.

To improve skills necessary to collect, encode, and analyze health data in South Darfur, eight (8) statisticians and data collectors from Kass rural hospital underwent a comprehensive training on health information management system. The training course supported by WHO and Italian Cooperation aimed to enhance local capacity and consequently improve data gathering and analysis. Data from facilities such as Kass rural hospital will be essential for planning, implementation, as well as evaluation of healthcare services, particularly the maternal and child health interventions in South Darfur.

One of the priority interventions in Darfur is strengthening of maternal and child health services. In South Darfur, WHO with support from Italian Cooperation works with Care International-Switzerland (CIS) to fill gaps in medicines particularly antibiotics and antenatal follow-up medicines.

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