



**World Health
Organization**

WHO Monthly Bulletin Sudan

Period covered: 15 Dec 08 - 15 January 09

Highlights

- One suspected case of viral haemorrhagic fever was reported in West Darfur. The sample was collected and sent to the National Public Health Laboratory for analysis.
- Four new polio cases were reported in South Sudan. The total number of polio cases reported in Sudan increased to 24.
- In West Darfur, 1/3 of Jebel Marrah area and the Northern Corridor in Jebel Moon area remain inaccessible due to security concerns. Health and Nutrition Sector is planning an inter-agency mission when security improves.
- In Kurmuk, Blue Nile State, roughly 90,000 people lack access to health services because of staff shortage.
- No major disease outbreaks during the reporting period. Morbidity remains below emergency threshold.
- WHO supported the ECHO-funded secondary care facilities providing access to 7390 people in Darfur. 45% of beneficiaries are IDPs and above 50% are females.
- HIV/AIDS control activities enhanced in Darfur.

WHO signs two agreements to strengthen Sudan's health system

Under its sustained commitment to strengthen health system in Sudan, WHO signed two Memorandum of Understanding with Sudan Federal Ministry of Health (FMOH) and other partners to improve the quality of health services in the country.

On 18 January 2009, the Health Insurance Corporation in Khartoum State and WHO signed a MoU to conduct actuarial study in order to analyse the current situation of Social Health Insurance with the current number of subscribers and the levels of services. This study, first of its kind in Sudan, will reflect on the health insurance plan that aims at achieving a total coverage of the population of Khartoum State.

WHO signed another MOU early January 2009 with the

Center Bureau of Statistics and FMOH to conduct a Household Survey in order to produce a National Health Account (NHA) in 15 Northern States. The NHA will provide policy-makers with the necessary information on allocation of resources to make sure that spending on health is equitable between all States.

The Household Survey aims at providing information on the type and frequency of health services used in a community in order to identify the factors that influence the use and expenditure on health care.



WHO, FMH and the Health Insurance Corporation sign the actuarial study MOU



WHO representative, Dr. Mohamad Abdur Rab, FMOH and the Center Bureau of Statistics sign the agreement to conduct a Household Survey

WHO hosts a regional vaccine management workshop

In order to upgrade the capacity of country teams responsible for vaccine management in four selected priority countries, FMOH and WHO, hosted in Khartoum a regional training workshop on vaccine management from 27 to 30 December 2008. Eighteen experts from Pakistan, Afghanistan, Somalia, North and South Sudan participated in the workshop that was chaired by the Vaccine Management Centre of

the Ministry of Health in Oman. Dr. Payenda Gul Abed from the Afghanistan MOH considered the workshop as "a very useful one because I learned new methods of vaccine storage that I will make sure to apply in my country". "The information I gathered here will be passed on to my colleagues in Afghanistan" he added. The participants updated their information on: Vaccine management requirements in the light of the new global and adjusted na-

tional policies, basic concepts and practical approaches for optimum performance in vaccine management, tools and techniques used specifically to improve the entire spectrum of vaccine management .



Sudan decides to celebrate the National Day for Community-Based Initiative on 12 January every year



Sudan MOH Mrs. Tabita Boutros

Sudan Federal Minister of Health Mrs. Tabita Boutros declared 12 January as the National Day of Community-Based Initiative (CBI) in Sudan. "Let's celebrate this date every year to strengthen the partnership for community-based development and review what we achieved in improving the quality of life of the Sudanese people", she said during the opening ceremony of a CBI workshop that was organised on 12 January in Merawi, North Sudan.

The aim of the workshop was to strengthen a coalition between partners from local and international NGOs, private sector, UN agencies and FMOH.

WHO representative Dr. Abdur Rab stressed on the importance of building partnership among stakeholders in order to develop communities. "The interested partners must speak the language of the communities, for after all the objective of the partnership is to assist communities to achieve what they want and not what other stakeholders' desire. The cardinal principle of any partnership is to protect and respect the interests of all stakeholders and capitalize on each other strengths" he said.

"I would like to commend the FMOH for taking this initiative to scale up the various com-

munity based initiatives, and forge partnership with communities" Dr. Abdur Rab pointed. "These efforts will lead to greater sustenance of programmes by bringing all partners together on a common platform, listening to the communities, raising community awareness and empowerment, particularly among women; all through shared dialogue and discussion", he added.

The concept of community-based refers to activities performed at community level and emphasises the importance of community leadership and its partnership with all other stakeholders. Community members' role is thus changed from mere beneficiaries to active doers. The programme targets the improvement of quality of life of the population through creating partnership with the community that can build gradually into community leadership. The programme started in Sudan in early 1982, and expanded to 98 communities in 12 Northern States nowadays.

