

MSF South Sudan Activity Update

May 2016 (medical data to 30 April)



Medical aid where it is needed most
Independent - Impartial - Neutral



MSF IN NUMBERS 1 January – 30 April



235,851 outpatient consultations,
of which **88,618** children under 5 years old



13,716 patients hospitalised,
of which **6,058** children under 5 years old



4,256 surgical operations,
and **1,718** war wounded treated



50,974 patients treated for malaria



7,050 patients treated for malnutrition, of
which **2,449** admitted for intensive treatment



3,612 babies delivered

MSF OPERATIONS IN RESPONSE TO THE MEDICAL NEEDS IN SOUTH SUDAN

HIGH MEDICAL NEEDS IN ALL PROJECT LOCATIONS

Most of the 16 MSF projects in South Sudan were busier than expected during the usually less busy months of March and April. Many of MSF's hospitals and clinics are working at - or even beyond - normal capacity, even though the rainy season is only just starting. With the coming rains, it is realistic to expect an increase in malaria and water-borne diseases, so we can expect medical needs to rise in an environment where MSF is already working hard to keep up with the current patient numbers. Generally, across the country, MSF is seeing health situations that are concerning, but not alarming. Major disruptions - such as violence, displacement, a breakdown in aid organisations' access to areas in need, or a significant epidemic outbreak - could have rapid and grave consequences for people's health in an environment that is already fragile.

MEASLES:

In response to suspect or confirmed measles cases, MSF engaged in several preventative or emergency-response measles vaccinations in March and April. Measles is a highly contagious viral disease and one of the leading causes of death among young children worldwide.

In Aweil, in response to a confirmed outbreak that infected 69 children in March and April, MSF vaccinated 18,410 children under five years old in a three-day emergency response campaign in Aweil Town.

In April and May, the MSF team in Doro, Maban county, vaccinated 7,021 children between 6 months and 15 years old in the Bunj town community, as a preventive measure in response to some suspect measles cases presenting at the clinic. A coverage survey was done after the mass measles vaccination, confirming overall coverage at 98.9% for this population.



MSF also supported measles vaccinations that were led by other actors in Abyei region (13,000 children in February) and in Mayom (44,000 children in March) as well as treating 700 measles cases across in both locations in March and April. And in the region around Old Fangak MSF has been expanding vaccination activities, including immunization against measles. Routine vaccination, as opposed to specific vaccination campaigns, remains a core medical activity in most MSF project locations that run out-patient activities.

PREPAREDNESS FOR THE RAINY SEASON:

Every year the rainy season brings an increase in numbers of patients presenting with water-borne diseases and malaria. Last year, South Sudan faced a huge peak in malaria cases, particularly in the northwestern regions. MSF, for example, treated a total of 295,000 patients for malaria in 2015 – nearly ten times as many as in 2014. MSF teams have been getting prepared to respond in case the 2016 rainy season also brings a significantly high burden of malaria.

MALNUTRITION:

MSF medical teams are generally seeing gradually increasing numbers of patients with severe acute malnutrition, in line with what would normally be expected at the start of the traditional ‘hunger gap’ period. In Agok, however, there were between 140 and 150 admissions in both March and April of children with severe malnutrition with medical complications, which is substantially higher than the team would normally expect. Nearby, in Mayom, the team is taking preventive measures and has started an ambulatory nutrition programme, which has admitted around 400 children so far.

The medical team in Aweil saw a jump in admissions of severe acute malnourished children up to March and had to open a second severe malnutrition ward, although subsequently the numbers have stabilized.

A gradual increase in admissions has been observed in the ambulatory and intensive malnutrition programmes in Doro Camp and in Pibor, although the percentages of severe acute malnutrition remain below alarming thresholds.

MSF intensive therapeutic feeding centres are always the ‘end of the line’ in situations of malnutrition, when other mechanisms to prevent malnutrition have failed. Therefore current numbers in these MSF treatment programmes should not be considered as a clear indicator of potential malnutrition numbers in the future.

THE CHALLENGE OF CONTINUITY OF CARE IN A CONFLICT AREA:

In South Sudan, an estimated 2.7 per cent of adults live with HIV, although prevalence can shoot upwards of 6 per cent in some regions. But barely 6 per cent of those in need receive antiretrovirals (ARVs) due to scarcity of available care and high levels of stigma and discrimination.

It is important in medical ethics to ensure continuity of care, particularly for chronic diseases such as HIV where a gap in care can result in serious treatment complications. In conflict affected areas in South Sudan, MSF’s HIV treatment protocol requires that three months runaway pack of ARV is given to HIV patients just in case of eminent displacement they can run with their medicine.

In Leer, when conflict led to massive displacement of the population and the MSF hospital was looted, this continuity of care was put to the test. Thanks to extraordinary efforts, 50 patients on ARVs at MSF’s Leer hospital were able to re-establish contact with MSF to resume their life-sustaining HIV treatment.

This can be attributed to concerted efforts by MSF’s Leer Project HIV and TB Supervisor. When he ran for his life towards the relative safety of the bush and swamps, he thought of two things: his family, and his patients. As his patients were already gone, he took what could help them: a bag-load of ARV pills and the book holding his patients’ records. He and his family hid in chest-deep swamps all day, listening to the sound of gunfire.

