

Eritrea Health Update

Issue 3 No. 9

30th June – 6th July, 2008



PROFILES

**Eritrea Population:
3,543,580 - (1997
Projection)**

**Number of Zobas
(Regions): 6**

**Humanitarian
Target population:
2.3 Million**

**Sources of
humanitarian
funding:**

- **UN CERF**
- **EU-ECHO**
- **DFID**

HIGHLIGHTS

- **Outbreak monitoring for week 27**
- **ECHO delegation visits Eritrea to appraise humanitarian projects**
- **WHO Sponsors Workshop to improve water quality**

**ERITREA HEALTH
UPDATE**

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Outbreak Monitoring: Week 27 (30th June – 6th July, 2008)

Report Completeness and Timeliness

All six Zobas have submitted reports up to week 27. The Southern Red Sea and Gash Barka Zobas/Regions continue to record the lowest percentages in terms of timeliness of reporting. There is a need to work with these two regional health offices to improve the timeliness of reporting.

Cerebro-Spinal Meningitis (CSM)

Following the five confirmed cases of Meningitis that was documented in the country, there has not been any new suspected case of Meningitis reported.

Table 1: Average Health facility to Zoba weekly report of completeness and timeliness as at week 27(30th June – 6th July, 2008)

Zoba	Total Population	Number of HFs	Timeliness	Completeness
Anseba	570079	34	97.4	100.0
Debab	942128	60	98.1	99.3
Gash Barka Maekel	704151	65	59.9	91.4
NRS	671941	31	99.4	100.0
SRS	572546	37	77.5	93.6
Total	82735	15	41.2	98.8
	3,543,580	242	78.9	97.2

Other Outbreaks:

Malaria

Generally, the cases of malaria have been maintained below the third quartile threshold level during the period under review. There was no noticeable crossing of the threshold in all the regions. The number of malaria cases was also well maintained below the third quartile threshold level at the national level during the period under review.

Bloody and Other Diarrhoeas:

There was a sustained increase in the number of bloody diarrhea cases beyond the third quartile threshold from week 13 to week 26 in the Southern Red Sea Zone. The data on bloody diarrhea was analyzed by the Southern Red Sea Regional Health Office and the affected sub-zobas/districts were notified about the outbreak. With support from the central Ministry of Health and the Southern Red Sea Regional Health Office, the District Health Teams implemented a series of outbreak

response interventions including health education on the prevention and appropriate home management of diarrhea as well as hygiene promotion and sanitation, water quality monitoring and treatment/purification, training of the community members on home base low cost water purification method, and the appropriate management of cases. The bloody diarrhea outbreak was therefore efficiently controlled without any fatality.

At the national level, the number of bloody diarrhoea cases was maintained below the third quartile threshold level during the period under review.

Measles and AFP Situation:

To date, a total of 39 cases of AFP and 25 suspected cases of measles have been documented. Investigations revealed that all 25 suspected cases of measles were negative while 28 of the 39 cases of AFP were non polio AFP. A total of 11 cases of AFP are still pending classification.

