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THE MEDICAL PROGRAM

In 1990, our partner in Sudan, the Saint Vincent de Paul Society (SVDP) has initiated a medical care program for the derelict displaced population of the camps, who do not have the means to be treated.

The people arriving from the battle-torn South were weakened and suffered from malnutrition.

67% have no access to water. 92% live with no sanitary fittings whatsoever.

As scrap and waste is everywhere, there are numerous wounds caused by glass and other metallic splinters and which, left untreated, can cause severe infections.

Under such dire conditions, staying alive is a miracle. The population is still prone to numerous diseases such as diarrhea, bilharzias, malaria, bronchitis, tuberculosis, parasitic infections, or AIDS and other venereal diseases.

In Khartoum, a basic consultation (without deeper analysis and prescription) from a doctor in a public hospital, cost about 2€ -3CHF-, and about 7€ in a private clinic; in the case of a specialist, fees can get as high as 32€.

Keep in mind that the average monthly salary is 56€ (84 CHF), and that the population benefiting from this program is among the poorest of the poor, often not able to buy itself a transportation ticket.

It therefore greatly appreciates our medical program, which contributes in making their living conditions less dire.

The medical team consists of about one hundred persons, all Sudanese:

- 17 doctors (of whom 7 at full time)
- 5 chemists (all part time)
- 7 medical assistants (one full time)
- 18 nurses both sexes (7 full time)
- 7 laboratory assistants (2 full time)
- 5 midwives (2 full time)
- 20 administrative staff (15 full time)

In 2009, these medical teams have given some 50 000 consultations and dealt with 25 different types of illnesses.

As the IDPs living in the camps have no easy methods of transport, it is SVDP who come to them with its mobile clinics or in medical centers situated in the middle of their camps.

Each centre has its own laboratory, enabling the doctors to improve the quality of the cares they provide.



All needed drugs are bought in the country, which is an obvious plus for the local economy.

→ **Our two mobiles clinics** enable us to reach the populations of the remotest camps.

Until 2007, these medically furnished vans operated most notably in the 78 primary and secondary schools of the Khartoum Archbishopric, five days per week. The return of some of the IDPs to their land of origin, in the South, partially explains the reduction of the number of schools to 34 in 2009 (**which means some 41 000 pupils as potential beneficiaries of these cares**).

The action of these mobile clinics follows two main lines:

- the preventive care: during the consultations, pieces of information and advices regarding infectious diseases are given to the students.

- the curative care: that ranges from hygiene advices to medical care, given by a doctor assisted by a nurse; they collaborate with a laboratory assistant, which makes it possible to confirm some diagnoses before initiating treatments.



The two doctors affected to each mobile clinic treat about one hundred patients per day and per school. The vans go from school to school, and thus make several complete rounds per school year, until the great holidays.

In 2009, the total number of cases treated by these mobile clinics has been about 11 600 (+10% as compared to 2008, +33% as compared to 2005). 44% of the patients are men.

A quarter of all patients are treated for pulmonary infection or parasites; 9% for malaria. If we accept the WHO's evaluation that a child dies from malaria every 30 seconds, you can judge of the importance of the work achieved to date.



→ **We also have four out-patients dispensaries, called "Friday clinics"**, because they are open on Fridays. Friday being the official Muslim day of rest, the doctors can leave the hospitals in which they work in order to consecrate themselves voluntarily to our program. These clinics are very important to the people and are always full. **They provided 7656 consultations in 2009 (+30% in one year !).**

Since the start of 2004, the Haj Youssif center (opposite) opens every Friday in

Block n°9 neighbourhood and has given about 3500 consultations in 2009.

The dispensary of Wad El Bashir is operating in one of the displaced camps in the region of Omdurman, near Khartoum. In addition to a laboratory, a pharmaceutical unit and a consultation room (more than 1300 in 2009 of which one-third were children), the centre has an antenatal care unit opening every Thursday. Directed by a sister, this unit ensures about fifteen childbirths per week.

The clinic in Gabarona was opened at the same time as the preceding one, in the same area, but in another camp of displaced people. It has the same infrastructures and offers the same services (more than 1400 people in 2009 have been treated, mainly adults).

These two clinics bring a vital assistance to the displaced populations in this region. They benefit from good treatments at a much lower price than anywhere else, and thus can keep the little money they have for food and transport charges.

Last, a fourth clinic was opened at the start of 2008 in Gebel Awlia: it has provided 1422 consultations this last year.

→ SVDP has installed a program of **medical aid in some prisons**, with 4500 consultations in 2009. For instance, every Sunday, a lady practitioner goes voluntarily in the women prison of Omdurman. These poor women are often imprisoned with their babies for minor offences to the Law (the making and selling of *merissa*, or fermented durra, a traditional way of earning a living for most southern ladies).

→ **Finally we have set up 6 permanent dispensaries which gave some 20 000 consultations in 2009.**

Three of them are situated in our farms: two in our Gebel Awlia farms, and one in that of Haj Youssif (15km North of Khartoum). Each of these clinics hosts a medical assistant or a doctor: the teenagers thus can have medical help at any time. In case of a serious problem, they are of course transported to the hospital or to a nearby medical center.

The Massalma clinic, in Omdurman, has been operating for ten years now in an area inhabited by IDPs and a very miserable population. It is opened five days a week. In 2009, 1450 consultations have been given there.

Since 2008, SVDP has assumed the running of another clinic in Haj Youssif, the Comboni Heath Center. In 2009, a medical team of 24 persons has given 11 249 consultations (+11% in one year).

