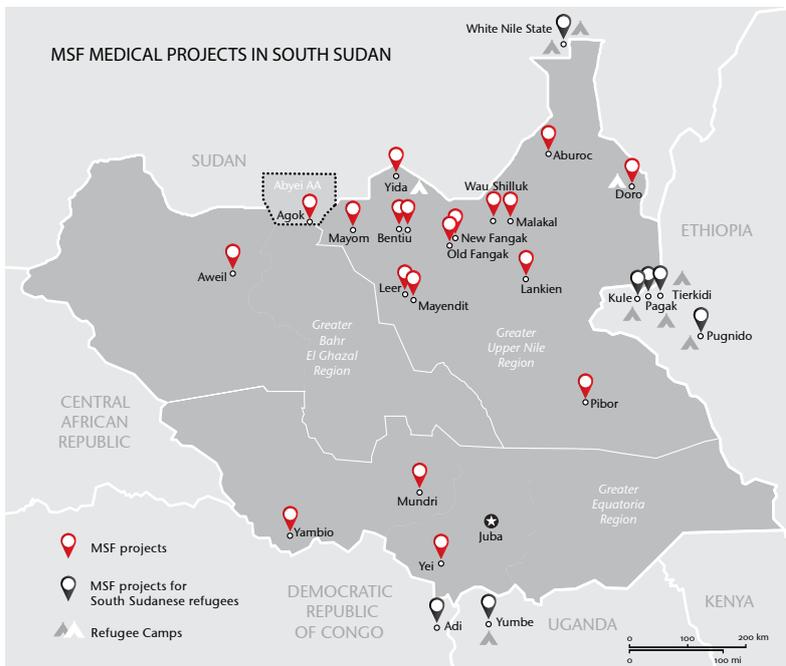


# MSF South Sudan & Abyei Activity Update

July 2017



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



## MSF IN NUMBERS Apr-Jun 2017



Over **193,000** outpatient consultations, of which **84,000** for children under 5 years old



More than **11,300** patients hospitalised, including **4,000** children under 5 years old



**1,494** surgical operations and **912** violence-related injured patients



**15,533** patients treated for malaria



**3,299** patients treated for malnutrition, of which **1,316** admitted for intensive treatment



**2,517** babies delivered

## MSF OPERATIONS IN RESPONSE TO THE MEDICAL NEEDS IN SOUTH SUDAN AND ABYEI

### RENEWED FIGHTING IN FORMER UPPER NILE RESULTED IN MULTIPLE DISPLACEMENTS AND HUMANITARIAN CRISIS

Continued fighting over the past three months has forced 30,000 people to flee from Wau Shilluk and later from Kodok northward toward Aburoc, and toward refugee camps across the border in Sudan. Desperate living conditions and a pattern of violence in which territory rapidly changes hands has left civilians with few places to turn to for safety. Multiple displacements and lack of adequate food, clean water, and shelter have left the population vulnerable to malnutrition, dehydration, diarrhoea, and exhaustion.

In late April, close to 25,000 people were displaced when fighting erupted between the South Sudan People's Liberation Army (SPLA) and Agwelek forces around the town of Kodok. Médecins Sans Frontières/Doctors Without Borders (MSF) was forced to temporarily suspend operations of two mobile units and a field hospital in the area. Other humanitarian actors also suspended operations.

MSF called on parties to the conflict to protect civilians and ensure their access to essential humanitarian services. The organisation's staff traveling with the displaced population carried with them essential medicines and supplies, allowing them to provide basic treatment in the field.



The spreading violence and dire living conditions in Aburoc resulted in a second wave of displacement in May. Thousands of Aburoc's internally displaced persons (IDP) fled for Sudan, where camps along the border have become increasingly overcrowded. MSF is providing primary and secondary medical care at a field hospital in the area.

Both staying and leaving involve risk. Those remaining in Aburoc are almost entirely reliant on humanitarian assistance for their basic survival. With the rainy season at hand, transport of additional humanitarian aid to the area has become impossible. Lack of safe drinking water is a major concern that has led to numerous cases of diarrhoea. Food, shelter, and hygiene are also in short supply. In May and June MSF responded to a cholera outbreak in Aburoc and vaccinated over 11,000 people against cholera.

