

Sudan Health Highlights

Emergency Preparedness & Humanitarian Action (EHA)

Week 23, 2-8 June 2012



WHO interventions in Sudan include activities such as coordination, waste management support to health facilities, and training courses.

Highlights

As part of WHO commitment to Sudan for implementation of road map towards setting up a sentinel surveillance system for influenza, the Division of Communicable Diseases of WHO will support the Federal Ministry of Health with a grant to purchase laboratory reagents, primers and other consumable supplies and equipment, as well as training on surveillance, sample collection and laboratory diagnosis for influenza.

In North Darfur, WHO and SMOH continued monitoring and supervisory activities of health facilities implementing integrated management of childhood illness (IMCI) as well as identification of gaps and provision of required supplies. During the week, the team covered 3 clinics in Mallet.

As part of earmarked activities to reduce maternal and child mortality in West and Central Darfur States, a 10- day course on emergency obstetrics was conducted for 20 medical doctors.

In South Darfur, health education campaigns in Al Radom commenced with a training course on waterborne and foodborne diarrhoeal diseases for 25 community health workers, which will be followed over the next weeks by house to house health promotion campaign.

In East Sudan, 140 chlorinators and 50 medical staff were trained on water safety in Kassala state in Rural Kassala locality as part of the preparedness for rainy season.

WHO constructed a medical waste incinerator this week in Elgirba rural Hospital in Kassala state.

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



Coordination

WHO as a Health and Nutrition cluster lead agency is responsible for information management of the cluster and sharing overall results achieved by the cluster collectively. The cluster meeting on 7th June reported that the health and nutrition situation in Abyei Area was normal and stable despite the heavy rains in the area. However there has been an increase of acute watery diarrhea cases from health facilities. It was also noted that there has been an increase in cases of snake bites (12) and dog bites (8) cases at the MSF hospital during the month. MSF has supplies of anti-snake venom at Juljok facility. During the meeting, all partners reported that they are continuing their regular activities, while MSF is planning to resume mobile clinics to the hard to reach areas, and start supplementary feeding programme for children.

An expanded programme on immunization (EPI) conducted for both GOAL and Ministry of Health EPI workers was organized for five days in Juljok primary healthcare centre.

WHO continues to support Abyei with data collection, analysis, investigate diseases and dissemination of diseases surveillance information. To build capacity of health staff working at health facilities in Abyei Area, WHO conducted a training programme on Integrated Disease Surveillance and Response (IDSR).

In West Darfur, the weekly task force coordination meeting for measles/meningitis/acute watery diarrhoea was conducted on 3 June 2012 to discuss prevention and response activities of diseases that have been reported from the State. Moreover, preparations are underway for collaborative activities to improve HIV voluntary counseling and testing services in seven supported health facilities.

Secondary healthcare

In West Darfur, a joint mission with IMC, ISRA, RCDO and SMOH to Nyouro was conducted to assess the health situation as well as the progress of the construction of new health facility in the locality.

To fill critical gaps in terms of the shortage of essential medicines and supplies, WHO donated essential medicines to Geneina Teaching Hospital to cover an estimated 200 patients in the out-patient department.

Essential medicines were donated to Umkadada rural hospital sufficient to cover the needs of 1000 patients over the next 2 months.

For further information please contact:

Dr. Iman Shankiti
EHA Coordinator | WHO Sudan
shankitii@sud.emro.who.int

Mrs. Christina Banluta
Communications and Advocacy Officer | WHO Sudan
banlutac@sud.emro.who.int

For more information visit <http://www.emro.who.int/countries/sdn/>

Communicable diseases

The 2002 Global Agenda on Influenza Surveillance and Control identified the strengthening of influenza surveillance as a priority activity. Strengthening of influenza surveillance was also highlighted in a resolution of the World Health Assembly in May 2003, titled "Prevention and control of influenza pandemics and annual epidemics". As part of WHO commitment to Sudan for implementation of road map towards setting up a sentinel surveillance system for influenza, the Division of Communicable Diseases of WHO will support the Federal Ministry of Health proposal with an extra-budgetary grants from CSR/EMRO, principally to cover purchase of laboratory reagents, primers and other consumable supplies and equipment and training on surveillance, sample collection and laboratory diagnosis for influenza.

In Abyei, 9 reporting sites out of the 12 sites in Abyei Area submitted the weekly epidemiological data, representing 75% of the total reporting sites. The number of reported consultations for diseases under surveillance during the week was 359 cases compared to 428 reported a week earlier. Diarrhoea represented the highest cause of morbidity among reported cases this week. From the 359 cases reported, 182 (51%) of the reported cases were diagnosed as diarrhoea across, with no deaths. 154 (85%) of the reported cases were among children below five years of age. No death related to AWD was recorded.