As extension of the CBI programme, WHO in partnership with UN Agencies, the State Government of South Kordofan and the communities of 15 villages in the state, are implementing an Integrated Community-based Recovery and De-

velopment (ICRD) approach. The International Islamic Relief has initiated community development countries in three villages where CBI are ongoing. Also in partnership with Shendi University, a Regional Training Centre on community development is being established. These examples illustrate that the CBI programme is now well embedded in the country.

Besides celebrating CBI national day, the participants recommended the followings:

- Create National Committee of Under-secretary assistants in FMOH that will be responsible for designing strategies and organizing the CBI National yearly celebration.
- The above committee, in collaboration with all other partners, will mobilize resources to expand the implementation of Community-Based Development (CBD) plan around the country based on the local and international lesson learned.
- Encourage the private sector and the academia to undertake an active role in the planning of CBD programmes and its implementation.
- Provide technical support to FMOH CBI department, to undertake the expected roles and responsibilities in order to promote partnership.

At the end of the workshop, Mrs. Boutros distributed work appreciation certificates for all organizations and individuals who have been actively contributing to CBI. WHO, UNICEF and others received the certificates.



WHO representative Dr. Mohamad Abdur Rab: "We have been contributing to CBI since 1982"



UNICEF representative Mr. Mohamad Said Ahamd



A certificate for the State MOH in Merawi

NGOs in Khartoum learn the benefits of GIS in health mapping



31 people participated in the workshop



WHO facilitator Amr Kambal

Khartoum Ministry of Health (KMOH) and WHO organized a Geographic Information System (GIS) awareness workshop for 31 participants from local and international NGOs working in the capital on 22 to 31 December 2008.

The workshop popularized the usage of GIS among NGOs as a tool for analysing health events, developing strategies and targeting interventions. The workshop is part of a project launched in 2008 to strengthen Health Information System in Khartoum State by conducting GIS Training cycles for the 133 staff working for the ministry as well as for NGOs.

“It is the first time I hear of this system. I find it very beneficial to me as a medical coordinator for Primary Health Care centres”, said Hasouna Alsadik Mahmoud from Azza Women Association. “It will help me put medical information on a map in order for everybody to understand what is the linkage between diseases and geographic factors” she added.

“We wanted NGOs to discover how GIS can help them in their work, particularly in mapping health concerns and understanding the reasons behind an outbreak” said Enas Aziz, Head of International NGOs Section in Khartoum Ministry of Health.

“For this workshop, we invited 30 participant’s who work in planning units and managers to encourage them introduce the use of the system among their employees”.

At the end of the workshop, the participant recommended the organizers to conduct additional workshops for decision makers and health staff. The participants agreed on empowering human GIS network working in health sector in Khartoum state for better collaboration and coordination.

South Sudan Highlights

“Four new cases of polio have been confirmed in South Sudan during the reporting period.”

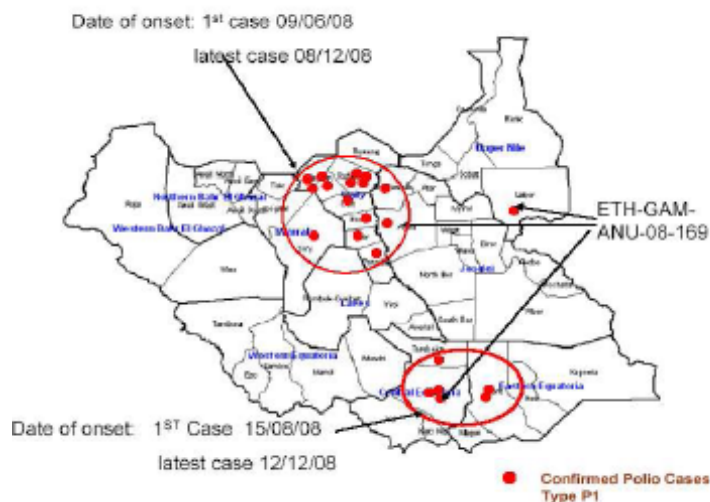
- Four cases of polio were confirmed in South Sudan. The latest one was confirmed in Terekeka County, Central Equatrotia Sate. Polio national immunization days were conducted from 14 till 16 January 2009.
- There are currently sporadic and isolated cases of Acute Watery Diarrhea (AWD) reported from several parts of Unity, Warap and Lake States. Ten stool specimens have been collected and sent for laboratory.
- Up to 1,426 households (approximately 6,000 people) have been displaced by clashes in Nagdiar (Sobat County, Upper Nile State) during and after the commemoration of the Comprehensive Peace Agreement on 09 January in Malakal. About 11 people including two children were killed during the clashes in Nagdiar, 40km

Southeast of Malakal. Affected population from Lul and Nagadir has been gathering at Dar El Sala Primary School in Malakal.

