



Promoting Qualitative Health Services in Eastern Sudan - PQHS

HIGHLIGHTS

Rehabilitation of health facilities and capacity building in the State of Red Sea.

Reproductive health in the State of Kassala.

Community medicine in the State of Gedaref.

There is no sustainability without training

Dr Ahmed Mohamed Osman Darier is a welcoming and helpful person. Since 2012 he has been managing the **Tagadom Hospital in Port Sudan**, which provides mainly pediatric and obstetric services to the population, with an average of 40 patients per day. The Italian Cooperation funded and completed the rehabilitation of the pediatric ward and the refurbishment of latrines.

The PQHS program will rehabilitate a different section of the hospital, the doctor's office and the kitchen, and will create an external waiting area for families accompanying patients.

Dr Darier's main concern is the sustainability of any intervention and the need for continuous training. "After the rehabilitation we need to learn how to keep the structure clean and the equipment functioning. Training for health staff is critical to guarantee sustainability", he points out.

What exactly is the Italian Cooperation doing for the hospital?

I still remember the day the Minister called me and asked me to outline the needs of the hospital and develop a rehabilitation plan for the Italian Cooperation. The hospital was in very bad conditions and the infrastructure damaged by the rain. The Italian Cooperation not only helped us with construction works, but also with trainings. This was different from other organizations: when you extend your hand to someone to help him stand, then you have to make him able to move by himself and become independent. I myself

attended one of the training courses, "**Planning for results**". The course targeted all health cadres in Red Sea State with a focus on hygiene.



Rehabilitated ward at Tagadom Hospital, Port Sudan.

FACTS AND FIGURES - 2014

Beneficiaries of trainings in Eastern Sudan

112 health cadres

60 medical doctors

472 nurses, midwives and health operators

68 community health workers and health promoters

Scholarships - Academies of Health Sciences

249 students in Port Sudan

83 students in Gedaref

27 students in Kassala



Dr Ahmed Mohamed Osman Darier.

What did you learn during the course and what were its strengths and weaknesses?

I gained knowledge on planning, implementation and monitoring & evaluation. Problem solving was in my opinion the most useful part of the course. I don't think the course had any weaknesses, I learned a lot and as I returned to Tagadom Hospital I immediately started to apply the knowledge acquired.

You are one of six Sudanese doctors selected to enroll in the advanced master's degree in "International health and medicine for cooperation with developing countries" in Italy. How do you feel about it? What do you expect from this experience?

The first thing that comes to mind is the long-standing relationship between Italian and Sudanese people in Eastern Sudan. I

am very fortunate to have the chance to go to Italy and personally thank people for their support. I will focus on my studies and develop my expertise so that when I return to my land I will be able to help my community even more. If we don't promote professional development all the support we received will have been wasted. Hospital staff also need training and guidance to improve the quality of our health services, for ourselves but first of all for the people we work for.

The Italian Cooperation also sent us a qualified medical engineer to fix medical equipment and to train a lab technician on usage of lab tools. What I particularly appreciate about the Italian Cooperation is their focus on people and their potential to become the real owners of their future.

PORTRAITS

Nisreen Abdalfatah is a medical engineer working for the Medical Engineering Department of the Ministry of Health in the State of Red Sea. The Italian Cooperation engaged her to fix medical equipment and carry out training on maintenance for health staff at health centers, health units and hospitals.

What are the main activities of your department?

One technician and I repair broken medical equipment in health centers and hospitals all over the State.

What have you done with the Italian Cooperation so far?

Interventions by the Italian Cooperation target health centers in Port Sudan and Sinkat. Part of the program concerns assessment of medical equipment in health facilities, repair service and maintenance, and training of staff on how to use it.

What are in your opinion the main needs of the health units?

There is a lack of knowledge and training of health staff on usage, maintenance and repair of medical equip-



Engineer Nisreen Abdalfatah.

ment. Suppliers do not provide any instructions after delivering the materials.

Do you travel a lot in the State?

I do, and the day is never enough to finish all my work. Sometimes I have to spend the night in the localities depending on the complexity of the problem. After fixing the equipment I also need to follow up with the staff with instructions and technical advice.

If you could ask for something to improve your work, what would it be?

First, more trained staff to repair the equipment. Then, calibrated tools to measure the medical equipment.

Omuma Afdal: safe mothers and healthy babies

Access to universal health services is the top priority of the National Health Strategy in Sudan and particularly of Primary Health Care programs. Access to safe delivery, assisted by skilled midwives, is a key strategy to reduce maternal and perinatal death.

