



MÉDECINS SANS FRONTIÈRES IN SUDAN – NOVEMBER 2010

EXTERNAL UPDATE

“I was only six months pregnant. I could feel myself go into labour, I had really bad back and abdominal pain. I was worried, so I walked to the (MSF) hospital. My baby, Litjong, was born after a quick labour. He only weighed 650 grams. I was sad; but whether he was going to survive or not was not a question for me to answer. It was always going to be in the hands of someone else.”

Aluel, MSF patient in Agok, and mother of eight children, including Litjong who survived despite being born three months premature.

Overview

Médecins Sans Frontières (MSF) has been providing medical humanitarian assistance in Sudan since 1979. Currently MSF is providing a range of healthcare services including nutritional support, reproductive healthcare, kala azar treatment, counseling services, surgery, and pediatric and obstetric care. MSF also responds to medical emergencies.

MSF teams are preparing to respond rapidly to emergencies in 2011 by positioning supplies which will ensure teams can assist people in need as quickly as possible, as well as specific supplies to deal with disease outbreaks such as kala azar and meningitis.

Northern Bahr El-Ghazal State

In **Aweil Civil Hospital** in **Northern Bahr El-Ghazal** province, MSF works with the Ministry of Health to reduce maternal and pediatric mortality, treat malnutrition and respond to emergencies. MSF staff perform surgery, including caesarean sections, and provide gynaecological and obstetric care and mother and child healthcare, including antenatal and postnatal consultations and vaccinations.

From January to October 2010, nearly 31,000 antenatal consultations were provided, more than 2,450 women came to the hospital to deliver, and 50,000 pediatric consultations were performed. There were nearly 2,300 admissions to the pediatric department, with the main illnesses being respiratory infections and diarrhoea. The hospital has an inpatient therapeutic feeding center and an outpatient feeding program. From January to October 2010, around 2,370 children were treated for severe acute malnutrition, similar to the number of people that were treated for malnutrition in the same period last year.

Western Bahr-el-Ghazal State

MSF began working in **Raja County** in August 2010, focusing on emergency preparedness and reducing maternal and pediatric morbidity and mortality. MSF has already supported the treatment of 2,700 patients and admitted 200 patients. Once the roads are accessible at the end of the rainy season, MSF teams will extend their intervention to the camps for displaced people, if the needs are there.

Central Equatoria State

In **Juba**, southern Sudan's main city, MSF runs activities to prevent cholera outbreaks, including health promotion and the provision of clean water to at-risk communities. In order to improve hygiene and reduce the number of deaths from water-borne diseases, an MSF team has drilled seven new boreholes, repaired ten existing ones and quality-tested more than 200 boreholes used by the community.

MSF has also constructed a new water system for the Ministry of Health's El-Sabah Hospital, drilling a new borehole within the hospital grounds, providing a water tanker and creating a water distribution system to supply the pediatric and nutritional wards and the laboratory.

Eastern Equatoria State

At the end of May, MSF started a six-month project to support the **Kapoeta Hospital** in treating children under the age of five suffering from acute malnutrition during the April-to-September 'hunger gap'. A 40-bed inpatient therapeutic feeding center and three outpatient treatment centers were set up. Between the end of May and mid-July 2010, around 250 children were admitted to the program, 50 of whom received inpatient care.

Western Equatoria State

MSF is providing essential primary and secondary healthcare, including emergency medical care, mental healthcare and relief activities, for people affected by violence, many of whom have been injured in attacks carried out by the Uganda-based rebel group, the Lord's Resistance Army. MSF uses mobile teams in this area to reach people affected by violence and provide primary healthcare. MSF is also supporting Ministry of Health facilities in **Ezo** and **Makpandu** refugee camps, and running mobile clinics where needs arise in and around **Yambio**.

In May 2010, MSF started supporting the pediatric, surgery, outpatient, inpatient and reproductive health departments of Yambio Civil Hospital, as well as its sleeping sickness program. Between January and October 2010, MSF provided more than 26,286 outpatient consultations and treated approximately 11,057 people for malaria in Western Equatoria State. Between May and October, MSF teams admitted over 1,691 people to Yambio Civil Hospital and performed over 243 surgeries.

