



Highlights

- The overall security situation in Darfur, Eastern region, South Kordofan and Blue Nile States remained relatively calm though unpredictable.
- WHO South Darfur supported SMOH to conduct four training workshops to improve the knowledge and skills of health care providers and community health volunteers. Two training workshops were conducted in Shariea, one on “Case Definitions of Notifiable Diseases” and the other on “Management of Tuberculosis” targeting 30 participants each training session. The participants were doctor, nurses, midwives, and medical assistants.
- One training course was held in Gredha for six days on “IMCI- Key Family Practices for Volunteers”, having 21 participants.
- One training for two days was conducted at Nyala Teaching Hospital by FMOH and WHO on “Influenza A (H1N1)- case detection and management” The participants were 50 and included medical doctors working in NTH and with NGOs in Nyala.
- FMOH with support of WHO conducted a workshop on H1N1 Influenza in Kadugli. The workshop targeted 40 participants from different localities. The workshops covered diagnosis, reporting and case management of Influenza A (H1N1).
- In West Darfur, 8 various trainings on malaria management, case definition, ARI, active case finding and Influenza A (H1N1) for MD, MA and LAB Technicians were conducted in Zalengi, Morni, Geneina and Garsila localities supported by WHO and facilitated by SMoH/FMoH and agencies.

Area of concern :

- Some areas of WD are still difficult to access due to restriction of movement of international staff for program implementation.
- According to UNDSS latest report, 30 areas have been declared as no go areas in East Sudan 3 States due to insecurity and mines problem in most of bordering areas with Ethiopia and Eretria

Coordination:

- Weekly health coordination meetings were held in the three states of Darfur. In greater Darfur, WHO shared the Weekly Morbidity and Mortality Bulletin for week 50. The health situation remained stable with morbidities within normal range and mortalities below the emergency threshold. The resource mapping for Meningitis Preparedness was discussed in West Darfur.
- The biweekly health coordination meeting took place in Zalengi chaired by SMOH and co-chaired by WHO, where various health concerns in **East West Corridor** were discussed, such as the VTC functioning in Zalengi hospital visited for voluntary tests on daily base. The meningitis preparedness task force was activated and UN joint mission report to Nertiti was shared.
- In SK, the quarterly meeting for the reproductive health was held in Kadugli and the main focus was the establishment of the maternal death surveillance system in the state.
- The Health Coordination meeting held in Red Sea State, attended by DG SMoH, WHO, heads of all directorates of SMOH, HAC representative and NGOs. Each head of department (PHC, Epidemiology, SNAP, TB, EH and Malaria program) briefed the participants about their achievements, constraints during 2009 and way forward for 2010 in RSS. The meeting also discussed the implementation of plan 2010 like DHF, training for surveillance system and AWD. During the meeting the DG health decided that coordination meeting will be held regularly on monthly basis.
- WHO Kassala participated in meeting of State council for HIV/AIDS. The meeting was chaired by the Wali and attended by State council of Ministers, localities commissioners, UN Agencies and NGOs. The meeting came out with recommendations and political commitments to support HIV/AIDS health education program, support mobile VTCs, expand the fixed VCTs and PMTCTs in the State and financially and politically support the society of the people living with HIV/AIDS.

WHO activities linked to the health and nutrition sector objectives

Strategic Objective: To contribute towards better access for vulnerable populations to quality health care services that include a basic health package, nutrition and emergency referral services.