Figure 1

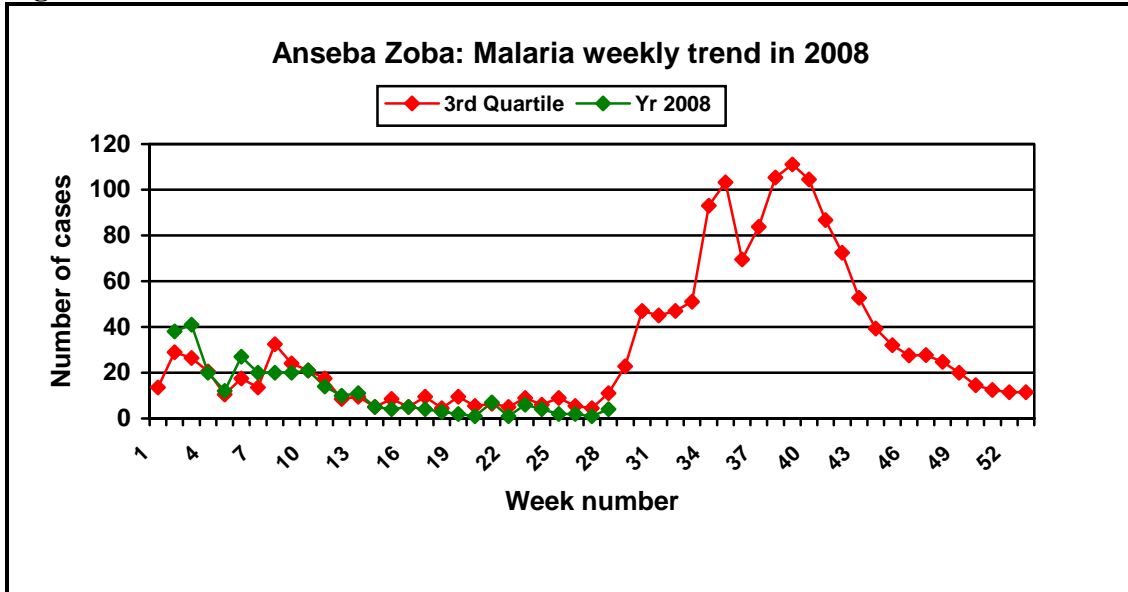


Figure 2

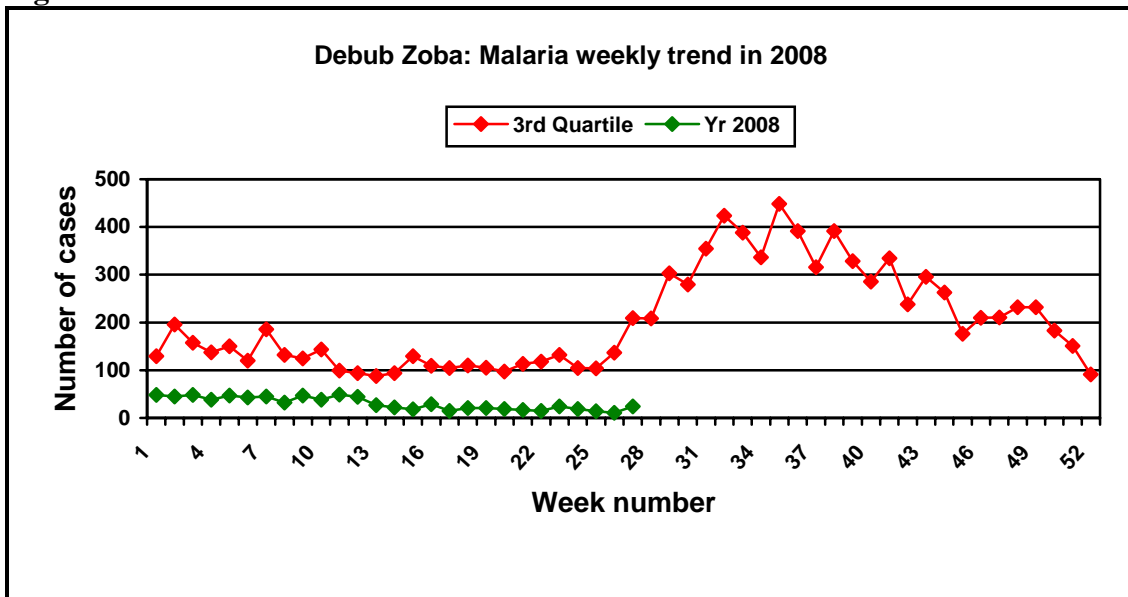


Figure 3

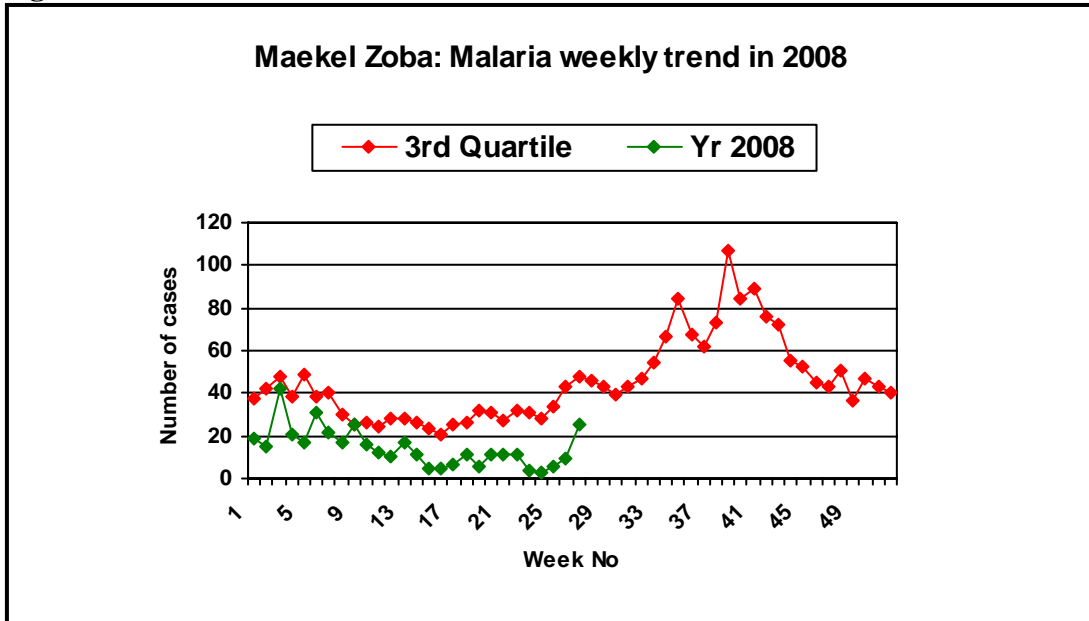


