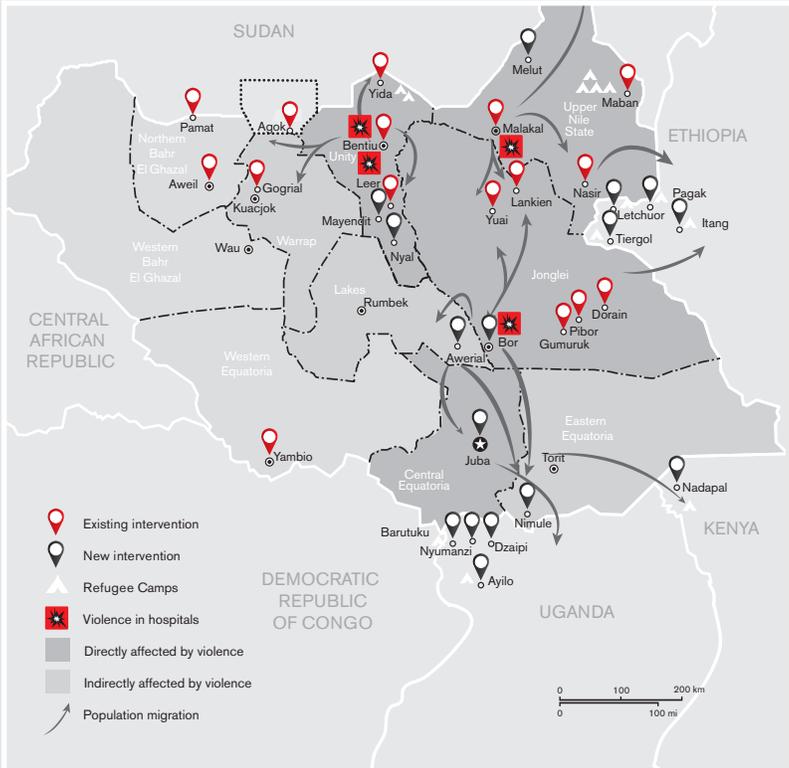




**MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS**

SOUTH SUDAN CRISIS UPDATE

August 2014



Médecins Sans Frontières/Doctors Without Borders (MSF) has more than 3,800 international and local staff in South Sudan responding to the humanitarian crisis, supported by 62 international staff providing operational assistance from neighbouring countries.

Currently, MSF operates 26 projects in nine out of the ten states of South Sudan, including Unity, Upper Nile and Jonglei state where conflict has taken some of the heaviest tolls on the population. Teams are responding to various health needs including surgery, obstetrics, malaria, kala azar, cholera, vaccinations against preventable diseases and malnutrition.

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

Patients Treated

December 2013 to August 2014



430,786

Outpatient Consultations of which

176,900

Children Under 5 years



25,624

Inpatient Admissions of which

15,210

Children Under 5 years



11,212

Deliveries



3,109

Surgeries performed of which

2,829

war-wounded



16,086

Children Received Nutrition treatment

MSF OPERATIONS IN SOUTH SUDAN

“People should be safe from disease as well as from violence.”

Displaced populations in South Sudan continue to seek refuge inside United Nations Protection of Civilian (PoC) camps and in other locations within South Sudan and in neighbouring countries.

In many cases, displaced populations live in appalling conditions. With the onset of the rainy season, camps for the displaced have been turned into flood zones, forcing people to live in virtual swamps without adequate supply of clean drinking water, latrines or sanitation. Spread of disease and infection is a serious concern.

These problems are compounded by the wide-spread destruction of medical and other civilian structures. Most of the population lacks access to basic health care and humanitarian actors are racing against time to reach those who urgently need assistance.

Prior to the current conflict, MSF had already been working continuously in South Sudan for over 30 years. The humanitarian situation was already dire and access to healthcare facilities limited, with more than 80 per cent of medical services in South Sudan provided by international organisations.

Since conflict erupted in December 2013, MSF has rapidly scaled up its response to the emergency, opening new projects to address the growing needs of people directly affected by the crisis. MSF is working out of hospitals, non-medical buildings, tented hospitals, temporary shelters and inflatable hospitals. MSF teams are very concerned by the prevailing food insecurity and the high death rates caused by preventable diseases.

Nutrition Situation in South Sudan

While malnutrition is a recurring seasonal reality in South Sudan, the current conflict has had a devastating effect on food security, especially in the three most conflict-affected states of Unity, Jonglei and Upper Nile. In the first seven months of 2014 up to August 3, MSF treated 16,086 children for malnutrition with the majority of cases seen in the three affected states. This represents 89% of the 18,125 total malnutrition admissions by MSF for all of 2013.