Primary Health Care:

- In North Darfur a team of SMOH continued monitoring and supervision of IMCI in 12 clinics in Elfasher to strengthen the strategy of management of under five yrs conditions, during the visits IMCI formats and other tools were distributed
- KAP survey in Kutum was successfully implemented using standard IMCI questionnaires for community component, volunteers from Kassab camp who trained last month on family best practices actively participated under close supervision of WHO and SMOH
- WHO conducted 2 missions to Kutum and Maliet for monitoring and supervision of services delivery, during the visits mapping of PHC services at rural Maliet and Kutum Town where SMOH is running facilities have been compiled using HeRAMS tool
- In North Darfur 2 areas namely Mouzbat and Um Barou have been dropped from the list of gap areas as discussion and process is going on between MSF-E and SMOH in a plan that MSF-E to support SMOH in implementation of quality services in these two areas and other 3 areas in Dar Zaghawa. Meanwhile coordination with SMOH and different actors including UNAMID is going on to cover the remaining gaps in ND.
- WHO ND continued supporting training of 15 new vaccinators from 13 villages where SMOH and NGOs are supporting services delivery namely (Muzbat, Um Barou, Ein Sero, Tawila, Korma, Tina, Hashaba, Basheem, Um Ajaja, Kherban, Seraif, and Saraf Omra. The training started last week and continued to develop skilled vaccinators, same class is hosting training of other 20 new vaccinators supported by PAI they are from Dar Salam and other areas where PAI is fully supporting implementation of PHC services. A total of 35 new vaccinators will concluded in first week of Jan 2010.
- WHO supported AHA (INGOs) operating in Abassi camp (2 Km around Mallet town, 2500 population),with essential medicine. Supplies provided is expected to cover the gap the clinic was facing during the last period.
- WHO supported KPHF (INGOs) operating in Alsalam IDPs camp with essential medicine which will facilitate providing free PHC's package of health services in the camp.
- WHO- PHC WD participated in the opening ceremony of fistula campaign in Geneina hospital. 5 major operations were achieved and another 7 new cases were prepared for surgery in collaboration with SMOH –WD and Geneina hospital. The campaign targeted 100 fistula cases from all Darfur states however, few patients than expected attended to the hospital which highlights the need of 'all sector partners' support to mobilize communities in this regard.
- In South Darfur WHO in collaboration with SMoH has conducted a training course for 6 days in Gereida on the community component of the IMCI program (KFP) targeting the Community Health Workers who act on the outreach activities in the area. 21 participants have received the training according to the national curriculum
- Supervision and monitoring for the clinics in Gereida in which several meetings have been conducted with the medical cadres discussing the main constrains facing services delivery and how WHO can help.

Outcome;

- Three fixed clinics and the same mobile teams are providing services for the IDPs in the area
 - Staffing is enough to provide quality with some shortage in the outreach activities in spite of contribution of 50 volunteers from Sudanese Red Crescent
 - Medical supplies for some clinics are delayed due to logistics problems.
 - Coordination meetings will continue as before chaired by SMoH representative (hospital medical director)
 - WHO will provide more training courses for community based activities in 2010 plan and help to fill gaps as well as provide technical support and guidance
- WHO supported one clinic in Kalma IDPs camp with some essential and life saving drugs and medical supplies to fill the gap and contribute in sustaining the services

Eastern State:

- IMCI section in Kassala SMoH has conducted TOT training on IMCI for 7 trainers from Kassala State and also

conducted 6 days training on IMCI community component for 30 teachers from 30 schools for all 10 localities. The training has been facilitated by FMOH- IMCI section

- WHO provided drugs and 5 BP apparatus with stethoscopes to PHC department of RSS

Blue Nile State:

- WHO provided obstetric surgical equipment and supplies to SMOH warehouse to support EMOC programme particular in rural hospitals

Strategic Objective: To contribute to a reduction in maternal and child morbidity and mortality focusing on Safe motherhood initiatives.

