

Reports from Southern Sudan

Southern Sudan Nutrition Health Convention

The Government of Southern Sudan (GOSS), Ministry of Health (MOH) Directorate of Nutrition (DN) hosted a Nutrition Health Convention in April 2009 in Juba. One hundred thirty-four participants attended, including representatives from the MOHs of nine states, teaching hospitals, UN agencies, NGOs and nutritionists from outside South Sudan. Its aims were raise awareness of nutrition to health outcomes, and to be a launch pad for developing a Nutrition Health Policy, which will lead to integrating direct nutrition interventions into primary health care services.

Rates of malnutrition and food insecurity in Southern Sudan are extremely high:

- The Global Acute Malnutrition Rate (GAM) among 6-59 month old children is around 22%, significantly higher than the WHO 15% threshold for nutritional emergencies.
- Although data are lacking, micronutrient deficiencies (especially iron, vitamin A, zinc, iodine and folic acid) are almost certainly widespread.
- The number of people who are food-insecure is expected to reach one million by mid-2009.

Several speakers outlined the many causes of malnutrition. These included:

- Destroyed infrastructure due to the war, leading to problems with access, and making it difficult to detect and treat people suffering from malnutrition.
- Poor water supplies and sanitation conditions.
- Practices and beliefs related to child feeding, hygiene practices, and health-seeking behaviours.
- Lack of knowledge and illiteracy of caregivers, and cultural issues leading to proscriptions of healthy foods for pregnant women and children.
- Climate conditions such as frequent drought and flooding that reduce crop production; cattle raids; and inter-ethnic violence.
- High levels of poverty.

There is lack of capacity at national and state MOH levels because of:

- Budgetary constraints.
- Nutrition services having collapsed or never having developed sufficiently.
- Infrastructure, human skills, workspace, equipment, supplies and supervision mechanisms being inadequate or non-existent.
- Lack of instruction and training.
- Poor communications and logistics.

- Most health professionals being male while nutrition is still perceived as the domain of female health professionals.
- Most NGOs implementing nutrition interventions following an emergency model rather than addressing underlying developmental factors.

In order to reach the GOSS MOH/DN's goal of integrating direct nutrition interventions into primary health care and to mainstream nutrition into the health system, participants agreed that there is a need to:

- Improve human resources capacity (defining staff roles and strengthening nutrition-related skills).
- Improve staffing levels and training.
- Develop a nutrition policy, protocols and guidelines.
- Improve coordination between the GOSS MOH and state MOHs.
- Improve linkages with other sectors, especially food security.
- Conduct a mapping of nutrition programs.
- Increase emphasis on non-emergency interventions.

During the Convention the following topics were presented and discussed. We hope to bring more details of these in a future issue of this Bulletin.

- 2006 WHO growth standards.
- Nutrition surveys and surveillance.
- Infant and Young Child Feeding.
- Micronutrients.
- Management of acute malnutrition and the community-based management of acute malnutrition (CMAM) approach.
- Nutrition and HIV.
- Food Security.

At the end of Convention, the state representatives affirmed their commitment to working in partnership with the MOH/DN in the future. They said that they were now more aware of the importance of developing nutrition departments at state and county levels, and had a new appreciation for the significance of good nutrition to the wellbeing of the people of Southern Sudan. They asked for MOH/DN assistance for staff recruitment, capacity building and training, and equipping the nutrition departments. The states expressed their desire to establish formal coordination mechanisms at all levels, standard reporting formats and internet-based communications.

Thanks to Diane De Bernardo for supplying the data on which this summary is based and Victoria Eluzai for approving the summary.

Motorbike ambulances for safer childbirth

See photo on front page

The Ministry of Health has introduced motorbike ambulances (5 scrambler motorbikes with sidecar "beds") to Eastern Equatoria region in a pilot scheme aimed at cutting the high rates of maternal mortality. "We have a problem bringing critically sick people to the few referral facilities available. We have in our budget this year at least one ambulance per county, but even that one ambulance will not be enough" said Atem Nathan Riek, Director-General of Primary Healthcare.

The motorcycles, donated by UNICEF, cost about US\$6,000 each and provide space for the patient to sit or lie down and for a health worker to sit behind the patient. Two mechanics are being employed, and they will train local mechanics. The bikes have some advantages over heavier vehicles as they can more easily negotiate narrower paths around flooded tracks and are cheaper and easier to maintain in remote areas. The service is free for pregnant women and if successful, the pilot project will be extended to the rest of the country.

Reproduced with permission from IRIN news service (<http://www.irinnews.org/>)

Extracts from Journals, etc.

Please send us more material for future issues of the Bulletin.