- As of 10 January 2009 the repatriation of Sudanese refugees to Southern Sudan and Blue Nile State by

UNHCR reached a cumulative total of 296,886 people. WHO is working closely with the MOH and other partners, to ensure that immediate health assistance to the returnees (internally displaced population and refugees) as well as host communities is addressed.

Confirmed Polio Cases in Southern Sudan 2008



Primary and secondary health care

A- Primary Health care

In Darfur:

WHO provided technical and logistical support to a two-weeks training workshop on "HIV/AIDS counselling and testing". The training, held in Nyala, included 25 counsellors from the three Darfur States.

In South Kordofan:

As part of the ongoing efforts to strengthen primary health care system in Sudan, WHO and SMOH selected 47 facilities to be upgraded through trainings of staff, provision of basic supplies and medicines. They will provide support to the existing sentinel surveillance system.

In Blue Nile:

Since HIV AIDS is of particular importance in Blue Nile be-

cause of the influx of returnees, WHO conducted a five-day training workshop for health workers on how to deal with patients visiting health posts.

B- Secondary Health Care

In Darfur:

In North Darfur, WHO supported El Fasher Teaching Hospital and El Serif rural hospital with drugs to insure free access of IDPs to health services. In Nyala, WHO Hospital Care Officer conducted a weekly supervisory visit to the Teaching Hospital to ensure quality and free health care service provision to IDPs. Also, WHO supported the hospital by donating an oxygen concentrator machine, electrical microscopes, obstetrical surgical supplementary kits, midwifery

kits, and lidocaine for local anaesthesia.

In South Kordofan:

The draft assessment of Kadugli Teaching Hospital is under review. It will be shared once it is finalised in the coming few days. The report will highlight the gaps in terms of infrastructure, human resources, supplies and equipment and will provide adequate information on its scope of work as a referral hospital especially in emergencies.



Supervisory visit to a health centre

Whom to contact

Acting EHA Coordinator:

Iman Shankiti

Mobile: +2419912502286

Focal Point:

Rana Sidani Cassou

Communication officer

Mobile: +249 912 167 754

sidanir@sud.emro.who.int

Environmental health activities

In West Darfur, 30 community health promoters from WES, STC and CONCERN NGOs received a 4-day training on vector control in Morni.

In North Darfur, WHO/UNICEF conducted meetings with the SMOH and El Fasher Commissioner to discuss garbage collection in camps around El Fasher. It was agreed that WES will help the local authority to transport the garbage outside the camp. Similarly, it was noted that El Fasher Teaching Hospital does not have a system for medical

waste management. An assessment will be conducted.

In South Darfur, WHO conducted a 3-day training on water quality control in emergencies for 35 participants. WHO donated vector control supplies including insecticides to SMOH in Hijjar.

The WATSAN task force meeting discussed the increase in cases of diarrhoea and bloody diarrhoea in 2008. The group decided to assess latrines, hand-washing facilities in high-risk areas like Morni, Geneina and

Kerenik, including water quality status.

In Port Sudan, vector control activities are ongoing targeting house flies and mosquitoes. It includes spraying campaigns and treatment of breeding sites.

In Blue Nile, the Sudanese Environment Conservation Association held a 2-hour orientation lecture on environmental issues, rights and legislatives for governmental institutions, UN agencies and international and national NGOs. The workshop rec-

ommended conducting environmental risk assessment before starting developmental projects.

In Kassala, chlorination activities covered around 94% of all water resource. Coverage markedly improved compared to last week, which was low due to the holidays and led to lack of timely reporting coverage for the weeks 49, 50, 51, 52 and 53 was 83%, 92.3%, 30%, 87.5% and 94 % respectively.

Communicable diseases activities

WHO provided technical and logistical support to the SMOH Communicable disease surveillance system.

In North Darfur, WHO supported the training of 10 physicians and nurses on infection prevention in maternities.

In West Darfur, one suspected VHF case from Ardamata IDP camp in West Darfur was admitted to Geneina hospital. A sample was sent to the National Public Health Laboratory for analysis.

In South Darfur, WHO in Nyala conducted on-the-job training for 5 health cadres on communicable disease notifiable conditions case definitions, reporting and management in Elserif camp.

In Red Sea State, an entomology survey was conducted and showed high density of *Aedes Aegypti* mosquito – vector of dengue fever which confirm the fact that vector control programmes should be supported and systematized.



Mothers waiting for care maternity hospital, North Darfur