



# sudanhealthupdate

Volume 1, Issue 1  
Sudan Health Sector

June 2007



At the El Fasher Feeding Centre in North Darfur

## GoSS adopts resolutions towards a decentralized health care system in Southern Sudan

Over 300 delegates from the Government of South Sudan (GoSS) Ministry of Health, Ministry of Finance, Ministries of Health from all ten states, members of the Diaspora, international agencies, civil society and private corporations gathered in Juba on 18 -21 June 2007 to participate in the first Government of Southern Sudan Health Assembly "Towards a decentralized health care system in Southern Sudan".

The purpose of the Assembly was to define the roles and responsibilities at the central, state and county levels of the health care systems of the MoH including the roles of the United Nations, NGOs and the private sector, clarify resource allocation and funding possibilities, strengthen coordination and communications mechanism.

Throughout the three and a half days of the Health Assembly, roles and responsibilities of partners at all levels were clarified, current methods of operation within the health Care system across all States were refined, methods to strengthen communication and coordination between all partners and stakeholders were developed and key recommendations were unanimously adopted. Delegates from GoSS, State MoH, UN Agencies, NGOs, and other health partners, presented an overview of the current situation in each state as well as the roles and responsibilities of all stakeholders.

Key health and cross-cutting issues such as outbreak preparedness, reproductive health and HIV/AIDs were highlighted. The final results of the Sudan Household Survey presented to

the Assembly depicted many poor areas of the level of health in Southern. The worst indication of the level of health in Southern Sudan was highlighted by the highest Maternal Mortality Rate in the world (2030 per 100,000 births). Other key areas included the low level of health, low rates of total immunization coverage, high rates of malnutrition and the low level of HIV/AIDs awareness among many others.

Key recommendations towards decentralization of the health systems unanimously adopted by the Assembly were focused around seven key thematic topics selected, namely: coordination and communication, human resources development, infrastructure development, public-private partnerships in health, health management information systems, health financing, WATSAN.

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## Health sector sets off series of regional trainings/workshops

The World Health Organization (WHO), the health sector lead, commenced the series of regional training-workshop for its health sector partners on Result Based Planning and the Concept of Cluster Approach. Forty seven (47) representatives from various health agencies and organizations operating in South, North and West Darfur participated in the first training workshop held on 8 and 9 July 2007 in the WHO Nyala sub-office.

The training was part of the health and nutrition sector capacity building activities to help coordinate the use of harmonized planning, monitoring, evaluation and reporting sys-

tems and sharing information. Introduced during the workshop were the following: introduction to the result based approach and logical framework; performance indicators (types and result chain indicators) and to review the indicators set in the WP 2007 for the sector with partners; health as cluster or sector; the planning template; the reporting template for the mid year review; and the monitoring and evaluation.

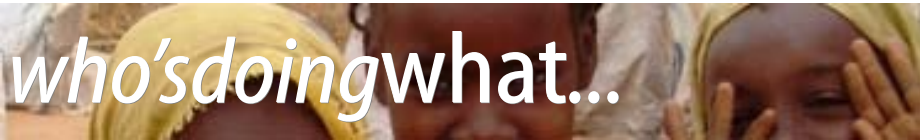
The DG Health from State Ministry of Health opened the workshop and in his speech praised the enthusiasm of the partners working in coordination with SMOH and their continued support and consultation with

the SMOH to meet the gaps in the field. The DG Health welcomed the initiative by the sector to bring partners together and encouraged the sector to come up with joint programmes and interventions that demonstrate the success of the

objectives of the workshop.

The workshop was a building step towards the development of objectives, strategies, indicators and the use of a module in line with the preparation for WP 2008.





# who's doing what...

In May, **Medair** started its second mobile clinic in Khartoum State in a location called Hamas Koreib, home to 8,000 displaced families without access to health care.

As well as treating common illnesses, the team also implements an immunization program assisted by staff from the Ministry of Health



MEDIAIR drug supplies distribution

In West Darfur, **Medair** started supporting a primary health care clinic in Nor el Salam, a nomadic settlement in Zalingi locality. Ministry of Health provided the clinic with a

nurse and the community actively participated in the construction of the clinic. Medair supports the clinic with a monthly drug supply and provides training for the nurse.

In June, the preparations for the rainy season started in South Kordofan. Many of the 21 health facilities **Medair** supports become partly inaccessible during the rainy season. Medair supported the clinics with a 3 to 6 months drug supply to ensure the clinics have

enough drugs and medical supplies available throughout the wet season.

