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EMERGENCY SOUTH SUDAN

In **Yida** camp, on average
5 children under five
are **dying** every **day**.



SUMMARY

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South Sudan: **alarming mortality rates** in the refugee camps

Some **170,000 people**¹ have taken refuge in South Sudan after making the harrowing trip from the Sudanese states of Blue Nile and South Kordofan, fleeing conflict and food insecurity. In the over-populated camp of Yida, in Unity State, where water and aid are inadequate, Médecins Sans Frontières (MSF) has recorded mortality rates nearly twice the emergency thresholds².

A survey conducted by MSF in the Yida refugee camp between July 6 - 12 found a mortality rate of **4 deaths per 10,000 people per day** among children under 5, which is twice the emergency threshold² of 2 deaths per 10,000 people per day. During that period, approximately five children died each day on average in Yida.

The crude mortality rate among the new arrivals living in the eastern section of the camp also exceeds the emergency threshold² with **2 deaths per 10,000 people per day**.

In January and February, MSF, which is the main medical organization in the camp, held an average of 50 consultations per day. Our teams have seen a massive increase in medical needs in recent months and are now conducting **250 consultations each day**.

Admissions of children under 5 – the vast majority of our patients – to the hospital managed by MSF have doubled in the last month alone. The key illnesses among patients, such as diarrhea and severe infections, are increasingly acute and fatal.

Every day, hundreds of Sudanese refugees fleeing conflict and food insecurity in South Kordofan continue to stream into the Yida camp, located along the northern border of the South Sudanese state of Unity. The camp's population continues to grow, **rising from 17,000 in March to more than 55,000 in late June**.

This massive flow of refugees has overwhelmed the camp's already limited resources. The facility was originally intended to host 15,000 people.

There are not enough shelters and half the refugees report that they have no plastic sheeting for shelter.

1. Source: HCR, UN agency for refugees

2. The emergency threshold is 1 death per day per 10 000 for the general population and two deaths per day per 10 000 population for children under five.

There is an acute shortage of sanitation infrastructure, with only **700 latrines for more than 50,000 people** - while humanitarian standards recommend one latrine for 25 people, i.e. 2,200 for Yida camp. As a result, most of the refugees report that they defecate in the open. With the rainy season having already begun, there is increasing concern that excrement could spread across the site.

This will only exacerbate the risk of disease among the camp's population, in particular diarrhea, which is already responsible for half of the deaths in the camp.

Providing safe drinking water is a major challenge in a region where water-borne diseases are endemic. With only 8 litres of water per person per day, the population in Yida receive less than half the international emergency standard (20 litres per person per day).

With the malaria season about to begin, aid organisations have not yet been able to provide adequate living conditions, including clean water, soap and shelter.

To meet the growing needs of Yida's population, MSF is expanding its activities in the camp, sending additional teams and supplies (primarily basic provisions). Today, more than 80 MSF staff are working in Yida. Since June, teams have been conducting more than **1,000 medical consultations per week on average, and admitting approximately 100 patients to the hospital each week.**





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EPICENTRE/MSF SURVEY

A retrospective mortality survey was conducted in Yida camp between July 7 and 12 in three separate areas of the camp. Information was gathered from 4,686 persons in 678 households, with the average household size totaling six people.

Population breakdown by age group and gender

Yida camp, South Sudan, July 2012

Age group	%	(95% CI)	% male	(95% CI)
0 - 4 y.	22,1	16,8 - 27,4	50,6	40,1 - 61,0
5 - 15 y.	31,7	26,9 - 36,4	52,9	42,7 - 63,2
> 15 y.	46,2	41,4 - 51,0	40,6	34,4 - 46,9

Estimated retrospective mortality (June 1 – July 6, 2012) in Yida camp

The highest mortality rates were observed in the eastern section of the camp, where the newest arrivals have gathered.