In these areas, displaced communities face extreme food insecurity, relying on already fragile emergency coping mechanisms and limited outside assistance from aid agencies who are grappling with enormous logistical challenges. The rainy season (May to October) is further complicating aid assessment and delivery.

The ongoing insecurity and displacement saw a reduction in crop planting during the planting season (April to May). Household surveys conducted by FEWSnet in Unity state, for example, found that 20 to 30 per cent of people could not plant at all. Recent flooding in Unity state also damaged crops.

Child Malnutrition a Growing Concern in South Sudan

- In Leer (Unity state), MSF admitted 3669 children into its therapeutic feeding program between May to July - compared to 2,142 malnutrition cases for all of 2013.
- In the Bentiu Protection of Civilian camps (Unity state), MSF admitted 595 mostly children to its therapeutic feeding program between May to July, of which 352 were treated for severe malnutrition.
- North of Malakal (Upper Nile state) MSF admitted 2,339 severely and moderately malnourished children to its therapeutic feeding program between April and July.
- In Lankien and Yau (Jonglei state) MSF is seeing an average of 325 admissions per month between January to July, compared to an average of 175 per month in 2013.
- In neighbouring Ethiopia, where more than 186,000 South Sudanese have sought refuge in the Gambella region, 1477 severely malnourished children were admitted into MSF's intensive feeding program between March to July.

The threat of a reduced harvest

A poor harvest could mean that means food stores could run out twice as quickly as normal: within two months of the harvest period (September to October) instead of the usual four. This would mean increased food insecurity during the dry season (December to March), leaving many more dependent on assistance. Reported projected funding shortfalls within the UN system could also worsen the situation if food cannot be delivered in the next two months. If fighting resumes, the situation could deteriorate even further.

Some interventions have shown that malnutrition crises can be stabilized with concerted action. For example, In Leer (Unity State), MSF reached more than 3500 children with emergency health and nutrition services since May and the ICRC delivered raw food to about 20,000 households. These actions helped to stabilize what had previously been an extremely concerning situation, yet the risk remains that the situation could quickly deteriorate should such assistance end.

Cholera in South Sudan

Since April this year, MSF has treated almost half of the 5,561 cases of cholera reported countrywide. However, MSF is now seeing a decline in cholera cases in many areas.

The number of new cholera cases in Central Equatoria and Unity states has reduced significantly in recent weeks. However, the disease has not been wiped out entirely in these states and MSF teams continue to provide treatment. MSF has closed two of its Cholera Treatment Centres (CTC) in Juba but continues to run one Cholera Treatment Unit (CTU) in Tomping camp, reducing its capacity to 4 beds and another Oral Rehydration Point (ORP) in Juba House that only operates during the day. The team also provide water and sanitation support to Juba teaching hospital to enhance infection control.

In Upper Nile state, MSF is running a CTC in Wau Shilluk where cholera cases have also declined to about three to four cases per day by the end of July. A total of 1040 cases with 22 deaths have been officially reported in all Malakal counties since the first case was reported June 30. MSF teams continue to visit villages, providing information about the disease, assisting facilities to identify cholera symptoms and providing supplies.

Cholera admissions are also falling in the Torit region of Eastern Equatoria state where MSF set up two cholera projects located in Torit and Ikotos counties between the end of June and beginning of July and has treated more than 1,000 people. MSF, together with the South Sudanese (MoH), has also conducted oral cholera vaccination campaigns in displacement camps in towns of Minkaman, Malakal, Bor and Bentiu.

New emergency operations in response to violent conflict

In **Upper Nile state, Malakal**, a town of 150,000 people, has come under attack several times since fighting broke out last December. Early in the conflict, the entire town was left empty as people fled for their lives, some along the banks of the Nile to **Wau Shilluk** (50,000 people), **Lul** (22,000 people) and **Kodok** (29,000 people) and about 18,000 to the UNMISS Protection of Civilians (PoC) area.

The past four months has seen no peak in violence in Malakal town, but while some people have been seen returning to their homes, the situation remains volatile in the area. About 2,000 people have returned to their homes within the town.

The MSF team has started running mobile clinics twice a week in the northern part of Malakal town and along the Nile River to provide medical assistance.