The journey northward toward Sudan is also fraught with risk. The 250-kilometre route by truck or by foot, offers little opportunity for food and water. Those who survive the journey are often suffering from dehydration, diarrhoea and malnutrition. Upon arrival, they find Sudan's camps overcrowded and with limited supplies of water, sanitation, shelter, and non-food items. MSF manages a hospital in Sudan's White Nile State, and since the beginning of the current emergency, has deployed an additional team of 30 medical staff to Khor Waral in order to support Sudanese authorities.

### **THOUSANDS AT RISK OF CHOLERA AND MALNUTRITION IN PIERI**

MSF teams continue to respond to the needs of displaced communities who have settled in villages around Pieri after having fled fighting which started in February. Many arrived with few belongings, living under trees as their only source of shelter. The dire living conditions have severely increased health risks, yet access to drugs and other medical supplies is limited as transport to the region becomes difficult with the arrival of the rainy season.

Poor hygiene and lack of safe drinking water have left many children sick, and cholera has become a major source of concern among the population. Beginning in May, MSF observed an increasing number of suspected cholera cases. MSF teams working in three areas are providing essential medical care and working to raise awareness on safe hygiene practices to combat the cholera outbreak. A cholera treatment unit has been set up in Pieri. MSF has also set up oral rehydration points in seven locations, including Pieri, Pathay and Modit.

Malnutrition is also a rising concern. In search of food and water, many people regularly make the four-hour walk to Pieri to collect humanitarian distributions for themselves and their families. These are often insufficient to feed an entire family, and many resort to eating tree leaves to supplement whatever food they can find. In June, one third (33%) of all children that attended our clinics were malnourished; 20% of the children screened were moderately malnourished and 13% were severely malnourished.

In June and July, a total of 324 children from Pieri and around have been treated for severe acute malnutrition.

### **MSF CELEBRATES WORLD BLOOD DONOR DAY**

In celebration of World Blood Donor Day on June 13th, MSF organised several activities throughout South Sudan and Abyei Special Administrative Area to encourage blood donations. In Agok, where MSF has maintained a blood bank since 2015, events included a football competition and a show by traditional dancers.

The activities marked an important occasion for MSF to highlight how blood donations can help save lives and provide assistance to those in need. Blood banks in the country often run low and patients who urgently require transfusions cannot receive them, especially during peak malaria season. MSF staff therefore raised awareness about the process of giving blood by explaining that it is free, voluntary, and that the only requirement is that people be in good health. After the events, those who were willing to give blood were referred to hospitals where they could then have their blood taken.

MSF health promoters will continue to encourage blood donations for the remainder of the year at hospitals, health care centres, villages, and markets throughout South Sudan and Abyei Special Administrative Area.

## MSF OPERATIONS IN RESPONSE TO THE MEDICAL NEEDS IN SOUTH SUDAN

### **GREATER EQUATORIA REGION:**

#### **Yambio: HIV response, emergency response for displaced populations**

*Community-based test and treat programme*

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

#### **Yei: Limited access to healthcare**

*Primary healthcare centre in Yei town*

- Response to violence and subsequent displacement of population that occurred from July to September 2016
- Clinic and mobile clinic providing general consultations five days a week
- Activities: general consultations, expanded programme on immunisation (EPI), mental health

### **GREATER UPPER NILE REGION:**

#### **Bentiu: Displaced population, limited access to healthcare**

*MSF hospital inside UN PoC site and operational compound in Bentiu Town*

In the PoC:

- Secondary healthcare, inpatient department, surgery and emergency room
- Maternal care for complicated obstetrics, and sexual and gender-based violence (SGBV) programme
- Inpatient therapeutic feeding centre
- Outreach program within the PoC

In town:

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

#### **Lankien/Pieri: Remote location, limited access to healthcare, periodic violence and displacement**

*MSF hospital in Lankien, mobile outreach clinics*

- Primary and secondary healthcare, obstetric surgery
- Maternal care, obstetric ward
- Nutrition services (outpatient and inpatient)
- Treatment for Kala-Azar, HIV and TB
- Primary healthcare clinic in Yuai – currently on hold (since mid-February) following fighting in Yuai. MSF is now supporting the displaced people who live in Pieri with primary healthcare clinics.

