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|  | Refugee - Simon (From Khartoum) |
| Time | English |
| 00:00 – 00:06 | There was intense bombing in our neighbourhood, so we left. |
| 00:06 – 00:26 | My family of eight and I fled Khartoum two months ago. On our journey here, we encountered many Army checkpoints where we had to present our luggage and identification documents to prove we weren't soldiers. |
| 00:26 – 00:55 | Before the war, things were fine where we lived, but here our situation is challenging mainly because we're new arrivals, and we haven't received any assistance. We've struggled to secure food; so far, we've only received plastic sheets. |
| 00:55 – 1:08 | As you can see, numerous people are waiting for food and shelter materials, there is no space for shelters. The conditions are incredibly difficult; many people are living outdoors because they lack proper shelter. |
| 1:16 – 1:35 | Accessing essential services is tough. The water here is unclean, leading to sickness among the residents, if you drink the water, you’ll have diarrhoea and start to vomit. |
| 1:35 – 1:52 | Upon our arrival, there were no medical supplies. However, since MSF's arrival, everything has improved significantly. |
| 1:56 - 2:05 | Our children can now receive medical services and medicines, a stark contrast to the earlier days when medical services were non-existent, and medicine was prohibitively expensive. Our only choice is to adapt to these new circumstances because there's nowhere else for us to go. |
| 2:09 – 2:46 | My child fell ill a month ago when there was no medication available. We had to wait until MSF arrived. After that, we were able to get him examined by a doctor and admitted to the hospital. We gave him medication but he's still a little unwell. |
| 2:53 – 3:09 | Looking forward, I hope to see positive changes for everyone here. The needs of the residents here must be addressed to enhance the quality of life for everyone and ensure that the children lead a decent life |

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|  | Refugee - Mary (From Khartoum) |
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| Time | English |
| 3:10 3:15 | Interviewer: I understand you're here because your niece is unwell? |
| 3:15 – 3:25 | Yes, she's suffering from fever and diarrhoea, and she's also vomiting. Although she was prescribed medication, we couldn't find it at the pharmacy. |
| 3:34 – 3:56 | Unfortunately, there's a severe shortage of medication here, and a rapidly spreading disease is causing many to fall ill. Measles—it's taking lives swiftly. The fever is proving lethal. If someone falls sick in the morning, they often don't survive until the evening. |

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| Time | English |
| 3:57 – 4:16 | The most common illnesses impacting the community here, especially children under the age of five, are measles, pneumonia, and malnutrition. |
| 4:17 – 4:29 | The death toll was significantly high. On average, two to three deaths occurred daily in the hospital during the first days of our arrival. |
| 4:30 – 4:40 | While in the camp, among the community, the numbers soared to six to nine deaths a day. Tragically, 90% of these were children under the age of five. |
| 4:41 – 5:33 | Although we were constrained by a lack of resources at the beginning, we were still able to address critical cases and prevent deaths. With the significant increase in the number of cases, our coordination team relayed this crucial data and evidence, successfully convincing the Ministry of Health (MOH) to greenlight the allocation of two tents for use as isolation centres. |
| 5:34 – 5:41 | Behind me is the isolation centre, currently housing children suffering from measles and malnutrition. |
| 5:42 5: 59 | Thankfully, we have just concluded our first week without recording any deaths. Cases of malnutrition are referred to the hospital for further care eaths, we refer malnutrition cases to the hospital. |
| 6:00 – 6:26 | Yes, we have limited resources, constrained capacity, and a lack of availability for some medications in the face of growing needs and an increasing number of patients. For instance, only until the day before yesterday were we able to receive supplies. But despite all of this, I can say that the quality of the service, relative to the resources we have at hand, is excellent. |
| 6:27 - 6:42 | Currently, we are in need of additional staff. The Ministry of Health (MOH) has been able to procure part of the needed staff, and we are currently awaiting the remainder to complete our team. |
| 6:43 – 7:03 | In addition, we are also in need of medicine and a referral hospital, particularly for the critical cases that we encounter here. While we have the ability to handle (suspected) measles cases, other cases that require external referrals are sent to Kosti Hospital. |
| 7:04- 7:24 | We sometimes face challenges with Kosti Hospital due to the long commute times, particularly for ambulances and critical cases that require urgent medical care. If the referral programme could be streamlined and necessary medications made available, I believe the quality of our service here could reach new heights. This would be something that would satisfy us even before it satisfies the patients |