In the UN PoC area in **Malakal**, MSF operates a facility equipped with an emergency room, an observation room and a ward with 40 beds for severely malnourished children. MSF is also providing care for patients with tuberculosis (TB) and kala azar. Due to the increasing number of admissions mainly due to kala azar and malnutrition but also other pathologies, MSF is setting up a new hospital in the PoC area to increase the bed capacity according to the current needs, aiming to have capacity for 60 beds and small isolation area.

Another 20 bed MSF facility in **Kodok** continues to provide treatment for children with severe malnutrition.

In **Melut**, an MSF team is providing primary and secondary healthcare to around 20,000 displaced people, 1,000 of whom took refuge in the UNMISS base in Melut after fleeing fighting in the neighbouring counties of Balia, Kaka and Malakal.

In the past month, MSF has conducted over 2,678 consultations mainly for diseases related to hygiene and respiratory tract infections and has admitted 62 severely ill patients to its 25 bed inpatient department.

In **Melut, Wau Shilluk** and **Malakal**, MSF is seeing an increase in kala azar cases. Kala Azar, or visceral leishmaniasis, is a parasitic disease transmitted by the bite of a sandfly which leads to death in most cases, unless treated. MSF has treated about 200 Kala Azar patients in its Melut and Malakal facility. Of these, 28 patients were admitted in Malakal and 15 in Melut.

In **Bentiu, Unity state**, MSF continues to scale up its emergency medical activities in the PoC area inside the UNMISS base, where more than 45,000 displaced people are currently sheltering. The health situation of the population in the PoC site is deteriorating with heavy rains causing major flooding. Most shelters are either flooded or damaged, and people are forced to live in muddy, contaminated water. This has made the provision of medical care, as well as water and sanitation services, even more difficult.

A cholera treatment centre and five oral rehydration points have been set up and outreach teams have been mobilised to provide decentralised care and increase awareness about basic hygiene and disease prevention. MSF is providing and treating water and has built latrines at a ratio of one toilet for every 70 people.

MSF's hospital inside the UNMISS base has 100-150 patients at any one time. MSF is providing inpatient care for children and adults and also has a surgical unit. The team is treating patients with measles and the number of admissions for acute watery diarrhoea is extremely concerning. MSF has set up an acute therapeutic feeding centre (ATFC) with more than 300 children currently enrolled in the program.

Although mortality rates in the camp have been reduced, at least one child is still dying every day. Many of these deaths are preventable and are directly attributed to inadequate living conditions.

In **Awerial county, Lakes state**, MSF's is providing medical care to 90,000 displaced people who have settled on the banks of the Nile, as well as for the host community of 7,000 residents.

At Awerial hospital, MSF sees approximately 1,300 patients per week through its outpatient program and provides inpatient care in its 60-bed hospital. Hospital services include a maternity unit with basic emergency obstetric and

neonatal care and outpatient antenatal care, as well as an intensive therapeutic feeding centre for the severely malnourished.

The MSF team has done three rounds of cholera vaccinations and as well as a measles vaccination campaign. A health surveillance team of 40 community health workers is active in monitoring the health of the displaced population and providing health education, particularly in relation to hepatitis E and cholera.

MSF is treating hepatitis E with particular attention to pregnant women. There is no known cure for hepatitis E, and prevention is the only way to contain the virus which is transmitted through contaminated water resulting from poor hygiene and sanitation. At this time, there have been 81 recorded cases of hepatitis E in Minkaman.

In **Juba, Central Equatoria state**, MSF has been providing services in the protection of civilian areas in two camps. The team are now in the process of handing over all the medical activities in the camps to International Medical Corps (IMC).

EXISTING MSF PROJECTS BEFORE THE CONFLICT

UPPER NILE STATE

Maban county – primary and secondary healthcare

In Maban county, 122,000 refugees are sheltering after having fled the ongoing conflict in Sudan's Blue Nile state. MSF teams continue to provide primary and secondary healthcare in Doro camp, inpatient care in Batil camp and an emergency room in Kaya camp. MSF's teams also conduct 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. The team has constructed cholera treatment units in Kaya and Gentil hospitals to bolster its preparedness in case of a cholera outbreak.

Nasir – primary and secondary healthcare, surgery, nutrition

Three months ago, MSF evacuated its hospital in Nasir due to conflict and the team has not been able to resume operations as fighting continues. When MSF staff visited Nasir towards late June 2014, they found the hospital had been completely looted and the population had deserted the town. It remains extremely challenging to reach the population and MSF is very worried about the condition of peoples' health.