#### **Leer and Mayendit counties: Displaced and violence-affected population**

*Decentralised basic healthcare*

Basic primary healthcare treating the population's most common morbidities

#### **Maban Doro: Sudanese refugees from Blue Nile and host population**

*MSF health centre and outpatient health units*

- Primary healthcare (general consultations) in Bunj clinic
- Secondary healthcare in Doro clinic: outpatient department, inpatient department, inpatient therapeutic feeding centre, sexual and reproductive health (including maternity for non-complicated deliveries)
- Malaria mobile clinics and mosquito net distribution for the host community during peak malaria season
- Response to emergencies

#### **Malakal: Violence and displacement**

*Hospital in UN PoC site, health clinic in Malakal town and decentralised models of care (outreach) in Akoka and Baliet counties*

- Primary healthcare
- Secondary healthcare (inpatient department)
- Inpatient therapeutic feeding centre
- Sexual and reproductive health
- Emergency room and triage
- Treatment for Kala-Azar, HIV and TB
- Mental health
- Health and hygiene promotion

#### **Mayom: Limited access to healthcare**

*Support to Ministry of Health healthcare centre*

- Secondary healthcare referrals
- Maternal care
- Outpatient consultations
- Malnutrition programme
- Vaccination
- Community-based malaria programme

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

*Support to Ministry of Health healthcare centre*

- Inpatient and outpatient care, emergency room
- Expanded programme on immunisation (EPI)
- Inpatient therapeutic feeding centre
- Ante-natal care and deliveries
- Treatment for Kala-Azar, HIV and TB
- Outreach activities (primary health care clinics including EPI) and referrals by boat ambulance

#### **Pibor: Remote locations, poor access to healthcare, violence**

*MSF hospital and mobile clinics*

- Clinic with outpatient and inpatient departments, emergency room, laboratory, sexual and reproductive health (including maternity)
- Outreach activities (primary healthcare clinics with basic activities) in Gumuruk and Lekongole
- Response to medical emergencies
- Life-saving surgeries

### **Aburoc: Emergency healthcare for displaced people**

*MSF hospital and mobile clinics*

- Primary and secondary healthcare
- 24-hour emergency room
- Mobile clinics
- Surveillance

### **Yida: Refugees from Sudan and serving host population**

*MSF hospital in a refugee camp*

- Secondary healthcare (inpatient department)
- Inpatient therapeutic feeding centre
- Vaccination (EPI)
- Treatment for TB and HIV
- Water distribution

### **GREATER BAHR EL GHAZAL REGION:**

#### **Aweil: Limited access to healthcare**

*Support to Aweil State Hospital*

- Maternal care, obstetrics
- Pediatric and neo-natal ward
- Inpatient therapeutic feeding centre
- Vaccination
- Pediatric surgery
- Response to seasonal malaria peak in greater Aweil area

### **ABYEI SPECIAL ADMINISTRATIVE AREA:**

#### **Agok: Limited access to healthcare**

*MSF hospital*

- Surgery, emergency room
- Maternal care, obstetrics, newborn unit
- Inpatient therapeutic feeding centre
- Vaccinations
- Community-based malaria programme
- Snakebites
- Chronic care clinic including treatment for HIV, TB and diabetes

## **IN NEIGHBOURING COUNTRIES**

### **Ethiopia**

*Gambella region refugee sites*

- Primary and secondary healthcare
- Surgery in Gambella hospital
- Mobile outreach clinics
- TB and HIV programmes

### **Sudan**

*Refugee camp in White Nile State*

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

### **Uganda**

*Bidibidi, Palorinya, Rhino and Imevpi refugees camps*

- Primary healthcare
- Nutrition programme
- Expanded programme on immunisation (EPI)
- Mental health
- SGBV programme
- Water and sanitation activities

### **Congo**

*Refugees in Adi healthzone, Ituri*

- Primary healthcare
- Sexual and reproductive health and family planning

### **MSF COMMUNICATIONS CONTACTS:**

*Field Communication Manager - Juba, South Sudan*

*msf-ssudan-com@msf.org*

*Musa Mahad, National Communications Officer - Juba, South Sudan*

*msf-ssudan-nat-com@msf.org*

*Website: [msf.org/southsudan](http://msf.org/southsudan)*

*Twitter: @MSF\_SouthSudan*

*Blog: [blogs.msf.org/southsudan](http://blogs.msf.org/southsudan)*

*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.*