

Weeks 35 and 26
(26 August—8 September 2012)

WHO Sudan's Emergency Preparedness and Humanitarian Action (EHA)

Sudan Health Highlights

Highlights

- Working with the Federal Ministry of Health and health partners, WHO has been assessing flood-hit areas, and has started filling gaps in the delivery and distribution of medicines, anti-snake venom vials and sanitation supplies to affected communities. Essential medicines and acute watery diarrheal kits were distributed to health facilities in affected areas of Kassala and Darfur region.
- In East Sudan, coordination meetings to step-up health interventions in various areas were conducted between WHO and partners such as Muslim Aid and national NGO Torath.
- WHO donated 23 rapid response kits, 19 basic health unit kits, 18 HIV testing kits, in addition to supplies required for vector control and waste management campaigns to the Ministry of Health in South Kordofan.
- WHO supported the 2-day community solid waste management campaign organized by ACTED in the Hamidia Camp by providing equipment and supplies necessary for the campaign.
- Malaria was the leading cause of consultations in East Sudan, Abyei, and Darfur regions.

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Coordination



In East Sudan, coordination meetings to step-up health interventions in various areas were conducted between WHO and partners such as Muslim Aid and national NGO Torath. With Muslim Aid, technical support has been requested to revitalize mobile clinic operations. Meanwhile, Torath and WHO discussed the issue of running the Humeshkorab rural hospital. WHO has been requested to provide technical support and fill medicines and medical supply requirements of the hospital.

In North Darfur, inter-sectoral humanitarian assessment mission was planned to Umbarou led by UNOCHA. The main purpose of the visit is to assess and follow up the humanitarian situation in the area including identified returnees area in the locality. WHO as health lead will participate in this mission to assess overall health situation.

One day workshop on 2013 work plan was organized and was facilitated by WHO in EIFasher with active involvement of all UN agencies and implementing partners. The workshop's objective is to identify health and nutrition priority indicators to measure progress. The sessions were led by WHO on process and procedures of funding during 2013. The workshop recommended appropriate ways of engagement in the work plan and common errors for making some project unsuccessful for funding.

In West Darfur, current status of flooding in the State and the importance of sharing the initial assessment report was one of the key issues discussed during the weekly coordination meetings. In addition, the frequent reporting of acute jaundice syndrome (AJS) was raised and necessary actions were recommended. During the coordination meeting, partners were reminded to adhere to what was agreed in 2011 that samples of AJS cases should be collected for further investigation. Moreover, the status of contributions from partners in support of the routine Meningitis campaign which scheduled for October 2012 was also discussed.

The Rainy Season/Acute Watery Diarrhoea Task Force Meeting met to discuss the status of population affected by floods in West Darfur, as well as the IVM plan, and gaps in funding for the cholera treatment centre (CTC) in El Geneina Town.

On 4 September 2012, an inter-sector coordination meeting was convened by UNOCHA to discuss the preparation of the 2013 HWP, access to monitoring and the endorsement of the Draft A/HCT Multi-Hazard Contingency Plan and the Initial Assessment Tool.

WHO, UNICEF and UNFPA supported SMOH and health partners in South Kordofan with essential medical supplies including reproductive health and nutrition supplies. WHO donated 23 rapid response kits, 19 basic health unit kits, 18 HIV testing kits, in addition to environmental health supplies. From April to September, more than 248 health facilities are functioning providing medical services to more than 1.3 million population. During the same period, mobile clinic services have been provided by SMOH and other NGOs targeting the remote areas with IDPs and/or affected population. The total number of beneficiaries targeted in these areas was around 320,000.

Flood report



Working with the Federal Ministry of Health and health partners, the World Health Organization (WHO) has been assessing flood-hit areas, and has started filling gaps in the delivery and distribution of medicines, anti-snake venom vials and sanitation supplies to affected communities. Essential medicines and acute watery diarrheal kits were distributed to health facilities in affected areas of Kassala and Darfur region.

To ensure vigilance over the evolving health situation for potential disease outbreaks in the inundated areas, disease surveillance teams have been sent to flood affected localities to report from the ground.

Diarrhoeal cases are expected to increase due to poor water and sanitation condition. Receding flood waters, overcrowded shelters with poor access to safe drinking water and inadequate sanitation increase the risk of disease outbreak.



South Darfur

WHO together with the State Ministry of Health, Malaria Department, and WES conducted a mission to the flood hit area of Kubum Locality in South Darfur.

Kubum has been known as a flood route in South Darfur State. The Government has long advised the inhabitants to leave the low lands to the new side planned for them since 1997; however, over the last ten years only few left. There are two centres in the locality

particularly in the areas of Markondy and Damba managed by Johanniter which are providing health and nutrition services. The rest of the health facilities are supported by the State Ministry of Health.