**Malteser International** has completed the distribution of 6,000 long lasting mosquito nets to children under five, the most vulnerable group, in 48 villages of the Wada area, South West of El Fasher. The organization was concerned that distribution will not be finalized before the beginning of the rainy and Malaria season due to the difficult security situation and constraints in accessing many parts of North Darfur. Malteser Health conducted refresher training to 159 Community Health Volunteers from Shangil Tobayi, Wada and Abu Zerega .

Although **Malteser Int'l** is suffering from lack of access to the five health facilities it is supporting in South and West of El Fasher/ North Darfur, the facilities are still seeing approximately 10,000 patients in the OPD every month. Essential drugs are sent by public transport or hired vehicles and daily phone calls (satellite or in 2 locations public phone) ensure, that at least a minimum of supervision and monitoring of the facilities is provided.

## By word of care

**D**iligent and repetitive care and treatment at a clinic in Nyala run by the Catholic Church has given it a reputation for successfully treating skin diseases which stretches as far as Kass and Zalingei, over 80 and 100km away respectively.

Minni is 10 years old and suffering from a skin disease on his forehead and chin which has formed into huge scabs. "We come from Kass, but my uncle lives here in Nyala and he told us to bring my brother to this clinic. We had searched for drugs to treat my brother but so far everything has failed." says his older brother.

Minni cries out loud, in pain, as a nurse washes away the scabs with water and antiseptic leaving raw red sores to which treatment is applied before the sores are dressed. However, this is one of the reasons why the treatment at the Catholic Clinic is so effective, simply washing and dressing the sores, which many clinics do not give time to, is one of the essential ways of treating skin diseases.

Another reason for successful treatment is that skin diseases take a long time to cure, sometimes up to six months and need repetitive treatment. At the Catholic clinic the nurses take the time to treat patients again and again.

"We have come here five times so far" says Haja Ahmed, grandmother of Haja Mahadi, 2 years old, who is suffering from a skin disease on her head. "We went to the clinic in the camp where we are living, but she was not cured and they told us to come to the Catholic Clinic. Each time we come the nurses clean her head and then apply a red paste. They also gave us a medication to use at home".

Fatma, 38, has been coming to the clinic for two months and tells a similar story; "I went to the main hospital here in Nyala and the doctor there advised me to come to this clinic. The service here is good; the doctors clean the area and apply medication. They also gave me medication to use at home and when I finished it they gave me another one. Some of my hair has been taken away by the disease, but

it used to be so painful, and now it is getting better."

The clinic only opens two days a week and receives some 70-100 patients each day. Every month over half of the patients attend the clinic with skin diseases. However, this is not the only reason why people come to the clinic.

"People who come to this clinic get three benefits; the clinic asks for a voluntary contribution rather than charging a set registration fee, we give a lot of medications away to patients for free, as well as hand out soap, baby milk and supplementary rations" explains Peter Ndikate Ujang, Medical Assistant. "The contributions are small, just enough to ensure the ceiling doesn't fall down on us".

The clinic, in the heart of Nyala town, was established in 1987 but in March this year, alongside support from the Catholic Church, it started to receive support from ACT/ Caritas partner Sudanaid.

With the support of Sudanaid, significant rehabilitation and renovations have been made to the clinic buildings and a laboratory established so as to be able to give immediate scientific diagnosis of ailments thus facilitating accurate and appropriate treatment.

Sudanaid also pays staff salaries and has purchased clinic, office and medical equipment as well as the essential drugs which the clinic gives out without charge. The support from Sudanaid means that the clinic doesn't have to worry about its finances for a while.

"Before Sudanaid began to support us, some

times we would run out of medicine. Now we have no such problems" says Peter Ndikate Ujang.



Children of Nyala, South Darfur

Sudanaid is also paying for training sessions for the clinic staff in HIV/AIDS awareness and prevention, Integrated Management of Childhood Health, and how to disseminate hygiene education messages.

"When we give out soap we tell the parents that this is special soap to clean the child. This is how the nurses take care of people and try to encourage good hygiene practices" continues Peter.

In addition, Sudanaid has financed a mobile clinic which visits three areas on the outskirts of Nyala twice a week as well as the construction and running of a new clinic in Bilel. The clinic in Bilel, near to Bilel and Kalma camps for the internally displaced, opened on the 3<sup>rd</sup> July and had over 300

patients on its first day.

