



FMoH and WHO emphasize commitment to advance health services

RD visits Sudan

The Government of Sudan and the World Health Organization (WHO) joined forces to emphasize its commitment in advancing health services and building the capacity of the health sector in the country. The commitment was sealed by high level Government and WHO officials during the visit of Dr Hussein Abdel-Razzak Al Gezairy, WHO's Regional Director for the Eastern Mediterranean Regional Office (EMRO), in Khartoum on 23-27 February 2007.

Sudan's Minister of Health Dr Tabita Botros Shokai and WHO RD Dr Al Gezairy held several meetings with various health actors; and visited the sites to look into the status of major health activities initiated by the government and WHO. WHO's Regional Director was accompanied by the Director of the Health Protection and Promotion Dr Haifa Madi, the Regional Advisor for Child and Adolescence Health Dr Suzane Farhoud, and the WHO Representative in Sudan Dr Mohamed Abdurrab.

One of the major activities focused on during the visit is strengthening the implementation of the integrated management of childhood illness (IMCI). IMCI is designed to address the causes of the mortality and morbidity of children below five years old.



EMRO RD Dr Hussein Abdel-Razzak Al Gezairy with Sudan's Health Minister Dr Tabita Botros Shokai

The IMCI strategy combines improved management of childhood illness with aspects of nutrition, immunization, and other important factors influencing child health, including maternal health.

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Sudan celebrates World Health Day

WHD 2007 highlights partnership & commitment for Darfur's health

World Health Day was celebrated for a whole week long on 7-12 April 2007 in the three Darfur states, organized between the Federal and State Ministries of Health, the World Health Organization (WHO) and the different health partners. This year's theme on **International Health Security** was particularly applicable for the situation in Darfur, where still over 2 million displaced people are residing in camps. Thousands of Darfurians participated in the World Health Day celebrations, reinforcing its message to "invest in health, build a safer future".

Political leaders and health officials spoke to the crowds about the importance of strong collaboration between the different health organizations in addressing the many existing health challenges. Dr Mohamed Abdurrab, WHO representative for Sudan, who attended the celebrations in Darfur, reiterated a similar message in his speeches, focusing on the significance of information sharing, the use of available communication channels to strengthen disease surveillance systems and the overall public health.

The celebration of WHO's founding anniversary kicks off in Khartoum on 7 April with a media conference attended by Sudan's Health Minister Dr Tabita Botros Shokai and WHO Representative Dr Mohamed Abdurrab.



The Minister of Health and the WR during the WHD press conference in Khartoum (above); WHD caravan in South Darfur (below)

Celebrated with special ceremonies and funfare, thousands gathered in the each of the 3 states capital towns last week. What was pursued in the one-week celebration was raising the awareness on how health challenges are being addressed by the health sector. It also carries the objective to urge all the players in the health sector to "invest in health, build a safer future."

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Children of Al Salam IDP camp in El Fasher, North Darfur took part in the celebration

In El Fasher, North Darfur

The El Fasher celebration on 12 April culminated the week's activities with a caravan and a gathering in the grounds of the Ministry of Health. The Wali of North Darfur Osman Mohammed Yosif Kibir graced the occasion and publicly recognized WHO's vital role in ensuring the good health of his people. There was a health exhibit on various health activities in North Darfur and distribution of information materials. The gift giving to sick children at the El Fasher hospital was one of the moving activities of the celebration. To bring the celebration to the IDP camps, a volleyball tournament was held at the Al Salam camp. Hundreds flocked to the CHF compound to witness the tournament.



El Fasher caravan was participated in by school children and health workers (above); volleyball game at Al Salam IDP camp; gift giving at the El Fasher Hospital (upper right)

In Nyala, South Darfur

The vibrant celebration in Nyala, South Darfur held on 9 April was attended by the State Ministry of Health and WHO Representative. A caravan participated in by hundreds of school children, health workers and even polio victims paraded through the streets of Nyala on Monday. Songs and dances were offered by the community to bring in high spirits to the festivity. The State Minister of Health and WHO Representative looked into the conditions of the state hospital and the hospital managed by the Turkish Red Crescent.



