



MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

SOUTH SUDAN CRISIS UPDATE

June 2014



MSF has over 3,500 international and local staff in South Sudan.

In addition, 76 international staff provides support to MSF's operations in South Sudan from neighbouring countries.

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

Patients Treated

December 15th 2013 to June 2014



330,679

Outpatient Consultations
of which

41%

Children Under 5 years



14,601

Inpatient Admissions
of which

59%

Children Under 5 years



8,320

Deliveries



2,951

War Wounded Treated
and

2,538

Surgeries Performed

Patients Treated

March to May 2014



50,000

Vaccinations
carried out



7,220

Children Received Nutrition
treatment as Outpatients

1,500

Children admitted to Inpatient
Therapeutic Feeding Centres

MSF OPERATIONS IN SOUTH SUDAN

The conflict that erupted on 15th December 2013 in South Sudan has led to the destruction of medical and other civilian structures. More than a million people are displaced within the country, with another 200,000 seeking refuge in countries bordering South Sudan. The fighting rendered many of the existing health facilities non-functional with no medical supplies or human resources to offer as medical staff fled for their lives, leaving populations without access to health facilities or anyone to respond to their basic needs.

During the conflict, Médecins Sans Frontières/Doctors Without Borders (MSF) has had to relocate services to pre-existing facilities which have become overstretched. We have built tented hospitals, worked under temporary shelters and set up inflatable hospitals. With over 3,500 local and international staff working in the country, we have set up emergency projects to respond to the growing needs of people directly affected by the crisis.

Central Equatoria, Jonglei, Upper Nile and Unity states are the most affected areas in South Sudan since the fighting started. As a result, we increased our operations in these states by starting new emergency projects and providing non-food items - such as mosquito nets and blankets - as well as water and sanitation support. Our teams are also carrying out outreach activities, assessments and monitoring people's health needs across the country.

Nutrition interventions

South Sudan always experiences some levels of malnutrition during the lean season, which generally occurs around June to August when the main crops are planted but not yet harvested. In most years South Sudan represents one of the countries where MSF conducts the most therapeutic feeding for malnutrition - in 2013, for example, the country was the third largest of MSF's nutrition programmes. Today, after six months of conflict and massive displacement, coping mechanisms are exhausted, markets have been destroyed, food stocks have been looted and fighting has made it difficult to harvest or plant crops. MSF has already enrolled over 9,000 children into ambulatory nutrition programmes and admitted 1,500 children into in-patient programmes since the beginning of the year.

The increase in admissions, despite not seen across the board, highlights the concerns in nutrition and food security in the worst-affected areas of Unity, Upper Nile, and Jonglei where populations are most affected by violence, displacement and food shortages. All actors on the ground need to be ready with prepositioned food but the logistical side of the operations should not be neglected. This includes securing safe access by road and river within South Sudan as well as cross-border corridors for the delivery of humanitarian aid; boosting logistical capacity to reach those in need; meeting funding goals to ensure there are no pipeline gaps; prepositioning adequate supplies regionally to continue food distributions uninterrupted.

Cholera: one month since outbreak declared in Juba

On the 15th of May, the South Sudanese Ministry of Health declared a cholera outbreak in Juba. As the cholera outbreak enters its fourth week, 38 people have died and 1,742 people have been treated for the disease. MSF is running five cholera treatment centers (CTCs) and three oral rehydration points (ORPs) in key areas of the city. Medical teams have already provided cholera treatment to 405 people and are in the midst of building an additional CTC and further ORPs in the eastern and southern parts of Juba to ensure that more people can access closer treatment facilities.

MSF is also continuing to provide technical assistance to the Ministry of Health to help provide cholera treatment in Juba Teaching Hospital. MSF scaled up water and sanitation support to the hospital to help increase infection control. MSF has already treated 94 patients at its oral rehydration point in this area.

In **Juba, Central Equatoria**, MSF continues to run medical activities in two camps: Topping and Juba House. Living conditions are very bad in Topping camp, with many of the displaced living in flooded areas. Staff at MSF's clinic continue to treat huge numbers of malaria, upper respiratory infections and diarrhoea cases.

In Upper Nile state: Since fighting broke out, Malakal has come under attack several times over the past months. Entire town was left empty as people fled for their lives, some along the shores of the Nile and some in the UNMISS Protection of Civilians area.

