

2 ry Health Care and Referral system North Darfur. Update

North Darfur has 9 hospital work as a 2ry health care facilities;

I) El Fashir Town:

- El fashir Teaching Hospital.
- El fashir New hospital.
- Ophthalmology hospital.

II) west Direction:

- kabkabia Hospital
- saraf omra health Center

III) North direction:

- Kutum

IV) East Direction:

- Maliet hospital.
- Um Kadada Hospital
- El Laiet Hospital.

V) South Direction:

- Dar El salam Hospital

El fashir Teaching Hospital

279 bed, district hospital, in the center of El Fashir City, it serve as a referral hospital for north darfur

Departments:

-Surgery: MOU between the SMOH and Emergency the Italian NGO, had signed in July to be active starting on the 1st of august, as the NGO is committed to Rehabilitate the surgical ward, operative theater, Emergency Department, Laboratory and Blood Bank service, X-ray machine, ICU with 4 fully equipped beds, Kitchen and food supply for the patients in surgical department, provide a medical team of orthopedic surgeon, anesthetists, O.T Nurse.

- Pediatric : Swiss red cross, is committed to support a feeding center inside the hospital with a future plan for vertical extension to be a pediatric ward, food distribution inside the hospital is done only for pediatric patient for free supported by the hospital.

- Internal medicine: Saudi Red Crescent ,is committed to support an emergency department for the internal medicine equipped with D.C, Nebulaizer, ..etc, also provide one vehicle to the hospital to support staff movement.

- Obstetric/Gynecology: the relocation of the department in the new Fashir hospital could be a good option as the new el Fashir hospital is work only in the field of obstetric and gynecology , and there is no emergency service in the hospital due to shortage in staff, so with the relocation of the department with its staff in the new hospital we will have a 100 bed for obstetric and gynecology serving El fashir city and work as a specialized referral center , with free access for IDP's and emergency ,which give 45 bed more for the EL fashir General Hospital, and One operative theater could be used as an emergency theater.

- Laboratory and Blood Bank: it is functioning but lacking the supply of reagents.
- Radiology : functioning X-ray machine with 2 radiology technician.

Current situation end of September 2004:

- The free service was offered in the hospital as long as the drugs and consumables are inside the hospital, WHO is coordinating delivery of the drugs and consumables through NGO's and SMOH, WHO offered Trauma Kit , and responsible for monitoring of the service with the hospital management team
- Referral system the Hospital is working as the main referral hospital for North Darfur. The referral is done from the PHC/camp Clinic or Health post by a referral form filled with medical staff the patients referred with the NGO's transport and in accompany with co-patient either to the OPD and emergency or to the medical directory of the hospital for cold cases who signed the free service form., the service include :
 - Consultations - laboratory and radiology investigation
 - Surgical intervention -drugs (when it is available in the pharmacy in the hospital).

The patient on Discharge is referred back to the sending clinic with the same form added to it the report about hospitalization and proposed future management..

- 3rd level for referral is to tertiary level in Khartoum it is under formalization with FMOH , the first patient was referred by WHO to the oncology Hospital in Khartoum on the 24th. September and the Hospital in Khartoum will sponsor the cost of the treatment and hospitalization.

- The NGO's working in the Hospital:

-Emergency Italian NGO, is withdrawn from the hospital as they have the priority for treating only Weapon related injury which incidence is not justifying their program strategy, but they delivered drugs and consumables to the hospital enough till the 3rd week of October 04.

- Swiss red Cross did not start operational work
- German red Cross starting its assessment for the sewage ,water supply for the hospital also they start assessment for the surgical service in the hospital with a plan to support it (No Official commitment was done up to the moment)
- Saudi red Crescent physical rehabilitation of the OPD, delivery of drugs and equipments for the ICU, and the OPD.

WHO in the hospital:

- coordinate and monitor the hospital supplies, referral system also delivered a Trauma Kit..
- pumping out the septic tanks (24 tank)..conduct a sanitation assessment .
- starting physical rehabilitation for the Blood Bank , water supply, and waste product management system.
- Training courses for the medical staff :
 - the first course for Nursing training was done on the 20th.till the 23rd. September, its included TOT for the Nursing school Teachers then a nursing staff training on ,Basic Nursing skills, daily care, wound management, Infection

prevention, and ethical and medico-legal aspect of nursing practice 8 teacher and 36 nurses were the beneficiaries from this first round course to be followed with 2 more round with target beneficiaries of 120 NURSE in the hospital and the New Fashir Hospital. in the first half of October 04..

- Trauma management BTLS will be done for the Nursing staff in the OPD .in the 2 Fashir Hospitals with target Beneficiaries of 20 Nurse and medical assistance .

- ATLS will be arranged for surgeons and medical officer in El Fashir Town with target of 16 beneficiaries.

- Disaster control and disaster management plan for the hospital will be arranged for the managerial and medical team of the hospitals in El fashir on 2nd half of November.

- Laboratory training for the Laboratory Technician will be done on October instead of September .it will be for laboratory testes for Public Health Lab. And basic laboratory techniques for the regular hospital work.