Action by Churches Together International (ACT) and Caritas Internationalis (CI) are working together in a joint response to the Darfur crisis.

ACT International is a global alliance of churches and related agencies working to save lives and support communities in emergencies worldwide. Caritas Internationalis is a confederation of 162 Catholic relief, development, and social service organizations present in 200 countries and territories.

SudanAid is the relief and development department of the Sudan Catholic Bishops' Conference (SCBC). SudanAid is the national member organisation of Caritas Internationalis in Sudan.



## Challenges and Hope for Hamesh-Korieb

As peace sets into Sudan, Hamesh Korieb in Kassala opened its doors to humanitarian community after 6 years of being sealed from any humanitarian activities. The area was closed due to internal conflict which characterized this part of Sudan for almost a decade. Hamesh-Korieb is located 256 Km north east of Kassala near the border area with Eritrea.

Rebel-held areas in Kassala State such as Hamesh-Korieb town and surroundings have been cut off from almost all assistance and development. Hamesh-Korieb town is an important center of religious learning and this is deeply-rooted with the presence of religious schools in the area.

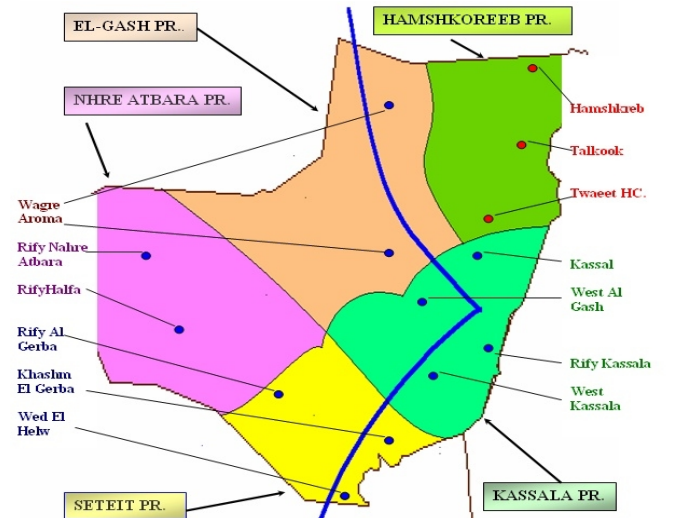
With the invitation from the State Minister of Health and the Director General of Health in Kassala, the World Health Organization (WHO) sub-Office in Kassala joined the group who opened Hamesh Korieb. It was a good opportunity as the 1<sup>st</sup> polio campaign in 6 years was being held in the area. WHO performed a quick health assessment of the area by using a combined methodology. WHO was the first UN agency along with International Red Cross and the State Ministry of Health to analyze the health situation.

Nothing is too late for an area with 335,037 population of Hamesh Korieb. Though the health situation in the area is appalling, there is hope that things can be done to uplift the situation. Among the many humanitarian concerns, health has been identified which needs urgent response.

Hamesh Korieb has a hospital which was built during Nimeri's regime and subsequently taken -over by the army. It was managed by Samarth, an American NGO based in Chicago. They pulled-out when the East peace agreement was signed in 2006. During the visit, the Army is supporting the male ward of the hospital. The hospital is in need of laboratory equipment and medical supplies.



Hamesh-Korieb community welcomed the visiting delegation—representatives from MOH, IRC and WHO



Hamesh Korieb has no obstetrics/gynecological services available; neither female health visitor, nor trained midwife is servicing in the community; there is no ambulance so there is no possibility of referring patients to Kassala; no cold chain capacity found (EPI services taking place monthly by MOH from Kassala), EPI coverage is low.

Health situation and facilities outside Hamesh-Korieb town have not been mapped. According to Hamesh-Korieb commissioner there is a hospital in Telkook south of Hamish Korieb near the border with Eritria built by Dutch organization) but it is not confirmed if it is in functioning condition. There was no latrine or sewage system, no butchery, no environmental sanitation activities or awareness.

With all these realities, WHO East Sudan faces a big challenge in addressing the health concerns of Hamesh Korieb. WHO works closely with the SMOH and other health partners to address the health needs of the population which include appointment of medical officers, equipping the laboratory, provision of solar cold chain, development of a health strategy which will enable women to access health care services.

