

Sudan Health Highlights

Emergency Preparedness & Humanitarian Action (EHA)

Week 24, 9-15 June 2012



Together with partners, WHO continues to provide health services to marginalized communities across Sudan.

Highlights

- Mapping of resources and ensuring buffer stocks of medical and consumable supplies are identified priorities of WHO, SMOH and health partners in North Darfur during the rainy season.
- To follow-up and monitor water quality control activities during the rainy season, the North Darfur water quality committee was organized and will focus on collaborative interventions particularly in the following: training for private well owners and water chlorinators, water sources disinfection, water chlorination, household water treatment, hygiene promotion activities as well as vector control activities.
- To ensure continuation of service delivery at rural hospitals, WHO supported Kutum rural hospital with various medicines and supplies estimated to cover the gap that the hospital has been facing for over a month. Donated supplies are estimated to cover 1000 population for 2 months.
- Essential medicines and supplies were donated to the Garsilla Rural Hospital and the Fur Baranga Rural Hospital to support health services delivery in West and Central Darfur States.

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



Coordination

- In East Sudan, emergency preparedness activities were drafted to timely respond with sufficient supplies and manpower. A heat stroke centre will be opened in Port Sudan while strengthening of capacity of health staff working at Osef rural hospital will be prioritized.
- As health sector lead, WHO in South Kordofan provided updates on the health situation in the State as indicated in this week's health highlights. WHO continues to work with its partners on ground - UNICEF, WFP, Save the Children Sweden (SCS), Care International Switzerland (CIS), CONCERN, Mubadiron and Labina.
- In West Darfur, there are discussions on Human Relief Foundation (HRF) to expand its activities to address some of the gaps in health services delivery in the State.
- The collection of the required data for reporting by health facilities currently benefitting from the implementation of maternal death review activities under the Finnish Project has been seen as essential intervention. WHO, the Reproductive Health department as well as Health Information System Department of the Ministry of Health are working closely to strengthen capacity in data collection.
- To ensure updates were provided to WASH partners, WHO provided updates on environmental health issues in the State. In addition, the UN Environment Programme has introduced a new approach to environmental management to environmental health partners.
- To follow-up and monitor water quality control activities during the rainy season, the North Darfur water quality committee was organized comprising of SWC, WES, SMOH, Oxfam America, UNICEF and WHO. The committee is focusing on collaborative interventions particularly on the following: training for private well owners and water chlorinators, water sources disinfection, water chlorination, household water treatment, hygiene promotion activities as well as vector control activities.

Secondary healthcare

- To support continuous surgical intervention in state hospitals, WHO supported El Fasher Maternity hospital in North Darfur with surgical gloves estimated to support the requirements of 400 operations.

To ensure continuation of service delivery at rural hospitals, WHO supported Kutum rural hospital with various medicines and supplies estimated to cover the gap that the hospital has been facing for over a month. Donated supplies are estimated to cover 1000 population for 2 months. Additionally, Dar Alsalam rural hospital was provided with essential medicines and supplies estimated to cover 300 patients for one month. While Um Kadada rural hospital received medicines and supplies sufficient for the needs of 1000 patients for one month.

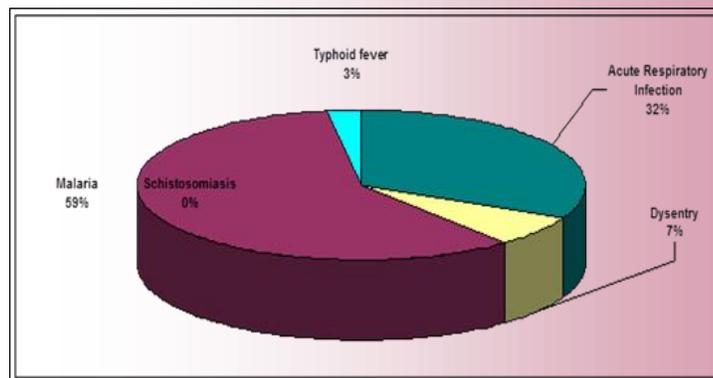
In North Darfur, regular supportive supervisions were conducted at Elfasher teaching and maternity hospitals. Acceptable secondary health care for IDPs is being provided at both hospitals, gaps were identified and MoH was briefed with the findings.