AF AWARE (Atrial Fibrillation Awareness And Risk Education) is a joint initiative of the World Heart Federation, Atrial Fibrillation Association, Stroke Alliance For Europe, and European Heart Rhythm Association that aims to deal with issues that contribute to the growing world-wide burden of **atrial fibrillation**. Incidence is expected to double by 2050 due to the growing proportion of elderly people. See www.world-heart-federation.org/about-us/partnerships/af-aware-initiative

Malaria overdiagnosis and burden of malaria misdiagnosis in the suburbs of central Sudan: special emphasis on artemisinin-based combination therapy era

Accuracy of diagnosis is central for malaria control. Although microscopy is the gold standard in malaria diagnosis, its reliability is largely dependent on users' skills. This study evaluated practitioners' clinical and microscopists' technical skills in diagnosis of malaria in central Sudan. Results showed that the rate of false-positive diagnosis of malaria was 75.6% and false-negative diagnosis was 0.01%. The study disclosed poor skills of the GPs and GMs in malaria diagnosis because nearly half of both groups failed to

make a single true-positive malaria diagnosis. Economically, the calculated cost of diagnosis and treatment of malaria in Sudan in 2000 is US\$100 million, whereas the calculated cost of true malaria is approximately US\$14 million. Different scenarios were suggested for improvement of malaria diagnosis.

Salwa M.E. A-Elgayoum, Abd El-Karim Ahmed El-Feki, Babiker Ahmed Mahgoub, El-Amin El-Rayah, Hayder A. Giha. Diagnostic Microbiology and Infectious Disease, Volume 64, Issue 1, May 2009, Pages 28-34 ([http://www.dmidjournal.com/article/S0732-8893\(09\)00050-9/abstract](http://www.dmidjournal.com/article/S0732-8893(09)00050-9/abstract) or look under <http://www.dmidjournal.com/>) Thanks to Leela McCullough for this item.

'Salt and high blood pressure: two silent killers'

was the theme for **World Hypertension Day** on 17 May 2009. Hypertension is the largest single cause of death worldwide, and salt is the major factor that increases blood pressure. WHO recommends reducing salt intake to six grams a day - equivalent to one teaspoon. Most of the salt intake in Africa is from salt added 'at the table' or while cooking. World Hypertension Day 2009 promoted these messages:

- High blood pressure is the largest single cause of death worldwide through strokes, heart attacks, and kidney diseases.
- Salt is the major factor that increases blood pressure.
- Reducing salt intake reduces blood pressure across the population.
- If salt intake was reduced by half it would save approximately 2.5 million people a year dying unnecessarily of strokes, heart attacks, and chronic kidney diseases.

For more information see www.who.int (and write 'hypertension' in the navigation bar), www.worldhypertensionleague.org and www.worldactiononsalt.com, Find Factsheets on www.worldactiononsalt.com/home/resources.htm.

HAART and pregnancy

This study evaluated the impact of antiretroviral therapy during pregnancy on birth weight, length and head circumference of uninfected infants born to HIV-1-infected mothers in the Agence Nationale de Recherche sur le SIDA French Perinatal Cohort CO1. It concluded that HAART during pregnancy does not increase the incidence of infants who are small for gestational age.

Briand N, Mandelbrot L, Le Chenadec J, et al. AIDS 2009 May 06; 23.

Strengthening care of injured children The **Disease Control Priorities Project** has shown that

the following interventions are cost effective for improving trauma care of injured children:

- Strengthening of pre-hospital care through training of community-based paramedics and village lay-first responders
- Community ambulances
- Basic surgical care (including care of injuries) at district hospitals.

Mock C et al. Bull World Health Organ 2009;87:382-389. <http://www.who.int/bulletin/volumes/87/5/08-057059.pdf>

For your resource centre

e-TALC Health Development CD-ROM issue 10

This new CD-ROM provides reliable health materials for workers in developing countries who have access to computers but limited access to the internet. The materials are arranged under the following categories: Child Health, Community, Family Planning, HIV/AIDS, Other Medical Specialities, Mental Health, News from other organisations, Nutrition, Obstetrics, Midwifery and Maternal Health, Rehabilitation and Surgery. Of particular interest are two video clips: how to measure mid-arm circumference and the 'breast crawl' (showing a newborn finding her way to the mother's nipple).

If you are not already on the e-TALC mailing list contact TALC at e-talc@talcuk.org or write to TALC, P.O. Box 49, St Albans, Herts, AL1 5TX, United Kingdom. Remember to send your full postal address.

You can also visit the e-TALC website (www.e-talc.org) for information on previous editions of the e-TALC CD-ROMs.

www.TropIKA.net (**Tropical Disease Research to foster Innovation and Knowledge Application**) is a web-based platform sharing information and facilitating identification of priority needs and major research gaps in the field of **infectious diseases of poverty**. Recent articles include news that a gene map has been made for the parasite that causes schistosomiasis, a trial has begun of a new drug for river blindness, and a trial of an improved treatment for sleeping sickness has given encouraging results.

TropIKA is supported by UNICEF, UNDP, World Bank and WHO.

