

Sudan Health Highlights

Emergency Preparedness & Humanitarian Action (EHA)

Week 21, 19-25 May 2012



West Darfur commemorates World TB Day (above left); WHO medical officer attending a 2-month old child with severe anaemia in Markundiya PHC (above right); Nyala hospital clean-up (below left); maternal review meeting in South Darfur with the State Minister of Health (below right)

Highlights

- In **South Darfur**, Eidelfursan hospital faces a setback with its current sewerage system, the lack of incinerator, and essential furniture for its ward. WHO will conduct an assessment mission together with the State Ministry of Health to look into the condition of the hospital's facilities and will plan on how to provide support to the facility.
- In **North Darfur**, routine supervisory missions were conducted in facilities implementing mother and child health programme to reduce maternal deaths covering 4 facilities in Mallet namely Gharoona, Gharbeea, Maliet Hospital and Abbasi.
- WHO supported the SMOH-led 3-day training course on hazardous health care waste management for 30 health staff from 10 health facilities in Zam Zam , Abushouk , and Alsalam IDP camps as well as El fasher teaching hospital and 4 health centres in Elfasher town, **North Darfur**.
- Medical doctors and assistants in **West Darfur** were trained on emergency obstetrics care (EmOC), one of the identified cost-effective strategies for reduction of maternal deaths.
- Medical doctors and assistants from all over **West Darfur** were trained on emergency obstetrics care (EmOC), one of the identified cost-effective strategies for reduction of maternal deaths.

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



The Common Humanitarian Fund Sudan



Coordination

Several meetings were conducted in **West Darfur** to discuss measles and meningitis trends and to coordinate interventions initiated by partners. In addition, discussions were also conducted with Merlin regarding the distribution of 10 health facilities in 3 localities which Merlin plans to support. Merlin has established presence in West Darfur and will commence support to 10 health facilities that were previously supported by MedAir by mid June 2012.

WHO's ground partners in **South Darfur** namely Mubadiron, Rufaid Health Foundation (RHF) and the State Ministry of Health reported gaps in health service delivery in Um Dafog locality, after the area was attacked by armed groups. As case load increased, there are gaps in medical supplies and essential medicines. Only one health facility is functioning in the area. WHO supported its partners to ensure immediate provision of medicines and supplies.

In **North Darfur**, WHO and partners' major concern is still accessibility and security issues in east Jebel Marra. The area and communities within and surrounding the area have been inaccessible for a long period of time. Security situation in Shingle Tobaya, Tawilla & Dar Elsalam areas was also a major constraint for programme implementation. Restriction of movement by SAF in areas of Zamzam, Saraf Umra, Eltewisha and has affected programme delivery to vulnerable populations.

Secondary healthcare

WHO provided essential medicines and consumable items to El Geneina Teaching Hospital in **West Darfur**.

Mobile voluntary counseling and testing (VCT) sessions were conducted in the Durti IDP camp in **West Darfur**, and sessions were carried out by SAWA Sudan, a national NGO responsible for activities among the Most at Risk Population (MARPs). SAWA Sudan is supported by UNFPA.

VCT supervisory visits as well as MVCT sessions in West Darfur are carried out from May to June 2012 with support from WHO.

To respond to gaps identified at Kass Hospital in **South Darfur**, WHO provided anti-septic, spinal needles as well as anaesthetic agents sufficient for the required supplies of the hospital for two months.

Implementation of activities to reduce maternal deaths in **South Darfur** is in full swing as indicated during the quarterly maternal death review. With support from Italian Cooperation, WHO and its partners on ground are focusing activities in Gereida and Kass localities.

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In **North Darfur**, medicines and consumable such as gloves and infection prevention materials were provided to El Fasher Teaching Hospital in North Darfur. The donated items were in response to the earlier identified gaps of the hospital, and to scale up measures for infection prevention and universal precautions in the hospital. The donated items will cover hospital requirements for one month.

