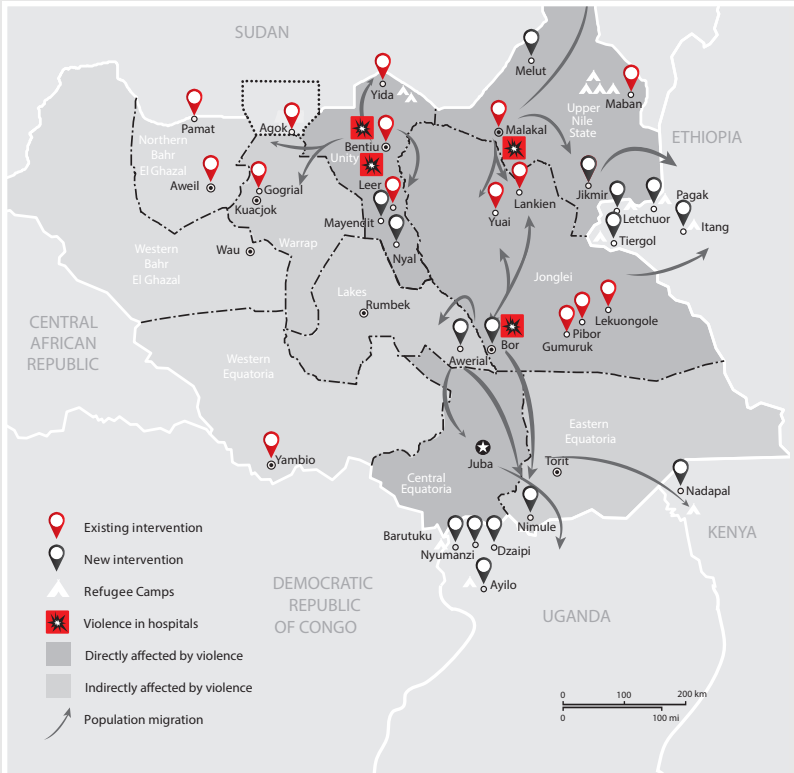




**MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS**

SOUTH SUDAN CRISIS UPDATE

September 2014



Médecins Sans Frontières/Doctors Without Borders (MSF) has more than 3,300 local staff and 350 international staff working in South Sudan and the neighbouring countries as part of its response to the humanitarian crisis.

At present, MSF operates 25 projects in 8 states of South Sudan, including Unity, Upper Nile and Jonglei states where the conflict has taken a particularly heavy toll on the population. Teams are responding to various health needs including surgery, obstetrics, malaria, kala azar, vaccinations against-preventable diseases and malnutrition.

MSF calls on all parties to respect medical facilities, to allow aid organisations access to affected communities and to allow patients to receive medical treatment irrespective of their origin or ethnicity.

MSF in Numbers

15 December 2013–September 2014



498,495

Outpatient Consultations of which

29,919

Inpatient Admissions of which

2,888

War Wounded Treated and

12,702

Deliveries

11,587

Children Received Nutrition treatment as Outpatients

202,187

Children Under 5 years

15,101

Children Under 5 years

3,378

Surgeries Performed

6,170

Vaccinations

2,468

Children admitted to Inpatient Therapeutic Feeding Centres

Nutrition Data in the above table from March 2014 to August 2014. Malaria Data for all sections up to month of August: 13,088 patients treated (Yambio, Gogrial, Pamat, Aweil, Agok). Kala azar data up to month of August all projects: 911 receiving treatment. Vaccination data from August

MSF OPERATIONS IN SOUTH SUDAN

Humanitarian needs remain dire in South Sudan

South Sudan continues to grapple with grave and urgent humanitarian medical needs, brought on by conflict and massive displacement in the country.

This and the significant destruction of South Sudan's health infrastructure have far reaching consequences on the delivery of and access to healthcare. Severe logistical and security constraints also significantly impact on the ability to reach thousands of people.

Over 1.7 million South Sudanese people have been displaced from their homes. 1.3 million of these remain within the country, while more than 450,000 are seeking refuge in the neighbouring countries. Of those internally displaced, over 100,000 people are living across the ten Protection of Civilian (PoC) sites inside UN bases across the country; others are hiding in the bush, often cut off from all basic services. Access to health care in these areas is a major concern as existing health facilities were either looted or destroyed, and staff fled.