Jonglei State

Apart from a small Ministry of Health facility in **Pibor town**, MSF is the only primary healthcare provider in this part of Jonglei State, home to around 160,000 people, where

villages are often far apart and roads are impassable. MSF runs a primary healthcare clinic providing emergency care, inpatient care (42 beds), outpatient care and reproductive health services, including antenatal consultations, maternity care and treatment for sexually transmitted infections.

MSF runs outreach primary healthcare units in **Lekwongole** and **Gumuruk**, providing basic care, such as general consultations, treatment for malnutrition, deliveries, antenatal care and vaccinations, as well as referring more complex cases to Pibor. During the rainy season, which lasts from May to September or October, both these sites are only accessible by boat or plane.

Between January and November 2010, MSF teams provided 44,775 consultations in Pibor, Lekwongole and Gumuruk, and delivered 435 babies. The MSF team also admitted 1,309 severely malnourished children to its outpatient therapeutic feeding program.

In July 2010, following a series of cattle raids near Lekwongole, an MSF team treated five male patients for violent trauma wounds. From its Lekwongole outreach post, MSF transferred a four-year-old boy with head injuries and four patients with gunshot wounds (aged two, nine, 29 and 30) to its larger clinic in Pibor. There the medical team stabilised the patients before evacuating those suffering from gunshot wounds by MSF plane for urgent surgery in Boma.

At the end of July, MSF was forced to suspend activities in its Gumuruk clinic due to the deteriorating security situation. Therapeutic food for malnourished children and medical equipment was stolen from the clinic on two occasions, and four MSF staff travelling by boat from Pibor were violently robbed. This suspension of activities meant that the more than 160 severely malnourished children receiving treatment, alongside the approximately 20 new admissions each week, were not able to receive the care they urgently needed. Though the project is still suspended due to continuing clashes in the area, MSF remains committed to resuming its medical activities in Gumuruk as soon as it is feasible.

In the remote northern area of **Lankien**, MSF runs a busy clinic which serves around 127,000 people. With outreach sites in **Pieri and Yuai**, MSF teams provide all levels of medical care, ranging from treatment for respiratory tract infections to spear wounds. In the outpatient departments, 75,163 patients were seen between January and November 2010. In this period, 550 people were treated for malaria, 638 people started treatment for kala azar and 237 began tuberculosis treatment. In the same period, 979 people were admitted to the hospital, 3,520 children were vaccinated against measles and, up until November 2010, 1,072 children were treated for malnutrition.

Unity State

MSF is one of the few organizations providing medical care in **Leer**, an area close to the contested north-south border and numerous oilfields. MSF teams run a hospital which provides all levels of care, including emergency surgery and outpatient care, as well as surveillance and response to medical emergencies and outbreaks. This year, MSF teams provided over 63,859 outpatient consultations between January and November 2010. More than 6,454 people were treated for malaria and over 3,245 children were vaccinated against measles. In this period, 1,131 people were admitted to the hospital, 300 of whom were operated on. Almost three-quarters (70.6 percent) of these operations were emergency surgeries. In the period up until 30 November 2010, 2,400 children under the age of five were

treated for malnutrition, 167 people were admitted for tuberculosis treatment and 43 patients were admitted to the HIV/AIDS program, 11 of whom have been started on antiretroviral therapy.

In July 2010, MSF opened a feeding program in **Bentiu**, the capital of **Unity State**, as teams were seeing increasing numbers of patients coming from there to seek treatment in Leer. The nutritional situation in Unity State is extremely worrying, and it seems that the high levels of malnutrition cannot be attributed to the annual hunger gap alone. Factors such as the scarcity of food, the high price of sorghum and other staples, as well as violence, insecurity and displacement have all had a direct impact on people's ability to produce food and feed themselves. In the first two days of activities, over 60 children were admitted to the nutritional program in Bentiu. Up until November, MSF had treated a total of 1,396 children.

