



**ST VINCENT DE PAUL  
SOCIETY - SUDAN**

**MEDICAL PROGRAMMEME**

**St Vincent de Paul Society (England & Wales)**

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The people arriving in the capital, Khartoum from other regions of Sudan including Darfur, weakened and suffering from malnutrition, are obviously prone to various diseases such as diarrhoea, bilharzias, malaria, bronchitis, tuberculosis, eye infections, intestinal worms, skin diseases, aids and venereal diseases. SVP members felt that they could not ignore such problems. In addition to nourishing the body and spirit, they set out to pay particular attention to the problems of the weakest.

Around a hundred people, all Sudanese, are working on this programme. In 2008, these teams had provided more than 50,000 consultations and treated 25 types of disease.

It is very difficult for the displaced population to move around; it is SVP that goes to them, either with mobile clinics or with health centres set up in their camps. Typically, in a year more than 10,500 people are treated by our two mobile clinics, and our ambulance dedicated to pregnant women provides nearly 1,400 consultations in the camps.

More than 6,000 people have benefited from our 4 clinics which open only on Friday; about 12,000 consultations are given in two permanent clinics, and every day there have been 40 consultations given in the prisons of Khartoum.

Each clinic has its own laboratory, which enables the doctors to optimize care. All medicines are purchased in the country, which is good for the local economy.

<b>Staff:</b>	<b>Clinics:</b>
17 doctors (7 full-time) 5 pharmacists (all part-time) 7 assistants (1 full-time) 18 nurses (7 full-time) 7 lab assistants (2 full-time) 5 midwives (2 full-time) 20 administrative employees (15 full-time)	Permanent clinics: 6 Mobile clinics: 2 Friday clinics: 4

The cost per treatment, including medication is around £3.00 (GBP)  
 Over 50,000 treatments are provided in a typical year

In Khartoum, a basic consultation (without deeper analysis and prescription) from a doctor in a public hospital, costs about £1.70, and about £6 in a private clinic; in the case of a specialist, fees can get as high as £25 to £30.

The average monthly salary is less than £50; the population benefiting from this programme is among the poorest of the poor, often not able to buy themselves a bus ticket.

### MOBILE CLINICS

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



The action of these mobile clinics follows two main lines:

- preventive care: during consultation, information and advice regarding infectious diseases are given to the students.
- curative care: ranging from hygiene advice 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 in 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 long school holidays. In 2009, the total number of cases treated by these mobile clinics was 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 the importance of the work achieved to date.

### FRIDAY CLINICS

We also have four out-patient dispensaries, called "Friday clinics", because they are open on the official Muslim day of rest; the doctors can leave the hospitals in which they work in order to devote themselves voluntarily to our programme. These clinics are very important to the people and are always full. They provided 7,656 consultations in 2009 (+30% in one year!).



Since the start of 2004, the Haj Youssif Centre (opposite) opens every Friday in Block 9 neighbourhood and gave about 3,500 consultations in 2009.

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

## PRISONS

SVP has installed a programme of medical aid in some prisons, with 4,500 consultations in 2009. For instance, every Sunday, a female practitioner goes voluntarily into the women's prison in Omdurman. These women are often imprisoned with their babies for minor offences (the making and selling of merissa, or fermented durra, a traditional way of earning a living for most southern women).

## OTHER HEALTH SERVICES

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 are provided with medical help at any time. In case of a serious problem, they are of course transported to the hospital or to a nearby medical centre.



The Massalma clinic, in Omdurman, has been operating for ten years now in an area inhabited by IDPs, living in most miserable conditions. It is open five days a week. In 2009, 1,450 consultations were given there. Since 2008, SVP has assumed the running of another clinic in Haj Youssif, the Comboni Health Centre. In 2009, a medical team of 24 gave 11,249 consultations (+11% in one year).

In 2009, the dispensary at Kalakala Guba (South of Khartoum), which used to be run by a priest, has been taken over by SVP (which pays half the doctor's salary). 6,346 consultations were given in 2009. One of the doctors resides in Mayo, and since 2006 has looked after the street children of our two Mayo homes. This doctor is also responsible for providing medical care to the children in the women's prisons as well as in the Massalma clinic.

Finally, 718 patients have benefited from minor operations performed by the voluntary doctors of SVP.

In 2009, SVP initiated, with the British NGO 'Together for Sudan', and under the patronage of the Ministry of Health, an ophthalmologic consultancy. 360 patients benefited in Gabarona, Gebel Awlia and Wad El Bashir, which brings the number of persons treated for eye diseases to 942 in 2009 (+61%).



## PROVIDING CARE FOR PREGNANT WOMEN

SVP has also addressed 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. For the last two years, SVP 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 secretly in dreadful and often fatal conditions. When this happens, the babies are thrown in dustbins, at the mercy of stray dogs. SVP 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 SVP centres and IDP camps around the capital. These consultations have trebled this year to reach 4,130.



## WHAT ARE THE PROSPECTS?

The authorities would like our Friday clinics to open every day and to this end, a feasibility study is being carried out. Our programme still lacks medical supplies and equipment, which would allow the SVP teams to work in better conditions. SVP would like to be able to carry out HIV tests.

**The budget for the medical programme for the year 2010-2011 is €160,000 (£135,000)**

For further information visit the SVP (E&W) website: [www.twinnage.org.uk](http://www.twinnage.org.uk)

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