Even before the current conflict, South Sudan had some of the lowest health indicators in the world. The conflict has devastated the country's already fragile healthcare system.

Disease outbreaks

The peak of the rainy season has led to increases in malaria and water-borne diseases such as diarrhoea, which can accelerate malnutrition and hasten death.

Malaria rates have soared in MSF's projects in Yambio in Western Equatoria, Agok in the transitional area of Abyei, Pamat and Aweil in Northern Bahr el Ghazal, Gogrial in Warrap, and Bentiu in Unity states. MSF teams are increasing malaria activities across these locations including expanding mobile clinics to bring treatment to people where they are. So far more than 13,088 patients have received treatment in MSF's malaria programmes.

Kala azar: In Malakal and Melut in Upper Nile state and Lankien in Jonglei state, MSF teams have seen sharp increases in kala azar cases. Kala azar, or visceral leishmaniasis, is a parasitic disease transmitted by the sand fly that is almost always fatal if left untreated. In August MSF teams treated over 900 patients with kala azar in Upper Nile, Northern Jonglei and Unity states.

MSF hands over its projects in Topping camp and UN House in Juba, Central Equatoria:

In August 2014, after nine months of providing medical services to displaced people living in the two PoC sites in Juba (Topping and Juba House), MSF handed over its activities to the International Medical Corps, South Sudan Red Cross and Health Link South Sudan.

MSF teams had been working in collaboration with the Ministry of Health, treating mainly malaria, Upper Respiratory Tract Infections and water-borne diseases, as well as training local staff. MSF's handover of activities comes as relocating of displaced people from Topping to Juba house continues, with 21,000 people already moved from Topping and 7,000 more expected to move by the end of October. MSF teams continue to assess other parts of the country, seeking to initiate medical activities where the medical needs are most acute.

Nutrition Situation in South Sudan

The nutrition situation in South Sudan remains critical. There are now two South Sudans. In states that are minimally affected by the conflict, markets function more or less normally and the situation is relatively stable. Meanwhile, in the conflict-affected parts of Jonglei, Unity and Upper Nile states, food security remains a concern.

In southern Upper Nile state, MSF teams recently found alarming rates of malnutrition in Mandeng, with 9.3% of children screened suffering from severe acute malnutrition.

There is more positive news from Malakal in Upper Nile and from southern Unity state, where MSF teams are seeing reduced levels of malnutrition. This is the result of combined health and nutrition services that have helped stabilise the situation in these areas. Available data also indicate reduced numbers of children enrolled in nutrition programmes in most of MSF's projects in the country. For instance, in the surrounding areas of Malakal and Leer, malnutrition numbers peaked from March to June this year, with over 300 children being enrolled weekly in the nutrition programmes.

However, malnutrition is being exacerbated by the lack of functioning healthcare services and spikes in diseases such as malaria, kala azar and diarrhoea, which lower people's immunity putting them at greater risk of infection.

Malnutrition remains a concern

- In Leer (Unity state), admissions into therapeutic feeding program have significantly decreased from 1031 in June to 629 in July and 256 in August. This equates to a drop rate of 38 % June to July, and 59% July to August.
- In the the PoC camp in Bentiu (Unity State), MSF admitted 299 children to its therapeutic feeding program in July, which dropped to 221 in August.
- In North of Malakal (Upper Nile state), MSF admitted 83 severely and moderately malnourished children to its therapeutic feeding program in August, as compared to 2,339 from the period covering April to July.
- In Lankien and Yau (Jonglei state) patient numbers seen at the facility have also reduced to 64 in August as compared to an average of 325 admissions per month between January and July.
- In Madeng, southern part of Nasir close to the Gambella border, the team has found a 9.3% Severe Acute Malnutrition rate among the population and is setting up activities in this area in response.

MSF OPERATIONS IN RESPONSE TO THE INCREASING HUMANITARIAN NEEDS IN SOUTH SUDAN

UPPER NILE STATE

In Malakal MSF continues to provide medical care to 18,000 people who have taken refuge in the UN PoC area. The team has also started running mobile clinics for people returning to Malakal town, which was earlier deserted following a series of brutal attacks. While some people are now returning to their homes there, the situation in the area remains extremely volatile.