Communicable diseases

- In **Darfur**, the leading causes of disease burden were acute respiratory infections (ARI), bloody diarrhoea (BD), clinical malaria (Mal) from 12 to 18 May 2012.
- Around 92.7% of the sentinel sites in **Darfur** reported through the early warning alert and response system (EWARS). From 3.31 million population under surveillance, there were 50 987 consultations conducted during the week.
- Twelve suspected cases of measles were reported from different states of **Darfur**, with 3 cases from South Darfur, 6 cases from West Darfur, and 3 cases from North Darfur.
- One (1) case of suspected meningitis was reported during the week from **South Darfur**.
- Through the EWARS, seven (07) deaths were reported from West and North Darfur and were attributed to ARI (1 fatality), malnutrition (1 fatality), and other causes (5 fatalities). No death was reported from South Darfur.
- In **Abyei Area**, WHO is planning to conduct a series of training courses to staff working in health facilities across Abyei. The training programme will focus on IDSR, Integrated Management of Childhood Illnesses (IMCI) and case management of common endemic illnesses, starting on 28 May 2012 in Agok.
- WHO conducted a meeting with MoH to discuss expansion of EPI in **Abyei Area** and improve stock management of vaccines and other EPI related consumables.
- During the week, 67% of sentinel sites in **Abyei Area** reported and recorded 279 consultation compared to 435 reported a week earlier. Diarrhoea represented the highest cause of morbidity among reported cases this week.
- 136 (49%) of the reported cases were diagnosed as diarrhea, with no deaths. 125 (92%) of the reported cases were among children below five years of age. No suspected cases of meningitis, measles, cholera, acute jaundice syndrome, viral haemorrhagic fever or neonatal tetanus have been reported from **Abyei Area**.

Incidence rate (IR) per 10000 population of ARI, Bloody Diarrhoea & Malaria reported in Greater Darfur from week 17 to week 20 2012.

State	Disease	Incidence Rate			
		W 17	W 18	W 19	W 20
South Darfur	ARI	8.4	11	7.8	8.1
	BD	1.9	2.1	1.8	1.4
	MAL	2.4	3.1	2.2	1.4
West Darfur	ARI	22.1	20.9	15.7	17.9
	BD	3.3	3.5	2.3	2.8
	MAL	3.6	4.5	4.3	3.9
North Darfur	ARI	27.3	12.9	20.5	31.8
	BD	1	0.5	1.3	1.6
	MAL	1.1	0.5	2	2.3

Incidence rate (IR) per 10,000 population with common diseases reported in East Sudan, week 17 to week 20 2012.

State	Disease	Incidence Rate			
		W 17	W 18	W 19	W 20
Kassala	MAL	15.5	14.8	12.3	13.3
	TB	0.3	0.2	0.0	0.2
	Typhoid F.	0.4	0.8	0.9	0.3
	BD	1.7	1.4	2.7	1.7
	Bilharzias	0.5	0.4	0.5	0.6
Gedarif	MAL	9.7	8.0	7.9	7.7
	TB	0.0	0.0	0.0	0.0
	Typhoid F.	1.2	1.1	1.0	0.9
	Kala-Azar	0.4	0.1	0.2	0.2
	BD	2.4	1.9	2.2	2.4
	Viral H.	0.1	0.1	0.0	0.1
Red Sea	MAL	2.4	1.8	2.4	2.7
	Viral H.	0.0	0.1	0.0	0.0
	BD	0.7	0.8	0.8	0.9
	Measles	0.1	0.0	0.1	0.1