WHO caravan in Nyala streets (above) and football tournament were some of the activities of the World Health Day celebration in Nyala, South Darfur

The WHD message was also disseminated among the youth through sports. A football match was held in the afternoon of 9 April.



Dances and songs during the Nyala celebration

In El Geneina, West Darfur

The simple but well attended celebration in El Geneina on 10 April demonstrated the strong relationship among the health actors in West Darfur including the UN agencies, NGOs and the Ministry of Health. The celebration was an inspiring event amongst the humanitarian workers in an area where insecurity remains an obstacle in delivering health services. Speeches and music filled-up the two hour event which was considered to be a momentous activity as it was the first health day celebration held in West Darfur.



The art competition winner received his award



Local singers with the heads of the UN agencies in West Darfur



Sudan keeps country polio free

Sudan aggressively responded to the call to keep the country polio free during the first round of National Immunization Days (NIDs) against polio. 99% of the 8.7 million children under the age of five targeted across Sudan, including the 2.7 million in Southern Sudan, were immunized on 26-28 March 2007.

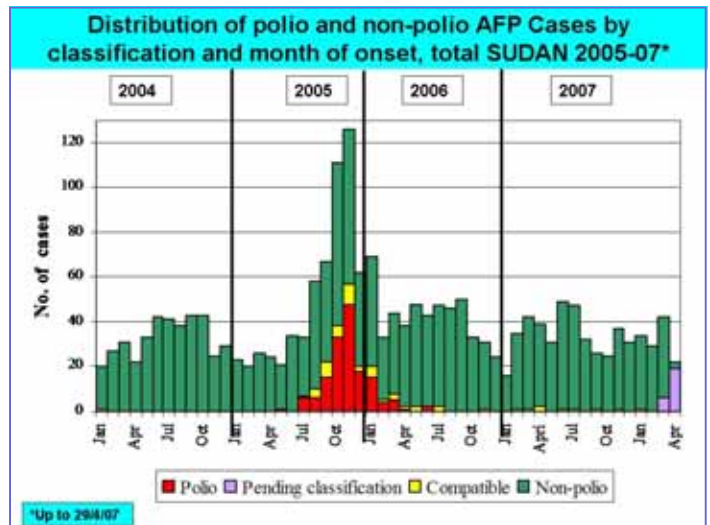


Immunization in Mandela IDP camp, Khartoum

The campaign was spearheaded by the government health departments at the national and local levels with the support of WHO, UNICEF and health partners by providing vaccines, technical support and funding. Local NGOs were involved in implementing the campaign, which costs an estimated US\$3 million for every round.

The success of polio immunization efforts in 2006 had resulted in no cases being reported anywhere in Sudan, compared to 155 in 2004-2005. Sudan's effort to maintain the country polio free was lauded and its report accepted by WHO's Regional Certification Commission during its 17th meeting on 25 April 2007.

"High coverage levels during these campaigns, complemented by improved routine vaccination of children as part of their ongoing health care, are critical to Sudan remaining polio-free," WHO Representative Dr. Mohamed Abdur-



WHO Polio Coordinator Dr Haithami Salah said that the micro-planning collaboratively done by the locality, health departments and field partners played a big role in ensuring success of the immunization campaign. "Micro-plans gave us the clear details of every household of each locality – on how many and who to immunize."

Sudan's polio National Immunization Days were supported through financial contributions from a number of donors including the governments of Canada, Japan, the United States (USAID and OFDA), the Centers for Disease Control and Rotary International.

The 2nd round of the immunization days is scheduled in the last week of April 2007.

WHO-conducted/supported trainings & workshops, January—April 2007

January

- * ENR Operations Training for Data Management Officers - Khartoum
- * Field Epidemiology Training for Surveillance and Response Officers—Khartoum
- * Refresher's Course on Integrated Vector Control—El Obeid & Kassala
- * Training-workshop on Screening of HIV, HBV, HCD, and Syphilis for Blood Bank Staff—Khartoum
- * TOT Midwifery School Tutors—Khartoum
- * Workshops on Developing Medium and Long Term Strategies & Plans to Achieve MDGs—Khartoum
- * Medical Assistants Training on Traichiasis Surgery (Theory)—Dongola
- * Training on Data Management and Analysis—Kassala
- * Basic Skills in Hygiene, Precaution and Infection in Hospitals Training for Nurses—Geneina, Zallingi, Garsilla

