

SUDAN Health Highlights



Global Hand Washing Day in South Darfur

Highlights

- Between 15 and 21 October, the Sudanese Red Crescent Society with support from World Health Organization (WHO) operated a mobile clinic in Alhamra village, south of El Roseires locality.
- Together with local authorities, mobile teams have continued their clean-up campaigns and vector control activities in the towns of Damazine and Roseires, including settlements of displaced population in rural areas namely Dereng, Dindero, Yawra and Gungur.
- In West Darfur, commitments of support to run health facilities have been discussed with several humanitarian agencies over the week.
- WHO with SMOH celebrated the Global Hand Washing Day in El Shahidat primary school in South Darfur.
- Provision of health services in Tawilla, with an estimated population of 78 000 IDPs and host community, has started with SMOH assigning 5 medical staff and WHO providing initial supplies of drugs to run the temporary clinic for 2 months.
- WHO conducted a 2 day supervisory and monitoring mission to Garsilla Rural Hospital of Wadi Salih locality to assess hospital's performance, monitor WHO's support, identify gaps, and conduct on-the-job training course.

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Coordination



Monitoring visit at a health facility in Wad Sharifae Refugee camp in Kassala

In North Darfur, weekly health coordination meetings were conducted in North Darfur State. WHO and SMOH shared the mortality and morbidity report. Health situation in the State was stable and morbidities reported were within normal range while mortalities below emergency threshold. WHO also discussed with SMOH and Johanniter the delay /non reporting of some sentinel sites in Buram, Kubum and Edulfarsan. The meeting decided to actively follow up with focal persons of non reporting sites and enhance the completeness and timeliness of weekly reporting.

In West Darfur, commitments of support to run health facilities have been the discussed with several humanitarian agencies over the week. The World Relief Organization (WRO) will expand its health activities in 2012, and showed interest to support gap areas in the State. Meanwhile, the Islamic Relief Agency (ISRA) is preparing to support Nyorou primary healthcare centre.

Strengthening of humanitarian services in eastern corridor is the focus of the humanitarian community – the UN, international NGOs, and national NGOs – and a work plan is being drafted to ensure activities will be provided to communities in the eastern corridor in 2012.

East Jebel Marra is inaccessible for all health services provision including EPI vaccination. The state EPI has identified people from the local population to be trained

Blue Nile Updates

Between 15 and 21 October, the Sudanese Red Crescent Society with support from World Health Organization (WHO) operated a mobile clinic in Alhamra village, south of El Roseires locality, with 195 household population.

Some 73 people sought medical services at the clinic including children (37), women (37 and 14 of these are pregnant women), and men (9). Causes of attendance were simple diarrheal diseases, malaria and skin allergy.

Preparations are underway in Blue Nile State for Health Sector to operate mobile clinics, and conduct awareness campaigns, environmental sanitation and water chlorination activities, in conflict affected areas particularly areas hosting displaced people namely Dereng, Dindero, Abu gereng, Gungur and northern El Roseires locality.

Urgent concerns were raised to ensure provision of clean water in settlements in Blue Nile State. Primarily, the need to strengthen coordination activities between WASH and other sectors, particularly Health Sector, to boost interventions in Blue Nile State. This will also allow proper identification of water and sanitation needs in settlements, and consequently work to properly monitor and follow up activities. Currently, concerns over the maintenance of water stations in Dereng and Khor Magnza will be raised by the Rural Water Corporation to authorities.

Together with local authorities, mobile teams have continued their clean-up campaigns and vector control activities in the towns of Damazine and Roseires, including settlements of displaced population in rural areas namely Dereng, Dindero, Yawra and Gungur. It was preceded by health education sessions.

and used as focal persons. The efforts continue with the humanitarian partners coordinated by OCHA to gain access for all services including health and nutrition. The state EPI has identified some locals to be trained as vaccinator early next week.

Primary health care

South Darfur

To assess the current health services delivery and the implementation of agreement between WHO and health partners, a meeting held with partners including Ruffaid Health Foundation (RHF) and Mubadiroon was conducted to ensure provision of health services in gap areas of Abu Matarig and El Firduce, after Cordaid left the area. The meeting with American Refugee Committee (ARC) focused on health services and mobile clinics in the areas around Nyala and Belail localities where returnees population, with no existing health facilities. ARC has already started in three areas namely Kukuja, Ishange and Ishma while RHF and Mubadiroon will start next week in El Firduce and Abu Matarig respectively.