In 2009, the dispensary of Kalakala

Guba (South of Khartoum), which used to be run by a priest, has been taken over by SVDP (which pays half the doctor salary). 6 346 consultations were given in 2009.



→ Furthermore, one of the doctors resides in Mayo, and since 2006 looks after the street children of our two **Mayo homes**. This doctor is also responsible for providing medical care to the children in the women prisons as well as in the Massalma clinic some days in the week.

→ In 2009, **SVDP has initiated, with the british NGO « Together for Sudan », and under the patronage of the Ministry of Health, an ophthalmologic consultation.**

360 patients benefited in Gabarona, Gebel Awlia and Wad El Bashir, which brings the number of persons treated for eyes diseases to 942 in 2009 (+61%).

→ **Finally, 718 patients have benefited from minor operations practiced by the voluntary doctors of SVDP.**

→ **Providing care to pregnant women.** SVDP also got down to the serious problem of children born out of wedlock: mothers who give birth to such “illegitimate” children are, according to the *sharia law*, liable to being stoned to death or to life imprisonment. SVDP has contributed to save the lives of many such women by providing them with legal assistance.

Fear, however, incites many women to abort or to give birth clandestinely, in awful and often fatal conditions. It happens that the babies are thrown in dustbins, at the mercy of stray dogs. Since two years, SVDP has at its disposal an ambulance specially fitted out for the follow-up of pregnant women (see above). Six days per week a mid-wife tours the many SVDP centres and IDPs camps around the capital. **These consultations have trebled this year to reach 4130.**



The total cost of the Medical Program in 2009 has been 169 621 € (254 432 CHF), down 9% as compared to 2008 (but slightly higher than 2007).

The cost of one treatment, including drugs, has been the lowest since many years.

Cost of one treatment	2006	2007	2008	2009
In €	3,50	4,33	3,72	3,44
In CHF	5,80	7,20	5,95	5,15

The relative cost of administered drugs has been continuously coming down since 2006 when it represented 60% of the total cost, versus 19% in 2009. This is due to three factors:

- the efforts made by SVDP to obtain the drugs at reduced prices (either in pharmacies, or directly from the Ministry of Health) ;

- the increase in the cost of transport (which has doubled since 2009) , a consequence of the increased activity of the mobile clinics and of the ambulance caring for pregnant women in an inflationary context for the price of fuel;
- the forced limitation in drugs distribution to the strict absolute necessity to try and adapt to the general fall in donations.

Drugs distributed by our mobile clinics are freely given to children in the schools and to adults living in remote isolated camps. Other patients are asked, as far as it is in their possibility, to participate by paying about 0,50 €. For instance, in the Massalma clinic, situated in a very poor area, the consultation is charged (1,8 € on average), but the prescribed drugs are given free. The cost of 32675 € (49 014 CHF) put up in our tables for drugs in 2009 represents the net cost.

After two years of big increases, **the staff costs have settled down this year: they make up the most important item of total costs (44%)**. This increase is mainly due to the taking over, since two years, of the Comboni Health Center.

The monthly remuneration of doctors working full time varies between 135 € (200 CHF), for a doctor in charge of our street children and 460 € (700 CHF) for a doctor in charge of the Comboni Health Center.

The two mid-wives receive a monthly salary of 200 € (300 CHF).

Lastly, maintenance costs have been halved. In 2008, the starting up of the Gabarona Friday Clinic had led to exceptional costs.



What are the prospects?

The authorities wish that our Friday clinics open every day. A feasibility study is being carried out.

Our program still lacks medical supplies and equipments, which would allow the SVDP teams to work in better conditions. SVDP would notably like to be able to carry out HIV tests.

A testimony

Deacon Robert Ferrua, **in charge** of Caritas Monaco, has visited the programs in March 2010:

"On Wednesday, we leave early in the morning to reach the Comboni Health Center, named after one of the two Sudanese Saints who founded the Combonian congregation. After a lively drive in the very busy streets of Khartoum, we leave the city and head towards the desert. After a few miles, we left the paved road to take a track in the desert, with no sign whatsoever, up to a camp of displaced people from Darfur.

How destitute, far below the poverty line! Many houses -if you can call it that- build out of bricks made of wet desert sand mixed with straw, then sun-dried. They consist of a ground floor only, and most often a surrounding wall. It is worth noting that these shelters for sub-poor people do not last long: they are not solid and constantly need to be rebuilt. You can see here and there the tents of the last arrived: they are made of sticks and recovered cardboard packaging, with jute bags roof.

The board "Saint Vincent de Paul Comboni Health Center" tells us that we have arrived, after having crossed several small donkey-driven karts that carried old oil drums filled with water.

We are greeted by the director of the center, a graduate from a Romanian university. This young, distinguished and highly skilled man is doing a wonderful job with very few resources.

Despite the lack of equipment, the center is very clean and tidy. Nearly 12,000 patients are treated here every year. The center has an ambulance.

It is fairly complete, and divided into small rooms for each consultation:

- AIDS (some 30 persons daily),
- children vaccination
- nutrition (or rather malnutrition)
- gynaecology (more than 1500)
- dentistry
- ophthalmology (with only a single table with letters of various sizes)
- a small drugstore held by a nun, sister Charleen,



- minor operations (if ever serious surgery is needed, the ambulance can drive the patients to the hospital in Khartoum).

This is one of the 12 clinics run by Saint Vincent de Paul that we have visited in Sudan. It serves a population of over 500,000 people."