Through the Finnish Project, essential drugs and medical supplies were procured and donated to the Garsilla Rural Hospital and the For Baranga Rural Hospital to support health services delivery in West and Central Darfur States.

Communicable diseases

South Kordofan

- Between 9 and 15 June 2012, 53 health facilities out of 60 (88.33%) sentinel sites reported to South Kordofan's disease surveillance, recording around 1642 cases.
- From the 1642 cases reported, there were 865 cases of children less than 5 years old, higher than the number of cases reported a week earlier which was 727.
- Malaria & acute respiratory infections were responsible for 59% & 32% (of the total cases) respectively, and dysentery represented 7% of the total cases reported.



South Kordofan, 9-15 June 2012

Darfur

- Between 2 and 8 June, 80.4% of the total number of sentinel sites in Darfur reported through early warning alert and response system (EWARS) covering 44100 consultations from 2 051 949 population under surveillance.
- Acute respiratory infections (ARI), bloody diarrhoea (BD), clinical malaria (MAL), were the leading causes of morbidity in Darfur. During the week, one case (01) of suspected meningitis was reported from North Darfur compared to three (03) cases last week. In addition, four (04) cases of suspected measles were reported from Darfur (0 case from South, 04 from West Darfur and 0 case from North Darfur) compared to seven (07) cases reported in week no 22. A total of thirteen (13) deaths were reported in West and North Darfur and were attributed to other diarrhoea (3 fatalities), neonatal tetanus (2 fatalities), malnutrition (2 fatality) and other causes (6 fatalities). No death was reported from South Darfur.
- Surveillance reporting rates from the different States of East Sudan are as follow—96.2% for Kassala, 96% for Gedaref and 98.4% for Red Sea.
- In Abyei Administrative Area (AAA) this week, nine (09) centres out of the twelve (12) reporting centres (or 75% of the total sites) submitted the weekly epidemiological data. In AAA the total number of reported consultations this week was 359 cases compared to 428 reported the previous week. No cases of meningitis, measles, cholera, VHF, acute jaundice syndrome, and neonatal tetanus have been reported this week.

Incidence rate (IR) per 10,000 population with common diseases reported in East Sudan, week 20 to week 23 2012.

State	Disease	Incidence Rate			
		W 20	W 21	W 22	W 23
Kassala	MAL	13.3	13.1	11.8	10.4
	TB	0.2	0.3	0.3	0.3
	Typhoid F.	0.3	0.3	0.2	0.3
	BD	1.7	2.0	2.0	2.6
	Bilharzias	0.6	0.6	0.5	0.5
Gedaref	MAL	7.7	6.8	6.5	7.5
	TB	0.0	0.0	0.0	0.0
	Typhoid F.	0.9	0.8	1.0	1.1
	Kala-Azar	0.2	0.2	0.2	0.2
	BD	2.4	2.6	2.8	2.9
	Viral H.	0.1	0.1	0.0	0.1
Red Sea	MAL	2.7	2.4	2.5	2.5
	Viral H.	0.0	0.1	0.1	0.0
	BD	0.9	0.8	0.9	0.8
	Measles	0.1	0.1	0.2	0.1

Incidence rate (IR) per 10000 population of ARI, Bloody Diarrhoea & Malaria reported in Greater Darfur from week 20 to week 23 2012.

