



MEDECINS SANS FRONTIERES ACTIVITIES IN SOUTHERN SUDAN - 8 January 2007

Introduction

Despite the signing of a Peace Agreement between North and South Sudan (9 January 2005), which ended decades of civil war, medical needs in southern Sudan remain overwhelming. Emergency outbreaks of disease and violence continue, while many people still do not have access to basic health care, resulting in preventable deaths.

In 2005, as the security situation seemed to be stabilising, some MSF teams had planned to hand over management and the running of many of their primary care health services to the Ministry of Health or development-focused agencies, so that MSF could focus on secondary level care, vertical disease management, and responding to emergency outbreaks. Although MSF has handed over some projects, a shortage of actors willing or able to work in southern Sudan means that MSF remains one of the largest healthcare providers in the region.

MSF has worked in southern Sudan since 1983. In 2007 137 international staff and 1,359 Sudanese staff were employed and MSF spent 19.76 million euro providing medical care in the region.

Medical Care at All Levels

In **Unity State**, a former frontline area with significant oil reserves and military presence, MSF runs a hospital in **Leer** town, offering in- and outpatient services, antenatal care, home based feeding and mobile clinic services. In 2007, there were 79,000 outpatient consultations, 2,041 in-patient admissions in this hospital and 1367 operations were performed. Around 150 of the patients who were operated on had to be airlifted in from remote sites.

In **Upper Nile State**, MSF runs a hospital in the former garrison town of **Nasir** and operates four outreach clinics. In addition to 53,000 outpatients and 865 inpatients, an operating theatre has been installed so that surgery will be possible in 2008. However, there are concerns that if the airstrip in Nasir is not upgraded before the start of the rainy season in May then air referrals for emergency surgical cases will be limited. Tuberculosis, kala azar and HIV/Aids testing and treatment are also available to the local population, returning refugees and people transiting from Ethiopia.

MSF-run clinics in the towns of **Lankien** and **Pieri**, in **Jonglei State**, mean that people living in extremely remote rural areas without roads or transport facilities can receive medical care. In both places MSF provides basic health care, with in- and outpatient services, tuberculosis and kala azar treatment and antenatal care. Outreach teams cover four health clinics in the surrounding area. Over 95,000 outpatient and around 2,500 inpatient consultations were provided in 2007.

Also in **Jonglei State**, MSF conducts an average of 4,500 consultations every month in the only State referral civil hospital in **Bor**. MSF teams provide "secondary level" care, including surgery, inpatient, outpatient, maternity services and nutritional care. Most surgical cases are linked to gunshot wounds or caesarian sections. On average, the team does 250 consultations and three surgical interventions every day. In **Pibor**, MSF runs a referral health centre and two health posts, where basic care is provided including in- and outpatient care, nutritional and maternal care and TB treatment. In 2007, 64,000 outpatient consultations were done in the health centre and health posts in Pibor. On average four serious surgical cases are referred to Bor hospital every month. In November 2007, violence flared in Bor and four people were murdered inside the MSF compound.

As Human African Trypanosomiasis, also known as sleeping sickness, is prevalent in southern Sudan MSF opened a project to treat people suffering from this disease in **Tambura, Western Equatoria State**, in 2004. Patient screenings and assessments revealed that the neighbouring town of **Yambio** also had a lot of people suffering from sleeping sickness so in October 2006 MSF a treatment ward was set up in Yambio County Hospital. In 2007 MSF teams screened 11,228 people and treated 163.

Finally in **Bahr-el-Ghazal State**, MSF is planning to intervene in the gyneco-obstetrical ward in the Aweil Hospital to improve the maternal health care.

Emergency response

In addition to providing primary and secondary healthcare, MSF teams in southern Sudan are on hand to respond to disease outbreaks and natural disasters. 2007 saw MSF launch a large-scale response to a meningitis outbreak, as well as treating people for cholera and measles.

Southern Sudan was badly hit by the meningitis epidemic that swept through Africa's meningitis belt in early 2007. Between January and April the Ministry of Health reported 11,447 suspected cases of meningitis, including 632 deaths, in nine out of ten states. MSF teams responded quickly by setting up a surveillance system to monitor cases, supplying health structures with medicines, treating people and launching mass vaccination campaigns in all nine of the affected states. In total around 2,113 people were treated, including 255 severe cases, and over 630,000 people were vaccinated.

MSF teams responded to several cholera outbreaks throughout the year by setting up isolation and treatment centres and reinforcing teams with additional staff, who treated around 2,400 people for cholera in southern Sudan in 2007. MSF also provided support to the Ministry of Health in Wau, Bahr-el-Ghazal, to face to an increase of diarrhea cases in July 2007. Measles vaccination campaigns were ongoing throughout the year. In total, MSF teams vaccinated over 47,500 children against the disease during 2007. Floods have also affected the population in southern Sudan, during the 2007 summer. MSF distributed 1,500 kits of non-food items to vulnerable families affected by the floods in Pochalla, in Jonglei East State, in August 2007.

An MSF emergency team is present in Juba monitoring and coordinating with the authorities in order to respond to emergencies.

Handing Over

In some areas, MSF has been able to hand over its work to partner organisations. After ten years working in **Marial Lou** Rural Hospital, **Warap State**, MSF handed over responsibility for the hospital to Comboni Missionaries in September 2007.

A project in **Akuem, Bahr-el-Ghazal State**, was closed in 2007. MSF had been working in Akuem hospital since 2000, providing in- and outpatient care, antenatal care, deliveries and tuberculosis treatment. In the seven years that MSF worked in the hospital, teams provided over 320,000 outpatient consultations and treated 1,187 people with tuberculosis.

As a new hospital opened in **Bentiu, Unity State** MSF decided to end its assistance in October 2007. Since 2000, the medical activity has been high, with an average of 20 000 consultations and 2000 hospitalizations per year till 2006. Since 2005, MSF shifted its focus specifically to the diagnosis and treatment of Kala azar and providing care for people co-infected with HIV and tuberculosis. For the patients who had begun treatment before the closure of the program, MSF is providing treatment, both for tuberculosis and HIV.