- Midwives training will be started on the 2nd week of October in collaboration with UNFPA.

Gaps:

- Running Coast for the hospital estimated to be 5000 \$/month.
- Nursing staff; 4 sisters were required to run the ICU
- Medical Staff: support of 12 medical officer to work in the OPD and the IPD.
- 6 statistician to cover the 24 hours work on the OPD.
- 20 cleaners to improve the waste product management system in the hospital.
- 2 pharmacy assistance to cover the work on the OPD pharmacy.
- National treatments protocols delivery to the medical staff.

Plan of Action:

- Continue rehabilitation and training program.
- Deliver the Fund to the hospital on monthly basis
- Sitting the monitoring system through both SMOH, NGO's, WHO/and Hospital management team.
- Rehabilitation of the infrastructure in cooperation with the NGO's
- Training materials i.e. Simulators for airway managements
- Relocation of the Obstetric departments to the New Fasir Hospital
- Pushing the political system to finalize the relocation process
- Starting the rehabilitation for the obstetric .O.T as soon as the relocation done.
- Delivery of the training materials. collaboration with the EL Fashir University faculty of medicine to establish a training center ,to have the capacity to train the health professionals
- Negotiating with NGO's for supporting the gaps in medical staff. in the form of paying monthly incentives for the 4 sisters,12 medical officers, 6 statisticians, 2 pharmacy technician to work on the OPD pharmacy 24 hours, 12 cleaners.
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El fashir New hospital

The hospital was built on 1987 by a German Company ,funded by the Saudi Arabia Kingdom as a gift to the Sudanese Government.

It is 2.7 KM from the city center of El Fashir.

It is 100 bed capacity, specialized in gynecology and Obstetric field

- I) the General Condition of the hospital is good, well designed, and functionally adapted
- II) the hospital is connected with the city water supply ,and electricity.
- III) The hospital it is own water tank, and generator but the generator need to be fixed.
- IV) Ventilation is good allover the hospital compartment
- V) Departments:
 - OPD.: 50 consultation/ day
 - In-Patient D.: 100 bed divided on either 6 –beds room, or 3 beds room
 - X-ray Department: non functioning basic radiology unite, working
Ultrasound run by the obstetrician.
 - Basic Laboratory: Blood count, H.B, Malaria, urine and stool analysis.
 - Operative Theater : 2 operating table, 2 anesthetic machine,1 diathermy,2 suction machine, and it is working need minor rehabilitation as hand peace for the Diathermy (martin).
 - Administration: accounting, store keeper, no statistician
- VI) Medical Staff:
 - 2 gynecology /obstetric specialist: supported by the University of El Fashir
 - 2 medical officer supported by the SMOH.
 - Nurses, sisters, theater attendance, anesthetic technician, laboratory technician supported by MOH.
- VII) Rehabilitation and intervention:
 - minor rehabilitation to the Generator (spare parts)
 - Laboratory and blood Bank consumables and reagents.
 - 2 obstetrics specialist and one pediatrician with special experience in neonatology,5 medical officers.
 - 3 Neonatology Nurses.
 - 3 statisticians
- VIII) Future plan:
 - This hospital must be an emergency obstetric center to achieve the max. benefit from it.
 - An emergency center must be found inside the hospital to serve the Abo-elshok camp, and the north area of el fashir City.
 - Collaboration between WHO,UNFPA,NGO,SMOH to finalize the issue of relocation of the obstetric and gynecology department from the el Fashir General Hospital to The new El Fashir hospital.

The ophthalmology Hospital:

It's a working service in the teaching hospital its working 5 days OPD, and 2 operative days.

Not in the priority of this phase.

II) Kabkabia Hospital:

Its located in Kabkabia town very near to the market area it is accessible for the local inhabitants it is supported by MSF-B, also, WHO support a surgeon .

The hospital capacity is 55 beds,20 beds for female, 27 beds for male , 8 beds for pediatrics. Therapeutic and supplementary feeding centers inside the hospital run by ACF.

I) Medical staff: 2 GP.

1 surgeon (supported by WHO)

3 medical officer (supported by MSF-B)

Nursing Staff:

28 certified nurse.,23 students nurse and volanteres,2 nurses(supported by MSF-B), 4 Midwives.

Assistant staff:

4 medical assistance,1 ophthalmology Technichean,1 dental,1 pharmacy,2 Laboratory technicians.

Administrative Staff:

1 accountant, 2 statistician, 1 storekeeper.

II) Medical supplies and consumables are delivered by MSF-B till the mid-December 2004.

III) OPD: with 120 consultation /day,

24 operative intervention /month,8 major(prostatectomies, ..etc.),7 C.S

Pharmacy is isolated and deliver the drug for free for IPD and for OPD.

Plan of action:

- renewal of the APW contract for the national Surgeon .for 3 months.
- Assessment for the hospital budget and coast recovery after Mid-December, negotiation with other Health partners for running the hospital.

Saraf Omra:

It is a PHC run by MSF-B upgraded with 2 rooms for observation, with a capacity of 20 beds,2 doctors, 3 nurses, Minor O.T. the first surgical intervention was done on the mid of September it was a C.S.