Secondary Health Care:

North Darfur:

- Weekly monitoring visit was conducted to Elfasher Teaching Hospital to ensure free, quality services is provided to the IDPs. The visit found that:
- The hospital lacks some lab reagents and essential medicines i.e. IV fluids, WHO will support the hospital with the mentioned item within this week.
- Kabkabia hospital: The overall activities are ongoing; the construction of the new operating theatre is going on with fund from hospital income and WHO contribution. The Environmental health and safe precautions in the hospital are improving with WHO technical support. WHO will support transportation of lab's slides to the reference lab in SMOH and feedback to the hospital as a sort of quality assurance.
- Mallet Hospital: WHO provided Mallet rural hospital with assortments of lab reagents and basic equipment. This will help the hospital to continue providing free quality lab services to the IDPs. The proposal for availing washing facilities in pediatric ward is ready and waiting for WHO monthly financial contribution to install as a measure to reduce hospital acquired infections.

South Darfur:

- Completed six days training workshop on “infection prevention and medical waste management”. Participants were 185 Nyala Teaching hospital staff divided into groups (medical doctors and lab technician; nurses, midwives, assistant staff; cleaners and environmental health workers). Objectives of the training were: To improve environmental health inside the hospital and to minimize the hospitals acquired infections.
- To cover the gap that Nyala hospital was facing last week, WHO provided Nyala Teaching Hospital with 15 Halothane bottles, 10 salbutamol solution vials, 3 cotton drums and 3 surgical dressing sets.

West Darfur:

- Monitoring and coordination activity with state hospitals is going on with WHO focal points in rural hospitals.
- SHC monthly monitoring and supervision was done for Garsila Rural Hospital and found that:
- Need to relocate the laboratory to a new place: hospital taken the action.
- X ray machine to be fixed – (SMOH to put plan and time for fixation).
- Electricity to the hospital: needs another Generator to increase power output so as to met the need of both sterilization unit (autoclaves) and laboratory.
- Warehouse and the pharmacy need physical arrangement. Plan by SMOH and WHO will be developed next week.

Additional Comments:

- **ND:** This week total of **27 CAS** operations applied in 4 supported hospitals for the IDPs.
- **SD:** This week total of **24 CAS** operations applied in 4 supported hospitals for the IDPs
- **WD:** This week total of **15 CAS** operations applied in 3 supported hospitals for the IDPs

Supported hospitals- General information:

Week 48	Outpatient		Inpatient		Total no. of Operations		Deaths		Gender	
	IDPs	Non-IDPs	IDPs	Non-IDPs	IDPs	Non-IDPs	IDPs	Non-IDPs	Male	Female
North Darfur	590	1674	161	292	69	152	38	22	1196	964
South Darfur	779	1617	143	381	55	187	8	29	1046	1350
West Darfur	718	881	222	231	21	19	8	2	723	876
TOTAL	2087	4172	526	904	145	358	54	53	2965	3190

Strategic Objective: To strengthen local capacity to predict, prepare for, respond to, mitigate and manage health and nutrition risks.

I. Reporting timeliness & completeness

This week 87.7% reporting timeliness & completeness of EWARS reports was achieved in Greater Darfur. 58025 consultations were reported last week with 2 deaths (due to other causes) in a total population of 2873460, please see fig 1 & 2.

Health service utilization rate for this week is 1.1 visits/person/year

Fig 1: Timeliness and completeness of EWARS reports in Greater Darfur in the period week 22 till week 50, 2009.

