

Sudan Health Highlights

1 - 14 February 2014



A strong health surveillance system allows timely response to save lives.

Highlights

- With support from the World Health Organization (WHO), three clinics managed by Labena, Sudanese Red Crescent Society and SIBRO have started providing services to cover the health needs of people affected by conflict in South Sudan. By 10 February 2014, some 24 700 people had arrived from South Sudan to five states in Sudan.
- WHO donated medicines and supplies to five health partners to ensure uninterrupted delivery of critical health services in different IDP camps in North Darfur.
- Emergency surgical supplies, parenteral antibiotics, intravenous fluids, as well as assorted essential medicines, were donated by WHO to Kutum and Mallet rural hospitals.
- Outbreaks of scabies and acute jaundice syndrome have been reported from El Sareif Camp in South Darfur.
- Four suspected cases of measles were reported from Kassala and Rural Kassala localities.
- Between January 7 and February 6, Ministry of Health in Kassala State received notification of 14 suspected cases with one death of haemorrhagic fever, mainly from localities of Kassala, Rural Kassala, Wad Alhelaiu and Rural Aroma. One sample was positive for dengue fever, two other samples were positive for Chikungunya. Surveillance system has been alerted in affected areas and potential areas. Vector control campaign is ongoing with support from state and locality authority.

Communicable diseases, surveillance and control

Monitoring outbreak control measures in El Sareif Camp, South Darfur

On 10 February 2014, a joint inter-agency mission of WHO, State Ministry of Health (SMoH), Médecins Sans Frontières (MSF-B), Mercy Corps-Scotland was conducted to monitor the health situation in El Sareif camp, as well as the control measures, carried out against the outbreaks of scabies and acute jaundice syndrome. The average scabies cases reported per day is 35-40 patients (mainly children under five and women) and that the total scabies cases treated in the centre has reached 1447 cases. Additionally, there is insufficient supply of Benzyl benzoate; patients require 3-5 litres per day. Moreover, there were 51 cases of acute jaundice syndrome cases reported with no death.

EWARS

From 8 February and 14 February 2014, 77.9% of the health facilities in Darfur reported to EWARS, with a benchmark for reporting set at 85%. During the week, there were 48 862 consultations among 2.42 million population under surveillance.

Acute respiratory infections (ARI), bloody diarrhoea (BD), clinical malaria (MAL), were the leading causes of morbidity in Darfur during the week. During the week, 18 cases of acute jaundice syndrome (AJS) were reported from South Darfur (seven cases), West Darfur (two cases) and North Darfur (nine cases). No case of measles was reported during the week in Greater Darfur. Three (03) deaths were reported this week in North Darfur and were attributed to 'other causes' (not to any diseases under surveillance).

Disease morbidity in East Sudan

Please refer to table 2 below comparing incidence rate/10000 population in the eastern states (Gedarif, Kassala and Red Sea).

Four suspected cases of measles were reported from Kassala and Rural Kassala localities. Result of the investigation is still pending. In addition, one case of suspected whooping cough was reported from Port Sudan locality in Red Sea State.

Incidence rate (IR) per 10000 population of ARI, BD, MAL reported in Greater Darfur from W 03 to W 06, 2014.

State	Disease	Incidence Rate			
		W 03	W 04	W 05	W 06
Kassala	MAL	16.36	16.9	17.39	18.1
	TB	0.20	1.41	0.26	0.17
	Typhoid F.	0.80	0.54	0.43	0.32
	BD	2.14	2.71	2.28	1.74
	Bilharzias	1.14	0.14	0.30	0.30
Gedarif	MAL	12.19	12.1	11.23	10.47
	TB	0.08	0.05	0.05	0.01
	Typhoid F.	1.90	1.68	1.93	1.93
	Kala-Azar	0.27	0.39	0.22	0.16
	BD	2.30	2.18	2.39	2.37
Red Sea	Viral H.	0.01	0.08	0.01	0.01
	MAL	1.89	2.3	2.03	2.35
	Viral H.	0.02	0.02	0.02	0.00
	BD	1.16	1.01	1.09	1.02
Red Sea	Measles	0.00	0.00	0.00	0.00

Incidence rate (IR) per 10000 population of ARI, bloody diarrhoea & malaria reported in Greater Darfur, W 03 to W 06, 2014.