Also, a feeding center is working and run by MSF-B. referral is to either kabkabia hospital or Zallingi depends on the road condition in the rainy season..

Mallet Hospital:

It is located near the center of the town , was built in 1980 in the time of a cholera outbreak, accessible for the whole inhabitant of the Mallet town (10000 population), it is coverage population is about 20000, it is the first hospital accessible for the north east part of North darfur which is under control of SLA, so it could serve as a front line hospital for population in this region in case of raising tension and trauma causality, also

first hospital level for referral from Malha PHC run by SC-UK, which cover the malha locality and the surrounding villages , the hospital has the capacity of 45 beds they all functioning.

- OPD: 20 consultations /day
- Operations: one major & one minor O.T. perform about 16 operation / month 10 is minor, the rest is C.S.
- Laboratory : basic laboratory service: HB, Urine analysis.
- No Blood Bank
- Radiology: x-ray unite is present need instillation

Medical Staff:

- one GP.
- 5 nurses
- 2 laboratory technicians
- 2 theater attendants

GAPS:

- Radiology technician.
- drugs, reagents and consumables(3500\$/month)
- Training on trauma management.

Plan of action:

- Saudi red crescent supporting the OPD with medical staff and drugs, will support incentives for radiology technician
- WHO will conduct training for the Doctor and nurses for trauma management

KUTUM Hospital

It is supported with ICRC and Goal, WHO support one FMOH surgeon, as an APW contract for 3 month to be ended on first week of October, renewal /replacement is recommended with budget of 3000\$ for the period of 3 month October-end of 2004

Dar el Salam Hospital

SITE: Lat. N 13 03 23.52/
Lon. E 25 31 19.61/
Alt 724 m.

Team: OCHA/WHO/UNICEF/MALTESER

BACKGROUND

Dar El Salam Hospital is a 2 years old ,45 beds Rural Hospital belong to MOH, start functioning 2 years ago, was equipped and staffed by MOH, it provide 2ry Health Care for 25000 population in Dar El Salam locality, dar el salam town 3000, and 12 village with average of 1500 each. the main referral from the hospital is El Fashir Teaching Hospital in El Fashir town, which is 62 Km north, transportation was by privet cars and public vehicles

The medical service was paid except for Emergency cases for 24 hours, patient had to bay for consultation, medicine, operations, no food was offered by the hospital (average regulation in all MOH hospitals). Late August 2004 it became under control of SLA.

Aim of the Visit:

- Assessment of the health facility capacity and identification of needs.
- Delivery of dressing materials. essential drugs, as part of WHO Trauma Kit.
- Orientation and Guide lines of treatment and trauma management to the assistant medical team in the hospital
- Preparation for a plan of action between UN agencies/NGO's and the community leaders to achieve proper medical service to the population in Dar El salam Locality

The Hospital compound: see annex A

The hospital was closed, as it is not functioning, it is will organized , the hospital compound is reachable within 3 min. drive from the town market area, the whole compound is surrounded by a wire wall the hospital buildings is in a good condition, its 5 Rows of building connected with covered corridor , all windows is covered with mosquito nets and grilled ,all doors are metal and locked

- Water supply: one central water Tank which is connected to city water network and to the intra-hospital network assisted with water pump.
- Electricity: one Generator is Functioning, supply the whole hospital, but no back up generator for O.T or Laboratory.
- Beds: 45 beds stored in the hospital store, plus 38 mattresses and 45 bed sheath.
- OPD: 2 visit rooms, 10 beds for short stay and observation, dressing instruments is functioning.
- In-patient dept.: male wards: 2 rooms, one for surgical male patients, and the 2nd for medical patients, the same for Female, with capacity of 10 bed in each room.
- Pediatric ward: 8 beds capacity with nursery area.
- Delivery Room: one delivery table, 6 beds for observation. And nursing station.
- Operative theater: one major O.T. with functioning one op. table, holding /recovery area.
- Laboratory and Blood bank: basic lab. For HB, urine, Blood grouping .,No Blood Bank
- Radiology: No x-ray machine
- Sewage system: Functioning separate septic tank for each ward.
- Hygienic condition; bad in latrines and toilet,(Due to disuse).
- No method of transportation or communication is available.
- Stores: 2 large area for storage good ventilated, and secure.

Staff:

I) Medical :- No doctors.

- one senior male Nurse certified nurse/30 years practice.
- one Midwife certified and trained.
- 2 traditional Birth attendants.
- 3 Nurses under training.

II) Administration: - No staff

- a committee of community leader is committed for administration and monitoring support for the hospital .

Plan of action:

- Contact with MSF-E to confirm their commitment to support the hospital as: OPD support with medical staff, drugs and consumables.
- WHO/UNICEF to support the supplementation of essential drugs i.e anti malarial, ORS, Midwife Kits , till MSf-E is active in the hospital.
- Coordination between WHO and UNFPA to start a training course for Midwives and infection control.
- Follow up with community leader for monitoring and gap analysis.