

Sudan Health Highlights

Emergency Preparedness & Humanitarian Action (EHA)

Week 2, 7-13 January 2012



WHO supported investigation of haemorrhagic cases in Abu Talha village West Kassala locality

Public health concerns

Acute respiratory infections, bloody diarrhoea, clinical malaria, were the leading causes of morbidity in Darfur and fifteen (15) suspected cases of acute jaundice syndrome were reported from all Darfur states.

One (1) case of suspected measles was notified this week from Saraf Omra in North Darfur.

River Atbara locality reported 5 cases of measles and Rural Halfa locality reported 4 cases bringing the total cases to 255 and 11 deaths (CFR: 4.3%). The outbreak has expanded to other localities of Kassala state (North Delta, Aroma and Kassala locality).

Malaria was the leading cause of morbidity in east Sudan where it represented 10.2% of the total consultations conducted

In South Kordofan, malaria & acute respiratory tract infection represented 68% & 25% respectively from the total reported cases reported followed by dysentery (7%).

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



The Common Humanitarian Fund
Sudan



Coordination

During the first two weeks of 2012, North Darfur State stated that accessibility and security remained as major concerns for carrying out deep field work. East Jebel Marra remained inaccessible for long period of time while security situation was a major constraint in Shingle Tobaya, Tawilla & Darussalam areas and restriction of movement by as ordered by Sudan Armed Forces in Zamzam and Saraf Umra has affected programme delivery.

Health Sector Coordination meeting was held in North Darfur State last week with presentation of weekly morbidity and mortality bulletin by WHO team. Health situation remained stable last week with morbidity rates under control, and mortality rates below emergency threshold. Diphtheria out break situation in the state was updated, challenges, and relevant action points discussed.

During the interagency field coordination meeting in Saraf Omra, health concerns were monitored. Overall, health situation in the locality was stable. A hospital in Saraf Omra was functioning well with full health staff of 56. However, hospital management requested for additional medicines and pieces of medical equipment such as x-ray machine, oxygen cylinder, and blood refrigerator. Most of the Out-patient cases were ARI, other diarrheas, and malaria. Community leaders requested to boost measures to malaria including spraying campaigns by Malaria department (SMOH is the main health care provider in the area).

In South Darfur, discussions were conducted with the Primary Healthcare Directorate of the State regarding the 4 PHC centre sites which will be rehabilitated or constructed by UN Habitat in collaboration with WHO. Highlighted during the meeting was to discuss procedural compliance on area availability, required clearances from Humanitarian Aid Commission (HAC) in order for agencies to move freely to visit, monitor and supervise the work. PHC confirmed that all concerns were addressed and project areas have been prepared to receive missions, and have been readied for project implementation.

In West Darfur, agencies continued to look for ways and means to access west Jebel Marra and to conduct need assessment. WHO have prepared donations of essential emergency drugs to Nertiti and Golo hospitals. Initially, it was agreed that an inter-agency road mission to West Jebel Marra will be conducted between 18 and 25 January 2012.

Construction of two Voluntary Counselling and Testing centres in Morni and Bieda has been scheduled to commence during the last week of January 2012 and will be supported by UNAMID.

In South Kordofan, a training course plan for Ministry of Health staff was drafted after the MoH identified capacity building as one of the essential activities which should be carried out in the State in the next months. The plan focuses on building capacities of staff working under health information system, environmental health, nutrition, and emergency.

In order to keep the morbidity rate at zero level, recommendation to further investigate haemorrhagic cases reported from west Kassala locality in East Sudan was highlighted during the recent task force meeting. It was also recommended to add one paediatrician and an ENT surgeon to the investigation and support case detection and management.

Communicable diseases

Acute respiratory infections (ARI), bloody diarrhoea (BD), clinical malaria (MAL), were the leading causes of morbidity in Darfur from 31 December to 6 January. During the week, fifteen (15) suspected cases of acute jaundice syndrome (AJS) were reported from Greater Darfur (10 cases in South Darfur, 03 cases from West Darfur and 02 cases from North Darfur) compared to twelve (12) cases reported the previous week.