Figure 4

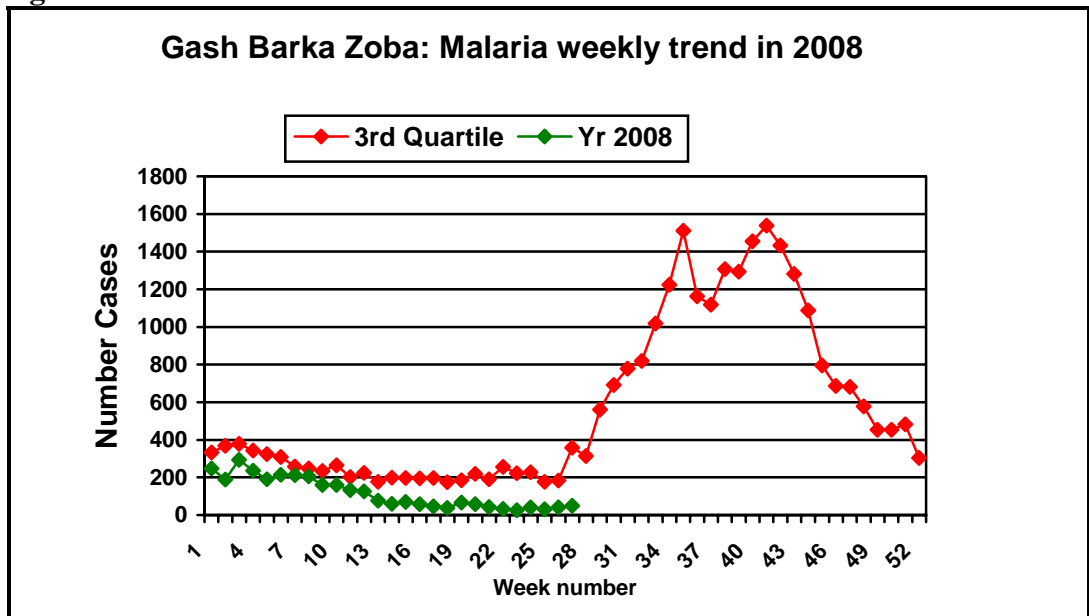


Figure 5

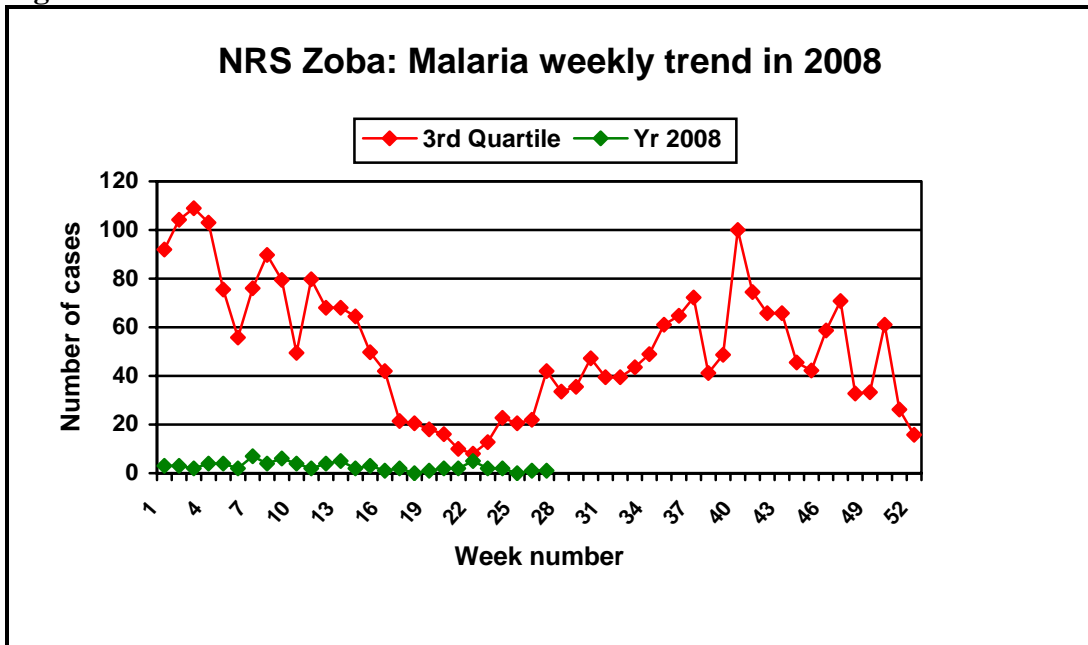


Figure 6