Primary healthcare

- In **West Darfur**, medical doctors and assistants were trained on emergency obstetrics care (EmOC), one of the identified cost-effective strategies for reduction of maternal deaths. The training course started on 28 May 2012 and was part of the activities to address concerns on maternal death rate in Darfur, and funded by Finland Government through WHO.
- After the suspension of Sudan Aid in **South Darfur**, there have been reports on gaps in the provision of health services inside Bilel IDP camp. Health services are currently being provided by a health facility outside the camp which is operated by Saudi Red Crescent Authority (SRCA).
- WHO conducted monitoring and supervisory visit to Kubum and Um Labasa localities in **South Darfur**, together with expanded programme on immunization (EPI), nutrition and the rehabilitation units of the State Ministry of Health. During the supervisory visit, a complete inventory was conducted in the health facilities namely Kabasa, Markondy, Damba, Kubum, Hasaballa, Um Labasa, Ferandogy and Haboba. These were the gaps identified and discussed with relevant departments at the SMoH:
 - ⇒ The cold chain system in all assessed facilities were either not properly maintained or not in place.
 - ⇒ Incomplete staffing in all facilities visited, some due to unavailability of resources while some don't have accommodation facilities for health staff
 - ⇒ Some facilities are not accessible due to distance and absence of staff
 - ⇒ Among the facilities assessed, only Markondy and Damba, both managed by Johanniter, are receiving drugs in regular basis while the rest don't receive regular support.
 - ⇒ Assessment for Um Labasa was conducted together with the engineer (SMoH) and all requirements were identified for the rehabilitation of the facility.
- WHO conducted meetings with the Department of Primary Healthcare in **South Darfur** to prepare for the implementation plan of Common Humanitarian Fund (CHF) activities in 2012 that has been finalized.
- WHO participated in the first quarter Maternal Death Review (MDR), attended by the Federal Registrar of MDR. WHO highlighted its activities in Kass and Gereida in **South Darfur**, which are supported by Italian Cooperation, focusing on referral, capacity building, reporting process and the support to operations.
- In **North Darfur**, primary healthcare services were reviewed by all departments of SMoH involved in the provision of PHC services such as nutrition, reproductive health, health promotion, and immunization. The review focused on the mapping of resources against each element, and the challenges encountered in the delivery of services delivery, as well as plans and schedule of capacity building activities.
- Routine supervisory missions were conducted in facilities implementing mother and child health programme to reduce maternal deaths covering 4 facilities in Mallet namely Gharoona, Gharbeea, Maliet Hospital and Abbasi. During the missions, reporting format alongside with the mapping of reproductive health services and compilation of monthly reports were conducted. Discussions and feedback on results of last month's operation were presented, with priority on skills building and problem solving were given emphasis as mechanism to improve service delivery.

Environmental health

- In South Darfur, water quality monitoring activities were conducted in El Salam and Tulus localities. A total of 69 water samples were collected from different sources and simple water quality analysis was completed. In Tulus, all 15 samples from sources showed standard free residual chlorine (FRC) level of (0.2 -0.5 mg/l) while 39 samples at household showed 0.1 mg/l. In Abu Ajora, 9 sources showed standard FRC level between 0.2-0.5 mg/l and one was 0.1mg/l while 5 households crosschecked indicated standard level of FRC in 4 samples.
- Ten kits of H2S were donated to SMOH to support bacteriological water quality monitoring in remote areas during acute watery diarrhoea season. The kits are enough to maintain 100 rapid bacteriological tests.
- WHO supported general cleaning campaign in Nyala Teaching Hospital. A complete set of cleaning tools and disinfectants and protective clothes were provided to the hospital to maintain good hygienic environment within the hospital.
- WHO supported the SMOH-led 3-day training course on hazardous health care waste management for 30 health staff from 10 health facilities in Zam Zam , Abushouk , and Alsalam IDP camps as well as El fasher teaching hospital and 4 health centres in Elfasher town.
- In preparation for the onset of the rainy season, WHO collaborated with WASH partners to ensure partners on ground were well-informed on water and sanitation related diseases in North Darfur state. In addition to this, contingency plan for the rainy season has been firmed up with several joint activities of SMOH and WHO such as hands-on training for water sources owners, activities to increase public awareness through different media, provision of technical and logistical support for WASH and health partners.

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