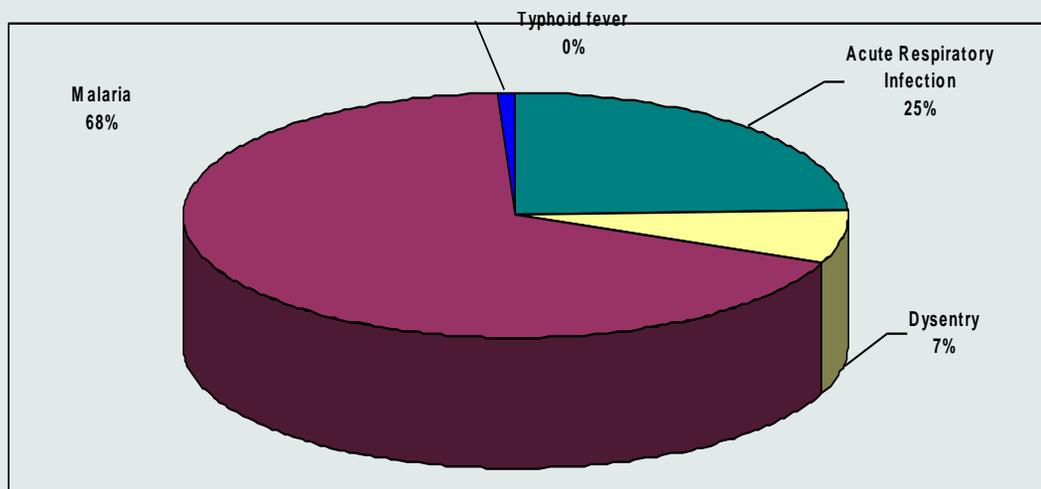
One (1) case of suspected measles was notified this week from Saraf Omra in North Darfur.

During the week, nine (09) deaths were reported, through EWARS, in North and West Darfur and were attributed to malaria (1 fatality) and other causes (8 fatalities). South Darfur did not report any fatality.

The reporting completeness was 98% in Kassala State, 100% in Gedaref and 100% in Red Sea state compared with 96.6 %, 98% and 98.6% reported in the previous week. Malaria was the leading cause of morbidity in east Sudan where it represented 10.2% of the total consultations conducted during the week compared to 9.7% of the previous week.

River Atbara locality reported 5 cases of measles and Rural Halfa locality reported 4 cases bringing the total cases to 255 and 11 deaths (CFR: 4.3%). The outbreak has expanded to other localities of Kassala state (North Delta, Aroma and Kassala locality).

In South Kordofan, disease situation has been closely monitored with detailed analysis of data and monitoring and evaluation of ground situation. There has been no trend of epidemic diseases showing an impending outbreak. During the week, 56 health facilities out of 104 or 53.8% of the total sentinel sites reported in the State's surveillance system. There was a decrease in the total number of reported cases with 1 469 cases reported during the week compared to 1 806 cases reported last week. Malaria & acute respiratory tract infection (ARI) represented 68% & 25% respectively from the total reported cases followed by dysentery which was 7%.



For children less than 5 years of age, malaria & ARI were responsible for 62% & 34% of the reported cases followed by dysentery (4%).

Primary healthcare

As WHO steps-up its activities in South Kordofan, support to 17 health facilities continues through provision of essential medical drugs and supplies to Sudanese Red Crescent Society and State Ministry of Health which are operating the primary health care facilities in Kadugli, Alrashad and Talodi localities. During the week there were 3736 consultations from around 13 584 targeted beneficiaries.

WHO continued its support to SMOH in implementation of supportive supervision to Malliet and Kutum localities in North Darfur to follow up issues regarding the implementation of activities geared towards reduction of maternal deaths. To assess the quality of the work rendered, state supervisors visited 4 villages namely Um Leyona, Abdel Shakoor, Sayah and Mado where they met 7 midwives working in these villages. The team also looked into how to solve the problems on ground and accordingly fill the logistics gaps.



WHO continues to strengthen its mapping tool HeRAMS (Health System Resource Availability Mapping System) by conducting regular HeRAMS exercise and by orienting partners

with the new elements of the report – specifically to organizations working in Darfur. HeRAMS has been adjusted to suit the information needs of the humanitarian community vis-a-vis the new geographic division of 5 Darfur states.

To prepare South Darfur's resources (both human and logistics) on schistosomiasis, a detailed action plan to combat the disease was drafted indicating the State's requirements or needs from health partners in terms of technical, logistical and financial support. The plan together with the disease epidemiology, sign, symptoms, diagnosis, treatment and control measures was presented during the health coordination meeting. Schistosomiasis is endemic in South Darfur and it has been identified as the 2nd state in the country where most of the cases are being reported, next to Gezira State. The burden of the disease is in the western localities namely Rehedalbirdi, Edalfursan, Tulus, Buram Al Salam

In West Darfur, Merlin has expressed interest to support 15 out of the 25 health facilities which were supported by Medair. Meanwhile, WHO and SMoH continued to follow-up the reopening of non-functioning health facilities to at least provide minimal quality basic health services to communities. WHO CDC/PHC Officer along with SMoH and IMC conducted a joint initial assessment on 10th January to Al Riyadh as International Medical Corp is going to handover Al Ryadh PHCC to SMoH by end of June 2012. IMC has started the construction of additional building in the clinic and will complete construction before the hand-over.; SMoH committed to maintain the basic quality health services after exit of IMC by employing the staff before May 2012; WHO will consider the capacity building of key staff.



