

Sudan Health Highlights

Emergency Preparedness & Humanitarian Action (EHA)

Week 22, 26 May—1 June 2012



IMCI training participants in Darfur (upper left); classroom discussion during an IMCI standard case management training in South Darfur (upper right); reproductive health education activities at Forica camp in Gereida locality, South Darfur (below left); supervisory visit at El Fasher maternity hospital in North Darfur (below right)

Highlights

- Between 1 January and 21 May, a total of 431 suspected cases of meningitis were reported from Sudan with 24 deaths, case fatality rate of 5.5%.
- In North Darfur, WHO together with its health partners prepared interventions/activities for ZamZam IDP camp which has been facing shortage of medicines and a deteriorating environmental health situation.
- Forty (40) community leaders, community volunteers, as well as representatives from women's groups in Tawilla IDP camp in North Darfur were trained by SMOH with support from WHO on how to accelerate environmental health activities in camps for prevention of vector and water borne diseases.
- Twenty (20) medical doctors from different localities in West Darfur were trained on emergency obstetric care (EmOC).
- In South Kordofan, the health situation was normal, and no disease outbreak was reported during the week. The common diseases recorded in facilities were malaria and acute respiratory infections.
- Twenty five statisticians and data collectors from state and rural hospitals in South Darfur attended the 3-day training workshop on health information management system. The course focused on hospital inpatient data reporting and analysis.
- WHO supported the Sudanese Red Crescent Society (SRCS) by providing four rapid response kits for its health facilities in Kiliik, Kharasana, Rashad, Leri and Talodi localities in South Kordofan, sufficient to cover the needs of some 10,000 individuals for 3 months.

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



Coordination

In **North Darfur**, WHO together with its health partners prepared interventions/activities for ZamZam IDP camp which has been facing shortage of medicines and a deteriorating environmental health situation. These issues were also aggravated by the new arrival of displaced population in the camp, as well as the challenges of the rainy season. In collaboration with the State Ministry of Health, WHO is working with its key health partners in the camp namely Mercy Malaysia, Relief International, Partner Aid International, Plan Sudan, and UNICEF. During a recent meeting, WHO discussed the implementation of mobile clinics and provision of medicines and supplies to health partners before end of July 2012.

Water quality committee in **North Darfur** was organized to prepare a plan for the rainy season to support the vulnerable groups in the State particularly those in IDP camps, flood affected areas, as well as rural high risk areas. Priority of the committee is to ensure access of populations to safe drinking water. The committee is composed of representatives from water, environment and sanitation (WES), SMoH, Oxfam America, UNICEF and WHO. Aside from this, main activities identified are the training of private well owners, water chlorinators, water quality monitoring teams; and implementation of water quality activities such as water sources disinfection, water chlorination, household water treatment and hygiene promotion activities.

Environmental health

In **South Darfur**, water quality monitoring activities were conducted in El Salam, Eid Elfursan and Tulus localities. A total of 14 water samples were collected from different sources and analysed through water quality testing. In Tulus, all 10 samples from sources showed standard free residual chlorine (FRC) level of 0.2 -0.5 mg/l while 4 samples from Salam and Eid Elfursan showed standard FRC level in 2 in Abu Ajora and 2 below the required FRC level of 0.1mg/l in Eid Elfursan. Additionally, 42 samples were collected from household and donkey carts showed 0.1 mg/l in 61% and 39% were ranged between 0.2 – 0.4mg/l.

In **North Darfur**, 40 community leaders, community volunteers, as well as representatives from women's groups in Tawilla IDP camp were trained by SMoH with support from WHO on how to accelerate environmental health activities in camps for prevention of vector and water borne diseases. During the rainy season, local authorities and SMoH with support from WHO and all ground partners are stepping up interventions on vector control, solid waste management and water quality control in Tawilla 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.

Communicable diseases

Between 1 January and 21 May, a total of 431 suspected cases of meningitis were reported from **Sudan** with 24 deaths, case fatality rate of 5.5%. So far, none of the epidemiological sectors has reached epidemic threshold apart from Abu Rai and Um Dukhun sectors in week no. 7 and week no. 16 respectively. These two outbreaks were successfully and timely contained.

In **Darfur**, 90% of the sentinel sites reported to the region's disease surveillance or the early warning and response system (EWARS). Around 55408 consultations were recorded among 2,887,258 populations under surveillance.

Acute respiratory infections (ARI), bloody diarrhoea (BD), clinical malaria (MAL), were the leading causes of morbidity in **Darfur**. From 19 May to 25 May, no case of suspected meningitis was reported from Greater Darfur compared to one (01) case reported last week.

Fifteen (15) cases of suspected measles were reported (02 cases from South Darfur, 11 cases from West Darfur and 02 cases from North Darfur) compared to twelve (12) cases reported the previous week.

A total of three (03) deaths were reported from North Darfur and were attributed to BD (1 fatality) and other causes (2 fatalities). No death reported, through EWARS, from South or West Darfur.

Comparison of Incidence rate (IR) per 10,000 populations of common diseases reported in East Sudan, W 18 to W 21, 2012.

Incidence rate (IR) per 10000 population of ARI, Bloody Diarrhoea & Malaria reported in Greater Darfur, W 18 to W 21, 2012.