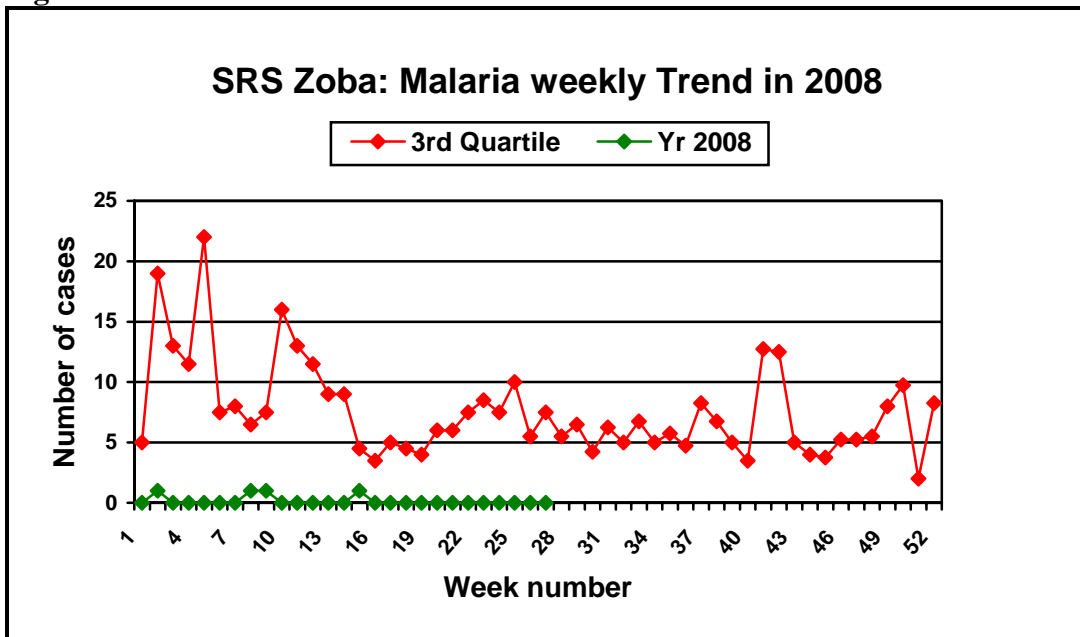


Figure 7

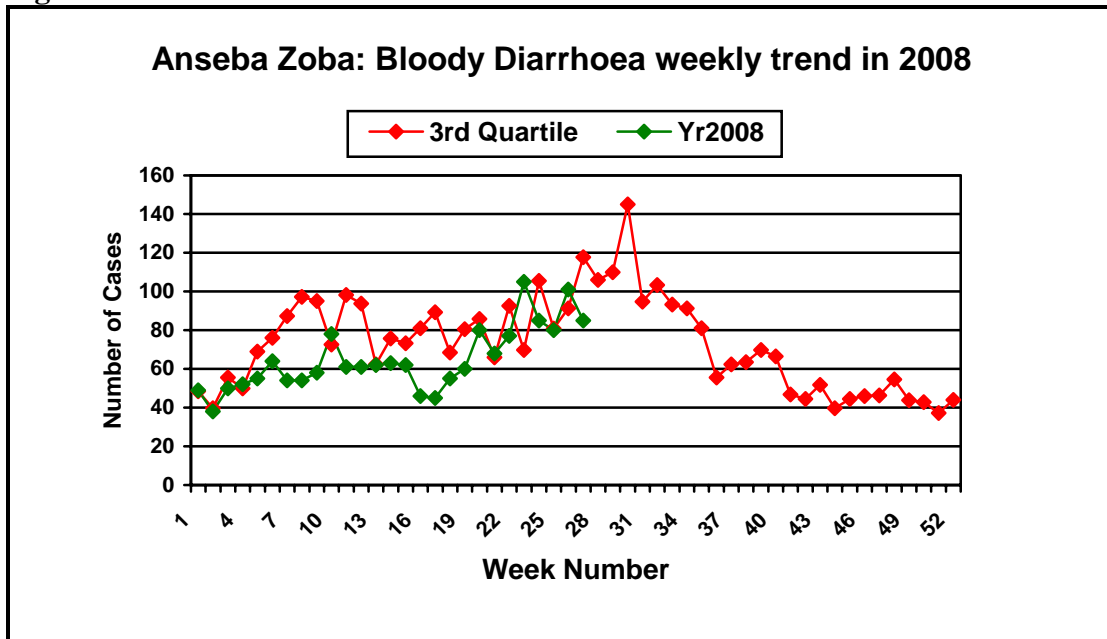


Figure 8

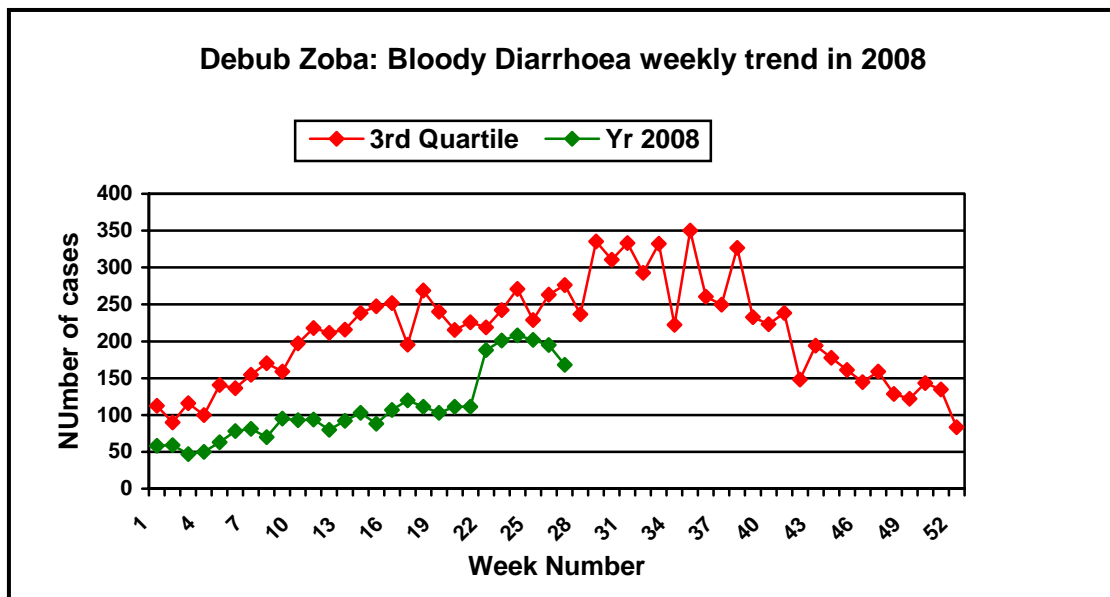


Figure 9

