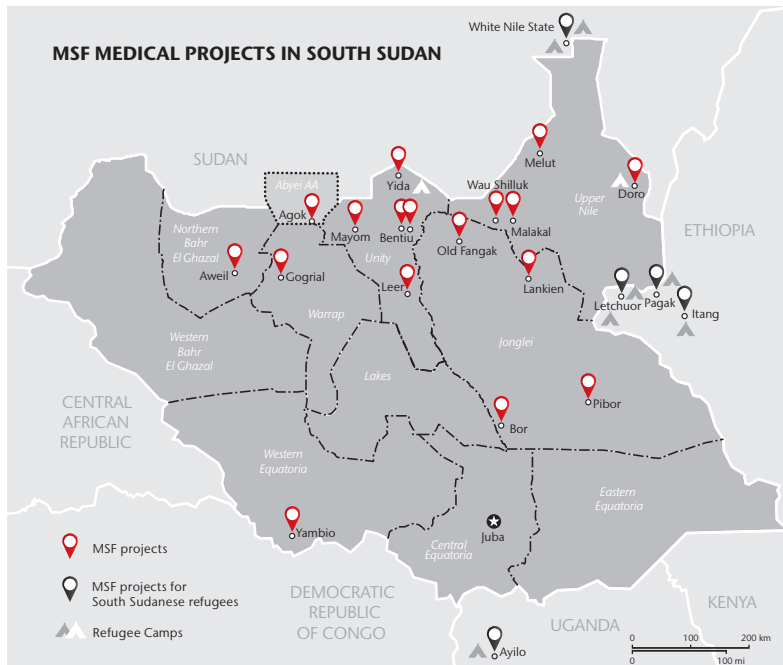


MSF South Sudan Activity Update

March 2016 (medical data to 29 February)



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



MSF IN NUMBERS 1 January – 29 February



110,822 outpatient consultations,
of which **44,727** children under 5 years old



6,729 patients hospitalised,
of which **2,768** children under 5 years old



2,148 surgical operations,
and **622** war wounded treated



31,901 patients treated for malaria



1,628 babies delivered

MSF OPERATIONS IN RESPONSE TO THE MEDICAL NEEDS IN SOUTH SUDAN

MSF condemns the outrageous violence in the Malakal Protection of Civilians site on February 17 and 18, which claimed the lives of 19 people, including two MSF staff. The violence left humanitarian facilities destroyed and thousands of civilian shelters burned to the ground. The population of 47,000 who were sheltering in the camp at the time of the attack had already suffered through two years of conflict and displacement and were living in inhumane and overcrowded conditions.

With large sections of the camp now destroyed, protection of civilians and a sustained humanitarian effort is required to provide basic life-saving services to the affected population. MSF strongly condemns the attack, which is yet another instance of brutality in a conflict marked by utter lack of respect for the

lives and dignity of civilians. At the same time, MSF calls on all armed actors to respect the provision of medical assistance to vulnerable populations in the wake of the unacceptable looting and ransacking of its medical centre in Pibor. Thousands of residents fled to the bush to escape the violence with no access to assistance. In this moment of immense medical need, MSF has launched an urgent response, but its capacity to respond to medical needs in Pibor, Lekuangole and Gumuruk has been severely diminished as a result of this unacceptable looting.

Médecins Sans Frontières (MSF) employs more than 3,000 South Sudanese staff and 330 international staff to respond to a wide range of medical emergencies and provide free and high quality healthcare to people in need in 17 project locations across the country.



MSF condemns outrageous attack in UN protection site in Malakal

Two MSF staff were among 19 people killed during brazen and unacceptable violence in the UN Protection of Civilians site (PoC) in Malakal on February 17 and 18. At least one of the two MSF staff died while attempting to assist the wounded. In total, MSF treated 108 people injured in the fighting, 46 of whom suffered from gunshot wounds. MSF has received further reports that other people who tried to put out fires or help the wounded were targeted and shot. Large sections of the camp were destroyed, including medical and humanitarian services, as well as thousands of civilian shelters. MSF had warned previously that living conditions in the camp had already been overcrowded and jeopardized the health of the population due to poor hygiene, sanitation and access to water. This was of particular concern as the 47,000 people seeking protection in the camp were already extremely vulnerable, having endured two years of displacement, conflict, violence against civilians and destruction of their properties and livelihoods. Now, the population confronts yet another, far more severe humanitarian crisis.

In the wake of the destruction in the PoC, thousands of people are living in dire conditions, in sections of the camp not designed for human habitation and without adequate access to hygiene, sanitation or shelter. The MSF hospital provides the bulk of the secondary healthcare available to the population. Teams are already seeing increased numbers of patients admitted for respiratory tract infections and diarrhea, illnesses which are associated with poor living conditions. A further 5,000 displaced people are now living in Malakal town, where MSF has begun to provide mobile clinics to provide basic primary healthcare to the population. Protection of the population, which continues to fear for its security, must be assured and the humanitarian response in the immediate aftermath of this tragedy must be sustained to improve the conditions of the population and prevent outbreaks of disease.