Inside the PoC, the MSF hospital provides TB and kala azar care. The hospital is equipped with an emergency room, an observation room and a 40 bed inpatient department. In response to the high numbers of admissions, MSF is increasing capacity to 60 beds, including a small isolation area.

Melut: Primary and secondary health care

In Melut, Fashoda county, north of Malakal town, an MSF team is providing primary and secondary healthcare to around 10,000 displaced people, 1,200 of whom took refuge in the UNMISS base and a further 300 sheltering in a nearby school after fleeing fighting in the neighbouring counties of Baiet, Kaka and Malakal.

The number of kala azar cases seen at the MSF facilities in Malakal, Melut and Wau Schiluk remain high. In August the team admitted 45 new patients in Malakal and 25 in Melut. MSF is concerned that there could be more cases and will carry out assessments in surrounding areas of these locations to establish the scope of the problem. The team will provide testing and refer patients to its facility to ensure they are diagnosed and receive treatment on time.

Maban Refugee camps: Primary and secondary health care

Maban is home to about 128,000 refugees who have fled the ongoing conflict in Sudan's Blue Nile state. They are caught between two wars: unable to safely return home, and anxious about the encroaching South Sudanese conflict.

MSF runs two clinics operating 24 hours a day in Doro and Batil camps, with a focus on primary healthcare, basic emergency care, maternity, nutrition, mental health and vaccination. MSF also runs an emergency room in Kaya camp, and three health posts in Doro. For the host population, MSF supports vaccination campaigns, health surveillance, and the outpatient department at the Maban County Hospital in Bunj. Emergency preparedness includes cholera treatment units and mass casualty response.

UNITY STATE

Bentiu: Primary and Secondary Healthcare

In Bentiu, MSF continues emergency medical activities in the PoC area inside the UNMISS base, where 30,400 displaced people are currently sheltering.

MSF has set up an acute therapeutic feeding centre (ATFC) and is providing inpatient care for children and adults, as well as a surgical unit. MSF recently handed over its primary healthcare activities, but continues to provide hospital care and has started maternity services for complicated deliveries and antenatal care.

The teams also recently worked with other organisations on a mass vaccination campaign for children inside the PoC, as well as in Bentiu and Rubkona towns, reaching more than 14,000 children. Activities included vaccinating against polio and measles, deworming and providing vitamin A, as well as assessing malnutrition rates. MSF teams are now running mobile clinics in the Bentiu town hospital twice a week providing primary healthcare to the community living in the town.

Extensive rains in Bentiu in late August led to new flooding and around 175 latrines collapsed. The worst affected latrines have now been fixed by MSF and other actors and Bentiu now has functioning latrines once more.

Leer, Nyal and Mayendit, Southern Unity: Primary and Secondary health care, nutrition

MSF continues to provide medical care to people who have returned to their homes in Leer, and in the remote village of Nyal. The number of children enrolled in the MSF nutrition programme in Leer has significantly dropped due to regular food drops by International Committee of the Red Cross. In August the team admitted 256 children, down from 629 in July. In Nyal and

Mayendit the same, with August seeing a 24% decrease in admissions in the former and a 75% drop in the latter.

Although people have access to some food supplies through the markets, prices remain exorbitant. In some cases distributed food is seen in the markets, as people are using it to trade for other commodities.

Acute Respiratory Infections, waterborne diseases, dehydration, and malaria represent the majority of other cases seen by the MSF teams. The number of mothers coming to the antenatal clinic has doubled since the start of activities in the area, due to the five months of no medical services. The number of general consultations also increased from 4219 in July to 7113 in August.

Yida: primary and secondary healthcare

MSF continues to run operations in the Yida refugee camp where more than 70,000 refugees are sheltering. The hospital has a 55-bed inpatient ward and provides outpatient services supported by a laboratory and pharmacy.

LAKES STATE

Awerial: Primary and Secondary Health care

MSF is in the process of handing over its medical activities to medical actors present in the camp and to the Ministry of Health in Awerial county, after a 10-months intervention. MSF provides medical care to 90,000 displaced people who have settled on the banks of the Nile, as well as for the host community of 7,000 residents.