April

- * Training on Early Preparedness & Response—Geneina, West Darfur; El Fasher, North Darfur
- * IMCI Training for Medical Doctors—Geneina, West Darfur
- * Sensitization of Community Leaders on Malaria's New Drug (ACT) - Kassala, Gadarif, White Nile, N.Kordofan, S.Kordofan

February

- * Training on the Establishment of a Disaster Monitoring and Evaluation System—Dongola
- * Training on Water quality, Food Safety, Solid Waste Mgt & Health Education—Daein, South Darfur
- * Training on the Management of Health Information—Nyala, South Darfur
- * Training on the Management of Health Resources: Drug Management—Nyala & Daein, South Darfur
- * Rational Drug Use—Nyala, South Darfur
- * Avian Influenza Outbreak Investigation and Case Management -Nyala & Daein, South Darfur; El Fasher, North Darfur; Zallingi & Geneina, West Darfur;
- * Meningitis Outbreak Investigation & Case Management—El Fasher, North Darfur
- * Leishmaniasis Case Management & Outbreak Investigation—El Fasher, North Darfur
- * Epidemiology Data Management—El Fasher, North Darfur
- * Training of Medical Officers on Avian Influenza—Zallingi & Garsilla, West Darfur
- * Training on Minor Emergency Surgeries—Zallingi & Geneina
- * Dengue Fever Training for Medical Doctors & Assistants—Port Sudan, Gedaref, Kassala

March

- * IMCI Volunteers Training Course—Sennar, Medani, Giteina, Shandi, and El Gadarif;
- * IMCI/SCM Training for Doctors—Khartoum & El Obeid; Geneina, West Darfur
- * TOT on water quality monitoring and surveillance—Kass & Nyala, South Darfur
- * EWARS and meningitis preparedness and response—Kass, Nyala, Daein, Edd Elfursan / Reheid Elbirdi, Buram—all in South Darfur
- * Training health staff on HIV/AIDS and rape management—Geneina, West Darfur
- * Training on post abortion care for medical doctors, assistants and midwives—Garsilla, Geneina & Zallingi, WD
- * Basic skills on hygiene precaution and infection control in preventing blindness—Fur Baranga, Garsilla in West Darfur
- * Training on Case Definition for Diseases Under Surveillance (EWARS) and Case Management for CHWs—Fur Baranga, Garsilla in West Darfur
- * Avian Influenza Training for Medical Doctors & Assistants—Kassala, Port Sudan, Gedareg—all in East Sudan; Kadugli, South Kordofan
- * Standard CSM case management—Kadugli, South Kordofan



WHO IN DARFUR

Free hospital care to IDPs & conflict affected population

In 2004, the fragile health care system in Darfur was unprepared for the large influx of people requiring emergency health care and the need for secondary health care infrastructures became obvious as only primary health care facilities were established in IDP camps and in some small towns.



Nyala Teaching Hospital in South Darfur



This young girl takes care of her sick sister at the El Fasher Teaching Hospital

Amidst the worsening humanitarian situation, the state and locality (rural) hospitals in Darfur were unable to sustain their programmes to provide waiver fee treatment to IDPs and the conflict-affected population. This was happening despite progress made in 2004 and 2005 in rehabilitating 75 percent of all accessible hospitals in Darfur and putting a referral system in place. The effect on the health of IDPs and vulnerable communities were immediate.

From the last quarter of 2006 to the first quarter of this year, one of the major activities which has seen successful implementation in Darfur was the WHO Sudan initiated hospital programme. The programme aims to provide free secondary-level care treatment for IDPs and conflict-affected populations in Darfur. To enable the hospitals to treat all IDPs on a no-fee basis, WHO has maintained its support by augmenting the human resources capacity of the hospitals through the provision of clinical specialists to perform different surgical/medical interventions, and by supplying emergency/life-saving drugs and other essential medicines, laboratory reagents and renewable supplies. The project also continued to contribute to the operational costs of the hospital. This intervention has allowed quality of health care and access for the IDP and affected population to secondary health care services.