MSF launches urgent medical response in Pibor

After being forced to evacuate from the MSF compound amid heavy fighting in Pibor from February 23 to 25, MSF has resumed minimal medical operations in its looted facility in response to urgent medical needs. Amid intense fighting, the MSF team was forced to evacuate to the UN base due to the imminent possibility of being caught in the crossfire between armed groups. In the immediate aftermath, the medical team supported treatment of 36 wounded patients, including one six-year-old child suffering from a gunshot wound who died because it was impossible to provide the intensive care treatment needed. The team established a medical clinic and temporary hospitalization ward in the UN base, where 2,000 people are seeking shelter in substandard conditions and almost two thirds of MSF's patients are children under five years old suffering from malaria, respiratory tract infections or diarrhea.

In Pibor town, the MSF medical centre was thoroughly looted in the wake of the fighting. Medical equipment, fuel, patients' beds, life-saving medicines and therapeutic food used for treating malnourished children have all been stolen. MSF recently relocated back from the UN base to the MSF compound, where medical teams have resumed limited medical services. Thousands of people fled to the bush amid the recent fighting, where they have no access to medical assistance. MSF completed an assessment mission to Verthet, where teams treated three patients and encountered significant unmet health needs. However, the unacceptable looting of MSF's medical centre has greatly reduced its capacity to respond to present needs or to sustain its programs in Pibor, Lekuangle and Gumuruk at the level and scale that was previously provided. MSF strongly condemns this unacceptable attack on the provision of medical assistance. The situation on the ground remains tense and MSF demands that all armed actors respect the provision of health care.

Responding to urgent needs in Leer and Mayendit counties

MSF is providing urgent medical assistance to vulnerable, conflict-affected populations in Leer and Mayendit counties with clinics in Leer Hospital and Thonyor as well as mobile medical and nutritional clinics. The population in this region has been heavily affected by conflict, including long-term displacement, destruction of shelters and livelihoods. With the return of other humanitarian actors in 2016, MSF is beginning to finally see the number of children admitted in its therapeutic feeding programs decreasing. However, the population remains highly food insecure and dependent on humanitarian assistance for survival. A sustained humanitarian presence is urgently needed to prevent deterioration in the health of this extremely vulnerable population.

Other urgent medical needs MSF is addressing in the region are high levels of acute watery diarrhea, skin and eye infections and respiratory tract infections; all of which are associated with the deplorable conditions in which people have been living while fleeing from conflict. The rainy season will begin in the coming months, along with accompanying annual outbreaks in life-threatening disease, which will increase the medical needs. MSF has been looted three times in Leer since conflict began. As a result of repeated lootings, MSF's capacity to provide medical assistance is greatly reduced from the scope and quality of services it was able to provide before the conflict began.

MSF OPERATIONS IN RESPONSE TO THE MEDICAL NEEDS IN SOUTH SUDAN

ABYEI 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
- Snakebites
- Chronic care clinic inc. treatment for HIV, TB and diabetes

GREATER PIBOR ADMINISTRATIVE AREA

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

- Primary healthcare with inpatient department
- Assessments in remote locations
- Primary medical care for displaced persons seeking shelter in UN base
- Reduced support to health units in Gumuruk and Lekuangole

JONGLEI STATE

Bor: Technical support to Bor state hospital in:

- Emergency room, triage, pharmacy
- Pediatric inpatient department
- Vaccinations
- 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, neo-natal ward
- Nutrition services (ambulatory and inpatient)
- Kala azar, HIV and tuberculosis
- Mobile outreach clinics in Yuai

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

NORTHERN BAHR EL GHAZAL STATE

Aweil: Limited access to healthcare

Support to Aweil State Hospital

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

UNITY STATE

Bentiu PoC: Displaced population, limited access to healthcare

MSF hospital inside UN PoC site, decentralized clinics and malaria points inside the PoC

- Secondary healthcare, inpatient department, surgery and emergency room

- Maternal care, obstetrics, neonatal ward and SGBV program
- Inpatient therapeutic feeding centre
- Clinics for children under 5
- Community health program

Bentiu Communities: Displaced population, lack of access to healthcare

MSF operational compound in Bentiu Town, mobile clinics in surrounding counties

- Clinics six days a week in Bentiu Town providing access to primary healthcare
- Inpatient care, stabilization and referrals
- Sensitization and referrals for maternal care and SGBV
- Mobile clinics in Koch, Guit and Rubkona counties

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 to displaced population in Leer and Mayendit Counties

Mayom: Limited access to healthcare

Support to Ministry of Health healthcare center

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

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

UPPER NILE STATE

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

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

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

Maban Batil: Refugees from Sudan and serving host population

MSF clinic

- Secondary healthcare
- Maternal and pediatric care
- Inpatient therapeutic feeding centre
- Vaccinations

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

WARRAP STATE

Gogrial: Remote location and limited access to healthcare

MSF reference health centre

- Primary healthcare, surgery
- Maternal healthcare, obstetrics, ante-natal and post-natal care
- Malaria response unit and support to surrounding health centres

WESTERN EQUATORIA STATE

Yambio: HIV response

Community-based test and treat programme

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

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

Uganda

Refugee camps and reception centres in Adjumani District

- Primary and secondary healthcare
- Malaria prevention activities



Photo: Jacob Kuehn

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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.