Supervisory visits to blood banks to El Fasher teaching and maternity hospitals

Secondary healthcare

In 2012, WHO continues to support hospitals in North Darfur which are providing health services to the internally displaced and conflict-affected population. During the week, WHO supported El Fasher Maternity Hospital (FMH) with assorted essential life-saving drugs, medical consumables and supplies to cover the identified gaps. The donated drugs estimated to cover the requirements of 1000 patients for 1 month. Meanwhile discussion is ongoing with SMOH to address and find a long term solution to the issue of free health services to IDPs.

To assess the functional status of the blood banks in North Darfur, and core team from WHO and MoH (Federal and State) conducted supervisory visits to inspect the quality and functional efficiency of the blood banks. During the visit, various constraints and methods to rectify them have been identified. Gaps presented were shortage of consumables and supplies.

WHO supported the infection control activities in Nyala Teaching Hospital in South Darfur by providing supplies such as examination gloves, surgical gloves and safety boxes, based on the monthly needs of staff working in the OPD, emergency laboratory, obstetrical and paediatrics inpatient wards.

During a supervisory visit conducted to laboratory and blood bank at Nyala Teaching Hospital, gaps identified were; shortage in blood donation bags, EDTA containers and cotton rolls.

In South Darfur, maternal and child health project rollover continues in the localities of Kass and Gereida with a series of meetings conducted between focal points and community components, NGOs and local authorities. The objective of the meetings was to explain the project and to share the outcome responsibilities with partners; minutes of the meetings will be shared with the monthly reports.

In West Darfur, El Geneina teaching hospital continues to provide free basic health services to IDPs in emergency cases for the initial 24 hours of admission and in pediatric department. However, the hospital management has indicated that they are facing issues particularly the lack of funds to continue running such scheme. In the ICU department, the medical director of the hospital and chest physician reported urgent need to construct additional buildings and has identified the ICU's required equipment and supplies. With the high turn-over of staff, there is critical need for capacity building program for new ICU staff.

Environmental health

In response to 700 individuals who recently inside Kadugli town in South Kordofan, WHO/MoH together with SRCs and WES conducted 2 rounds of spraying campaign to stagnant water areas, this in addition to space spraying for flies within the new arrival sites. WHO/MoH supported camps with pumps, while Water Environment and Sanitation (WES) supported the camp by construction latrines while insecticides were provided by HAC and SRCS.

In North Darfur, routine water chlorination activities were conducted in El Fasher town with 39 water sources checked for free residual chlorine. All water sources were within the normal range of free residual chlorine (FRC), ranging between 0.3 - 0.5 mg/l. In addition, 4 water samples from pre-determined water sources by GBS in El Fasher town were taken last week for chemical tests. Results showed 2 samples found unfit for human consumption. The source has been restricted not to be used for human consumption. Report was submitted to WES for corrective measures.

In South Darfur, water source monitoring was conducted in Nyala town targeting the northern sector with a total of 57 different sources inspected and water quality tested for bacteriological analysis. From the tested water sources, 17 sources (30%) showed level of high risk which requires urgent to high level of intervention.

Simple water quality monitoring was carried out in Nyala north. A total of 1,435 samples were collected from the network, donkey carts and households and checked to ensure proper treatment. The standard level of free residual chlorine (0.2 - 0.5 mg/l FRC) was found in 94% of the total samples while 6% were below the required level. During home visits in Nyala, the monitoring team conveyed health education messages to 350 families on safe drinking water handling and storage.

In Kassala, chlorination activities were conducted in 226 water sources of 389 identified sources. From these, 33 water samples were collected and tested for FRC with results varying from 0.1 to 0.3 ml/L (within WHO recommended level).

In Red Sea, house to house chlorination covered 1214 houses with 32 samples collected for FRC and results varied between 0.2 to 0.3 ml/L (within WHO recommended level). Health promoters distributed 900 environmental health handouts.

In addition, chlorine tablets were distributed to over 3000 households. During the week, 60 women were trained as volunteers to promote safe drinking water, proper sanitation and to assist in the distribution of chlorine tablets at household level.

For further information please contact:

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

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

For more information visit www.emro.who.int/sudan