At Awerial hospital, MSF has been seeing approximately 1,300 patients per week through its outpatient program and provides inpatient care in its 60-bed hospital. Hospital services include a maternity unit with basic emergency obstetric and neonatal care and outpatient antenatal care, as well as an intensive therapeutic feeding centre for the severely malnourished. The number of patients seen at the MSF hospital has gone down due to the fact that other actors are providing similar services in the area. MSF is supporting the other actors to build up their capacities in order to ensure a smooth handover of activities.

JONGLEI STATE

Lankien and Yuai: primary and secondary healthcare, surgery, nutrition

During the rainy season movement is difficult; as a result, it continues to be challenging for the patients to access medical care in Lankien. Kala azar admissions in Lankien have stabilized and are now under 200 admissions per week. In total so far more than 889 patients have started treatment. There is concern that some patients are unable to access care. In Yuai, the nutritional indicators in the program continue to be good, with up to 96% of malnourished patients fully recovered. The teams are facing difficulties reaching other areas like Chuil, and have resorted to sending supplies using donkeys.

Bor: paediatric and emergency outpatient care services

Populations that fled into swamps and small islands along the Nile where they found shelters during the heavy fighting early this year are returning to Bor. MSF is working in close collaboration with the Ministry of Health in the Bor State Hospital providing support to the emergency department and paediatric ward, including an expanded programme on immunisation, to ensure that children do not miss out on vital vaccinations.

Pibor, Gumuruk, Lekongole: primary healthcare and mobile clinics

In Pibor County, MSF has reopened its health centre in Pibor town, including some in-patient services, and continues to run the primary healthcare post in Gumuruk and regular outreach clinics in the remote village of Lekuongole. In the region, MSF teams are conducting around 100 to 200 medical consultations per day, mainly for malaria, diarrhoea, skin diseases and respiratory tract infections.

TRANSITIONAL AREA OF ABYEI

Agok: primary and secondary healthcare, surgery, HIV/TB care, nutrition

MSF's hospital in Agok provides comprehensive healthcare for the communities of Abyei, Twic County and the northern part of Unity state. The services provided in the hospital include an inpatient department and emergency surgeries, maternal and child healthcare, inpatient therapeutic treatment centre, and HIV/TB. MSF has been treating a large number of malaria cases and lower tract infections since May. In August the team did 2,859 consultations and 617 admissions. Treatment and follow up of patients with TB remains a challenge due to poor road conditions and the inaccessibility of hospital during rainy season.

NORTHERN BAHR EL GHAZAL STATE

Aweil: maternity care, paediatrics and outbreak response

MSF continues to provide care to patients with malaria in its inpatient department set up at the local hospital, with a 35 bed capacity to respond to the increased cases. MSF is also operating three malaria mobile clinics and an outreach team. As movement has been made difficult during the rainy season, the team has now started using donkeys to access the population. MSF works with the South Sudanese Ministry of Health in Aweil civil hospital, providing maternity and paediatric care as well as responding to epidemic outbreaks. In addition to malaria care, the team provides nutrition services, primary healthcare, and water and sanitation support. MSF is also assessing health needs in Wau, after clashes in Mapel and Wau.

Pamat: primary and secondary healthcare, Nutrition and reproductive health

In Pamat, respiratory tract infections, malaria and malnutrition remain the most common diseases treated in the MSF facilities. The number of malaria cases remained high during the month of August in both the primary health centres and outreach posts. Malaria cases represent 57.1% of the cases seen by the teams.

The team is also grappling with severe anaemia among patients with malaria, of whom about 46% need transfusions. MSF, together with the Ministry of Health, carried out a blood transfusion campaign to supply the state hospital blood bank. 21 units were donated. MSF is providing primary healthcare to nearly 25,000 displaced people, including reproductive healthcare and nutrition treatment for children under five.

WARRAP STATE

Gogrial: primary healthcare, surgical and obstetric care, maternal healthcare

MSF has been running a primary healthcare centre in Gogrial since December 2009, with an outpatient department, inpatient ward, an operating theatre, a pharmacy and a laboratory. In an effort to reduce maternal deaths in the area, MSF provides

maternal healthcare, antenatal and postnatal care, assists deliveries and provides emergency obstetric care. To encourage women to deliver at the centre, MSF has set up a maternity waiting house. The MSF team also carried out a fistula campaign in May and treated more than 60 women.