State	Disease	Incidence Rate			
		W 18	W 19	W 20	W 21
South Darfur	ARI	11	7.8	8.1	10.9
	BD	2.1	1.8	1.4	2
	MAL	3.1	2.2	1.4	2
West Darfur	ARI	20.9	15.7	17.9	21.4
	BD	3.5	2.3	2.8	2.6
	MAL	4.5	4.3	3.9	5.1
North Darfur	ARI	12.9	20.5	31.8	39.1
	BD	0.5	1.3	1.6	1.6
	MAL	0.5	2	2.3	2.8

State	Disease	Incidence Rate			
		W 18	W 19	W 20	W 21
Kassala	MAL	14.8	12.3	13.3	13.1
	TB	0.2	0.0	0.2	0.3
	Typhoid F.	0.8	0.9	0.3	0.3
	BD	1.4	2.7	1.7	2.0
	Bilharzias	0.4	0.5	0.6	0.6
Gedarif	MAL	8.0	7.9	7.7	6.8
	TB	0.0	0.0	0.0	0.0
	Typhoid F.	1.1	1.0	0.9	0.8
	Kala-Azar	0.1	0.2	0.2	0.2
	BD	1.9	2.2	2.4	2.6
Red Sea	Viral H.	0.1	0.0	0.1	0.1
	MAL	1.8	2.4	2.7	2.4
	Viral H.	0.1	0.0	0.0	0.1
	BD	0.8	0.8	0.9	0.8
	Measles	0.0	0.1	0.1	0.1

Primary healthcare

In **South Kordofan**, the health situation was normal, and no disease outbreak was reported during the week. The common diseases recorded in facilities were malaria and acute respiratory infections.

To improve provision of health services in different localities, supervision visits were conducted in health facilities located in Daleng, Goaz, Abasia, Rashad, Abugybeha, Gader and Talodi. Through these visits, gaps were identified and urgently responded to.

WHO supported the Sudanese Red Crescent Society (SRCS) by providing four rapid response kits (RRK) for its health facilities in Kilik, Kharasana, Rashad, Leri and Talodi localities in **South Kordofan**. The medicines are sufficient to cover the needs of some 10,000 individuals for 3 months.

In addition, WHO supported SMOH Health Promotion Department in its health education sessions focusing on hygiene promotion in Elshaair (**Kadugli town**) and Abujebyha locality where the IDPs are temporarily taking shelter. Health days which were essentially medical consultations, provision of free medicines and health education sessions were conducted by Pancare with support from WHO in Elbardab village, covering some 500 individuals.

As cases of meningitis continue to be reported from **West Darfur**, WHO supported SMOH in capacity building activities for medical doctors, assistants and nurses on meningitis case definition and management in Mornei and Keranik targeting 60 participants.

As part of earmarked activities to reduce maternal and child mortality in **West Darfur**, the emergency obstetric care (EmOC) training for medical doctors started on 28 May in El Geneina. The ten-day training course targeted 20 medical doctors from different localities in the State.

In **South Darfur**, rehabilitation of Majok health centre has been identified as a priority intervention after SMOH and WHO conducted the supervisory and assessment mission to assess the health needs of communities and the kind of services in existing health facilities.

In collaboration with SMOH, WHO conducted a supervisory mission to Gereida locality in **South Darfur**. The mission focused on the assessment of activities implemented through the Italian Cooperation's support. During the mission, a 5-day training course on health information system for 7 health information workers from SMOH, Merlin, and ARC were trained, while on the job-training sessions were also held to improve medical registration in facilities. This was in addition to the on-the-job training programme for medical assistants and community health workers on acute watery diarrhea including diagnosis, treatment, and preventive measures.

Routine supervisory missions of SMOH to facilities implementing mother and child health programme to reduce maternal deaths has been carried out in five facilities in Kutum (Kutum Center, Um Leyona, Abdel shakoor and Kutum Hospital) in **North Darfur**, meeting 16 midwives. During the visits, reporting format, mapping of reproductive health resources were conducted together with the compilation of the monthly reports, feedback and discussion on results of last month's operation.

WHO has been providing medical services support to vulnerable populations in affected areas in Kadugli, Al-rashad, Abujubayha, Lyree, Kilik, and Kharasana areas. Medical services support has been provided through the Federal Ministry of Health, State Ministry of Health, Sudanese Red Crescent Society and Pancare. During the week, some 445 individuals sought medical services and care from SMOH clinics in Lyree Garb, Kewk, Lyree Sharg, Elbardab and Talodi localities in **South Kordofan**.

Secondary healthcare

Twenty five statisticians and data collectors from state and rural hospitals in **South Darfur** attended the 3-day training workshop on health information management system. The course focused on hospital inpatient data reporting and analysis.

With support from Italian Cooperation, 18 medical assistants from primary healthcare facilities in Kass and Gereida localities were trained by WHO and SMOH on integrated management of childhood illness (IMCI) standard case management. The capacity building activity was part of the effort to improve maternal and child health in two **South Darfur** localities.

Strengthening of maternal death reporting through midwives and community health workers has been identified as one of the priorities for **South Darfur**. During the maternal death review meeting of organizations working in Kass and Gereida localities, WHO shared the death review reports from two localities which indicated 4 maternal deaths from December 2011 until April 2012. To assess the services provided through the maternal and child health project, supervisory visits were conducted by WHO and SMOH to Kass rural hospital and primary healthcare centres in Kass town. During the visit, gaps were identified such as medicines, health information system, as well as coordination between health partners working in Kass.

In **North Darfur**, WHO donated medicines to Ayadi Alrahma, a national NGO which runs a primary healthcare facility in Kutum. The medicines are sufficient to cover the needs of 2000 population for two months. The facility provides services to at least 70 patients per day.

Two basic health kits were donated by WHO to the Ministry of Health's investigation team who were looking into the suspected measles cases in Elmalaha area, **North Darfur**.

WHO supported Albir Wa Tawasul Charity with essential medicines and health promotional materials for primary health care activities. The group provides health services for those who have just arrived at Zam-Zam IDP camp in **North Darfur**, with assorted essential medicines and health promotion materials. Their activities include health promotion, hygiene promotion and mother & child health activities.

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