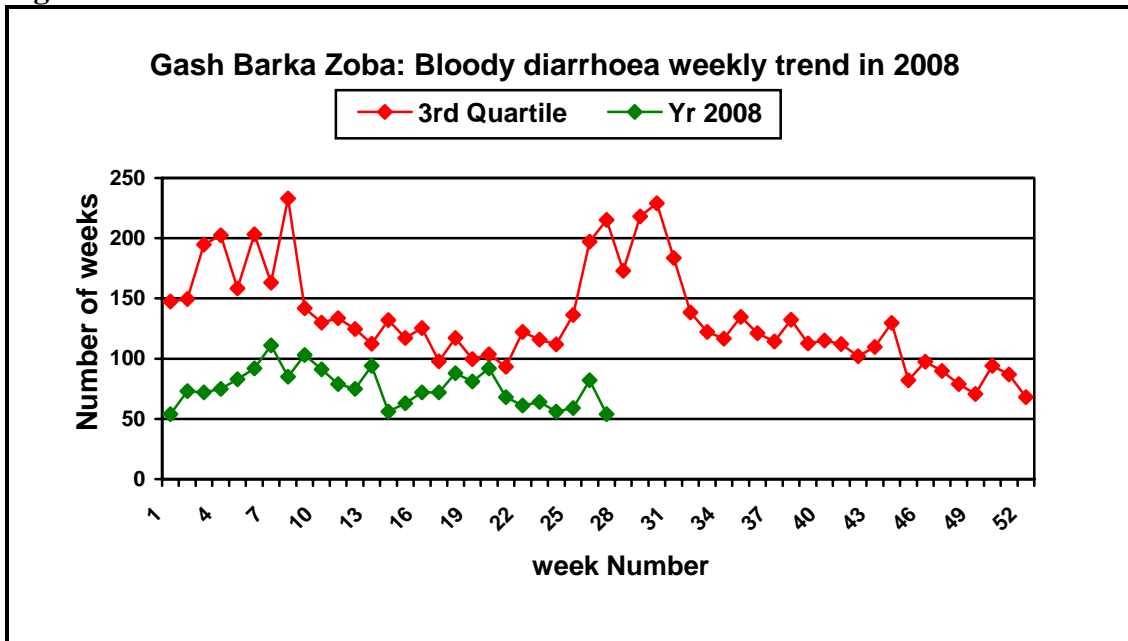


Figure 10

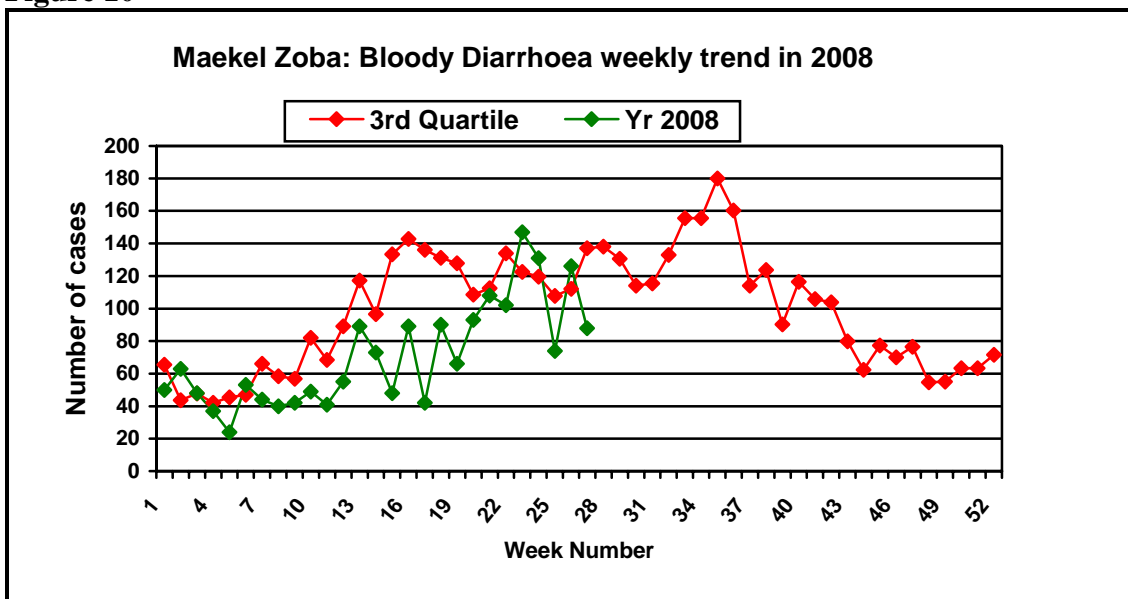


Figure 11

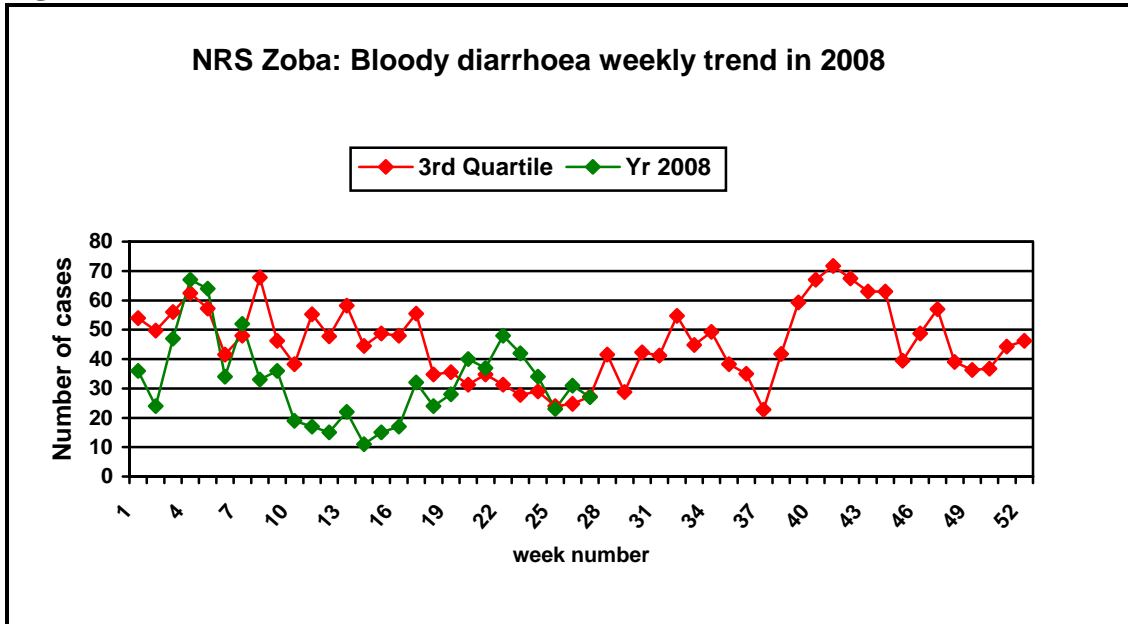


Figure 12

