

EHA Sudan Weekly Highlights



Situation Report of the Emergency & Humanitarian Action (WHO-EHA) in Sudan

Details of reports are separately attached

East Sudan & North Kordofan

Heavy rains and floods devastated lives and properties in East Sudan. In Kassala, 1376 families were affected while 200 households were affected by the floods in the Red Sea State. WHO coordinates with the State MoH of Kassala and Red Sea State in the regular disease outbreak preparedness and response task force meetings for Dengue fever, AWD and CSM. Coordination meeting is daily held at the RCO Office since the waters from the Gash River flooded Kassala. With the emergency, close monitoring of the 67 reporting sentinel sites and changing the reporting from weekly base to daily base. Three reporting sites which were damaged due to flood in Nahr-Atbra locality has been taken care of by mobile clinic/SRC team working in the area. WHO sub office provided one interagency diarrhoea disease kit. This is in addition to the 4 cholera kits which the State received from WHO/FMOH from Khartoum. Essential medicines, anti-snake venom, and mosquito nets were also provided.

In addition to the flood response efforts, WHO is supporting SMOH in the establishment of 10 cholera treatment centres in the affected areas by providing them with the essential drugs and NFI logistic support like tents, blankets, soaps, buckets and ORS preparation kits. The CTCs will play a vital role in treating the AWD cases. Insecticidal spray medicines were provided to SMOH.



House destroyed by floods in Al Hireiza, North Kordofan

While in North Kordofan, Due to the unexpected heavy rains which hit the state of in the first week of July 2007, 9515 families are now homeless and need assistance. Based on the climate forecasts, human lives and properties are still in danger due to floods and its consequences – taking into consideration that it's the middle of the rainy season in Sudan. The latest Sudan Civil Defense data show 14 people died in North Kordofan in the disaster.

The total number of households affected by floods in Sudan reaches 32,188 and 57 deaths. The affected areas aside from those mentioned above are—the White Nile, Blue Nile, El Gezira, River Nile, Sennar, Red Gedaref, South Darfur and Khartoum.

In South Darfur

Indoor Residual Spraying (IRS) in Kalma camp is on going while in Ottash camp, 12 days of the activity has been completed covering 25070 shelters. WHO supported this campaign with insecticides (60 Kg O-khthrine WP), incentives for manpower, protective clothes for the entire team, technical advice and monitoring, the partners contributed insecticides, vehicles for transportation and movement within the camp. IRS will soon start in Derge camp under WHO guidelines and in collaboration with SMOH and IRC. The spraying of the vector mosquito site will continue until September 2007. IRS is one of the primary vector control interventions for reducing and interrupting malaria transmission.

Meanwhile, WHO visited El Salam Camp to assess the health situation and inspect the construction of the Cholera Treatment Centre (CTC) in the camp. The overall health situation is stable. Though there is need to further strengthen the environment health interventions in the IDP camp. The Health partners- IMC and Humedica were advised to continue health promotion activities. Almost 80-85% of construction work has been completed.

WHO continued to provide technical support and guidance to CARE,IRC, Water & Environmental Sanitation Department and Nyala Urban Water Supply (State Water Corporation) on water quality chlorination/ chemical parameters) analysis to enable them identify and classify water for domestic use in the camps/areas of operation and also on the implementation of appropriate corrective measures. As a pre-emptive step in the reduction of diarrhea disease cases, WHO is now working on a strategy that will focus on chlorination of water at house hold level, safe storage of water for domestic use and on the implementation of communication messages that will lead to realization of pre-determined behavioral change objectives. On the other hand, WHO South Darfur continued monitoring water quality within camps. Two missions were carried out in Elsalam camp and Kalma camp. Results of the samples taken were discussed in the WATSAN meeting.



WHO Nyala sub-office inspected CTC in El Salam IDP camp



Families affected in Kassala

Acute Watery Diarrhoea (AWD)/Cholera

One locality (East Gallabat) of Gedarif state bordering with Ethiopia continues to report cases of AWD/Cholera. In last three months, 470 cases and 31 deaths (CFR: 6.6%) have been reported from the same area (of 6 villages having population of approximately 80,000). More than 20 cases have been confirmed as cholera at the National Public Health Laboratory in Khartoum. Cross-border transmission with Ethiopia, inconsistent chlorination, daily markets in different villages, etc are thought to be contributing factors for continuation of the outbreak. Response in terms of treatment, surveillance, health education etc continues. Currently FMOH team is in Gedarif to further strengthen control & prevention measures.

No confirmed cases of cholera have been reported from any other northern state of the country. Daily active surveillance and reporting has been started in many high risk areas. Preparedness and response capacities are being strengthened in all states and at the federal level, with anticipated heavy rains and flood situation.