Due to environmental, economic and cultural constraints no proper facilities and health services are available in the localities of Telkook and Hamashkoreeb, where no professional support has been provided to train midwives since 2012. To encourage women to give birth locally and safely, services at community level must be strengthened: this is when Community Midwives in remote and rural areas become essential.

The Kassala Ministry of Health, in collaboration with the Italian Cooperation, launched the initiative "Omuma Afdal". This initiative aims to support the establishment of a Community Maternity Pilot System for training, monitoring and supervision in remote areas, through strengthening of the roles and skills of midwives, health visitors and Reproductive Health Offices at Local Health Authority and State Level working in these areas.

Mrs Shadia Mohamed Karar is a trainer and supervisor. She will join the project and carry out the in-service trainings and on-the-job supporting supervision in Hamashkoreeb.



Mrs Shadia Mohamed Karar with Italian Cooperation staff in Kassala.

Is this the first time you work with the Italian Cooperation?

I worked with the Italian Cooperation in the midwifery schools in Aroma and in Hamashkoreeb. In the past I trained three groups of midwives in Hamashkoreeb for a total of 120 midwives. Before 2008 there were no midwives in the locality and traditional birth attendants used to assist women during labour and delivery, sometimes with rudimental and dangerous tools.

Do you have any statistics on mortality and infections in the locality?

Mortality used to be very high. In 2009, 30 women would die each month during child-birth. The number is lower now, the situation improved thanks to the presence of community midwives.

What is the situation now in Hamashkoreeb?

There are good midwives working in Hamashkoreeb now. They know how to refer and when to transfer pregnant women to Kassala.

Is this the first time you leave your home to carry out training?

No, this is not the first time. I lived with trainees in other localities during training sessions in the past.

What do you think are the main challenges of this job?

I don't foresee any difficulty or challenge. The community already knows me and we speak the same dialect (Beja).

Tawali Ma Akum

Italian Cooperation staff visits UmmSharaba Almasalamia village.

Community health workers play an essential role in expanding the coverage of health services at community level. Not only they make healthcare accessible to remote communities, but they also connect the most isolated villages to the National Health Service.

On September 15th the Italian Cooperation, together with representatives of the Gedaref Ministry of Health and of the Wasat local health administration met with village chiefs for an event to celebrate their commitment to community medicine and launch the first phase of the Tawali Ma Akum initiative.

Tawali Ma Akum is a pilot project aimed at extending basic health services and midwifery services to neglected villages in the localities of Wasat, Rahad and Mafaza.

The Italian Cooperation is covering all costs for community health worker to effectively carry out activities (medicines and consumables, salaries, transportation) during the first phase of the project.

During the second phase, the Wasat local health administration and villages will contribute progressively to cover expenses for medical consumables, food supplies and transportation.

Omer Gony is a medical assistant. He graduated from the Academy of Health Sciences in Gedaref and is now working as Community Health Worker in the UmmSharaba Almasalamia village.

Is this your first time as Community Health Worker assigned to a village?

Yes. After graduation I attended the training at the hospital and then I was selected to provide health assistance for the village.

Are you staying in the village during the entire week?

Yes. I spend most of the time in the village but sometimes I go back home, on Fridays, to spend time with my family. I don't do it very often - people might need me and I prefer not to leave for a long period.

Do you have your own family?

Yes, I am married and I have children back in my village.

What is your typical day like?

I usually see about 20 patients per day, with different conditions. The most common diseases here are malaria and diarrhea, and other diseases from unsafe water. I work 24 hours a day, I am always available in this health station unless I'm out to provide care to pregnant women at home.

Why did you choose this job and what do you think about the Tawali Ma Akum project?

I want to help the population in rural areas. I think this is a good project and people will benefit from it, especially in remote villages. They used to travel long distances to get medical care and treatment. It was very expensive and no one in the village was able to refer complicated cases to the hospital in Gedaref.



Omer Gony with one of the villagers asking for medicines.

Have you worked with other international organizations before?

Yes, I worked as a volunteer with the Red Cross.

Do you also organize awareness activities?

Yes, especially on water and sanitation. I distribute chlorine tablets to purify water and follow up with midwives when they need support.

Have you faced any challenging cases yet?

Once I visited a 2-year old child with a paralysis: I tried to treat him but had to refer him to the hospital when I realized he wasn't improving. Another time a worker came to me suffering from what seemed to be an allergy: his condition worsened and further investigations revealed he had tuberculosis.

On November 30th the Italian Cooperation signed a new Memorandum of Understanding for implementation of Tawali Ma Akum in nine villages in the locality of Rahad.

For further information

Italian Development Cooperation Office of the Embassy of Italy in Khartoum

Phone: +249(0)183483466

Fax: +249(0)183483144

Email: info@coopitsudan.org

www.coopitsudan.org