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|  | Aisha Abrahamn, health promotion manager |
| Time | English |
| 7:25 – 7:57 | (Arabic) The project is still in its early phases, and nutrition is an integral part of our activities, however the needs here are high, the things that people are lacking are the food itself, in addition we at the clinics we need more staff onboard. |
| 7:58- 8:11 | People come in on a daily base, they are initially admitted into the waiting area, but they do spend some time waiting in order to receive the services and that’s mainly due to the high numbers of people coming in. The numbers are high and usually they come in back-to-back waves. |
| 8:12 – 8: 43 | I urge for the immediate provision of food, as malnutrition often leads to many other complications. If families are given food first, it can be followed by hygiene kits, such as soap, which they currently lack access to." |

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|  | MSF staff, Ali Mohammed Dawood, clinic supervisor |
| Time | English |
| 08:46 – 09:01 | We responded to the emergency needs here at Um Sangour camp due to new displacement caused by the war in Khartoum. |
| 9:02 – 09:23 | During our first assessment, we evaluated over 30,000 people, and in total, another 130,000 people have already arrived at all the camps. These individuals are South Sudanese who lived in Khartoum and are now residing in the refugee camps here in White Nile state. |
| 9:24 – 09:45 | The clinics couldn't serve all these people because of the large number of new arrivals. Many deaths of children under five years old were recorded due to malnutrition and the long journey from Khartoum. |
| 9:46 – 10:18 | Every day, more people arrive, around 200-300 people in 2-3 vehicles, and the numbers are increasing, in turn, amplifying the need for improved health services, food, and shelter. People need tents and mattresses to rest, sleep, eat, and drink. |
| 10:19 – 10:40 | We began our intervention by providing health services at the Um Sangour clinic in collaboration with the Ministry of Health. We are offering primary healthcare services, including medical consultations. We conduct an average of 300 – 350 consultations daily. |
| 10:41- 10:54 | Out of these, an average of two cases per day are referred to a hospital. Usually, these referrals are children suffering from malnutrition, and they are typically referred to Kashafa Hospital. |
| 10:55 11:14 | Our clinic also includes a delivery room and follow-up services (antenatal care) for pregnant women. We register 1 to 2 births per day and about 20-30 follow-ups for pregnant women. |
| 11:15 – 11:33 | We provide nutrition services to over 90% of outpatient children with malnutrition and offer daily service to 45 children in the nutrition programme. |
| 11:34- 12:04 | Our immunisation service includes 30 to 40 children. We also treat 15 to 20 children with suspected measles and vaccinate 15 to 25 pregnant women and women of reproductive age, in addition to giving tetanus shots. |
| 12:05 – 12:27 | The demand is certainly substantial, and our medical facility staff is working tirelessly to provide high-quality services. |
| 12:28 - 12:51 | However, we need additional assistance from organisations active in other humanitarian fields such as shelter, water, and sanitation. Immediate action is vital to aid these individuals and address the situation across all camps, not just here. |
| 12:52 – 13:10 | We receive an average of 8 to 10 suspected measles cases daily, with six recorded deaths last week due to late arrivals. We have partnered with the Ministry of Health, who provides us with resources for our isolation centre to offer these children the necessary services. |
| 13:11 – 13:38 | The needs here are significant, and people are in dire straits. All organisations, including MSF, must continue to reinforce their capacities and work towards meeting as many of these needs as possible." |