HEALTH AND NUTRITION SITUATION REPORT
KASS TOWN ASSESSMENT

WHO-NYALA OFFICE AND THE INTER-AGENCY TEAM

15 APRIL 2004

IDPs in the Pediatric Ward in the Kass Hospital

Introduction

Kass locality is one of the nine localities in South Darfur State. It is situated in the west of Nyala. It has three administrative units, namely: Kass, Janub El Jabel and Shateya. Kass town is the capital of the state and the estimated resident population is 33,000 inhabitants. Since September of last year, the conflict has produced a large influx of Internally Displaced Persons (IDPs) to Kass town, which increase in number each day. At present, the estimated number of IDPs in Kass town is around 27,000. They are allocated in different places within the city, mainly integrated in some villages and in many schools.

Health Facility

The only health facility for the entire Kass town is the Kass Rural Hospital. The geographical situation by GPS is Lat N 12 grades 30’ 21.74’’ and Lon E 24 grades 16’ 57.55’’. The Hospital provides the main primary and secondary health care for the entire (i.e., both resident and IDP) population.

The hospital has 80 beds, with capacity for 120. The beds are in poor condition and the majority of them without mattresses. The health staff is composed by two Medical
Doctors (surgeons), three Medical Assistants, two trained Midwives, 35 Nurses, one Lab Technician, one Pharmacist, one Surgical Theater Assistant and one Health Officer.

The hospital has a pediatric ward, a clinic for men and women, a minor theatre, a delivery room, a small pharmacy and a lab facility. The lab is only for basic tests including: Basic Hemograme, Group and Rh, Urine, HIV and hepatitis B. The hospital has no blood bank and no X-ray services.

The hospital receives, on average, 75 patients per day. Of these, 70% are IDPs. They receive around 17 trauma (from gunshots) civilian victims per week, and conduct—on average—15 emergency cesarean sections a month.

The hospital has no water supply and the water is supplied via donkey cart. The sanitation is extremely poor; only two latrines function.

The main diseases are:

- Measles. The hospital reported 50 cases in the last month, all IDPs and children under-5 (note: they will provide the list).
- Malnutrition. The hospital has an average of 15 to 20 malnourished in patients, 20% of which (IDP children) have severe acute malnutrition. The hospital has neither TFC nor SFC.
- Malaria.
- Acute diarrheal diseases.
- Acute respiratory infections.
- Eye infections.

The general conditions of the hospital are very poor and inadequate. The minor surgical theater needs total rehabilitation, inclusive of all anesthetic medical equipment. All of the rooms—mainly in the pediatric ward—are totally inadequate, with very poor hygiene and sanitary conditions. The hospital lacks beds and mattresses. The hospital records are very poor; surveillance and statistics are not recorded properly. There is an overall lack of management at the hospital.

There are no primary health centers in Kass town and the Hospital outpatients provide the only primary health care services.

**Recommendations**

Based on the main need to resettle or regroup the IDPs in a proper place, priorities suggestions are:

- **Primary Health Care:** The Ministry of Health (MoH), with the support of UNICEF and WHO, have to assure free access to quality primary health care services for the most vulnerable populations in Kass Town (IDPs and affected host populations). It is necessary to create a health facility—in a place where the
IDPs will be resettled—with a proper quantity of health staff, the regular provision of essential drugs, and SFC and EPI services.

- **Secondary Health Care:** The MoH, with the support of WHO and ICRC, have to assure free access for the entire IDP population to quality secondary health services and all emergency surgical care available at the hospital. Needed actions at the Kass Rural Hospital include:
  1. Improving the water supply, hygiene and sanitary conditions.
  2. Introducing at least 40 beds with their mattresses.
  3. Reconstructing the surgical theater and providing medical equipment and surgical supplies necessary for its proper function.
  4. Regularly providing drugs, included the monitoring and management of them.
  5. Providing transportation (ambulance) for referral cases to Nyala Hospital.

- **Nutrition:** Create a TFC in the Hospital, monitoring the nutrition situation by conducting nutrition screening and establishing nutrition surveillance.

- **EPI Services:** Re-establishing and reinforcing the delivery of the routine EPI services. The mass measles campaign is highly recommended within the entire target population of Kass (children from nine months to 15 years).