The MSF hospital in Nasir was the only secondary healthcare facility for nearly 300,000 people in the region, with the exception of 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 is now carrying out assessments in the surrounding areas of Nasir town as well as along the River. In June, a high number of measles cases were found in Gikmir village. A mass measles vaccination campaign for children aged 6 months to 15 years old was conducted in July. Of the 9,254 children targeted, 6,249 were vaccinated with a coverage rate of 68 per cent. Kala azar operations previously conducted in Nasir have been integrated by the MSF hospital in Lankien.

JONGLEI STATE

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

The number of kala azar patients received at the Lankien, Yuai and Chuil MSF projects in Jonglei state continues to rise. In Lankien alone, the team admitted 564 patients in July, up from 210 in June. The team is scaling up its kala azar response in the region.

MSF completed 39 surgeries in July, down from 71 in June. Access remains a challenge for patients during the rainy season. In one instance, during fighting in Paluony, a total of 60 patients were reported to be injured, but only one showed up at the clinic.

The number of malnourished children in MSF's nutrition programme in Lankien and Yuai remains stable with no significant increase. Other actors have arrived and started nutrition activities in the area. The major challenge remains transportation of supplies due to the rainy season.

Bor – paediatric and emergency outpatient care services

In Bor, MSF is providing support to the emergency department and paediatric ward, including an expanded programme on immunization, to ensure that children do not miss out on vital vaccinations. MSF continues to assess the medical needs in Bor.

Previously, MSF had provided general healthcare at Bor hospital from 2005 until November 2007, when the killing of patients and their family members within the hospital compound prompted MSF to close its activities. In 2008, MSF handed over its operations to the Ministry of Health.

Pibor, Dorein, Gumuruk, Lekongole – primary healthcare and mobile clinics

MSF runs three outreach clinics in the remote areas of Dorein and Lekongole and a primary healthcare post in Gumuruk. In Pibor county, MSF teams are conducting around 100 to 200 medical consultations per day, mainly for malaria, diarrhoea, skin diseases and respiratory tract infections. However, the rainy season is presenting huge logistical challenges.

UNITY STATE

Yida – primary and secondary healthcare

MSF has been working in Yida refugee camp since November 2011, where more than 70,000 refugees are sheltering. The hospital has a 55-bed inpatient ward and provides outpatient services supported by a laboratory and pharmacy.

TRANSITIONAL AREA OF ABYEI

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

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 and a programme

for the prevention of mother-to-child transmission of HIV. MSF has been treating a large number of malaria cases and lower tract infections since May. In June, 154 patients were treated in June, with 205 cases treated in July.

In Agok, MSF has also increased screening for malnourished children to ensure that patients receive care early. However, the number of children in the nutrition programme continues to decline. The main concern in Agok is follow up of TB patients, most of whom could not return for treatment due to heavy rains.

Northern Bahr El Ghazal state

Aweil – maternity care, paediatrics and outbreak response

The number of people requiring treatment for malaria in Aweil state hospital is increasing. MSF has treated over 300 severe malaria cases in July, mostly pregnant women and children. Worryingly, this represents a 40% increase on the number of admissions for malaria at the same time last year. An inpatient department for malaria has been set up at the hospital, with a 35 bed capacity to respond to the increased cases. MSF is also operating three mobile clinics and an outreach team.

MSF works with the South Sudanese Ministry of Health in Aweil civil hospital, providing maternity and paediatric care as well as responding to epidemic outbreaks. In addition to malaria care, the team provides nutrition services, primary healthcare, and water and sanitation support. MSF is also assessing health needs in Wau, after clashes in Mapel and Wau.

Pamat – primary healthcare

In northern Pamat, MSF is providing primary healthcare to nearly 25,000 displaced people, including reproductive healthcare and nutrition treatment for children under five. MSF provided 2,046 consultations in its outpatient department in July and about 61.6% of these were for children.

MSF teams are also seeing a spike in malaria in this location. A total of 380 patients tested positive for malaria and children above the age of five were most affected. Malaria represents 17.8% of cases seen by the outpatient department, compared to 9.2% in June. The upward trend is expected to continue as the rainy season produces stagnant water and mosquitoes.

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 ward, an operating theatre, a pharmacy and a laboratory. In an effort to reduce maternal deaths in the area, MSF provides maternal healthcare, antenatal and postnatal care, assists deliveries and provides emergency obstetric care. To encourage women to deliver at the centre, MSF has set up a maternity waiting house. The MSF team also carried out a fistula campaign in May with over 66 women treated.