WESTERN EQUATORIA STATE

Yambio: primary and secondary healthcare

In Yambio, where MSF has been working for the last ten years, the teams continue to see an increase in malaria cases among pregnant women and children. The team is scaling up its response in Yambio and has built two tented hospitals that are already full. Malaria is the leading cause for admissions among children under five: in August 176 were admitted.

MSF provides basic and specialised healthcare in Yambio civil hospital as well as support to the paediatric and reproductive health departments. In March, MSF began handing over some activities to the Ministry of Health, including the outpatient paediatric department, two primary healthcare centres and one primary healthcare unit. MSF continues to run a program focused on prevention of mother-to-child HIV transmission at the hospital.

SOUTH SUDANESE REFUGEES IN NEIGHBOURING COUNTRIES

ETHIOPIA

More than 189,000 South Sudanese have taken refuge in the Gambella area since December 2013, according to the UNHCR. The influx of refugees is ongoing, with an average of 110 new arrivals per day.

Lietchuor refugee camp (around 40,000 people) has become a lake dotted with islands in particular after a heavy rainstorm at the end of August. The road built on a strip of elevated land is the only remaining inhabitable area, and some of the refugees have set up their tents along its course. Inside the camp, the latrines, which were hastily built, have overflowed, with some collapsing completely.

Many refugees have left the camp, with hundreds sheltering in nearby villages with the host community or in churches. Heavy rains and flooding have also caused serious damage in Pagak and Pamdong transit camps. And Burubiey, one of the main transit centres, was already closed due to flooding at the border point. Two refugee camps have reached their capacity and refugees have to wait for several days before being transferred to permanent settlements.

MSF teams continue to provide care in Lietchuor camp in a health centre and in a 107-bed hospital, which includes a maternity ward and intensive therapeutic feeding centre set up in tents and semi-permanent structures. Most patients seen are suffering from malaria and respiratory infections, but hepatitis E and jaundice are also a problem. Between late-May and late-August, 354 cases of hepatitis E and jaundice were detected. However, no cases of cholera have been recorded. On 23rd August, MSF teams completed a cholera vaccination campaign in the camp, immunising more than 39,000 people against the disease. MSF is also running a 45 bed inpatient facility inside Kule Camp. Due to the flooding in Lietchuor, Ethiopia's Administration for Refugee and Returnee Affairs (ARRA) and the UNHCR have taken the decision to close the camp, but still have to find an appropriate site to relocate the refugees.

UGANDA

More than 77,400 South Sudanese refugees have settled in Adjumani district in northern Uganda, and about 50 refugees are still arriving daily. Although the numbers of new arrivals remains stable, MSF is concerned that refugees at present are not fleeing from conflict but rather due to lack of food. The team has completed the second round of vaccinations against pneumococcal disease (PCV) and haemophilus influenza type B (Hib), as well as other diseases for 4,700 children under two years old. PCV and Hib are two of the main causes of respiratory infections in children.

MSF continues to provide healthcare in Nyumanzi transit centre and in two permanent camps: Aylo 1 and Aylo 2. In Aylo 1 camp, MSF is running an outpatient department, inpatient department, maternity ward and an intensive therapeutic feeding centre. MSF also runs an outpatient department in Aylo 2. MSF is also running a health centre 3 in Dzaipi, with an inpatient ward, maternity services and a therapeutic feeding centre. The MSF activities in Dzaipi will be handed over to the Ugandan Ministry of Health and the organisation will focus on providing care to refugee camps in the south of Adjumani district where the needs are high.



After fighting broke out in Juba on 15 December 2013, and subsequently in several other states, MSF increased its capacity to rapidly respond to emergency medical needs in the country. MSF teams are now running 25 medical and non-medical programmes, as well as outreach activities, in eight of South Sudan's ten states, providing basic healthcare, nutritional support, surgery, vaccinations and clean drinking water to people who have fled their homes.

MSF is committed to providing lifesaving medical care in South Sudan, offering aid to people affected by the current crisis as well as to many others who are vulnerable due to lack of access to healthcare in the country and within the region. In Kenya, Ethiopia and Uganda, MSF has set up emergency projects to provide assistance to thousands of South Sudanese who have taken refuge across the borders.