WHO and SMOH together with UNDP/UN Habitat deliberated on the selection of health facilities to be rehabilitated and/or reconstructed through USAID funds. After thorough assessments, previous locations were rejected. The revised sites included Dajkar Hallal in Belail locality, Mershing south in Mershing locality and Mosse village in Beleil locality. The selection criteria included presence of returnees, nomads, poor health coverage and accessibility.

The SMOH was tasked to contact HAC office for approval, the State Ministry of planning for identification and allotment of land and the verification of the area population using various sources. The final assessment will be carried out after the SMOH completes these agreed interventions.

North Darfur

Provision of health services in Tawilla, with an estimated population of 78 000 IDPs and host community, has started with SMOH assigning 5 medical staff and WHO providing initial supplies of drugs to run the temporary clinic for 2 months. A full package of PHC including maternal and child health and vaccination has also been implemented. It has been recommended that WHO will continue to coordinate with UNICEF and UNFPA to ensure proper supervision and continued supplies of essential drugs and supplies to the facility.

After identifying the need to follow-up issues on PHC services delivery in the State and to facilitate partners' provision of PHC services and delivery of essential supplies, SMOH nominated a staff for the purpose of facilitation and coordination.

A supervisory visit was conducted to 2 IMCI implementing clinics in El Fasher town. During the visit, on the job training sessions were conducted and IMCI guidelines distributed.

Global Hand Washing Day in South Darfur



WHO with SMOH celebrated the Global Hand Washing Day in El Shahidat primary school in South Darfur. A public demonstration/presentation of proper hand washing practice was done by representatives from WHO, Ministry of Health, Ministry of Education, teachers and the students. During the celebration, WHO launched hygiene promotion campaign in Nyala North including Dereije and Ottash, and support the school with 3 boxes of soap and 3 hand washing stations.

Secondary health care

West Darfur

WHO conducted a 2 day supervisory and monitoring mission to Garsilla Rural Hospital of Wadi Salih locality. The objectives included assessment of the hospital's performance, monitoring of WHO's support, identification of gaps, on-the-job training course and follow up on the recommendations.

- The hospital provides free access to IDPs and conflict affected people.
- The laboratory and blood bank are solar-powered.
- The hospital has a functional OT for minor and uncomplicated surgeries including EmOC.
- A new OT has recently been constructed. The newly constructed laboratory with support from Darfur supporting fund (DTAF).
- The new radiological department needs to fixed X-ray machines and recruit staff.

Identified gaps:

- Shortage in lab reagents and some essential drugs was found and WHO will follow on it with SMOH
- The X-Ray machines need fixing
- The Labour room has only 2 delivery set
- The hospital Incinerator needs fencing and shelter
- These issues and Gaps will be discussed bilaterally between SMOH and WHO.

As part of the Reduction of Maternal and child morbidity mortality programme in West Darfur an on-the-job training session on basic and comprehensive EmOC was finalized



Drugs and supplies donated to health partners in North Darfur



WHO staff checks supplies at the drug store of Garsilla Rural Hospital (above photo) while Kass hospital receives drugs and supplies from WHO (left photo).

for the staff of Garsilla hospital.

In response to the hospital's urgent need, WHO supported Nyala Teaching Hospital with surgical blades, adhesive plasters, chest drainage tubes and IV fluids. The items supplied will be sufficient for 1 month use of the emergency surgical department.

WHO supported Gereida and Kass Rural Hospitals with assorted drugs and medical supplies. The quantity supplied is estimated to cover around 750 patients per hospital.

North Darfur

Monitoring and supervisory visit was conducted to Elfasher maternity hospital and practical demonstration was given on maintaining the stock registers and inventory of drugs and medical supplies. The process of dispensing and consumption was explained in details.

WHO donated assorted of drugs and medical supplies to Partners Aid International (PAI) operating in Al Salam IDPs camp and to Elfasher therapeutic centre. The donations estimated to cover 1000 patients for one month.

WHO supported Mallet hospital with guidelines on infection prevention which will support medical staff to guard themselves against hospital acquired infections.