Upper Nile State

MSF runs a hospital in **Nasir** and a primary healthcare unit in **Beneshowa**. Situated close to the Ethiopian border and the Sobat River, insecurity in Nasir was rife in 2009 due to escalating violence between various tribes and clans. In 2010 the tension decreased, allowing MSF teams to focus on the development of medical programs, including HIV and TB care. In Nasir and Beneshowa, MSF teams provided 36,639 outpatient consultations between January and November 2010. More than 1,670 people were treated for malaria and 4,140 children were vaccinated against measles. In this period 1,788 people were admitted to the hospital, 151 of whom were operated on. Over half (59 percent) of these operations were emergency surgeries. Up to November 2010, 1,710 people were treated for malnutrition.

The Upper Nile region is the epicenter for kala azar in southern Sudan and is facing the worst outbreak in eight years. So far in 2010, MSF teams have treated over 2,086 kala azar patients, curing 94 percent of them. This is eight times higher than the number of patients treated over the same time period in 2009. In 2010, MSF responded to outbreaks in **Pagil, Atar and Khorfolus** by providing treatment to patients and training health staff in these locations. Medical teams also assisted a clinic in Old Fangak and assisted the Ministry of Health in **Malakal, Upper Nile State**, with technical and material support.

In October, MSF responded to a large increase in kala azar cases in the local health center in Rom village in Akoka County. Nearby clinics that did not have drugs to treat kala azar patients began to refer them to Rom, putting significant pressure on the existing team of local staff, who did not have enough medical supplies or trained personnel to deal with the increase of patients seeking treatment. To support the team, MSF donated kala azar drugs, rapid tests for malaria and gloves, and treated more than 40 patients. MSF also provided training on the correct diagnosis and treatment of this neglected disease

Warrap State

In December 2009, MSF started working in **Gogrial West County, Warrap State**. Initially, MSF provided basic healthcare on an outpatient basis. There was no hospital in Gogrial West County, so people in need of urgent surgery were forced to travel long distances at great personal expense. In order to meet the medical needs of the approximately 240,000 people living in this area, MSF has built a brand new primary healthcare center, with inpatient wards, a pharmacy and laboratory.

MSF has also set up two inflatable clinics to provide maternity, emergency obstetric and surgical care. Between January and October 2010, MSF treated more than 34,400 patients – a monthly total of over 3,000 patients. Of these, 936 were children suffering from malnutrition. In July, surgical operations began, and 82 surgical interventions have already been carried out.

On 18 November 2010, an eight-year-old boy was referred to the MSF team in Gogrial for surgery to remove shrapnel, resulting from a recent airstrike bombing in neighbouring Northern Bahr El-Ghazal state. Following surgery, the child received antibiotics, the wound was cleaned and closed, and one week later he was sent home in a good condition.

Elsewhere in Warrap State, MSF is setting up a base in **Turalei**, to support surgical activities in an existing health center as to facilitate quick medical emergency responses. A mobile medical team, consisting of doctors, surgeons, and nurses, is on standby and ready to respond to any emergency medical needs in other areas of the state.

The transitional area of Abyei

MSF has been working in the transitional area of **Abyei** since 2006. MSF offers primary healthcare services through an outpatient clinic in Abyei town. MSF provides nutritional support for children under the age of five, as well as maternity and pediatric services, and also responds to emergencies. Between January and November 2010, 10,625 outpatient consultations were conducted, more than 1,204 mothers were seen in the antenatal clinic, and over 305 children under the age of five were treated for severe malnutrition.

MSF was running five mobile clinics in the northern part of Abyei up until July 2010, when mobile clinic activities were suspended due to security concerns.

In May 2008, following violent clashes in the transitional area of Abyei, nearby **Agok** became a host town to thousands of displaced people. MSF responded quickly by setting up an emergency medical program caring for the wounded and displaced. Today, there are 60 inpatient beds and the medical teams are providing primary and secondary healthcare, including reproductive healthcare and treatment for malnutrition. Between January and November 2010, MSF staff carried out over 27,812 outpatient consultations, 1,450 patients were admitted to the inpatient department and more than 3,164 pregnant women were seen in the antenatal clinic. In the same period, there were 668 deliveries in the maternity ward, 10,141 nutrition screenings and 2,283 children were treated for severe malnutrition. MSF is also setting up an operating theatre, which will enhance MSF's surgical capacity and emergency response.