In **Malakal**, MSF has set up a 50-bed in-patient department in the UNMISS compound, where more than 20,000 displaced people have taken refuge. The new facility, set up in March 2014, is equipped with an emergency room, an observation room and a ward for severely malnourished children. The team has also set up a tent for suspected tuberculosis (TB) patients and another for TB patients under treatment, as well as treating people affected by kala azar.

Most of the people from Malakal continue to be spread along the west bank of the Nile, with many settling in **Wau Shiluk, Lul** and **Kodok**. MSF teams are running outreach activities with a focus on nutrition and out-patient consultations, while monitoring people's health needs in these areas and setting up a 20-bed facility for children with severe malnutrition in Kodok. In June, the team will also carry out a vaccination campaign targeting 10,000 children for polio and 23,000 for measles.

The MSF team continues to provide primary healthcare to around 20,000 displaced people, 1,000 of whom have taken refuge in the UNMISS base in **Mellut**. Those displaced fled the fighting in the neighbouring counties of Balia, Kaka and Malakal. The team is also providing essential relief items, such as mosquito nets and blankets, as well as water and sanitation support. MSF has set up a kala azar programme in its Mellut clinic, outside the UNMISS compound, to test people for the disease, administer daily injections, and provide referrals for complicated cases to the Mellut Hospital. As a result of population movements, large numbers of patients are failing to come to the hospital for follow-up treatment, which is a cause for concern.

Unity state: Following attacks on **Bentiu** on 15th-17th April, MSF scaled up its emergency medical activities in the Protection of Civilians area at the UNMISS base, where more than 45,000 displaced people are currently sheltering. MSF provides in-patient care and has set up a surgical unit. MSF is particularly worried about the high mortality rates in the Bentiu Protection of Civilians site, where approximately four children under 5 years old are now dying per day. Most of the deaths are due to acute diarrhoea and pneumonia, which are linked to the harsh conditions. MSF has established outreach teams to increase awareness about basic hygiene and illness prevention and is preparing to construct a cholera treatment centre if needed.

In **Aweril county, Lakes state**, MSF has been providing care to over 90,000 displaced people who have settled on the banks of the Nile in Minkamman, as well as for the 7,800 residents of the area. MSF teams are providing an average of 2,000 consultations per week in four out-patient departments and running a 60-bed in-patient department including a delivery room. The teams are also providing basic emergency obstetric and neonatal care, treating severe malnutrition, and providing mental healthcare and routine vaccinations. Upper and lower respiratory tract infections and acute watery diarrhoea diseases are the most common among patients in the MSF facility, especially among children.

The MSF team also continues to treat cases of measles. The team has set up screening points at the port for new arrivals to provide medical care and vaccinate children. A supplementary oral cholera vaccination campaign for over 24,000 displaced people in Minkamman was carried out for those who may have missed the previous rounds of vaccination. The team have also been treating Hep E cases in the camp.

Restarting operation in Leer and Bor

In February, the MSF-run hospital which MSF had worked in for more than 25 years in Leer, Unity state, was completely destroyed. Medical supplies were looted and the hospital was rendered inoperative as the entire population, together with MSF staff, fled into the bush. To reach this population, the MSF team began operations in southern Unity state, in the areas of Nyal and Mayendit.

As the population started moving back to Leer in May, MSF began providing medical care in the town to thousands of people who were now left without any basic services. Three months after its medical facility was destroyed, MSF has resumed operations in Leer; the team has recorded an alarmingly high number of children in its nutrition programme, with over 1,800 children receiving care.

In May 2014, MSF resumed operations in Bor, in Jonglei state after closing its projects in 2008 and handing over its operations to the Ministry of Health. Following several attacks in Bor, the hospital was significantly damaged and one of MSF's first steps was to undertake a clean-up operation to allow some basic hospital services to restart. The organisation will provide paediatric care at the Bor State Hospital while the team continues to monitor the health needs of the population.

Prior to the outbreak of the current conflict and starting new emergency operations, MSF had been working continuously in South Sudan for the past 30 years. The humanitarian situation in South Sudan was dire and access to healthcare sparse with over 80% of medical services provided by international organisations.

