



South Sudan Crisis

Tens of thousands of people in South Sudan have died and millions have been displaced since the eruption of conflict more than three years ago. Hundreds of thousands have been unable to access basic necessities such as food, water and primary and secondary healthcare for months at a time, and live in fear for their lives. **In February 2017, famine was declared in parts of the country.** As insecurity and violence spread across the country, providing humanitarian assistance has become increasingly complex and, in some places, increasingly dangerous.

Médecins Sans Frontières (MSF) works in several regions and is concerned by the insufficient humanitarian assistance available. We respond to the urgent medical needs of people affected by violence and we maintain our essential healthcare programs across South Sudan, despite the growing challenges we face reaching those in greatest need.

2016 MSF Key figures

Outpatient consultations	934,400
Patient treated for malaria	313,500
Antenatal care consultations	55,400
Measles vaccinations (outbreak)	47,700
No. staff	3,683
Expenditure 2016	€ 86.9 million

Bring humanitarian medical assistance to refugees in need

Upper Nile State, Maban County, Doro and Bunj



● Cities, towns or villages where MSF works

Beneficiaries: around 70.000 people

MSF Objective: offer medical and psychological care, as well as lifesaving nutrition, to the Sudanese refugees in Doro camp and to the local community in Maban county.

When we started working in Doro and Bunj: 2011

HEALTH AND HUMANITARIAN NEEDS

Doro is one of four refugee camps in Maban. The population living in Doro refugee camp, which fled violence in the Blue Nile State, in Sudan, is dependent on external support in health, water and sanitation, food, shelter and education sectors. There is a generalized lack, if not absolute absence of infrastructure and basic services and thus a frequent lack of access to even the most basic health care among the population.

- **Malnutrition:** in 2016 the hunger gap was longer than previous years. Prices are high and unstable and there are reports that the host population has to buy food from the refugees who are selling food to diversify their diet.
- **Malaria** is a leading cause of morbidity country-wide and specifically within Doro Camp, accounting for 20-40% of morbidity. Doro refugee camp and the neighbouring Bunj host community are located in a hypo-endemic setting for malaria, which means the risk of for malaria, which means the risk of malaria outbreak here is considering high as children are less exposed and need more time to develop immunity.

WHAT WE DO

- We provide health care – including mental health, health promotion, sexual and reproductive health, emergency and nutrition programs – in the hospital inside Doro refugee's camp. We also support the outpatient department of the public hospital of Bunj.
- In 2016, we faced an exceptional number of malaria cases: we held 41 mobile clinics to respond the peak of patients; we sprayed more than 8.800 structures with insecticides in 25 villages, to cover around 30.000 people. We also supported the distribution of 34.000 long-lasting insecticidal nets.

INNOVATION IN THE FIELD

The new innovative MSF hospital in the Doro camp: in 2017 we built in Doro camp a new hospital made of standardized, prefabricated, good quality modular items. This is an innovative solution, developed by the MSF construction team, that can be adapted for different projects, needs and contexts around the world, mainly in the hard climate and soil conditions. The modular hospital in Doro camp guarantees a better infection control and acceptable temperatures inside (when outside is more than 50°) and the flexibility to enhance its capacity during the outbreaks. The new hospital started to be used in July, counts a total of 62 beds that can be increased up to 82 ([read the blog](#) of Carlos Cortez, fieldworker MSF)

Médecins Sans Frontières (MSF) is an international, independent, medical humanitarian organisation that delivers emergency aid to people affected by armed conflict, epidemics, exclusion from healthcare and natural disasters. MSF offers assistance to people based on need and irrespective of race, religion, gender or political affiliation. Founded in 1971, today is a worldwide movement of 24 associations. In 2016 we run around 10 million outpatients consultations, we treated 2,536,400 cases of malaria and we did 92,600 surgical interventions