Al-Gedaref State

In January 2010, MSF, in collaboration with the Ministry of Health, opened a project in **Al-Gedaref State** in eastern Sudan to provide free treatment for kala azar, a parasitic disease caused by the bite of a sand fly. According to data from the Ministry of Health, the World Health Organization and MSF, Al-Gedaref State is the most kala azar endemic area in Sudan.

The treatment center is located in the remote village of **Tabarak Allah**, three hours from Al-Gedaref town, and 550 km east of the capital, Khartoum.

Between January and October 2010, a total of 5,967 kala azar suspects were screened for the disease. This resulted in 1,103 patients diagnosed with kala azar. Of these, 951 (86.2 percent) were primary kala azar, 76 (6.9 percent) were relapses and 76 (6.9 percent) were suffering from post-kala azar dermal leishmaniasis.

In April 2010, the Ministry of Health expressed concern about the deterioration of the nutritional situation in Al-Gedaref State and asked for MSF's support. In June 2010, MSF and the Ministry of Health conducted nutritional screening in three areas and were concerned by the results. Consequently, in July 2010, MSF opened a nutrition program in Gala Al-Nahal and Al-Quereisha localities, with four inpatient nutrition centers to treat malnourished children suffering from medical complications, and four mobile teams performing screenings and providing nutrition treatment for uncomplicated malnutrition cases. These activities are taking place in Tabarak Allah and Sifawa, in Al- Quereisha locality, and Gala Al-Nahal and Um Sagata in Gala Al-Nahal locality. Between 21 July and late-October 2010, MSF provided treatment for over 6,000 malnourished children under the age of five.

North Darfur State

MSF faces major constraints in delivering medical assistance in Darfur. Security remains a pressing issue in Darfur, as banditry and kidnappings of aid workers continue to occur. Reaching people who are in dire need of healthcare continues to be a struggle. MSF conducted a medical assessment in eastern Jebel Marra in May 2010 but, lacking the proper authorization, has not been able to return so as to provide medical care to the people who need it.

MSF runs a clinic in **Kaguro, North Darfur State**, in western Sudan. This clinic offers outpatient and inpatient care, an immunization program, an outpatient therapeutic feeding center, an inpatient therapeutic feeding center/stabilization unit, a women's health clinic and emergency surgery. MSF also runs five health posts in the isolated mountain villages of Burgo, Bourey, Lugo, Useige and Bouley. At the health posts, teams provide primary healthcare along with nutritional support. MSF is the only provider of healthcare in Kaguro and has been working there since 2005. Between January and late-November, the MSF team provided 61,200 consultations – an average of over 5,500 a month –including care for 854 severely malnourished children and more than 2,650 antenatal consultations.

MSF supports a nutrition program in **Aboushok** and **Elsalam** camps for internally displaced people in **El-Fasher**, the capital of **North Darfur**. These two camps were set up in 2004 on the outskirts of El-Fasher, and are home to about 104,000 people. MSF, in coordination with the Ministry of Health, runs a feeding program for children affected by severe acute malnutrition. It includes one inpatient facility for severely malnourished children with complications and two outpatient nutrition centers. There are currently 554 children being treated for malnutrition. MSF also supports a team of community health workers who are involved in case finding, defaulter tracing and health promotion in the camps for displaced people. The program is run in collaboration with the Humanitarian Aid and Development Organization, a Sudanese non-governmental organization.

Elsewhere in North Darfur, MSF works in **Shangil Tobaya, Tawila** and **Dar Zaghawa**. In Shangil Tobaya MSF's hospital continues to provide primary and secondary healthcare, including pediatric care, reproductive healthcare and counseling services for approximately 57,000 people. Between January and October 2010, MSF staff provided over 31,425

outpatient consultations, 4,365 antenatal care consultations and admitted 1,015 people to the hospital's inpatient department.

In Tawila Hospital, MSF works with the Ministry of Health to provide care for around 28,600 people, both local residents and those who are living in Rwanda, Dali and Argo camps for internally displaced people. Between January and October 2010, MSF staff provided around 23,825 outpatient consultations, more than 3,274 antenatal consultations, and admitted 292 people to the hospital's inpatient department.

