

Sudan

Medical needs among the people of Sudan remain significant, with insecurity and administrative constraints hampering efforts to reach the most vulnerable. In the south, access to healthcare is particularly poor. MSF responded to several medical emergencies in 2010, including the biggest kala azar outbreak in the country in eight years, as well as treating victims of violence in Darfur.

Kala azar

The number of cases of kala azar (visceral leishmaniasis), which is endemic in Sudan, reached an eight-year peak in the south of the country in November. Transmitted by the bite of a parasite-carrying sand fly, the disease is deadly if left untreated. Timely treatment can cure most patients.

MSF treated 2,600 people for the disease in Upper Nile, Unity and Jonglei states. Patients were treated with a new drug called liposomal amphotericin B, which significantly reduces the length of treatment and has fewer side effects than other drugs.

In the north of the country, MSF opened a kala azar treatment centre in Al Gedaref state in collaboration with the Ministry of Health, and treated 1,100 patients.

A new dawn for the south?

A five-year-old peace agreement between the government in Khartoum and southern rebels has ended 22 years of brutal civil war, but conflict persisted in south Sudan as economic and political changes following the agreement have resulted in violent struggles for power.

Nonetheless, in anticipation of the January 2011 referendum on secession, hundreds of thousands of people made the journey back to south Sudan, adding to the two million who had already returned since the peace agreement was signed.

The health system is weak. Few people have access to adequate healthcare. Insecurity, violence and the mobility of the population facilitate the spread of diseases such as malaria, diarrhoea, respiratory infections, intestinal parasites, sleeping sickness (human African trypanosomiasis) and kala azar, and there is little capacity to deal with the consequences. Preventable diseases – malaria, acute diarrhoea and measles – are common causes of death.

MSF has been working in the emergency, maternity and paediatric departments of Aweil Civil Hospital, in Northern Bahr El Ghazal state, since 2008. More than 18,000 returnees moved to camps around the town in 2010. MSF helped the hospital to cope with increased demand for medical care and staff held more than 37,000 antenatal consultations, assisted more than 3,000 births, and treated some 2,600 children for malnutrition. In August 2010, a team began working in the extremely isolated Raja county, focusing on emergency preparedness, emergency surgery and maternal and paediatric care.

In Western Equatoria state, which borders the Democratic Republic of the Congo, in addition to treating injuries and disease, MSF provided mental health services to people who had experienced violence, including children who had escaped from captivity. MSF staff work in mobile teams to reach both remote settled communities and displaced people living in camps. A team also works in Yambio hospital. Many patients had been injured in attacks carried out by the Uganda-based rebel group, the Lord's Resistance Army.

Working in seven states in south Sudan as well as the territory of Abyei, MSF carried out more than 588,000 outpatient consultations and provided antenatal care to some 96,000 women. More than 25,900 patients received treatment for malnutrition.

Emergency response and restricted access

Reaching people who are in dire need of healthcare in Darfur remains a struggle and MSF faces many challenges in delivering timely and lifesaving medical care. In May, MSF staff conducted a medical assessment in eastern Jebel Marra, a mountainous region in Darfur. However, lacking the proper authorisation, teams have not been able to return to provide medical care to the people who need it. In Shangil Tobaya, in North Darfur, staff held more than 30,000 outpatient consultations over the course of the year. In Kaguro, an MSF clinic offered emergency surgery, a nutrition programme, immunisation and general healthcare, and staff conducted almost 65,300 consultations. In coordination with the Ministry of Health, nutrition programmes were established in Abushok and El Salam displaced persons camps.

Security remains a pressing issue, as banditry and kidnappings continue to occur. This has limited MSF's freedom of movement and in many locations international staff are unable to stay long-term in projects, instead having to conduct "flash visits" twice a week. Nevertheless, MSF responded to several emergencies, including treating over 40 wounded people and distributing essential household items, like cooking and hygiene kits, after fighting between different groups in Tabarat, North Darfur, in September. Three months later, MSF provided medical and nutritional

emergency care to newly displaced people who had been injured after fighting in Shangil Tobaya.

In the east of the country, MSF launched emergency nutrition programmes in Al Gedaref state. Staff treated more than 6,000 malnourished children under the age of five. Following the emergency response, MSF began an observation project with the Ministry of Health in order to formulate a quicker response if needed in the future.

Reproductive health

In the city of Port Sudan, the capital of Red Sea State in northeastern Sudan, MSF provided reproductive healthcare in the Ministry of Health's Tagadom Hospital. Staff provided a range of services including antenatal and postnatal care, delivery services, family planning, treatment for sexually transmitted infections, and counselling. In early 2010, MSF built and equipped an operating theatre to enable surgery for women with complicated deliveries. Staff conducted over 14,000 antenatal consultations, helped deliver almost 2,000 babies and carried out 71 caesarean sections.

Approximately 98 per cent of women living in Tagadom and surrounding neighbourhoods have undergone some form of genital cutting. Genital cutting causes a variety of serious medical and obstetric complications and de-infibulation, the de-stitching of the vaginal outer lips, is performed when preparing an infibulated woman for delivery. MSF's gynaecologists do not re-infibulate, or stitch back, the mother after delivery.

Community health workers raised awareness about the importance of seeking medical care during complicated deliveries and about the harmful medical effects of female genital cutting. At the end of the year, MSF handed this project over to the Ministry of Health, and donated a six-month supply of medicines and medical supplies to the hospital.