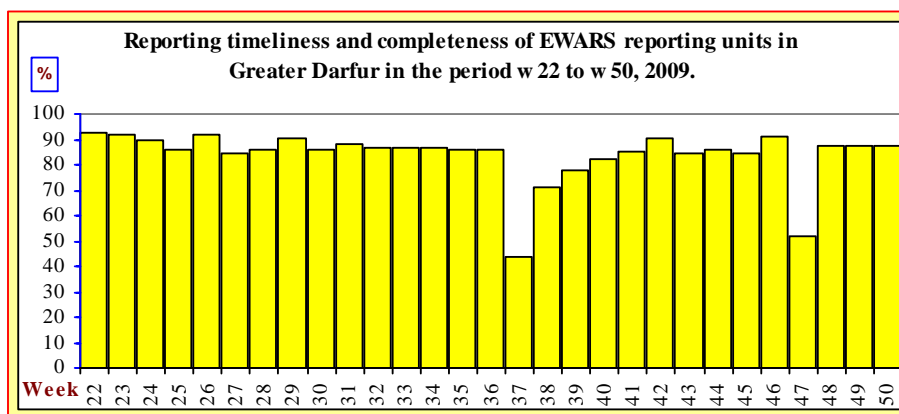
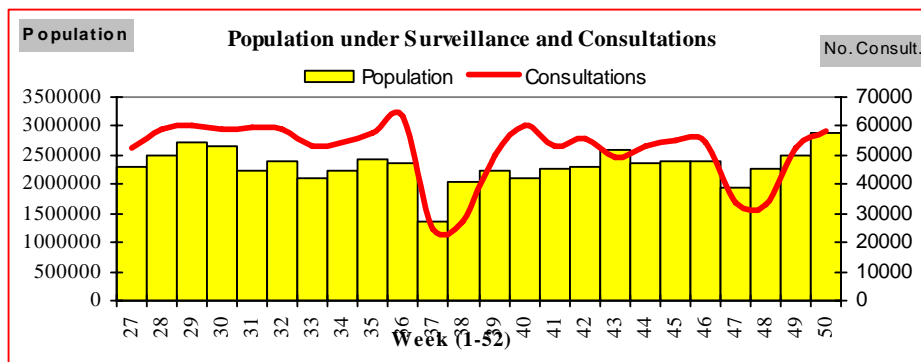


Fig 2: Weekly distribution of population under surveillance and consultations in Greater Darfur, Sudan, week 27 to week 50, 2009.



II. Diseases of public health importance

Acute Respiratory Infections (ARI), Bloody Diarrhoea (BD), Clinical Malaria (MAL) and Acute Jaundice Syndrome

AJS continues to be the principle diseases/conditions of public health importance in Darfur states where 11 cases of AJS were reported in Greater Darfur. One case of suspected meningitis was reported from West Darfur.

Table 1: Comparison of Incidence rate (IR) per 10000 population of ARI, BD & MAL reported in Greater Darfur in W 47 to W 50, 2009.

State	Disease	IR W 47	IR W 48	IR W 49	IR W 50
South Darfur	ARI	10	13.9	14.4	11.6
	BD	0	3	3.3	2.5
	MAL	2	6.3	5.2	4.5
West Darfur	ARI	28.2	23.7	27.5	33.2
	BD	3.5	2.7	3.3	3.5
	MAL	19.1	10	12.6	15.2
North Darfur	ARI	36.3	19.7	34.2	35.1
	BD	2.6	2	2.7	2.7
	MAL	3.5	1.6	2.6	3.8

During this week Red Sea State has reported 9 cases of AJS. Four blood samples have taken and tested in Port Sudan public Lab, 3 samples were positive for Hepatitis E virus and one sample was positive as a hepatitis B virus.

In BNS, malaria was the leading cause of morbidity and contributed to 24.6% and 25% among adults and children under five respectively who attended at health facilities.

III. Outbreak preparedness & response

III.I Pandemic (H1N1) 2009

- By the end of this week, the total cumulative cases of Influenza A (H1N1) were 415 cases including 50 ILI & 12 SARI with 4 suspected deaths.
- Last week, FMOH conducted training for health cadre on Influenza A (H1N1) surveillance and management in River Nile state and Northern state. This training was supported by WHO and will cover all of the 15 northern states.