In December 2009, MSF started a short-term intervention for a period of one year in Dar Zaghawa, an area in north-western Darfur close to the Sudan-Chad border. MSF supports five health centers in the area, as well as responding to possible emergencies arising from violence. In October, MSF teams provided 2,420 outpatient consultations.

In the three areas of Shangil Tobaya, Tawila and Dar Zaghawa, MSF has a network of more than 60 community health promoters providing daily support to displaced people living in the camps and surrounding villages. These teams provide nutritional care and basic health and hygiene education as well as follow-up with patients.

Since January 2010, MSF teams have launched a number of emergency responses in Dar El-Salam, El-Fasher, Jebel Marra region, Tawila and Dar Zaghawa, providing emergency medical care including surgery and mental health support, donating medical kits and drugs, distributing non-food items, building latrines and organising vaccination campaigns.

Red Sea State

In the city of **Port Sudan**, the capital of the Red Sea State (RSS) in north-eastern Sudan, MSF provides reproductive healthcare in the Ministry of Health's Tagadom Hospital. Approximately 98 percent of women in Tagadom and surrounding neighbourhoods have undergone some form of female genital cutting, which causes a variety of serious medical and obstetrical complications. In collaboration with the Ministry of Health, MSF provides a range of services in the reproductive health unit, including antenatal and postnatal care, delivery services, family planning, treatment for sexually transmitted infections and counseling services. Earlier this year, MSF built and equipped an operating theater to assist women with complicated deliveries and caesarean sections. MSF community health workers also raise awareness about the importance of seeking medical care during complicated deliveries, in addition to talking about the harmful medical effects of female genital cutting.

De-infibulation, the de-stitching of the vaginal outer lips, is performed when preparing an infibulated woman for delivery. To avoid grave medical consequences, MSF's gynaecologists do not re-infibulate, or stitch back, the mother after delivery. In the first ten months of 2010, MSF conducted over 12,651 antenatal consultations, helped deliver 1,716 babies and carried out 65 caesarean sections.

At the end of the year, the work that MSF medical teams began in Tagadom Hospital in 2005 will continue under the auspices of the Ministry of Health, who will take full responsibility for these important services. MSF has donated six months' worth of drugs and medical materials to the hospital.

Following serious flooding in the Red Sea State in July 2010, MSF donated kits and emergency supplies of food to affected families in the **Tokar region**. The flooding destroyed homes and water sources, and although the Ministry of Health addressed the most urgent medical and humanitarian needs in the immediate aftermath, the Minister of Social Affairs requested additional support. MSF donated 200 emergency kits to a special shipment of supplies that was sent by boat to the affected area. Each kit contained plastic sheeting, rope, a blanket, a mat, soap, hygiene items for women, pots, mugs, eating utensils, jerry cans and a bucket. MSF also donated more than seven tons of high-calorie, vitamin-fortified food, enough to provide nutritional supplements for up to 1,200 families for a period of 11 days, and to help prevent malnutrition amongst children under the age of five.

2) INTERNAL UPDATE

Key challenges

There has been a significant increase in malnutrition; MSF expects it to be as serious (or more serious) during next year's hunger gap.

Kala azar is again the main emergency for MSF this year in southern Sudan. Please refer to OCA for the 'big' data on this.

Violence decreased compared to 2009. However, inter-ethnic and inter-tribal violence continued, as did violence perpetrated by the Lord's Resistance Army. In addition, new militias were formed in a number of states, including Jonglei State. This led to the suspension of our outreach project in Gumuruk, which remains suspended to date.

Seventy-five percent of people in southern Sudan are still without access to basic healthcare. People walk for days to reach MSF clinics. During the rainy season, often the only option for emergency cases is evacuation by an MSF plane. Diseases that should be easily prevented continue to kill.

Security risks, particularly the kidnapping of aid workers continue to be a problem in Darfur. In Dar Zaghwa, clashes between the Sudan Armed Forces and the Justice and Equality Movement often disrupt MSF's medical assistance.

OCBA is unable to have international aid workers staying in Tawila or Shangil Tobaya; instead "flash visits" are organized twice a week.