

MSF WaCA

ACTIVITY REPORT

2024



MEDECINS SANS FRONTIERES
اطباء بلا حدود

MSF CHARTER



Médecins Sans Frontières is a private, international association. The association is made up mainly of doctors and health sector workers and is also open to all other professions which might help in achieving its aims. All of its members agree to honour the following principles:

Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed or political convictions.

Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.

Members undertake to respect their professional code of ethic and maintain complete independence from all political, economic or religious power.

As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.

EDITORIAL



Dr Ali Ouattara
MSF WaCA - President

The year 2024 was marked by an unstable international context, combining geopolitical crises, economic tensions and persistent social vulnerabilities. Armed conflicts — particularly in Ukraine, Sudan, DRC, in the Sahel and the Middle East — continued to cause massive population

displacements, increase pressure on health systems and deteriorate humanitarian access in many areas. These security crises were accompanied by the hardening of restrictive migration policies in several regions of the world, further complicating the protection of refugees and displaced people.

On the health front, the world remains confronted with the consequences of the COVID-19 pandemic, while also facing new epidemic threats such as diphtheria, cholera and Mpox, which have re-emerged in several fragile contexts. Already under strain, health systems are struggling to absorb growing demand, particularly in low and middle-income countries. The climate crisis, with its succession of droughts, floods, and heatwaves, has exacerbated food insecurity, especially in sub-Saharan Africa and South Asia, leading to worsening nutritional crises.

On the economic level, persistent inflation, trade tensions and the rising cost of living have deepened social inequalities, disproportionately affecting vulnerable populations. At the same time, global debates on governance, energy transition and humanitarian aid reform highlight the need for more coordinated, inclusive and resilient responses.

Our story, particularly in 2024, is defined by resilience — the resilience of our teams, which, in the face of a shrinking humanitarian space, strive to maintain the highest quality of care for the communities we support. In an especially difficult humanitarian funding context, our teams had to go above and beyond to continue delivering medical care where needs are most acute. The WaCA association has

gained momentum. Members debate, question and get organized. We make sure to give space to these voices through formal and informal meetings and discussions, where difficult questions are raised and addressed openly. This energy is the driving force of our future.

The year 2024 confirmed that humanitarian crises are part of an increasingly complex global environment, where political instability, climate issues and economic pressures intertwine and constantly redefine humanitarian action priorities.

MSF WaCA consolidated its operational presence while reorganizing — creating two new operational cells and removing the medical department from operations in favor of a model aligned with other MSF operational centers.

We carried out actions in 11 countries through 12 projects, including emergency interventions such as the Mpox outbreak response in the DRC. More than 800,000 people benefited from our care this year. We carried out interventions in Nigeria (Kano, Cross River), Niger (Madaoua, Guidan Roundji), Côte d'Ivoire (Ouangolodougou, Bouaké, Agboville), Chad (N'Djamena, Iriba), DRC (Kinshasa, Budjala), Liberia (Monrovia) and Ukraine (Kyiv, Vinnytsia, with the NGO MEHAD). We also worked on the thematic of migrations in Senegal-Mauritania-UK, and in the Comoros as part of an emergency intervention.

We commend the commitment of our teams, partners, health authorities and communities. Together, we have saved lives and improved access to care for the most vulnerable. Building on the lessons of 2024, we approach 2025 with humility, determination, a spirit of closeness and a relentless commitment to quality, always focused on impact, staying as close as possible to the needs.