State	Disease	Incidence Rate			
		W 03	W 04	W 05	W 06
South Darfur	ARI	13.8	11.2	16.3	16.3
	BD	2.1	2.1	2.4	3.2
	MAL	1.5	1.5	1.9	2.4
West Darfur	ARI	18	16.9	16.9	20
	BD	2.3	2.9	2.1	2.4
	MAL	5.7	5.8	4.5	4.3
North Darfur	ARI	23.2	26.5	25.9	25
	BD	0.8	1.2	1.3	1.3
	MAL	2.6	2.5	2.4	1.8

Between January 7 and February 6, MOH in Kassala State received notification of 14 suspected cases with one death of haemorrhagic fever, mainly from localities of Kassala, Rural Kassala, Wad Alhelaiu and Rural Aroma. 21.4% of the patients are females and 92.8 of the reported cases are in the age group 15-45 years. The most common complaints were fever, headache, bleeding and joint pains. All cases were investigated, blood samples collected and sent to National Public Health Laboratory for further investigations. One sample showed positive result for dengue fever (DF), two other samples were positive for Chikungunya in two female patients from Fato Alshkoria in locality of Rural Kassala. Entomological survey showed presence of *Aedes aegypti* mosquito in Fato Elshokria. Surveillance system is alerted in affected areas and potential areas for DF outbreak (area with history of outbreak). Vector control campaign is ongoing with support from state and locality authority.



Primary healthcare

In North Darfur, the withdrawal of international non-government organizations from the state, as well as the funding constraints to support the training of village midwives, are some of the issues that affect reproductive health (RH) indicators for 2013.

WHO donated medicines and medical supplies to Health Partners to ensure continuous delivery of critical health services to estimated beneficiaries of 17 330 persons in different IDPs settings. Below table shows details of medicine distribution during the week.

Health partners	Area	Estimated numbers of beneficiaries
Anhar (NNGO) clinic	Aboushok	3500
HAD (NNGO) clinic in	ZamZam and Abou Zeriga	1750
MoH for Rapid Response team	Um Ashra in Elfasher rural	450
Almasar (NNGO)	Kebkabiya locality	6230
Relief international clinics	ZamZam (Elfasher rural) and Brush (Um Kadada locality)	5400
Grand Total		17 330

As part of the new integrated PHC package, WHO supports the training programme for 65 medical assistants from Central Darfur and West Darfur.

To ensure uninterrupted primary health services, WHO supported MSF – Swiss with three basic health kits for the health facilities in the villages of Asonga, Sarraf Jiddad and Sirba in El Geneina and Sirba localities.

The construction of health facility in Urum, Central Darfur had been completed and the facility will be handed-over to the State Ministry of Health next week. Additionally, the rehabilitation of health facilities in Deliej and Kurdol in Central Darfur state were also completed.

In Blue Nile, Labena has started providing health care services in areas where influx of returnees and refugees are expected.

By 10 February 2014, some 24 700 people had arrived from South Sudan to five states in Sudan. Around 15 900 have been registered in White Nile State where the authorities established two reception centres. (Source: OCHA)

Three health clinics managed by Labena, Sudanese Red Crescent Society (SRCS), and SIBRO in Blue Nile (Damazine, West Kordofan and South Kordofan) started functioning with WHO support to cover the health needs of people affected by the conflict in South Sudan. Additional four clinics in Bau and Kurmok (Blue Nile) and Abujebeha will soon start their activities with WHO support.

Medical supplies will be delivered to the transitional camps in White Nile to support the two SRCS clinics. In addition, contingency medical stocks have been positioned in all affected States.

Between 1 and 14 February 2014, 11 health clinics and nine hospitals in five IDP camps in South Darfur and East Darfur were visited for monitoring and supervision. These facilities are managed by ARC, CIS, IMC, Merlin, PHF, Rufaida, SRCS and WVI. The supervisory visits were part of the interagency missions to Bulbul Tembesco, Edd-elfursan, Rehaid-elbirdi, Kubum, Al-Safiya, Umm-Mashtour, Tulus and Kateela.

During the visits, WHO identified gaps and outlined recommendations that were discussed during the Health Sector coordination meeting. WHO has filled all the identified gaps with the delivery of essential drugs and medical supplies, as well as funding support from EHA/ Khartoum Office. Necessary actions were taken as per the recommendations in cooperation with the SMOH and operating partners that related to quality improvement and deployment of health cadre.



