MSF Paediatric Days 2024
Abstract N°127

IMPLEMENTATION OF A CHRONIC CARE UNIT IN HUMANITARIAN SETTINGS: LESSONS LEARNED FROM MALAKAL, SOUTH SUDAN.

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BACKGROUND AND OBJECTIVES

MSF OCBA has worked in Malakal (South Sudan) since 2013, an area with high morbidity and mortality related to chronic conditions (CC) (see figure 1).
Instability, stigma and a weak health system are barriers to accessing chronic care, hence innovative strategies are required to overcome these.

Figure 1. Photos of Malakal Project.

A Chronic Care Unit (CCU) pilot project was proposed using a people-centered approach model of care. The aim of the CCU was to integrate management of CC while optimising quality of care and improving health-related quality of life through an adaptation of service delivery, self-care promotion and stigma reduction.

The objective of this abstract is to describe the intervention and present the paediatric cohort data.

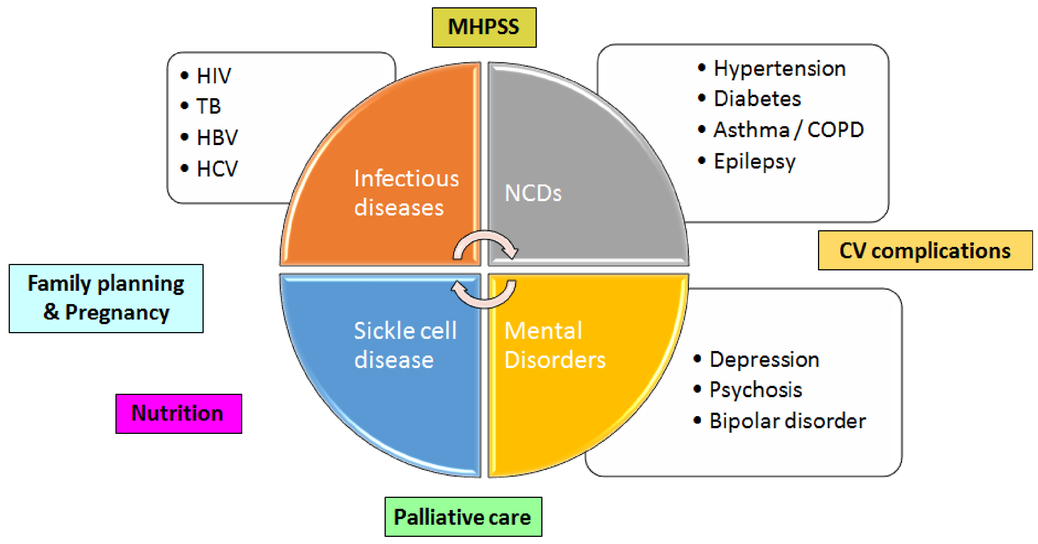
METHODS

CCU implementation took place in April/May 2023.

The target population were people living with CC, which included tuberculosis (TB), HIV, Hepatitis B and C, non-communicable diseases (diabetes mellitus (DM), hypertension, epilepsy, asthma/chronic obstructive pulmonary disease (COPD)), sickle cell disease (SCD), and mental health (MH) conditions.

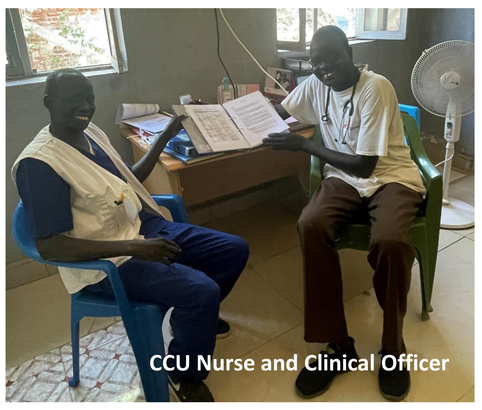
The CCU included nutritional care; patient support, education and counselling (PSEC); MH and psychosocial support, pregnancy and family planning and palliative care (see figure 2).