Water and sanitation will be addressed by concerned authorities. WHO and SMOH will be training midwives, vaccinators, and other health care workers. For epidemiological situation and weekly reporting, Hamesh-Korieb will be provided with high quality radio system. Emergency health kits such as cholera kits, insecticidal spray pumps with insecticidal spray will also be provided.

WHO Kassala Head of Office Dr Vaid Yakub was one of the members of the team who visited Hamesh-Korieb during the 2nd quarter of 2007. Hamesh Korieb was isolated for 6 years due to internal conflict.

**sudanhealthupdate**

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The nutrition programme aims to provide an accessible supplementary feeding program targeting malnourished children under 5 years, and pregnant and lactating women, whilst including any other malnourished person both in IDP camps and host communities. DERO operates 12 nutrition teams operating in 15 different feeding sites across south and west Darfur.

Based on the concept of community-based therapeutic care, whereby beneficiaries can obtain treatment but stay at home, the nutrition programme runs Supplementary Feeding Programme for the moderately malnourished (SFP) and an Out-patient Therapeutic Programme for persons suffering from severe malnutrition but with no medical complications (OTP). Any person suffering from severe malnutrition with medical complications is referred to hospital.

Nutrition assessments are carried out whereby measurement of the Mid upper arm circumference (MUAC) is employed to screen for malnutrition. Patients are selected using the Sphere Standard (CDC / WHO) for malnutrition. All persons suffering from malnutrition are advised to attend the nutrition centre and a height-weight ratio assessment is made so as to determine the level of malnutrition: moderate or severe.

Persons suffering from malnutrition are de wormed and given a supply of premix CSB plus oil and sugar. CSB is Corn (carbohydrate), Soya (protein) Blend. The CSB and oil is provided by WFP with DERO contributing the sugar. A two week supply is given (three doses a day in addition to food at home). We have stocks of a high density biscuit food called "BP5" which is distributed when there are no provisions of CSB mix. For example, due to insecurity the mix may not be able to be delivered in time. Every two weeks the beneficiaries must return to the centre so that their progress can be monitored. Home visits are also carried out. A person suffering from malnutrition normally recovers within 12 - 16 weeks, cases of severe malnutrition in OPT usually transfer to the SFP programme after one month.

Persons suffering from severe malnutrition are those with less than 70% weight for height median or with oedema. The OPT beneficiaries are treated with "Plumpy Nut" (a peanut-based high calorie supplementary food - donated by UNICEF). Persons suffering from severe malnutrition are monitored on a weekly basis so that they can be referred to a medical assistant if they deteriorate.

## The supplementary feeding programme

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Supplementary feeding can cure cases of malnutrition. However, malnutrition is often linked to deep rooted social issues and bad practices which require a change of behaviour if malnutrition prevalence rates are to be reduced in the long term.

As Bosat Abdulrahman Adam, ACT/ Caritas's nutrition monitor in Kubum, south Darfur explains: "There are many bad practices. There is little knowledge of birth control



and so a woman can have a young baby and be pregnant. In such cases, the woman will stop breast-feeding when she realises she is pregnant. Often mothers stop breast feeding too early and give their children water and curd from cow or goat's milk. Children should be fed five times a day and yet many children only eat twice a day. Often families are taking water from unclean sources and diseases such as diarrhoea and worms lead to malnutrition. A man may have many wives, and not able to support all his family sufficiently, or he may divorce a wife leaving her and the children with no source of income".

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Unfortunately, in May one young child in Um Labassa, south Darfur who was suffering

from severe malnutrition died. His mother was pregnant again and had stopped breastfeeding. The severity of malnutrition, coupled with the lack of breastmilk, meant that the supplementary rations could not cure the case in time.

With the aim to address the root causes of malnutrition, the nutrition programme also educates mothers of beneficiaries and adult beneficiaries in issues related to malnutrition, alongside supplementary feeding. This training includes how to use and make a porridge with the CSB mix and general food preparation, good hygiene practice, the importance of exclusive breast feeding, and the main causes of malnutrition. Education is a vital component of the programme which your donation is helping to support.



*Aradia is one year old and suffering from severe malnutrition. She joined the OPT programme at the beginning of April 2007, weighing just 5.3kg. In the following six weeks, with supplementary feeding rations of plumpy nut, her weight increased to 5.9kg. Her mother, Hawa, says 'there is a big improvement and she is feeding well'. Aradia needs to reach 8kg and maintain the weight for one month before DERO's nutrition staff can be sure she has been cured from malnutrition and discharge her from the programme.*

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