WHO with the support from ECHO, urgently provided state and locality (rural) hospitals with essential life-saving drugs and supplies. It also coordinated with the localities to support the hospitals whilst filling the gaps in critical staffing, medical staffing and laboratory technicians. Advocacy for hospitals to generate their own running costs by charging local residents and not IDPs should be strengthened and cross visits with other hospitals with successful cost recovery schemes were organized. In-service training

for hospital staff were completed to help build capacity.

WHO supported the selected locality (rural) hospitals in the three Darfur states (West Darfur: Zalingei and Garsila, South Darfur: Kass, Edeain and Gereida and North Darfur: Kutum and Mallit) to provide emergency care to the IDPs and affected population. The selection of these locality (rural) hospitals was based on the medical and referral systems already in place, the catchments population and according to different expected scenarios. Support for locality (rural) hospitals was necessary as because many patients cannot reach state hospitals because of transport problems. National medical staff under the Ministry of Health were deployed and supported taking into consideration the capacity, background and ethnic background. IDPs referral and free access were monitored.

IDPs in need of higher level of emergency medical care were referred to state hospitals in Darfur. WHO provided support to state hospitals in terms of technical assistance, recruitment of ad-hoc medical professionals and provision of life saving drugs. To ensure the sustainability of the intervention, support were also provided to consolidate and/or explore income-generating activities in the hospitals, such as the Geneina Eye Hospital or the "for pay" ward in El Fasher Hospital. Technical assistance from WHO were focused on hospital management and introduction to cost recovery issues at locality hospitals.

From October 2006 to January 2007, the total number of direct beneficiaries reached through this operation in the three states of Darfur is **52,882 IDPs**. They were referred from primary level health care facilities (either from PHC or IDP camp clinics by partner agencies) and provided with free outpatient care including diagnostic investigations and drugs therapy in all the 14 supported hospitals. Of these total referred beneficiaries registered and examined at the OPD, 10,317 IDPs were admitted and received free inpatient care; and out of the latter, surgical operations (including obstetrics-gynecology surgical emergencies) were performed free for 4,634 IDPs.



El Geneina Eye Hospital in West Darfur is one of the hospitals supported by WHO and ECHO



WR Dr Abdurrah and ECHA Sudan Coordinator Dr Elganainy in Keringing IDP camp, West Darfur

To ensure that free and quality medical treatment is available to IDPs in the next six months, WHO with the funds from ECHO continues to support the state and selected locality (rural) hospitals in West, North and South Darfur through the provision of life-saving drugs and technical assistance. WHO closely works with the State Ministries of Health and state and locality (rural) hospitals to build the necessary capacity and continue to provide free access to quality secondary health care to IDPs.

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News Bits from Darfur



WHO & Health Partners Steps Up Hygiene Promotion in IDP Camps

In the first quarter of the year, WHO distributed 156 wheel barrows, rakes and shovels to 7 IDP camps in West Darfur. The materials are utilised in ensuring cleanliness in the camps.

30 hygiene promoters of MedAir working in Durti camp started the dissemination of hygiene messages to households in the camp. Each hygiene promoter visited 30 HHs per month. While in Ardamata camp, 120 hygiene promoters of MedAir encouraged the community to clean water sources, jerry cans, and practice proper garbage waste disposal.



WHO & SMoH Train IDPs as Malaria Control Teams

32 volunteers from 6 IDP camps in El Geneina, West Darfur were trained as malaria teams of their respective IDP camps. The training was facilitated by WHO West Darfur Team and SMoH.

The volunteers who participated in the training are displaced persons who live in the camps.

The activity is a preparation and response to vector control, particularly in preparation to the forthcoming malaria season. They were trained on the proper use of spray equipment and techniques in spraying their IDP camps.

More IDPs will be trained in the coming months from the rest of the IDP camps in West Darfur.



ECHO Supported Skills Training Held

To help build capacity of local health workers in North Darfur, WHO through the support of ECHO conducted 3 training courses in the 1st Quarter of 2007.