Upper Nile State

Maban county – primary and secondary healthcare

MSF teams provide primary and secondary healthcare in Doro camp, run an in-patient facility in Batil camp, and run an emergency room in Kaya camp in Maban County, where 122,000 refugees are sheltering after having fled the ongoing conflict in Sudan's Blue Nile state. MSF's teams also carry out outreach activities and operate mobile clinics in and around the three camps to provide healthcare and monitor the health situation of the refugee and host populations.

MSF also supports the public hospital in Bunj, providing primary healthcare and general vaccinations. In Kaya camp, MSF has adjusted its activities to focus mainly on providing quality secondary healthcare in the emergency room.

Nasir – primary and secondary healthcare, surgery, nutrition

MSF evacuated its hospital in the town of Nasir on 4th May after reports of impending heavy fighting, which led to entire populations fleeing the area. The MSF hospital was the only secondary healthcare facility for nearly 300,000 people in the region, with the exception of the limited services available in the village of Chuil where primary healthcare was available for people living in the three counties along the Sobat River. MSF has started providing support to the primary healthcare unit in Chuil, focusing on treating patients with kala azar and malaria.

With fighting ongoing in Nasir, the area is too insecure for MSF to return or to reach the majority of those displaced in the bush where needs have remained high.

From January to April 2014, the hospital averaged 4,100 out-patient consultations each month, of which 1,400 were children under five. Approximately 405 patients a month were hospitalised: around 150 in the in-patient ward; 95 women in the maternity ward; 50 children in the intensive therapeutic feeding ward; and 140 patients in the surgical ward.

The surgical needs in Nasir Hospital have been exacerbated by the conflict. Before leaving Nasir, the MSF teams were performing around 140 surgeries each month, of which 90 were major operations and 75 were violence-related. During a peak of casualties in February, more than 400 war-wounded cases were received in a two-week period. In contrast, in 2013, teams performed an average of 60 major surgeries each month in Nasir, around 12 of them violence-related.

Jonglei state

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

The number of malnourished children in MSF's nutrition programme in Lankien and Yuai remains high, with 357 children enrolled in the programme and 86 admitted to the intensive therapeutic feeding centre. In Lankien, MSF's surgical team performed over 200 surgeries in April and May on people wounded in the violence.

Teams also carried out a measles vaccination campaign in Yuai for more than 9,000 children and is planning similar vaccination in Lankien in June.

More than 15,000 displaced people have arrived in Uror and Nyirol counties, putting pressure on the host community. MSF is providing primary healthcare to the displaced people and has stepped up its outreach activities to better assess their health needs. MSF hospital in Lankien has double its size since the beginning of the conflict, with an average of more than 200 bed capacities.

Dorein, Gumuruk and Pibor – primary healthcare

In southern Jonglei state, MSF has resumed activities in Gumuruk, providing nutrition services and outpatient consultations. In Dorein, MSF teams are providing nearly 200 consultations per day, mainly for malaria, diarrhoea, skin diseases and respiratory tract infections. Teams are also running mobile clinics, including nutrition services, in Pibor town and in Lekwongole in Pibor county.

Unity state

Yida – primary and secondary healthcare

MSF has been working in Yida refugee camp since November 2011, providing outpatient services to more than 70,000 refugees via a 64-bed inpatient ward, with associated support services including a laboratory and a pharmacy.

Transitional area of Abyei

Agok – primary and secondary healthcare, surgery, HIV/TB, nutrition services

MSF's hospital in Agok provides comprehensive healthcare for the communities of Abyei and Twic county, including inpatient and surgical services, reproductive healthcare, treatment for HIV/TB, a feeding programme, as well as a programme for the prevention of mother-to-child transmission of HIV.

The fighting in Unity state, Mayom and Bentiu has caused a huge increase in surgical activities at Agok hospital. In April and early May, the team treated and performed surgeries on more than 150 war-wounded. MSF has increased its surgical capacity to cope with the high number of casualties.

Some 3,000 displaced people have settled around the town of Agok. MSF has provided clean water and distributed essential relief items, such as blankets, mosquito nets and plastic sheeting, to the displaced, most of whom are women and children.