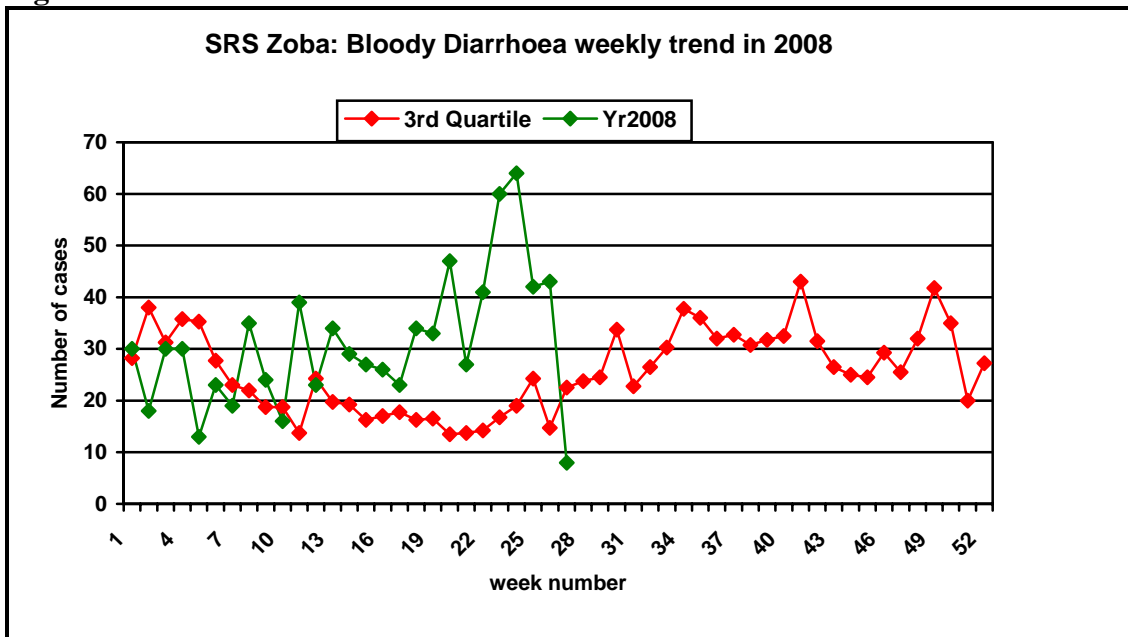


Figure 13

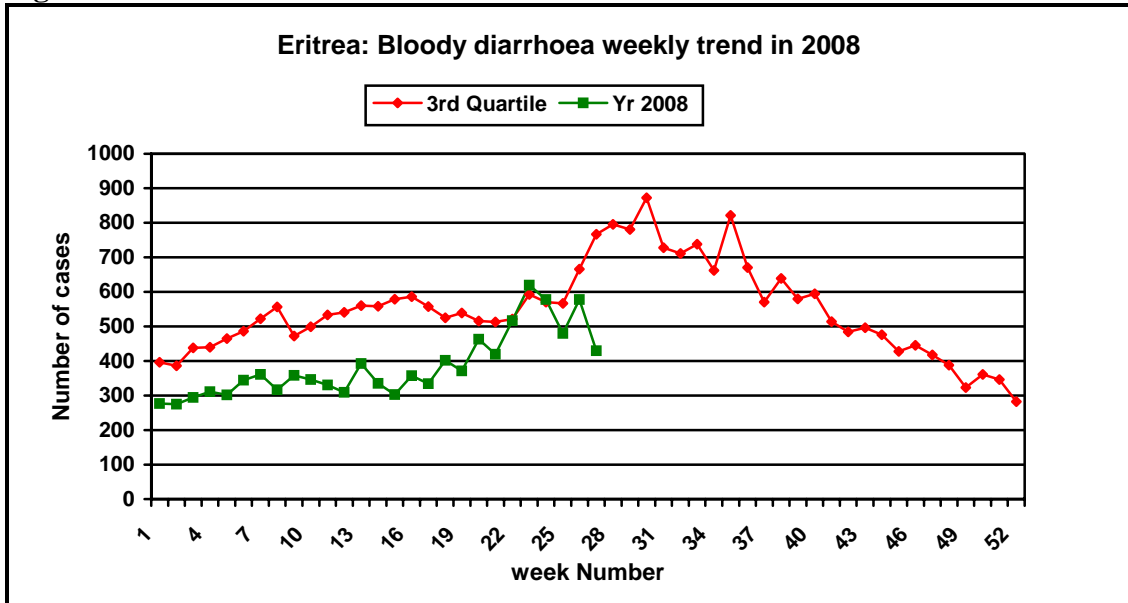
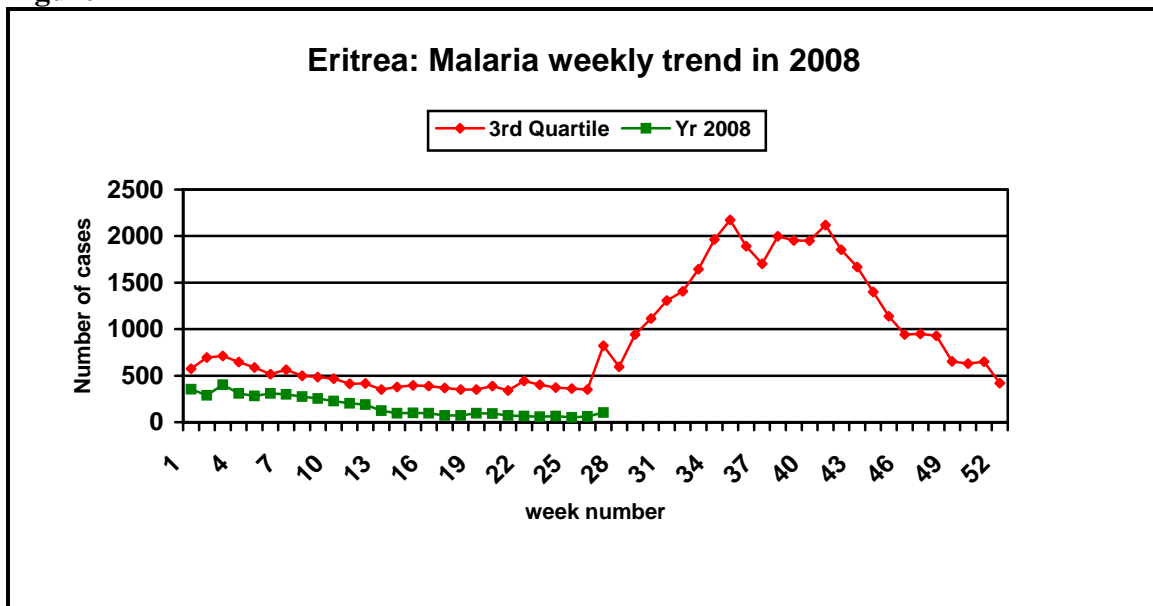


Figure 14



European Commission Humanitarian Office (ECHO) Delegation visits Eritrea to Appraise Humanitarian Projects and Discuss Further Collaboration