A) Crude mortality rate (CMR) in Yida East

CMR since June 1st

1.89/10,000/day (0.99 – 2.8)

B) Specific mortality rate among children under 5 (U5MR) in Yida East

U5MR since June 1st

4.91/10,000/day (1.86 – 7.97)

Population displacements from the Nuba Mountains to Yida camp, South Sudan

- The primary reasons for the population displacement are conflict (68%) and food insecurity (30%).
- The average length of the journey from the Nuba Mountains to Yida is more than four days and varies from one to 60 days. 76% of the households questioned experienced problems along the way: the most common was the lack of food (48%), lack of transportation (35%) and lack of water (33%).

Aid received

- 95% of households were registered by the HCR, 2% of households had only some members of the family registered and 2% were not registered.

- 97% (95-99) of households had received a food distribution; the first distribution had been received, on average, 23 days prior to the survey.

- 85% of the host community and 49% (39-59) of the refugees stated that they defecate in the open. The primary reason cited for not using the latrines was that they did not have their own latrine or access to a latrine (90% refugees, 97% host community).

- Less than 15% of households stated that they had sufficient quantities of basic necessities (water buckets, soap, plastic tarp and mosquito nets); 11% stated that they had blankets. The remaining households stated that they lacked all basic necessities (or had insufficient quantities of them) and that access to wood for cooking was a problem.

Ill and vulnerable population

- 82% of the refugees had at least one family member ill during the prior two weeks. 43% of the refugee households had one ill person, 33% had two and 15% had three. The most common illnesses were diarrhea (63%), respiratory (36%) and fever (22%) – often simultaneously.

Malnutrition

Severe acute malnutrition rate is above the emergency threshold of 2%.

Edema 2.65% (1.5 – 4.63)

Severe Acute Malnutrition (SAM) 4.27% (2.85 - 6.36)

Global Acute Malnutrition (GAM) 11.55% (9.07 - 14.6)





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INTERVIEW EMMANUEL BERBAIN DOCTOR IN YIDA

How has the situation in Yida changed over the last few months?

I arrived in mid-May. At that time, our work involved primarily providing medical consultations at a rate of 200-250 per day. You could almost say that the atmosphere at the hospital was fairly relaxed. The level of activity was limited and the illnesses were not severe. Everything changed dramatically in mid-June, with a sharp increase in the number of patients and the severity of the cases, particularly among children under five.

What illnesses are your patients suffering from?

The core of the work is clearly treating malnutrition and complications related to malnutrition, such as diarrhea and serious respiratory illnesses. And as we know, children between 6 months – 5 years suffer the most from those illnesses. Chronic diarrhea leads to malnutrition, which leads to infections, which in turn worsen the lack of nutrition. These children thus enter a vicious cycle of diarrhea and malnutrition.

And what about the adults?

The new arrivals are exhausted by the trip. They may have walked three or four days without eating. They are dehydrated and may be suffering from heat exhaustion or illnesses related to the effort involved in getting here and to the awful trip. The people who've been in the camp for several months are primarily dealing with illnesses related to hygiene and malnutrition – that is, respiratory and digestive.

What is the mood in the camp?

The atmosphere in the camp has clearly changed. There are people everywhere. With the rainy season, there will be even more. The hospital is now packed, with a team working from morning to night. The dedication of the local staff, who are refugees themselves, is quite unusual. Their daily energy and optimism is remarkable. The refugees have a lot of hope. They deal with illness, family disasters and the practical problems in the camp quickly. Nonetheless, the situation is still tragic. When everything goes well and the child gets here in time to be treated, it's like a little miracle for the parents. But it is extremely difficult for these mothers, who have overcome so many obstacles in the hope of obtaining treatment for their child, to see him or her become ill and, sometimes, die. It's unacceptable because those deaths could be prevented with adequate water and proper sanitation.

PATIENT TESTIMONIES



“ I am 25. I am here with my son, who is six months old. We came two days ago, as he had vomiting and diarrhea. This is his second time in the hospital – he was sick before with the same symptoms. I have one other child. We came here because of the war.