Secondary healthcare

Maternal mortality remains a major problem in Sudan. The Sudan Household Health Survey from 2010 showed that the maternal mortality ratio in North Darfur was 177.5 per 100 000, but in some areas, such as Kutum and Mallet, it is feared to be significantly higher. Most maternal deaths are due to complications during pregnancy and childbirth, such as bleeding, high blood pressure, infection and prolonged labor. Many of these deaths could be prevented through early recognition, treatment and timely referral.

In order to support the appropriate management of the major underlying causes of maternal deaths, WHO donated emergency surgical supplies, parental antibiotics, intravenous fluids, as well as assorted essential medicines, to Kutum and Mallet Rural Hospitals for an estimated 6205 patients. Additionally, WHO donated emergency surgical supplies to El Fasher State Hospital for an estimated 2870 patients. Below table shows details of medicine distribution.

The required pieces of equipment for the Public Health Laboratory in Nyala were received during the week. The seven laboratory technicians of the SMOH will be trained at the National Public Health Laboratory in Khartoum before the formal opening of the laboratory.

There was a report of spread of infection among the post-operative patients in Nyala teaching hospital (NTH). WHO discussed the matter with the Director of NTH and extended technical support to investigate the infection. WHO also donated an Interagency Kit (IEK type B) to the NTH and more supplies of essential medicines have been scheduled for delivery.



WHO and Ministry of Health Staff testing the quality of water in one of the sources at Zamzam IDP camp.

Environmental health

In North Darfur, water testing and sanitary inspection were conducted in Zamzam IDP camp, with support from WHO. A total of 83 samples were taken from different water sources tested for H₂S. The results revealed that 74 samples (89.1%) were not contaminated while nine samples (10.9%) were contaminated. Additionally, the 83 samples were tested for free residual chlorine (FRC) and results showed that all were within the acceptable standards for safe drinking water (0.2-0.6mg/l). Sanitary inspection was also conducted around the camp and results showed that 75 water sources needed low action priority (drainage around water source cleared to avoid stagnation of waste water) while eight sources required no action.

Water quality activities were conducted in Elseraif town. A total of nine water samples were taken from households and tested for H₂S. Based on the test results, all the sources were not contaminated.

In Kassala locality, 14 water samples were collected for analysis. Results showed that 10 out of 14 samples had free residual chlorine within the standards level (0.2 – 0.5 mg/l).



Coordination

In North Darfur, health challenges facing the Health Sector, along with an action plan to address issues, were discussed during the coordination meeting. Issues that urgently need attention were the following: the acute jaundice syndrome cases (AJS) in the Dar Elsalam locality and the on-going outbreak of AJS in El Sareif. Urgent matters on funding gaps were also discussed, including the Kuwait Patient Helping Fund (KPHF) funding gap by the end of February 2014 that may lead to the discontinuation of services delivery, as well as the discontinuation of services delivery at the Um Deressaya PHU in Shangil Tobaya (Anhar). Moreover, WHO looked into the reported shortage of medicines in Mellit.

Health needs assessment mission was conducted in El Sareif town to monitor the health situation and to identify challenges and gaps faced by health partners. Hepatitis E has hit the area, and there's an urgent need to address the shortage of medicines, supplies, as well as laboratory equipment and reagents in El Sareif Hospital and the PHC health facilities managed by Anhar and Humanitarian Aid and Development (both national NGOs). Equally important issues that need to be addressed are the inability to support the referral of emergency cases from El Sareif to El Fasher, as well as the need to support running costs for health facilities and incentives for health workers.

The trend of water, sanitation and hygiene (WASH) related diseases showed an increase in the incidence of "other diarrhoea" cases in Aboushouk, Zamzam and Shangil Tobaya IDP camps. WASH partners agreed that activities will be intensified in these camps.

In South Darfur, important health issues like outbreaks, gaps in health service delivery, Nyala Teaching Hospital issues, as well as concerns regarding the health staff training programme, were discussed during the three ministerial meetings conducted in Nyala. After the meetings, plan of action was immediately drafted. During the meetings, WHO's support to the SMOH were discussed e.g. selection of health facilities for rehabilitation, drugs and medical supply needs analysis based on the previous years' consumption, improvement of weekly epidemiology reporting systems, as well as inputs from EHA on interagency missions.

For more information contact

Dr Maria Luiza Galer
Emergency Coordinator, WHO Sudan
galerm@who.int

Mrs Christina Banluta
Communications Officer, WHO Sudan
banlutac@who.int