During the mission, 45 community health workers from the 4 affected areas namely Kubum, Markundai, Damba and Kabasa were trained on testing and chlorination of water. At the same time, 50 samples of H₂S from 50 sources of water were tested to identify the affected sites while 53 sources of water were disinfected. Some 2 million tablets of chlorine were distributed to 8,100 families and 2,400 chlorine tablets were distributed for water sources disinfection.

For vector control activities, 20 kilograms of powder insecticides as well as 50 liters of pyromethrin insecticide for vector control spraying activities. So far, 75 community health workers have been trained on vector control.

In addition, essential medicines have been provided to health facilities.

Together with UN-Habitat, WHO is working on the rehabilitation of the health unit in Kabasa which was totally destroyed by the floods.

Based on the assessment made, South Darfur needs additional 24 million chlorine tablets for 3



months, 2500 emergency latrines, 4 fog machines , 10 Hudson machines.

North Darfur

A one day mobile clinic to provide services to critical ill people especially the elderly and under five children was conducted in Kutum. Essential medicines and medical supplies were prepositioned in health facilities with logistical support from UNAMID.

With support from SMOH and WHO, two health facilities inside Kutum town run by GOAL were reopened with minimum capacity to respond to the needs of the flood affected families. It was agreed that the facilities will be fully operational once security situation improves.

East Sudan

Disease surveillance system has been alerted in Kassala and Gedaref states. No epidemic was so far reported from Kassala and Gedaref States.

WHO provided additional rapid response kits and one diarrhoeal disease kit to Kassala SMOH to support the mobile clinic providing health services to communities in the localities of River Atbara and Al-girba. Additionally, medicines and medical supplies were also provided to the health centre in Om Ali which is serving the displaced population from Bardana and Zakaria in Wad Elhelew locality.

WHO supported the acute watery diarrhoea surveillance and case management training programme for 200 health staff from affected localities of Kassala and Gedaref.

WHO supported State Ministries of Health with urgent requirements for water quality monitoring activities in Kassala and Gedaref. WHO provided Kassala with 2 water portable laboratories, 50 water testing kits (500 rapid tests) for V. Cholerae, E coli and Salmonella and 2600 media for biological tests (bacteriological culture). Meanwhile, Gedaref received 40 water test kits and 2600 bacteriological media.

WHO supported vector control activities in Kassala and Gedaref State by providing 14 Hudson pumps and 6 Hudson pump services part kits to Kassala SMOH, as well as 4 Hudson pump to Gedaref State.

Communicable disease surveillance & response



From April to September 2012, 185 health cadres in South Kordofan were trained on first aid, reporting system, as well as outbreak and emergencies response with support from WHO. WHO supported the public health laboratories and laboratories in rural and PHC levels to confirm cases of communicable diseases and to conduct basic laboratory tests. During this period, 1,476 samples were tested, and 61% of them were malaria cases.

Acute respiratory infections (ARI), bloody diarrhoea (BD), clinical malaria (Mal) remained the leading causes of morbidity in Darfur. Between 25 August and 31 August, twelve (12) cases of acute jaundice syndrome (AJS) were reported in South Darfur (8 cases) and West Darfur (4 cases). Three (03) deaths were reported, through EWARS, in North Darfur and were attributed to ARI (2 fatalities) and other causes (1 fatality). No death was reported from South or West Darfur.

In East Sudan, 94.9%, 97% and 97.6% of the sentinel sites in Kassala, Gedarif and Red Sea states reported to the region's surveillance system, compared to previous week figures of 93%, 94.1% and 98.8% respectively. Malaria remained the main cause of morbidity in the east Sudan, and during the week malaria counted 11.3 % of total consultations.

In Abyei Administrative Area, six centres out of the 10 reporting centres submitted the weekly epidemiology data, representing 60% completeness. Malaria represented the highest cause of morbidity among all reported cases with no death (CFR=0%).

Incidence rate (IR) per 10000 population of ARI, Bloody Diarrhoea & Malaria reported in Greater Darfur, W 32 to W

State	Disease	Incidence Rate			
		W 32	W 33	W 34	W 35
South Darfur	ARI	7.8	-	-	10.5
	BD	3.3	-	-	3
	MAL	5.9	-	-	5.1
West Darfur	ARI	13	-	-	16.7
	BD	3.9	-	-	4.4
	MAL	9.5	-	-	9.3
North Darfur	ARI	20.6	14.4	10.1	32.4
	BD	2.7	1.6	1.1	2.7
	MAL	5.9	2.4	3.7	12.4

Comparison of Incidence rate (IR) per 10,000 populations of common diseases reported in East Sudan, W 32 to W 35, 2012