Mr. Flavio Bello, ECHO Desk Officer in Brussels, Mr. Giuseppe Angelini, ECHO Deputy Head of Unit in Brussels, and Mr. Yves Horrent, ECHO Representative for Kenya and Eritrea visited Eritrea from 5 – 12 July 2008 to appraise firsthand humanitarian interventions funded by ECHO and discuss future collaboration. The humanitarian interventions funded by ECHO are in the areas of nutrition,



Head of the delegation consulting with beneficiary of the Maternity Waiting Home

maternal and child health, and integrated outreach immunization services. During their visit to Eritrea, the delegation was able to meet and discuss with officials from the Ministry of Health, WHO, UNICEF and other UN Agencies as well as conduct field mission to the Northern Red Sea Region to discuss with regional authorities, officers in charge of health facilities, and beneficiaries. During the field mission, the delegation was also able to assess the level of progress that

has been made following their last visit



Head of Foro Health Facility briefing the visiting team

in June 2007. The delegation expressed satisfaction with the level of progress regarding the implementation of earmarked activities under ECHO



The team witnessing child growth monitoring at Gelelo Health Centre

funded humanitarian interventions and commended the regional authorities and health workers for the level of

commitment and dedication to duty. The delegation noted that some progress had been made to collect and collate relevant data but indicated that there was a need to improve data collection, collation and consolidation on a timely basis to bridge the prevailing gaps and discrepancies. With regards to the malnutrition situation in the country, the delegation observed that a nutrition survey would be more appropriate to precisely measure the malnutrition rates and that the on-going nutritional interventions – the community based therapeutic feeding (CBTF) and the health facility based therapeutic feeding (HBTF) programmes – are yielding good results. The delegation therefore commended WHO, UNICEF, the Ministry of Health both at the central and regional levels as well as the volunteers for their support to these nutritional interventions. The delegation observed that while there has been a gradual increase in the utilization of Maternity Waiting Homes to promote skilled care attendance, targeted IEC/BCC interventions should be conducted to increase awareness and sensitize the community about the importance of the Maternity Waiting Homes in an effort to increase the level of utilization to an acceptable level. Transportation was observed to be a critical limiting factor towards

increasing access and subsequent utilization of available services. Innovative, efficient and culturally appropriate means of transportation should be considered to resolve this situation.

The delegation observed the close collaboration between partners – WHO, UNICEF, Regional Health Officer, Officers in Charge of Health Facilities, etc – during the implementation of earmarked activities under the ECHO funded humanitarian interventions, and encouraged WHO and UNICEF to promote regular dialogue and conduct joint supportive supervisory activities in an effort to improve program performance.

At the end of the field missions to sites in Massawa, Foro and Gelalo, the Regional Health Officer, Dr. Abraham Yemene, gave a power point presentation on the overall health situation in the Northern Red Sea Region. During his presentation, he highlighted achievements and challenges. Following the presentation, there was a general discussion with particular emphasis on improving data collection, collation and analysis for programmatic decision making.

WHO Eritrea Sponsors Workshop to Improve Water Quality

A training workshop on water quality monitoring analysis sponsored by WHO was conducted at the National Health Laboratory from 8-13 June 2008. The objectives of the training were as follows:

- To increase the awareness of environmental health inspectors about the importance of water quality monitoring in water quality management;
- To enhance the skills of environmental health inspectors on water quality monitoring and management; and
- To promote the surveillance of drinking water.



Trainee in the field

In Eritrea, water quality monitoring has not been carried out as required. The reasons, among others, are because there are few laboratories, limited number of trained technicians, high cost of transport, and samples may deteriorate during prolonged transport. However, water quality monitoring should be

carried out at set intervals depending on the number of people served by the water supply. Regular water quality testing and sanitary inspections are important to promptly identify contaminated water source or supply and take remedial measures to improve the situation.

To resolve this challenge, particularly in remote areas of the country, water quality monitoring using On-Site Testing Methods (using portable water testing kits for biological, physical, and chemical analysis) was found to be most appropriate.

A total of 30 participants from the six Regional Health Offices, the Central Laboratory and the Water Resource Department (WRD) attended the training. Opening remarks were made by Dr Kesete Araya from Environmental Health Unit-MoH and Mr Sengal Weldetsae from the WRD. In their remarks, both noted that the training program was crucial for water quality monitoring and to generate quality data to confirm the presence or absence of microbiological and chemical agents linked to water born illnesses in order to institute the requisite preventive and/or remedial actions.

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Trainees getting ready to practice

The workshop sessions were especially designed to provide the appropriate guidance to the participants with regards to the use of field testing kits and its importance in water quality monitoring at the field level or in remote areas where sophisticated laboratory facilities are not available. The participants were given the opportunity to perform water quality analysis in the field by using these low cost field testing kits. This provided hands-on experience on water quality monitoring.



Theoretical briefing was part of the workshop

At the end of the five day training workshop, the participants attested that the course provided the opportunity to deepen their understanding about the importance of water quality monitoring and the technique and function of portable water testing kits.

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