Environmental health



North Darfur

Water quality monitoring activities were conducted last week in Elfasher town where 64 water samples were collected for free residual chlorine monitoring among private and open dug well water sources, and from these 86% of samples showed the FRC levels ranging from 0.3 -0.5mg/l.

To accelerate water sources data collection in North Darfur, WHO proposed for the integration of routine water quality monitoring activities and water sources data collection with Water, Environment, and Sanitation (WES) and collaboratively develop joint action micro plan for Elfasher town's hand pumps and IDPs camps water sources.

Strengthening of integrated vector control activities including entomological surveys and chemical control measures has been proposed for North Darfur. This is in response to the reported increase in the number of environment health related diseases such as acute jaundice syndrome, malaria and diarrhoeal diseases. Urgent measures include water quality monitoring and treatment activities, and hygiene and sanitation cam-

paigns. As initial activity, Plan Sudan carried out household water treatment in Zamzam IDP camp.

South Darfur

Water quality control activities were conducted in Nyala, Kass and Tulus. During the campaign, 8365 samples were collected from different sources in Nyala (water points, donkey carts and household taps) and analysed for simple water quality. The analysed samples showed normal free residual chlorine level in 7 042 samples or 84% of the total samples. FRC in storage containers at household level is 0.1 mg/l in 62% of the tested samples.

In Kass, 438 samples were collected from donkey carts, water points and households. From these samples 400 samples showed normal range of free residual chlorine representing 92% of the water sources tested while the 8% needs urgent interventions.

In Tulus, 21 samples collected from main tanks and water points were found with normal level of free residual chlorine.

Environmental health

Sanitary inspection and sample collection were conducted in Nyala and Kass for 28 sources to identify the potential sources of contamination. In Nyala out of 18 sources only 1 borehole indicated high risk which required high action priority while 14 sources were monitored with low risk requiring low action priority, and 3 sources with no risk. In Kass, 1 open dug well indicated urgent action while 5 required high action priority.

A 4 day hygiene promotion campaign started in the north sector of Nyala town which include Dereije and Ottash IDP camps. House to house health education visits were conducted covering 1275 families, in addition to 47 schools and Quran Khalwas with 14719 beneficiaries. During the campaign leaflets/brochures were distributed. The main focus of the campaign was distribution of hygiene messages on diarrhoea preven-

tion through hand washing and on safe water handling and storage at household.

West Darfur

With support from WHO, SMOH and the Health Academy conducted water quality monitoring activities within the targeted 27 health facilities in Geneina town.

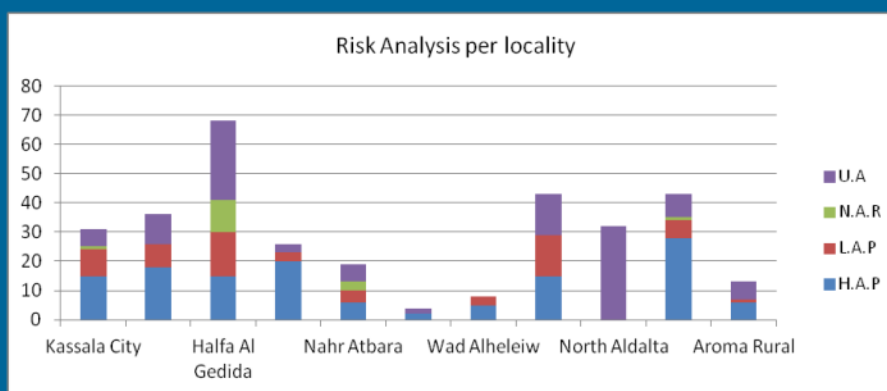
In Geneina town, a total of 168 breeding sites for mosquitoes (stagnant water, containers and drainage) were checked. Positive sites were treated with insecticides.

Integrated vector management (IVM) activities have been initiated in Morni by the Malaria Department in collaboration with Concern.

In El Geneina town, a total of 126 metric tons of garbage was collected and disposed off by 13 laborers who were trained on solid waste management.

East Sudan

In Kassala, the collection of data from water sources was completed, 323 out of 408 water sources were inspected. The remaining uninspected water sources were broken or not functioning sources. WHO in collaboration with SMOH planned for one day workshop for all stakeholders, NGOs and UN agencies, to share the latest data and solicit commitment from all Commissioners and WASH partners to support urgent interventions required for treatment of contaminated sources.



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