Neglected Tropical Diseases (NTD) Website

www.neglecteddiseases.gov was launched recently and gives the latest information and news on NTDs. The USAID's NTD control program is one of the first efforts to integrate existing disease-specific treatment programs to control these diseases in Southern Sudan and other specific countries,

targeting onchocerciasis, schistosomiasis, trachoma, lymphatic filariasis, soil-transmitted helminthiasis (whipworm, hookworm, roundworm).

Surgery in Africa Monthly Reviews:

- **June 2009 Review, "Sigmoid Volvulus - an Update"** by R Jayakrishnan and G J Oettle
- **May 2009 Review: Cataract surgery in Africa** by Karin Lecuona, Colin Cook and Van Lansingh.
- **March 2009 Review: Penetrating Injuries to the Abdomen - Part II**, a continuation of the February Review by J. MacLeod. Part I is available at the bottom of this review.

These reviews, archives of reviews since 2005 and a resource library, are available free at www.ptolemy.ca/members



Wounded child in South Sudan

WHO's Safe Surgery Saves Lives Campaign aims to improve the safety of surgical care by ensuring adherence to proven standards of care. The WHO Surgical Safety Checklist has improved compliance with standards and decreased complications from surgery in eight pilot hospitals where it was evaluated. To help practitioners know how to implement the checklist in their own facilities the following tools and resources can be downloaded from <http://www.who.int/patientsafety/safesurgery/en>

- **WHO Surgical Safety Checklist** identifies three phases of an operation, each corresponding to a specific period in the normal flow of work. In each phase, the checklist helps teams confirm that the critical safety steps are completed before it proceeds with the operation.
- **Checklist Implementation Manual** walks through how to perform the checklist, understanding that different practice settings will adapt it to their own circumstances.
- **Frequently asked questions**
- **Starter Kit** to help administrators, clinicians, nurses, and other patient safety personnel walk through the process of implementing the WHO Surgical Safety Checklist.
- **Speakers' kit** to teach colleagues about the Safe Surgery Saves Lives campaign and to ask them

to consider implementing the checklist at your institution.

- **Videos:** How to use the checklist; How not to use the checklist.
- **Other materials:** WHO Safe Surgery Saves Lives guidelines and poster.

Family Health International (www.fhi.org) has published **Guidance for Nurse Prescription and Management of Antiretroviral Therapy**. This is the first in a new series 'New Directions in Healthcare for Resource-Limited Settings'. The publication describes processes that HIV programme implementers can use to consider the need for, and implications of, nurse-prescribed and nurse-managed ART in resource constrained settings. It also considers additional resources that may be necessary to introduce the new practice to current healthcare facilities.

To request a hard copy contact publications@fhi.org or download from

http://www.fhi.org/en/HIVAIDS/pub/guide/res_Nursing_Guide_for_ART.htm

African Journal of Primary Health Care & Family Medicine is an open-access journal on primary healthcare and family medicine in an African context. See www.pbcfm.org

The Resources for HIV/AIDS and Sexual and Reproductive Health Integration Web site (www.hivandsrh.org) hosted by **Johns Hopkins University Knowledge for Health (K4H) Project** provides a comprehensive knowledge base for health professionals working to integrate the prevention and treatment of HIV/AIDS with sexual and reproductive health (SRH) services. The classification and search system allows users to select from many criteria to find what they are looking for quickly and efficiently. The site encourages users, especially those from developing countries, to contribute their own resources thus linking people working on different aspects of integration. The site contains over 650 materials, including documents, news, photos, communication materials, and Q&As.

World Diabetes Foundation newsletter is a quarterly electronic newsletter about type 1 and type 2 diabetes initiatives around the world. The first issue of 2009 focuses on sub-Saharan Africa, particularly the Congo, Ghana, Rwanda, and Tanzania.

See www.worlddiabetesfoundation.org/composite-447.htm – newsletter 2009 Q1.

The URL is: <http://www.ebt-forum.org/ebtj/journal/v1/full/ebtj08001a.html>

MAKER website 'Managers taking Action based on Knowledge and Effective use of Resources' <http://www.who.int/management/en> This is a website for health managers working in areas of limited resources; it provides concepts, guidance and tools to help you make best use of resources or solve problems to do with:

- Working with staff
- Collecting and using information
- Obtaining and managing drugs and equipment
- Maintaining equipment, vehicles and buildings.

The Uganda Continuing Medical Education Newsletter Jan- March 2009. Issue 55 contains the following article: Global Library of Women's Medicine, Persistent Rhinitis, Low back pain, Radicular pain, Some new facts in tropical medicine, Deep vein thrombosis, Not all DNA is in the nucleus, Lack of healthcare information threatens patient safety, AED-Satellite's free health information newsletters.

To request an e-copy of this and other Uganda CME newsletters, email Dr David Tibbutt at

david@tibbutt.co.uk

C-Channel 10, the monthly e-newsletter from C-Change, gives current peer-reviewed research findings on social and behaviour change communication. Topics include family planning and reproductive health, HIV prevention, malaria, and maternal health and antenatal care. See abstracts at <http://c-changeprogram.org/c-channel/Issue10>

