



## Improve Quality of Primary Health Care in Darfur

**W**HO primary health care

activities in Darfur in 2008 has been to provide quality Primary Health Care Services to IDP's and conflict affected population in Darfur with the overall goal in of reducing excess mortality and morbidity from preventable causes, particularly from communicable diseases, and assist the region to make sustainable progress towards the development of the health of its people. The demand for health services assistance in Darfur steadily increased, but at the same time the total input of resources has dropped considerably due to diminished funding, and factors

that have affected security and access to beneficiaries.

WHO, main role especially in PHC was to provide technical support to other agencies and, in collaboration with State & Federal Ministries of Health, filling gaps where necessary.

WHO continues to offer PHC services and support in 3 Darfur states, South Darfur, West Darfur and North Darfur, In the 3 states WHO is supporting Health facilities in term of rural hospital Health center, Dispensary and dressing units.



Pic 1. Zam Zam IDP camp-North

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## Integrated Management of Childhood illness IMCI

**I**MCI programme in Darfur over the last years has take off very well and WHO has supported the 3 SMOH in implementation of various elements of the programme.

WHO has mainly focused on three key areas ;

1. Improvement of the Health System through provision of Drugs and Supplies and improvement of Information System.
2. Improvement of the Health Workers Skills thought training of Medical Doctors and Medical assistants on Standard case Management
3. Improvements of the family practices through the community component of the IMCI.

World Health Organization

PHC Darfur Team

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## IMCI Implementation



Classroom session training of Doctors on IMCI SCM– West Darfur

**W**est Darfur, - WHO has supported 3 major trainings for different cadres of health staff despite the insecurity in the state as a whole in the period.

1. 25 community Volunteers has been trained on facilitation techniques for the implementation of the community component on IMCI in Garsilla.
2. 21 medical doctors have received training on SCM
3. 12 of the training doctors have received a further training on IMCI facilitation

techniques.  
**N**orth Darfur– In concentrated its training in the rural areas ok Kutum, Kepkabiya, mellit and Umkadada. Health staff received training on;

1. 50 medical assistants were trained on SCM for 5days
2. There was a refresher training for 40 Medical assistants on SCM
3. WHO team together with SMOH also conducted 5 rounds of supervisory visit to the mentioned aread and disseminated IMCI documents and formats to 34

Health Facilities.

**S**outh Darfur– WHO continued its assistance of providing technical support and financial aid to the SMOH to enable them do trainings to health staff, training were concentrated in the 3 major localities in the state,

1. 78 staff were trained on SCM, Facilitation techniques and the community component.

The team is working with the FMOH and SMOH to try and get a full time IMCI coordinator for the state to be based fill time in Nyala.

## Assessments, Monitoring & Supervision

**W**ith the ongoing insecurity in Darfur , field visits has become very difficult due to the high number of car jacking in Darfur, despite that WHO officers have strived to ensure that support is given to NGO partners and SMOH, in Monitoring and supervision of health activities. (Pic on left shows Dr Musaab PHC officer and Dr Josephine Hospital coordinator) in Gereida travelling on a donkey cart to one of the PHC clinics.. In **South Darfur** WHO lead an interagency meeting in Asalam Camp following reported cases of malnutrition, Bloody Diarrhea and acute Jaundice and set up a new clinic in the Camp. WHO has since then been supporting the new clinic run by SMOH with provision of guidelines and protocols and provision of health Kits which are lacking. WHO has also distributed a total of 375 pieces of treatment protocols and Guidelines to Health Partners and SMOH working in various clinics in the State .

A total of 6 field missions have been conducted in **North Darfur** State. In Kutum and Kepkabiya one of field mission addressed the preparedness and response Partners with the leadership of WHO would take in response to disease outbreaks especially AWD , WHO carried replenishment of Drugs and Set up a systems to ensure there were buffer stocks of medicines to respond to outbreaks. Participation in interagency missions to areas where heavy fighting had taken place WHO together with other UN agencies took lead in the health sector and visited Disa and Bir-maza to assess the health and humanitarian situation. Together with SMOH they have mobilized health Partners to fill in Gaps by providing health services through mobile clinics and supplied drugs and equipments to sustain health activities during the window periods of calm. In **West Darfur** Escalated intra-factional fighting in the northern corridor resulted in the exodus of local population and health care professionals from the area thereby disrupting the provision of health care to the conflict-affected population. WHO took the lead in assessing the affected areas in the Northern Corridor and as a result of that has taken extensive assistance to the areas through, rehabilitation and construction of up to 10 health clinics, Conducted an immunization campaign for under 5, provision of drugs and health equipments including communication equipments to 10 clinics, conducted 4 different trainings in IMCI, HIMS, Outbreak response and surveillance.



Clinics in Serif Jidad in Northern Corridor-Rehab, by WHO



WHO has provided the SMOH with financial support under the DFC agreement with up to SDG 12,532 to support in missions and supervisions of health activities in Sirba, beida, Kulbus, Zalingi, Garsilla and Mukja. To date the PHC team has done 22 visits to all the above areas together with SMOH.



Morni Rural Hospital

## Provision of Drugs and Supplies

Up to 10 reproductive Health kits were distributed by WHO to various NGO working in Different locations in **West Darfur**. The office there also donated NEHK and one supplementary health kit to Morni Rural Hospital, and an assortment of drugs to Sudanese red Crescent which supports 15 PHC clinics in the state.