State	Disease	Incidence Rate			
		W 20	W 21	W 22	W 23
South Darfur	ARI	8.1	10.9	7.3	12.3
	BD	1.4	2	2.2	3.1
	MAL	1.4	2	2.5	3.3
West Darfur	ARI	17.9	21.4	16	23.7
	BD	2.8	2.6	3.1	2.8
	MAL	3.9	5.1	3.2	2.8
North Darfur	ARI	31.8	39.1	30.3	39.4
	BD	1.6	1.6	0.9	1.6
	MAL	2.3	2.8	1.5	2.5

Primary healthcare

- To improve the implementation of maternal death review (MDR) programme in North Darfur, WHO together with SMOH, UNICEF, UNFPA and the Ministry of Social and Welfare Affairs continuously work on follow-up forums and meetings to raise awareness and advocate for strategies on how to best reduce maternal deaths in the State.
- Mapping of resources and ensuring buffer stocks of medical and consumable supplies are identified priorities of WHO, SMOH and health partners in North Darfur during the rainy season. In addition, the scheduled plan for training of health staff regarding issues related to environmental health as well as those related to water and vector borne diseases, and the community mobilization plan were drafted and discussed. Taking into consideration the increase in the number of population, Zamzam camp has been prioritized in the planned interventions.
- In efforts to reduce maternal and child mortality in West and Central Darfur States under a project supported by the Finland Government, WHO distributed essential medicines and supplies to two rural hospitals and six PHC Units to support health services delivery
- In East Sudan, WHO conducted a supportive supervisory visit to Red Sea State visiting health facilities in Port Sudan, Moammed Goal and Osef. During the mission, preparedness during summer season and for heat related illnesses were assessed as well.
- In Red Sea, WHO donated one computer to Health information Management System while 5 Hudson pumps were donated to SMOH for its vector control and management activities.
- In South Kordofan, WHO continues to support medical services for vulnerable populations in affected areas in Kadugli, Alrashad, Abujubayha, Lyree, Kilik, and Kharasana areas. Activities are conducted together with in coordination with FMOH, SMOH, SRCS, and Pancare.
- During the week, 445 patients were provided with necessary medical assistance at health facilities operated by SMOH in the villages of Lyree Garb, Kewk, Lyree Sharg, Elbardab and Talodi. In May, 4922 patients were seen at the Sudanese Red Crescent Society's fixed and mobile clinics in Rashad, Kelek, Kharasana, Lyree and Talodi. While in Pancare's fixed and mobile clinics in ELradeef, Murta, Keaga Jaro and Elbrdab, some 364 were given required consultations and medical services.

Environmental health

- In Red Sea, 570 tankers from the refugee camps' storage tank was completed with 3 samples tested for free residual chlorine (FRC), showing results at 0.6 mg/L. As response, health promotion campaigns on chlorination targeting households were conducted while 0.33 mg/L chlorine tablets were distributed by health promoters covering 1271 houses. 56 samples taken randomly from households to test the FRC, results showed 0.3mg/L. On top of this, 2 samples were taken from the main storage tanks of Port Sudan city (Elthawra and storage tank no 2) and were subjected to turbidity tests. Results showed 8 NTU while pH varied between 7.8 to 8.1. FRC's level was normal.
- 240(65%) out total 366 water resources in Kassala state were chlorinated.48 water samples were taken from different localities with FRC levels varying between 0.1-0.4 mg/l. Due to lack of volunteers, chlorination activities in South Delta Locality were not carried out because of lack of volunteers.
- WHO donated 5 Hudson Pumps to Red Sea to support vector control activities in the state.
- In Red Sea, house to house mosquito larvae manual removal activities were carried out in 620 houses. Dengue vector surveillance was also conducted in 620 houses, where 82 sites positive results with house index of 13.2 %, with coverage percentage of 0.7%. Moreover, house to house culex larvae siding by using Hudson sprayers were conducted in 230 houses.
- In North Darfur, WHO supported hygiene promotion campaigns in Aboshouk where over 56,000 households were targeted. Home visits are conducted to disseminate hygiene messages on the need for clean households and surroundings. Cleanliness will help reduce health risks by disposing solid wastes properly and by using and sustaining of water quality and sanitation facilities through the assistance of 40 well trained hygiene promoters.
- In West Darfur, joint monitoring of water quality in 20 health facilities was conducted by WHO and SMOH. During the mission, the team observed that all the health facilities were using non-chlorinated water. To urgently address the issue, each health facility was requested to identify a person to be trained on water chlorination techniques, and who will in-charge of water chlorination in health facilities.

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