From 26 May to 1 June, 89.4% of the sentinel sites reported through the early warning alert and response system (EWARS) in Darfur. There were 47042 consultations from Darfur's 3 million populations under surveillance.

Acute respiratory infections (ARI), bloody diarrhoea (BD), clinical malaria (MAL), remained the leading causes of morbidity in Darfur (table 1). Between 26 May and 1 June, three (03) cases of suspected meningitis were reported from West Darfur. In addition, seven (07) cases of suspected measles were reported in Darfur (01 cases from South, 06 from West Darfur and 0 case from North Darfur) compared to fifteen (15) cases reported in week no 21. A total of nine (09) deaths were reported from West and North Darfur and were attributed to meningitis (1 fatality), MAL (2 fatalities), other diarrhoea (1 fatality) and other causes (5 fatalities). No deaths were reported, through EWARS, from South Darfur.

Between 26 May and 1 June, East Sudan's States registered high reporting rates—Kassala with 95.6% of the total number of sentinel sites, Gedaref with 97%, and Red Sea with 100%.

Incidence rate (IR) per 10,000 population with common diseases reported in East Sudan, week 19 to week 22 2012.

Incidence rate (IR) per 10000 population of ARI, Bloody Diarrhoea & Malaria reported in Greater Darfur from week 19 to week 22 2012.

State	Disease	Incidence Rate			
		W 19	W 20	W 21	W 22
Kassala	MAL	12.3	13.3	13.1	11.8
	TB	0.0	0.2	0.3	0.3
	Typhoid F.	0.9	0.3	0.3	0.2
	BD	2.7	1.7	2.0	2.0
	Bilharzias	0.5	0.6	0.6	0.5
Gedarif	MAL	7.9	7.7	6.8	6.5
	TB	0.0	0.0	0.0	0.0
	Typhoid F.	1.0	0.9	0.8	1.0
	Kala-Azar	0.2	0.2	0.2	0.2
	BD	2.2	2.4	2.6	2.8
	Viral H.	0.0	0.1	0.1	0.0
Red Sea	MAL	2.4	2.7	2.4	2.5
	Viral H.	0.0	0.0	0.1	0.1
	BD	0.8	0.9	0.8	0.9
	Measles	0.1	0.1	0.1	0.2

State	Disease	Incidence Rate			
		W 19	W 20	W 21	W 22
South Darfur	ARI	7.8	8.1	10.9	7.3
	BD	1.8	1.4	2	2.2
	MAL	2.2	1.4	2	2.5
West Darfur	ARI	15.7	17.9	21.4	16
	BD	2.3	2.8	2.6	3.1
	MAL	4.3	3.9	5.1	3.2
North Darfur	ARI	20.5	31.8	39.1	30.3
	BD	1.3	1.6	1.6	0.9
	MAL	2	2.3	2.8	1.5

Primary healthcare

In South Darfur, health education campaigns in Al Radom commenced with a training course on waterborne and foodborne diarrhoeal diseases for 25 community health workers, which will be followed over the next weeks by house to house health promotion campaign.

As part of SMOH and WHO efforts to rehabilitate health facilities in Darfur, assessment missions to Jorof and Baba were conducted. SMOH and WHO processed all pre-identified health facilities and chose Majok, Jorof and Kabasa primary healthcare centres for rehabilitation.

WHO provided essential medicines and supplies to the diabetes centre in Nyala, South Darfur.

As part of earmarked activities to reduce maternal and child mortality in West and Central Darfur States, a 10- day course on emergency obstetrics was conducted for 20 medical doctors. Organized by WHO and the Ministry of Health, the training programme was funded by the Finland Government.

In North Darfur, WHO and SMOH continued monitoring and supervisory activities of health facilities implementing integrated management of childhood illness (IMCI) as well as identification of gaps and provision of required supplies. During the week, the team covered 3 clinics in Mallet. The activity targets to cover all IMCI clinics in North Darfur. In addition, a follow-up of IMCI implementation was conducted in health facilities in El Fasher, particularly those in camps, focusing on planning, coverage and quality of implementation.

WHO presented the results of plan on reduction of maternal mortality in Mallet and Kutum localities where facilities are actively implementing a comprehensive package of reproductive health services comprising provision of medicines and supplies, strengthening of referral system, along with close monitoring and supervision. During the monthly reproductive health/maternal death review meeting, discussed were on how to improve interventions.