To support PHC clinics to cover the shortage of drugs in **South Darfur** WHO supplied 16 health facilities with essential life saving drugs and basic medical supplies.

Pic on the right Shows WHO staffer in **North Darfur** sorting out drugs to supply to NGO partners. During the period WHO distributed a total of 6 Basic kits, 1 NEHK, 3 Kit A and 2 Kit B and also gave out 1 Diarrhea kit.

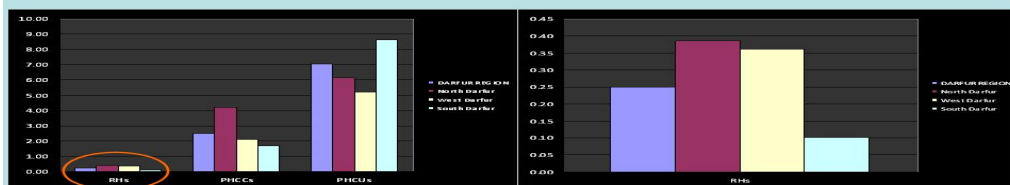


## PHC Mapping and Coordination

PHC meetings are held across the 3 Darfur states to bring together the health partners working in PHC in the states to discuss and identify gaps and fill them. WHO is the co-chair of the forum usually assisting the SMOH.

Mapping of health activities has been going on simultaneously in the 3 states to map and identify the health clinics and personnel available in the 3 states.

*A quick overview of the situation across the Darfur Region  
Health Facilities Availability per 100,000 persons*

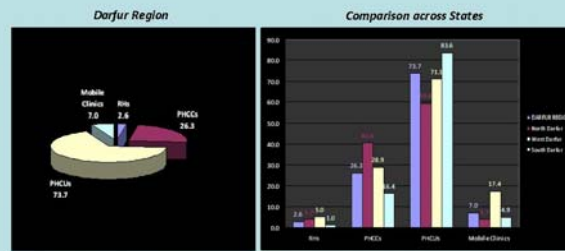




June to October  
2008



A quick overview of the situation across the  
Darfur Region  
Primary Health Care System Composition (%)



On the left general health coordination session, above and right is graphical representation of the general picture of health facilities in Darfur and an overview of the situation across Darfur.

- WHO teams in Geneva, Khartoum and Darfur have tirelessly worked and developed a HeRAMS (Health Resource Availability Mapping tool) which will enable Partners in INGOs, UN and SMOH to have a clear picture of the status of staff, working in PHC clinics, Functioning clinics and locations and who is managing the PHC clinics.

## Expanded Programme on Immunization

Between June and September 2008, PNID and ASCI campaigns have been conducted in **North Darfur** giving a result of 86% and 104%. WHO during this campaign has been playing a key role in covering gaps in areas with limited access by SMOH and other partners. WHO has advocated strongly to partners and MOH to give importance to vaccination against Polio and Measles, the administration of Antihelmintics and Vit A and community education to promote child health during these campaigns. There are plans to conduct NIDs in North Darfur by the end of Oct 08.

In **South Darfur** WHO has provided funds to support the

training of 30 health workers on routine immunization targeting different localities in the state. In the insecurity-prone areas of Jabel Mara in **West Darfur** during the period 3 rounds of Polio Vaccination have been conducted, and also in the state as a whole 2 ASCI campaigns and 3 rounds of Acceleration campaign for the routine immunization in the northern corridor. All this WHO has contributed to either in terms of funds or logistics to ensure that the campaigns are conducted.



WHO teams participating in one of the PNID West Darfur



## Reproductive Health and Gender Based Violence



In West Darfur state, WHO is one of the members of GBV working group who responsible for the health part of GBV component. WHO has been playing a key role in participation on the planning of activities related to GBV in the Bu weekly meetings. WHO with UNFPA and SMOH set up the GBV unit in Al Geneina hospital (WHO provided the unit with clinical guidelines) (UNFPA provide the unit with post rape kits and with mobile phone to the unit which had been distributed to all health partners) and also WHO, UNFPA and SMOH were appointed 2 doctors and one midwife for the GBV unit in the hospital in order to improve the referral pathway and make it clear to all partners.

As Health Sector lead WHO together with UNFPA and SMOH have been conducting several assessments on GBV services provided in different IDP camps (Condebi, Bir Digig, Sirba, Seleia, Armankul, Kuma, Tandalti and Abu Srouj)

Clinical management of rape survivors was distributed to all health partners since 2005 and also the revised version was distributed in 2006 and also redistributed in 2007 and 2008 (Arabic and English).

16 days of activism planned from 25<sup>th</sup> November- 10<sup>th</sup> December 08 and WHO WD will contribute by 2 training on clinical management of rape survivors to 45 different medical staff.

Pic: Shows the NGO CAM reproductive health centre clinic in Al Ryad Camp. West Darfur

## Nutrition

**I**n **West Darfur** there were 27 therapeutic feeding centers. During the period WHO supported the training of 26 Nutritionists and Medical doctors on management of severe malnutrition in Zalingi.

30 nutrition staff working in **South Darfur** are going to be trained in Management of Severe Malnutrition from various localities. WHO is providing the financial support to carter for this important course.