Environmental health activities:

Darfur:

Water Quality Control:

- WHO/SMoH conducted monitoring and supervision for water quality in Elfashir town. Over 6 days 61 water point were visited and 48 water sample were taken. Residual chlorine ranged between (0.2 - 0.5mg/l).
- In Zalengi West Darfur routine water quality activity is going supported by WHO in two camps (Hamedia & Hassahisa). 13 water sources (3 hand-pumps, 4 taps, 2 HHs and 4HDW) were sampled. Results showed that the Residual chlorine was 0.2-0.6 ml/l except 1hand-pump and 1 house-hold showed zero chlorine and positive to H2S as well more than I TFC in both sites in Hassahisa camp.
- In Morni & Krenik, 47 water samples were tested for H2S where 42 proofed negative to H2S while 5 samples showed low chlorine, positive to H2S and cultured positive to TFC in one source. The source was re-treated properly

and measured returned to standard.

- In Geneina, routine water quality took 10 water samples to be tested for FRC from 6 Geneina IDP camps & Geneina private wells. 5 out of 10 samples recorded zero Residual chlorine from Ardamata, Hugag Abuzer and the private well in town due to absence of chlorination. It was verified that venders / consumers don't prefer chlorinated water. 10 water sites were visited in Geneina private wells and 10 sanitary surveys conducted which found that 4 sites were an intermediate risks to public health and 6 constituted low risk while all need to strengthen sanitary measures inside wells and around (this will be shared with concerned partners for improving general conditions).
- In South Darfur, water quality control was conducted in Kass, Al Neem and Khor Omer. During the week, 121 samples were collected from donkey carts and tested for FRC. 96 samples had residual chlorine level between 0.2 to 0.5 mg/l while the rest (25 samples) were between 0.0 to 0.1 mg/l. In El Deain locality: Al Neem and Khor Omer were visited and 4 sources (elevated tanks) were checked and Cl was 0.3 mg/l. Additionally 6 tap stands in Al Neem showed Residual chlorine at 0.3 mg/l while in Khor Omer 3 taps were below the required Residual chlorine standard (0.1mg/l). 18 samples taken from HHs level from both Al Neem and Khor Omer showed 0.1mg/l in 12 samples (67%) and 6 samples (33%) were Nil of (FRC) residual chlorine from Khor Omer.

Integrated Vector Management:

- Vector control measures for mosquito breeding sites are ongoing in Nyala, Kalma, Ottash, Derieje, Belail, Al Salam and Kass; during last week. A total of 84 breeding sites were checked and treated

Missions for monitoring activities:

- In West Darfur, 3 missions were conducted in Geneina, Morni and Krenik IDP camps. Gaps in EH were identified and main findings were shared for discussion with concerned partners. Main points raised were:
 - a. Training of chlorinators in Labado and Selaiah.
 - b. Fencing of water points and maintaining good drainage around them.
 - c. Filling the gap of hygiene promotion. (Stopped due to financial gap).
- The detailed report will be shared to discuss fostering EH interventions to improve the situation

Capacity building:

- 3 days training on water quality control was successfully conducted in Nyala SMoH conference room targeting 30 EH officers, water analysts and WATSAN officers from SMoH, EH rural localities, WES and WASH implementing partners.

Eastern States:

- Water Chlorination processes were on going, 5 storage tanks out of seven working with percentage (71.1 %), and residual chlorine was 0.2mg/l. The field supervisors were regularly visiting the field 2 times / week and during the visits they were taking the samples for the chlorine test from storage tanks by MOH EH and supporting by WHO EH and giving regular feedback to State Water Corporation (DG health, DG water corporation and Laboratory Staff).
- The SMOH integrated vector control program was regularly spraying on weekly basis in 3 administrative units of Port Sudan locality to reduce the density of flies in the town which was high during the month of Oct to Dec.

South Kordofan:

- WHO supported SMOH to conduct round two cleaning campaign in El Dilling locality.
- Water quality control has been conducted in Kadugli locality. 20 water samples were collected to be tested for free residual chlorine and microbiological tests. The results for 11 samples showed zero residual chlorine while 9 water sources were within the standard range of residual chlorine range between (0.3- 0.5 mg/l). In addition, one was contaminated. The results were shared with other partners. The activities to correct the water sanitation had been conducted.

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