WESTERN EQUATORIA STATE

Yambio – primary and secondary healthcare

MSF consultations at the Yambio hospital increased from 2,383 patients in June to 2677 in July. In the nutrition program, 31 moderate and severe malnourished children were admitted. However the most common ailment continues to be malaria, with a total of 1,142 cases. Mothers are most affected: out of 880 women tested by MSF, 367 had malaria. The majority of these were mothers visiting the hospital for the first time.

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.

MSF continues to run a program focused on prevention of mother-to-child HIV transmission at the hospital. A total of 19 mothers were tested HIV positive, 36 pregnant women have been enrolled into the programme and 25 initiated antiretroviral therapy.

SOUTH SUDANESE REFUGEES IN NEIGHBOURING COUNTRIES

ETHIOPIA

More than 186,000 South Sudanese have taken refuge in the Gambella area since December 2013, according to the UNHCR. The influx of refugees is ongoing, with a peak of 600-800 new arrivals per day. Burubiey, one of the main transit centres, is closed due to flooding at the border point. At least two refugee camps have reached their capacity and refugees have to wait for several days before being transferred to permanent settlements.

MSF is providing primary healthcare in Matar, Pagak, and Pamdong transit centres and in the refugee camps of Lietchuor, Kule and Tierkididi. MSF is running a 104 bed hospital in Lietchuor, a 118-bed hospital in Itang and a 45 bed inpatient facility inside Kule Camp.

MSF teams have conducted 81,411 medical consultations and treated over 10,085 cases of malaria in refugee and transit camps since February. Conditions in the camps are poor and MSF teams are seeing high levels of malaria, respiratory infections, acute watery diarrhoea and malnutrition.

Between March and July, MSF admitted 1477 children to intensive therapeutic feeding centres in Lietchuor and Itang. Access to wood for cooking and adequate food is a challenge, as refugees must carry millet rations several miles to be milled and pay for the service out of their rations. Malaria is also often associated with malnutrition among children, and with the onset of the rainy season, has become the primary cause of childhood morbidity.

An outbreak of Hepatitis E has also been confirmed by authorities. MSF is scaling up active case finding health education and hygiene measures. MSF has also immunised against cholera over 146,000 people, 127 000 of whom are refugees. The second round of vaccinations has started on August 15. To protect children against pneumonia, a pneumococcal vaccination campaign will take place after the cholera campaign.

Kenya

After about six months of activities in Nadapal, near the Kenya-South Sudan border, MSF handed over its health activities to the Kenyan Ministry of Health in June. UNHCR is coordinating water and sanitation assistance. In collaboration with the county authorities and the public health office, from January to June 2014, the team vaccinated more than 17,465 children under 15 years old against polio, and more than 17,933 children aged six months to 15 years old against measles. Twenty-nine people with measles were referred for isolation and treatment; more than 170 people were referred to Kakuma hospital (run by the International Rescue Committee); and more than 5,247 children were screened for malnutrition. MSF teams also conducted more than 2,200 outpatient consultations and provided 100,000 litres of drinking water to refugees and the host community.

UGANDA

More than 77,400 South Sudanese refugees have settled in Adjumani district, in northern Uganda and about 50 refugees are still arriving daily. In July, MSF immunised 4,700 children under two years old who against pneumococcal disease (PCV) and Haemophilus influenzae type B (Hib), as well as other diseases. PCV and Hib are two of the main causes of respiratory infections in children. The second round of the vaccination will take place in August.

MSF continues to provide healthcare in Nyumanzi transit centre and in two permanent camps: Aylo 1 and Aylo 2. In Aylo 1 camp, MSF is running an outpatient department, inpatient department, maternity ward and an intensive therapeutic feeding centre. MSF also runs an outpatient department in Aylo 2.

MSF is also running a hospital in Dzaipi, with an inpatient ward, maternity services and a therapeutic feeding centre.

After fighting broke out in Juba on 15 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 26 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 and clean drinking 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.

Living Conditions “an Affront to Human Dignity” in Bentiu Camp, South Sudan



In South Sudan, 40,000 people are crowded into a flooded United Nations compound in Bentiu. Living conditions are horrific but it is the only refuge they have from the civil war that broke out last December. Photo © Jean-Pierre Amigo/MSF



“With few possibilities for drainage, current living conditions in the camp are horrifying and an affront to human dignity. Most of the camp is now knee-deep in sewage, thousands of people cannot lay down and therefore sleep standing up with their infants in their arms.” —MSF emergency coordinator Ivan Gayton. Photo © Jean-Pierre Amigo/MSF

An aerial view of the flooded Bentiu camp in South Sudan’s Unity state. Photo © Jo Kuper/MSF