14 Laboratory Technicians from El Fasher Teaching Hospital underwent the course on Laboratory Techniques for Meningitis Diagnosis. While 13 medical nurses and assistants from Kutum Hospital were trained on Basic Life Support. 15 nurses from Mallet Hospital have completed the Nurses Skills Training Course.



WHO distributes drugs and supplies to Darfur hospitals

To ensure the provision of free quality health and emergency surgical-medical services to IDPs and conflict affected population in Darfur, WHO through the assistance of ECHO compensated sixteen hospitals in the 3 States of Darfur (South – 4 hospitals; North – 4 hospitals; West -6 hospitals) with delivery of life saving drugs and medical supplies.



WHO Sub-offices in Darfur received 200 tons of medical supplies and drugs in February. The drugs arrived in El Fasher, North Darfur and were immediately sorted out to the 3 states of Darfur.



62 medical and paramedical staff working in the health facilities in Nyala, South Darfur participated in the two-

62 health workers participate in meningitis workshop

day Meningitis Preparedness and Response Case Detection, Reporting and Management Workshop.

The workshop was held on 27 February—1 March 2007 at the WHO Conference Room in the Nyala Sub-office.

The workshop was held to enhance the knowledge and capacity of health care providers in order to timely detect, confirm and respond appropriately and effectively to meningitis epidemic in the state, to ensure systematic data collection and analysis for prompt control measures, and to ensure implementation of SOPs for meningitis surveillance





RD visits Sudan

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Since its endorsement in 1996, the IMCI programme has been expanded to cover 1,344 health centres, clinics, and hospitals operating in 62 localities in 14 states.

This year, FMoH, WHO and the field health partners will continue to undertake the joint collaboration to provide access to quality management and services to the most vulnerable groups; strengthen the IMCI trainings; develop adequate human resources to ensure sustainable actions for IMCI implementation; and implement communication/ information activities to improve family knowledge and skills that will ensure prompt home care of children.

The malaria control project "Selate Agricultural Scheme" was visited by the Regional Director. This is a Khartoum Malaria Free Initiative projected which selected to use biological control with the larvivorous fish.



Signing of MOU between FMoH, WHO and Albassar International Foundation

Blindness remains to be a major problem in Sudan. During the RD's visit, FMoH and WHO signed a project cooperation agreement between the Albassar International Foundation, the organization responsible for operating the Makkah Eye Complex in Khartoum. The agreement states that Albassar International Foundation will rehabilitate the eye clinic in Southern Sudan and will train local health care workers. The agreement also stipulates that 5,000 free surgery will be done all over the country, provide free eye glasses to school children and free lid surgery to senior citizens. WHO will provide the needed surgery kits and equipment for the eye clinic in Southern Sudan.



WHO Regional Director Dr Al Gezairy with WR Dr Abdurrahman visiting a malaria control project in Khartoum

Another health aspect looked into during the visit was the continuous improvement of core competencies of health care workers in the country. To accomplish the crucial task, the FMoH with partners from professional communities and in cooperation with WHO worked to put together the foundation for an effective continuous professional development (CPD) system in Sudan. The CPD Centre is capable of maintaining and improving up-to-date competencies of its qualified health workers. FMoH and WHO have been working closely to develop the annual workplan which will highlight the competencies needed for health personnel particularly those working in the remote areas.



The RD met with Sudan's national media during his recent visit to the country

IMCI in Sudan

Since the Government of Sudan's endorsement in 1996, the integrated management of childhood illness (IMCI) programme has been expanded to cover 1,344 health centres, clinics, and hospitals operating in 62 localities in 14 states in Sudan.



IMCI is designed to address the causes of the mortality and morbidity of children below five years old. The IMCI strategy combines improved management of childhood illness with aspects of nutrition, immunization, and other important factors influencing child health, including maternal health. IMCI also proved to be one of the most potent health strategies in a humanitarian crisis.

This year, the Federal Ministry of Health, UNICEF and the World Health Organization with the field health partners continue to undertake the joint collaboration to provide access to quality management and services to the most vulnerable groups; strengthen the IMCI trainings; develop adequate human resources to ensure sustainable actions for IMCI implementation; and implement communication/ information activities to improve family knowledge and skills that will ensure prompt home care of children.