State	Disease	Incidence Rate			
		W 32	W 33	W 34	W 35
Kassala	MAL	11.9	11.5	10.3	16.3
	TB	0.0	0.1	0.3	0.2
	Typhoid F.	0.4	0.3	0.4	0.3
	BD	2.6	1.7	2.9	2.9
	Bilharzias	0.5	0.3	0.3	0.5
Gedarif	MAL	15.5	10.5	8.7	19.7
	TB	0.0	0.0	0.0	0.0
	Typhoid F.	1.0	0.8	0.5	1.1
	Kala-Azar	0.1	0.1	0.0	0.3
	BD	2.9	2.7	1.8	3.3
Red Sea	Viral H.	0.0	0.0	0.0	0.0
	MAL	1.2	0.8	0.9	1.4
	Viral H.	0.0	0.0	0.0	0.1
	BD	0.5	0.3	0.4	0.8
	Measles	0.2	0.0	0.1	0.1

Primary healthcare

- In North Darfur, assessment and review exercise of HeRAMS tool in Darfur was successfully completed. Several meetings and facility visits were implemented involving ten INGOs and SMOH who commented valuably on how to improve mapping health resources infrastructures. A presentation on analyzed report of HeRAMS Q2 was conducted during the a meeting organized especially to read the coverage of health services in North Darfur and how to best cover emerging gaps in areas of Kutum Rural and Mallet.
- A follow up five-day training programme for 100 community volunteers was conducted on danger signs of mother and child health in Mallet supported by WHO and facilitated by SMOH. After completion of the training programme, health promotion campaign was implemented in Mallet Town.
- Routine supervisory missions of SMOH to facilities implementing mother and child health programme to reduce maternal deaths was conducted in 6 facilities in Mallet and Kutum. During the missions reporting format, mapping of RH resources was conducted together with compilation of the monthly reports. Feedback and discussion on results of last month's operation was presented where priority has been given to strengthening of skills and solving problems on the ground to improve the service delivery system.

Secondary health care

- In North Darfur, WHO in collaboration with State Aids Programme (SAP)/SMoH conducted monitoring and supervisory visit to Family Planning voluntary counseling and testing (VCT) centre in El Fasher town. It was observed that service uptake in the center was very low at the time of the visit. Gaps in some reporting and recording tools and improper documentation and filling of the cards and the registers were noted. On-the-job training session on how to deal with reporting and recording tools was delivered to the staff. WHO will support the center to implement mobile VCT sessions in order to increase the service uptake.
- Preparations are underway to conduct a 4-day training programme on infection prevention and universal precautions in Mallet rural hospital for 30 health cadres in North Darfur.
- WHO supported the former GRC-supported clinic in Abu Shouk IDPs camp with one rapid response kit (RRK), which estimated to cover 3000 patients for 3 months. The clinic was handed over by German Red Cross (GRC) to SMoH since the beginning of July 2012. WHO has been filling in gaps, after GRC left the camp.
- A three rapid response kits (RRK) and two Diarrheal Disease Kits (DDK) were received by the sub-office in North Darfur from Khartoum to support managing the on-going rainy season activities.

Environmental health



Provision of spray pumps to SMOH-Kassala

- In Kassala, chlorination activities of more than 22 million metric tons of drinking water in 11 localities were conducted. No any chlorination activity in South Delta locality due to lack of volunteer chlorinators.

- In Kassala, 94 samples were collected randomly for checking free residual chlorine, showed 0.1 mg/l, the remains showed 0.1 – 0.4 mg/l. Most samples showed residual chlorine under WHO guidelines from New Halfa and Naher Atbra localities, the results will discuss with E.H.O in the localities.

- In Red Sea, chlorination activities of 7668 metric tons of drinking water from 643 tankers and refugee's storage tank were conducted. So far, 8 samples from main water sources (refuges tank) were tested for FRC, and showed results within the normal level.
- In North Darfur, WHO closely monitored and supervised water quality control activities in El fasher town where 120 water sources were visited. Sanitary inspection was conducted for all water sources, FRC was checked, and showed range within the normal level. Samples were taken for bacteriological analysis.
- In West Darfur, a total of 34 water samples were collected from open dug wells in El Geneina Town. Bacteriological test of these samples revealed that 8.8% (3 of the samples) were positive for faecal coli-form and therefore unfit for human consumption. Required interventions were conducted.
- WHO supported the 2-day community solid waste management campaign organized by ACTED in the Hamidia Camp by providing equipment and supplies necessary for the campaign such as 5 wheel barrows, 10 shovels, 100 masks, 75 empty bags and 20 rakes in support of the solid waste management campaign in the Hamidia camp. In addition, around 15 tons of garbage were collected and appropriately disposed during the solid waste management campaign in the Hamidia Camp.

For more information

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