When the shooting finally subsided, he sent his family all the way to the Bentiu protection camp where they eventually sought refuge, but he himself chose to stay behind to help people using the medicines he’d stashed in his backpack.

Eventually, he was able to reconnect with the MSF medical team in Bentiu, where the book of patient records that he’d saved for over four months was essential in enabling former patients who had fled there to be re-enrolled in their treatment regimens.

MSF OPERATIONS IN RESPONSE TO THE MEDICAL NEEDS IN SOUTH SUDAN

GREATER BAHR EL GHAZAL REGION:

Aweil: Limited access to healthcare

Support to Aweil State Hospital

- Maternal care, obstetrics, ante-natal care
- Pediatric and neo-natal ward
- Vaccinations
- Minor surgery

GREATER EQUATORIA REGION:

Yambio: HIV response

Community-based test and treat programme

- Outreach and mobile clinics
- HIV testing and treatment
- Training of community healthcare workers

GREATER UPPER NILE REGION:

Bentiu PoC: Displaced population, limited access to healthcare

MSF hospital inside UN PoC site

- Secondary healthcare, inpatient department, surgery and emergency room
- Maternal care for complicated obstetrics, and SGBV program
- Inpatient therapeutic feeding centre
- Outreach program within the PoC

Bentiu Communities: Displaced population, lack of access to healthcare

MSF operational compound in Bentiu Town

- Clinics six days a week in Bentiu Town providing access to primary healthcare
- 24 hour stabilization unit prior to referral
- Reproductive and SGBV services and referrals

Bor: Technical support to Bor state hospital in:

- Emergency room, triage, pharmacy
- Starting support to the surgical department
- Lab and waste management

Lankien: Remote location, limited access to healthcare, periodic violence and displacement

MSF hospital, mobile outreach clinics

- Primary and secondary healthcare, surgery
- Maternal care, obstetric ward
- Nutrition services (ambulatory and inpatient)
- Kala azar, HIV and tuberculosis
- Outreach clinic in Yuai

Leer & Thonyor: Displaced and violence-affected population

MSF clinics in Leer and Thonyor, therapeutic feeding, mobile clinics

- Primary healthcare for violence-affected, displaced population

- Therapeutic feeding program
- Mobile clinics and outreach to displaced population in Leer and Mayendit Counties
- Emergency inpatient department

Maban Doro: Sudanese refugees from Blue Nile and serving host population

MSF health centre and outpatient health units

- Secondary, maternal health and mental health services
- Primary healthcare in outreach health unit
- Support to Bunj town hospital

Malakal: Violence and displacement

Hospital in UN PoC site and mobile outreach clinics

- Secondary healthcare - inpatient department
- Inpatient therapeutic feeding centre
- Emergency room and triage
- Kala azar, TB and HIV

Mayom: Limited access to healthcare

Support to Ministry of Health healthcare center

- Secondary healthcare referrals
- Maternal care
- Outpatient consultations
- Malnutrition programme
- Vaccinations

Melut: Violence and displacement

MSF hospital in Denthoma 1 camp, MSF clinic in PoC

- Primary, secondary healthcare, emergency room
- Inpatient and ambulatory therapeutic feeding program
- Kala azar, TB

Old Fangak: Remote location, limited access to healthcare, periodic conflict and displacement

MSF hospital

- Inpatient and outpatient care, and emergency room
- Inpatient therapeutic feeding centre
- Ante-natal care and deliveries
- Assessments of other villages and referrals by boat ambulance

Pibor: Responding to urgent medical needs following heavy fighting and looting of MSF facility

- Primary healthcare with inpatient department
- Assessments in remote locations
- Support to health units in Gumuruk and Lekuangle

Wau Shilluk: remote location, displaced population

MSF medical centre and outreach program

- Emergency room, primary healthcare and stabilization centre
- Therapeutic feeding
- Health & hygiene promotion
- Kala azar, TB and HIV

Yida: Refugees from Sudan and serving host population

MSF hospital in a refugee camp

- Primary and secondary healthcare - inpatient department
- Emergency disease outbreak response and mass vaccinations
- Inpatient therapeutic feeding centre
- Mobile outreach clinic

ABYEI SPECIAL ADMINISTRATIVE AREA:

Agok: Limited access to healthcare

MSF hospital

- Surgery, emergency room
- Maternal care, obstetrics and a neo-natal ward
- Inpatient therapeutic feeding centre
- Vaccinations
- Community based malaria program
- Snakebites
- Chronic care clinic inc. treatment for HIV, TB and diabetes

IN NEIGHBOURING COUNTRIES

Ethiopia

Gambella region refugee sites

- Primary and secondary healthcare
- Mobile outreach clinics

Sudan

Refugee camp in White Nile State

- Primary and secondary healthcare
- Nutrition program
- Water and sanitation activities

Médecins Sans Frontières (MSF) employs more than 3,200 South Sudanese staff and more than 330 international staff to respond to a wide range of medical emergencies and provide free and high quality healthcare to people in need in 16 project locations across the country.



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Médecins Sans Frontières (MSF)/Doctors Without Borders is an international, independent, medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, natural disasters and exclusion from healthcare in more than 60 countries around the world. MSF offers assistance to people based on need, irrespective of race, religion, gender or political affiliation. Our actions are guided by medical ethics and the principles of neutrality and impartiality.

MSF has worked in the region that today constitutes the Republic of South Sudan since 1983.