Northern Bahr El Ghazal state

Aweil – maternity care, paediatrics and outbreak response

Malaria cases treated at the Aweil State Hospital have continued to increase over the past month. The team is treating over 100 severe malaria cases, most among women and children. This is worrying as it is already 300% increase of the number of malaria admission at the same time last year. MSF works with the Ministry of Health in Aweil civil hospital, providing maternity and paediatric care as well as responding to epidemic outbreaks. Following the recent clashes in Northern Bahr El Ghazal state, and in anticipation of population movements, MSF has pre-positioned supplies in Aweil. The team will focus on providing nutrition services, primary healthcare, and water and sanitation support. The MSF team is also carrying out assessments of people's health needs in Wau, after clashes in Mapel and Wau.

Pamat – primary healthcare

In Pamat, in the north of the state, MSF is providing primary healthcare to nearly 25,000 displaced people, with a focus on 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 wards, an operating theatre, a pharmacy and a laboratory. In an effort to reduce maternal deaths in the area, the MSF team has a focus on maternal healthcare, providing antenatal and postnatal care, assisting deliveries and providing emergency obstetric care. To encourage women to deliver at the centre, MSF has set up a maternity waiting house for pregnant women who live some distance away from Gogrial. The MSF team carried out a fistula campaign in May with over 66 women treated.

Western Equatoria states

Yambio – primary and secondary healthcare

MSF has been working in Yambio for ten years and 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.

SOUTH SUDANESE REFUGEES IN NEIGHBORING COUNTRIES

Ethiopia

The humanitarian situation for the 100,000 South Sudanese refugees who have arrived in Ethiopia's Gambella region is critical, with little access to water and sanitation in the camps. MSF is providing healthcare to refugees arriving in Pagak next to the border. Following the influx of refugees from Upper Nile state in early May, MSF is opening an outpatient department in Burebe camp, where 10,000 refugees are sheltering. MSF is also running a health centre and an 85-bed inpatient facility with a maternity ward and an intensive therapeutic feeding centre for the 45,000 refugees in Lietchuor, and a 75-bed inpatient facility in Itang, close to Kule camp.

MSF teams in the region are currently providing an average of 3,000 medical consultations per week and providing intensive nutrition care to 60 children per week. The number of children with measles has decreased, with a total of 350 children treated by MSF.

Uganda

Between 100 and 200 South Sudanese refugees are still arriving on a daily basis in northern Uganda. Some 70,000 South Sudanese have been registered in Uganda's Adjumani district, where MSF has been providing medical care since January. MSF runs outpatient and inpatient departments as well as an intensive feeding centre in Dzaipi. When refugees arrive in Nyumanzi transit camp, MSF provides outpatient consultations, screens children for malnutrition and conducts routine vaccinations.

In Nyumanzi settlement camp, and Baratuku and Ayilo refugee camps, MSF has set up outpatient services. In April, MSF conducted 14,347 consultations and admitted 194 patients to Dzaipi inpatient department.

Kenya

Since December 2013, more than 34,000 refugees from South Sudan have arrived at Nadapal border point in Kenya, from where they are transferred to Kakuma refugee camp. Since January, in cooperation with the Kenyan Ministry of Health, MSF has been providing medical support and clean water for the refugees.

MSF and the Ministry of Health have also performed systematic screening for communicable diseases, vaccinated some 17,000 children under 15 against measles and polio, and conducted 2,186 consultations at the border health post. This project is being handed over to the Ministry of Health and the County of Turkana health teams.

After fighting broke out in Juba on 15th 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 more than 22 medical and non-medical programmes, as well as outreach activities in nine of South Sudan's ten states, providing basic healthcare, nutritional support, surgery, vaccinations, as well as clean 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.

CHOLERA TREATMENT IN JUBA

“When I started experiencing the signs of vomiting with slight diarrhoea, I developed fear in me, that I might die of cholera because I had no money for treatment.”



Since the South Sudanese Ministry of Health (MoH) declared a cholera outbreak in Juba, the country's capital, on 15 May 2014, more than 1,742 people have been treated for the disease and, 38 people have died as of June 16. MSF is running five cholera treatment centres (CTCs) and three oral rehydration points (ORPs) in key areas of the city. MSF is also continuing to provide technical assistance to the Ministry of Health to help provide cholera treatment in Juba Teaching Hospital.



“My son was very weak, now we are here and he is put on drip and given oral rehydration solutions. I hope my son will get better.” Kiden Margaret, 31.



A sanitation worker carries cleaning equipment into the inpatient department. Sanitation in MSF's cholera treatment centre in Gudele 2, Juba, is taken very seriously.