We were so poor and had no food. We were hungry and it was not possible to cultivate. After the war started, there was hardly any medical care. The journey to Yida took ten days on foot – it was long and very difficult with two young children.

We were so tired and hungry when we got here, and we only received one cup of sorghum when we arrived. There was no food at all on the way here. One of the problems is that we have no soap to wash, so the children keep getting sick, and I get sick too.

I am worried about their health. If the war stops, we will go back. But we don't want to be bombed again. ”



“ My child is here in the hospital, sick with diarrhea, dehydration and he also has ulcers in his mouth. He has been sick for five days.

I come from Kadugli in the Nuba Mountains. I fled with my nine children, and had to leave my husband, a soldier, behind. I have had no news from him since we left for Yida in September. We walked for six days, and had to leave quickly, with nothing but our clothes. I came with my entire village – we all had to leave because of the war. I saw people die on the way here, including three children. Since we have been here, my children are often sick with diarrhea – they are always suffering.

Sometimes the food rations we receive don't last for the whole month. We are hungry. ”

PATIENT TESTIMONIES

“ My baby, 6 months old, has been sick with diarrhea and fever since Saturday (now Thursday). We’ve been in hospital for three days. I have been living in Yida since November. **We came here because of the war.** There were attacks every day, we could hear bombs fall every day. Because of the war, we were not able to cultivate so we had no food.

I came here with my mother and three children. One of my children, who was four years old, died on the journey here. People were dying every day, sometimes I would see more than ten people die each day. We had to live in the bush, with no shelter, we were just staying under a tree. When I made the journey to Yida, I was 9 months pregnant. It was very hard for me to walk for six days to get here. I felt so weak by the time I arrived. **I delivered my baby in my shelter, with no midwife.**

My husband is still in Khartoum, I’ve had no news from him. We are now all living in one hut, with no plastic sheeting. If it rains, things could get destroyed, but we have nothing. We left with nothing, and we arrived with nothing. So there is nothing that can be destroyed by the rain apart from our hut. I am glad to be in Yida, but the biggest problem is that **I have no money to buy food for my children.**

I don’t want to go back to Nuba. If the war continues, we will never go back. ”



MSF IN SOUTH SUDAN

With a 30-year presence in the former Southern Sudan, now in the new nation of South Sudan, Medecins Sans Frontieres / Doctors Without Borders (MSF) is providing emergency medical assistance in eight States and the transitional territory of Abyei.

In hospitals, health posts, mobile clinics, and during rapid responses to outbreaks of disease and violence, MSF provides much needed treatment to hundreds of thousands of people annually for pathologies ranging from malaria to shrapnel and gunshot injuries, malnutrition to outbreaks of infectious diseases.

In 2011 alone, MSF hospitalized 26,321 patients, performed 387,506 outpatient consultations and 58,216 antenatal care consultations, delivered 8,446 babies, admitted 20,025 malnourished children to feeding programs, performed 4,109 major surgeries, including C-sections, and treated 52,083 people for malaria, 2,478 for kala azar, and 998 for tuberculosis (TB).

On July 9, 2012, South Sudan celebrated its first Independence Day, but the country's health provision remains extremely fragile and South Sudan has experienced a series of acute emergencies over the year requiring a massive emergency humanitarian response.

After arduous journeys from Sudan's Blue Nile and South Kordofan States, some **170,000 refugees** who reportedly ate grass and tree bark to stave off hunger, sought sanctuary in South Sudan.

The situations in the refugee camps in Maban County and in Yida both demand enormous emergency responses and MSF has rapidly expanded its efforts in both locations.

But these emergencies should not eclipse other profound needs in a largely food-insecure country where some 70 percent of the population has no access to health care facilities, maternal and child mortality rates are among the highest in the world, and large-scale disease outbreaks are commonplace.