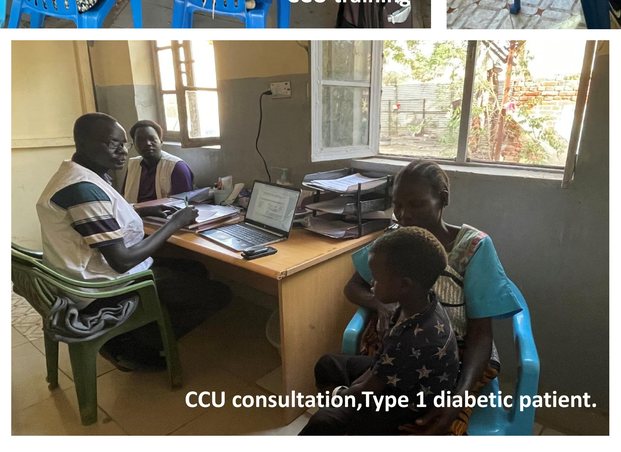
Figure 2. Outline of chronic conditions included in the CCU.



Around 50 staff were trained (see figure 3). Each team was composed of a Nurse (triage and vitals), Clinical Officer (medical consultation), Counsellor (Patient Support, Education and Counselling (PSEC) and Mental Health (MH) and was supervised by a medical doctor (see figure 3). A descriptive analysis of patient files was carried out.

Figure 3. Photos at MSF Hospital, Malakal Town

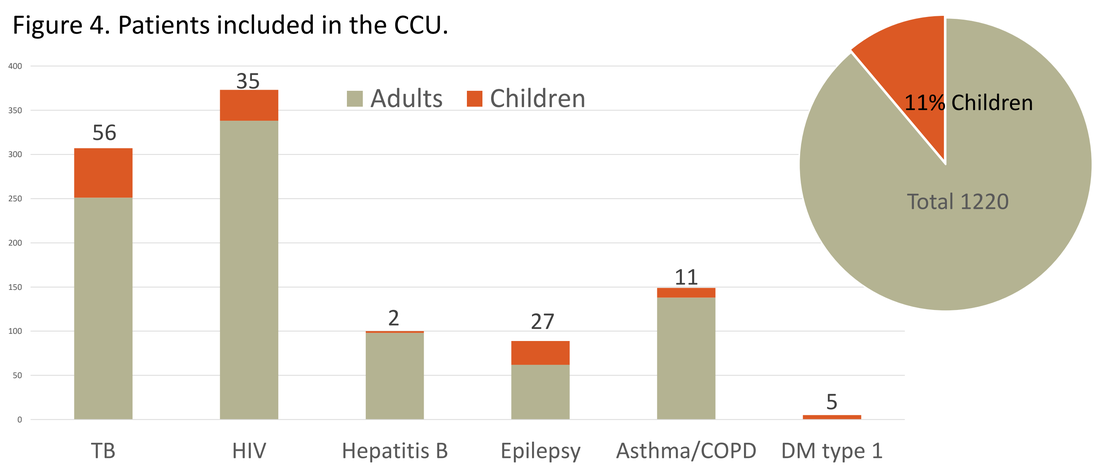




RESULTS

After effective implementation, from May to November 2023 a cohort of 136 children under 15 years among a total of 1220 patients were included. Proportional disease distribution was as follows (pediatric/global cohort): Tuberculosis 56/307; HIV 35/373; epilepsy 27/89; asthma/COPD 11/149; DM 5/5 type 1, 0/50 type 2; Hepatitis B 2/100. No cases of MH disorders (0/78), hepatitis C (0/19) or SCD (0/0) were reported. See figure 4.

Figure 4. Patients included in the CCU.



The number of children included in the CCU is expected to increase over time, especially with the implementation of a health awareness and promotion strategy aimed at increasing diagnosis, linkage and retention in care.

CONCLUSION

- ✓ **The implementation of a CCU was feasible in a humanitarian context.**
- ✓ **Skilled staff are needed to achieve CCU goals.**
- ✓ **Patients' satisfaction and acceptance needs to be assessed to better evaluate the intervention.**

ETHICS STATEMENT

This study fulfils the exemption criteria set by the MSF ERB and was approved for submission by the OCBA Medical Director.