In North Darfur, WHO supports the implementation of the rainy season plan covering all IDPs camps and setting with 3 months campaign on awareness raising and community mobilization. In line with this activity, mapping out of resources and strengthening of coordination mechanism has started at Zamzam camp.

Abyei Situation

In Abyei, the total number of IDPs that have returned to areas north of the River Kirr has increased to 8936. The number of IDPs who have “returned” to Abyei town is around 820 individuals, making the provision of basic services essential. More returnees are expected to arrive in the coming months which will increase the need to scale up the provision of health services. In response to the evolving events in Abyei Area and with the returns of IDPs, WHO and other health partners, GOAL, Save the children, MSF, and Ministry of Health have conducted the following activities:

- Assessments to the areas of possible returnees North of river Kirr
- Prepositioning of medicines and supplies in Agok and Abyei, ready to intervene or to start providing health services as the situation might deem necessary

Provision of health services in Abyei Area faces the following challenges and gaps;

- There is no functioning health facility North of river Kirr in Abyei Area except Rumameir
- Health staff to work in the health facilities is a major challenge in Abyei Area. MoH and health partners have difficulties in identifying and recruiting new staff in addition to the payment of incentives/salaries
- Mobile clinics will be less effective during the rainy season as roads become impassable
- Construction materials and medical equipment are not available locally
- Health partners are not operating above the River Kiiir, their availability on the ground might be obstructed by “administrative” issues such as visa requirements, permission to transport supplies from Khartoum
- In addition to logistical and transport problems timely availability of fund to implement the planned strategy is needed

Environmental health

In South Darfur, WHO along with the Ministry of Health's Malaria Control Programme conducted 4 day training programme on insecticides management and safe application attended by 36 public health officers and sanitary overseers from malaria control units of different localities. The training aimed to provide a general guidance and equipped the participant with basic background about insecticides classification, components and formulation in addition to demonstrate the toxicity, safe use of insecticides, handling and good storage practices.

A rapid assessment of the Geneina Hospital with special focus on infectious waste management and water quality was conducted. Findings of the assessment revealed the following: the absence of incinerator for proper waste management; acute shortage of waste containers on the wards; the absence of the chlorination of water; the absence of protective clothing for wastes handlers; and a significant number of the staff members lack training in health care waste management.

As initial response to the identified gaps, a plan has been formulated to appropriately address the identified gaps.

In collaboration with SMOH North Darfur, WHO supported hygiene promotion campaigns in four risk areas namely Aboshouk, Alsalam, Abassi and Seraf Omra to keep households and public environment clean and consequently, reduce health risks through proper disposal of solid wastes, community participation in different management level. The campaigns are integrated into the sanitary inspection activities of water sources, monitoring of water treatment processes, including disinfection at household level and increase the role of community in using and sustaining of water and sanitation facilities.

The new regulation to limit the use of plastic bags in North Darfur has reflected on the general cleanliness observed in the State. WHO supported SMOH with solid waste management tools during environmental sanitation campaign which covered the most of Elfasher town where over 140 tons of garbage were properly collected and disposed with strong local authorities support.

In East Sudan, 140 chlorinators and 50 medical staff were trained on water safety in Kassala state in Rural Kassala locality as part of the preparedness for rainy season.

WHO constructed a medical waste incinerator this week in Elgirba rural Hospital in Kassala state.

As vital component of monitoring water quality to prevent water borne diseases, 55 samples were collected randomly for free residual chlorine (FRC) testing in Kassala State. Results showed that all samples were within WHO guidelines.

In Kassala, drinking water from several sources was chlorinated. However there was a need for additional chlorinators in two localities (South Delta and Hamshkorabe). Chlorination activities in East Sudan also covered the Red Sea State, chlorinating 614 tankers. 56 samples were tested for FRC in refugees' tanks, with results varying between 0.2 - 0.3 mg/L.

Chlorine tablets were distributed to 1441 households visited during health promotion campaign.

In Red Sea State, flies larva inspection was conducted in 276 breeding sites, results showed larva presence in 99 sites (36%). In addition, indoor adult vector control targeting mosquitoes (dengue vector) fogging spray covered 4260 households.

Manual removal of Aedes larvae breeding was conducted in 465 households, with results showing 44 (9.5 %) households were positive breeding sites.

Dengue vector surveillance done in 210 houses, 22 were positive of dengue vector presence. Necessary interventions were conducted by the Ministry of Health with support from WHO and environmental health partners.