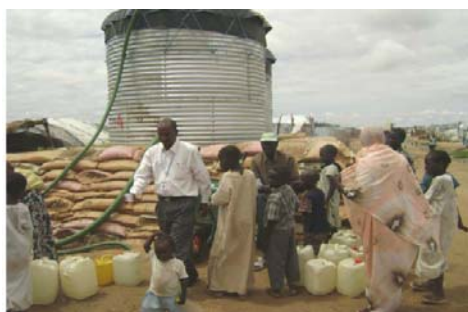
Also, Wau & Jur River in Western Behr-el-Ghazal (south Sudan) reported approximately 100 cases and 10 deaths due to AWD/Cholera in last 2 to 3 weeks. Task force, coordination and response measures have been intensified. Currently there are no more new cases being reported from the area.

Yellow Fever

3 laboratory confirmed cases (2 deaths) have been reported in early July. All 3 have history of living/working in the Kordofan region. No new cases have been found during the active search in the areas from where the cases were reported. Intensive vector control measures and vaccination of the uncovered population (mainly returnees and a few international workers and nomads) have been conducted in the state. Daily surveillance & reporting continues. The FMOH has more than 70,000 doses of yellow fever vaccine to respond to any emergency needs.

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Water sources chlorination in Kalma camp, South Darfur

South Kordofan

Ongoing field visits were carried out in health facilities in the State to ensure the proper provision of health services and to encourage and motivate the health workers in Kauda. WHO South Kordofan takes the lead in coordinating the health sector activities in Kauda and continues to monitor and follow up the health situation of Darfurians in Kauda.

WHO continue to work in the IDP camps in Kauda with the Secretariat of Health (SoH) provide health education to the population emphasizing on personal hygiene and environmental sanitation, especially as a prevention against AWD and diarrheal diseases. In addition, along with the other NGOs health

partners, mass education campaign on preventive measures against diarrhoeal diseases and AWD is being conducted all over the counties in Kauda area.

Review of the progress of the AWD task force since the first meeting in May had shown progress in prevention activities and strategies. Cholera treatment kits and other medicines received by the SMOH from Khartoum has been pre positioned in Kadugli and other localities outside of Kadugli as well. It was also discussed that it is important to assess and enhance the preparedness of the Cholera Treatment Center (CTC) for Kadugli.

North Darfur

The joint field water monitoring team from WHO and SMOH conducted visits to 31 water sources in El Fasher. The team conducted simple water testing which includes checking of residual chlorine and PH level. The team distributed tablets of chlorine and advised the water attendants on continuous chlorination of the water sources. It was observed that no sustainable chlorination had been done in only 4 water sources out of a total of 31 sources. WHO provided Transportation for 2 days to the SMOH and the remaining days were covered by UNICEF. Besides the water quality monitoring, sanitary inspection was conducted for the water sources of the 10 hand dug wells. Results showed more than 50% contamination risk. WHO supported the State Ministry of Health in the spraying campaigns in



One of the water sources visited in North Darfur

Tawilla and Dali camp. The activity was done in collaboration with ICRC.

WHO provided technical support in Malaria treatment Protocols to Malteser (INGO) for 6 medical assistants from the rural areas - Glab, Tabit, Shangl, Tobay, Wadda and Abuzeriga. The training was held in El

Medical assistants training on Malaria Treatment Protocols



West Darfur



WHO & FMOH polio eradication team visited the border of Darfur and Chad after reports on two cases of polio from Chad were received

The polio eradication team (from WHO and FMOH) visited the State based on the two cases of polio reported from Chad. Dr Badini, WHO polio surveillance officer, conducted several activities concerning the alert and sensitizing the health providers for quick response of detecting and reporting AFP cases. The cases are expected to enter Sudan from Chad through the Darfur border. The WHO West Darfur sub-office facilitated the visit to an NGO working in the high risk areas near the Chad border. This will help cover all new arrivals and Chadian refugees in the southern corridor (Habla AU, UM Dukhun area and Gebel Marra) where IMC, SC-US and MSF-F are working. Orientations were also conducted medical officers of El Geneina Teaching Hospital and staff of health partners. Another orientation on polio was done for the Customs staff assigned in the town entry with.



WHO continues to monitor the water chlorination and garbage collection and solid management activities in Geneina. SMOH received 3 cartons of chlorine tabs from WES to proceed on open dug wells chlorination. WHO and SMOH presented an integrated plan on Geneina clean-up and vector control (house-flies) during the recent health coordination meeting in West Darfur.