Dr. Salha Issoufou
MSF WaCA - Director of operations

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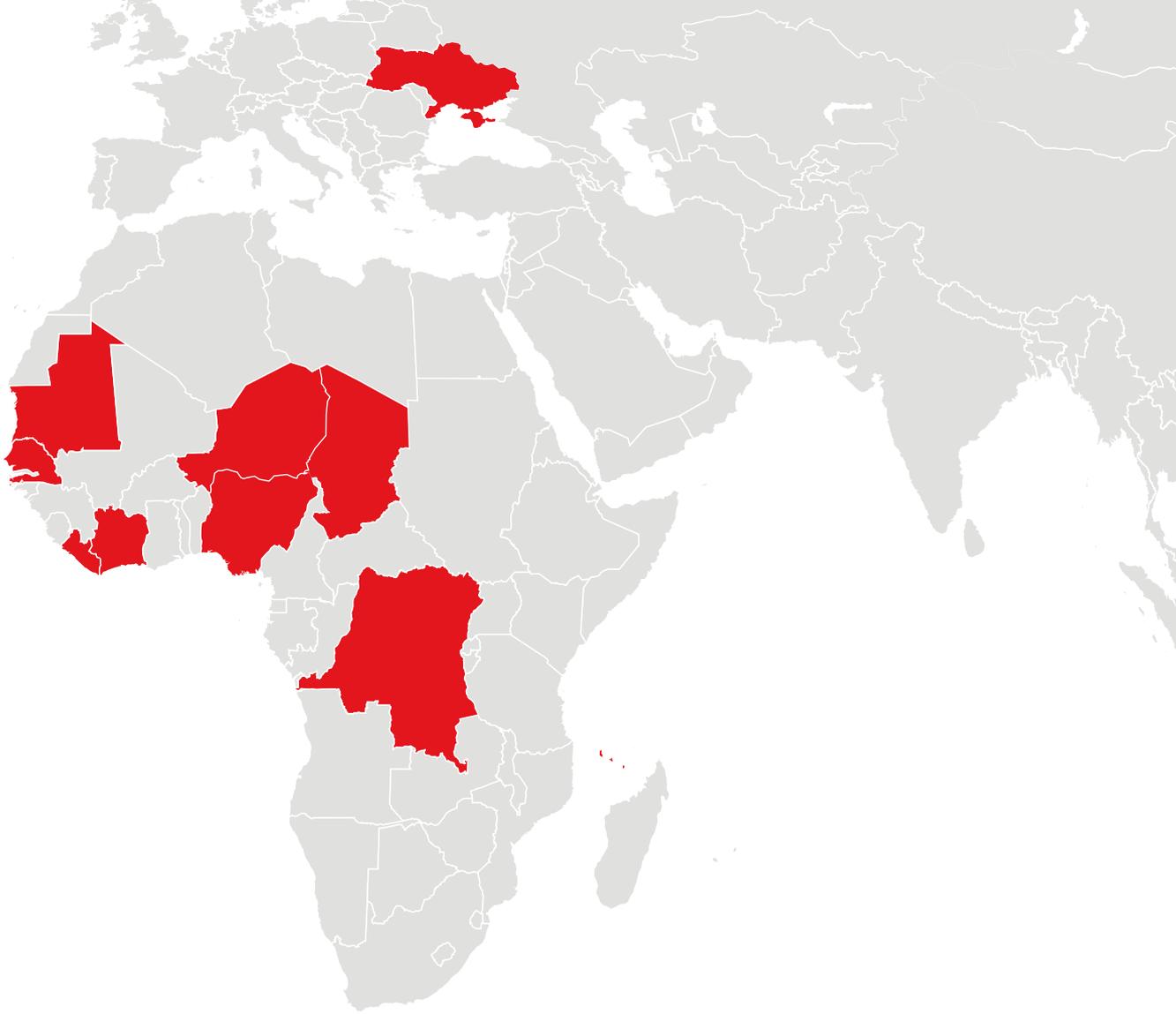


17

THE GLOSSARY 29



23



Patients treated

819 590

Views <5 years

191 658

Hospitalizations

46 901



Malaria

209 908



Nutrition moderate cases

18 008

Nutrition severe cases

84 523



Total Mental Health

8 677

Telemedicine consultations

7 907



Antenatal

47 053

Postnatal

4 061

Deliveries

3 246



Total routine vaccination

26 231

Measles vaccination

1 272

MEDICO-OPERATIONAL RESULTS

A- Thematic summary of activities

In 2024, MSF WaCA operated in 10 countries for a total of 12 operational projects, including an emergency response to an Mpox outbreak in the DRC. These countries and projects are:

- Nigeria with the Kano and Cross-River projects
- Niger with the Madaoua and Guidan Roudmji projects
- Côte d'Ivoire with the Ouangolodougou, Bouaké and Agboville projects
- Chad with the N'Djamena and Iriba projects
- DRC with our interventions in Kinshasa and Bujala (Mpox emergency)
- Ukraine with a project in collaboration with Mehad in Kyiv and Vinnytsia.
- Senegal - Mauritania maritime migration
- Liberia with the Monrovia project.

Below is a snapshot of the care provided from 2020 to 2024:

	2020	2021	2022	2023	2024
Countries of Operations	01	03	06	05	07
Number of projects	02	05	09	10	12
Total care recipients	0	259,392	535,563	1,007,978	819,590
Consultations < 5 years*	-	-	447,279	401,852	191,658
Malaria cases	-	140,346	257,758	218,957	209,908
Hospitalizations	-	1,848	40,546	40,311	46,901
ANC	-	4,472	33,011	46,622	47,053
PNC	-	-	6,139	6,905	4,061
Routine immunization	-	-	3,582	5,729	26,231
Measles vaccination	-	-	178,243	266,000	1,272
Cholera	-	7,639	-	178	43,453
Telemedicine consultations	-	33	6,043	8,504	7,907
Mental Health Consultations	-	650	1,119	5,744	8,677
Deliveries	-	891	3,163	3,264	3,246
Sexual violence	-	1,114	-	12	20
Violence linked to political crises	-	285	-	-	-

	2020	2021	2022	2023	2024
ATFC	-	7,510	17,007	50,038	84,523
ITFC	-	1,848	7,454	14,188	18,008
Diphtheria cases managed				13,284	1,716
PWD Consultations				3,960	5,890
Mpox (Number of patient treated)					1,951
Physiotherapy and rehabilitation sessions					8,914

* The notable difference is due to the fact that we didn't include the consultations of children under 5 done by the community health worker during ICCM

▀ Nutrition

During 2024, **92,062 children under the age of 5 were screened for malnutrition** in our countries of intervention, particularly in Chad where this activity was carried out and documented. Specifically, 86,745 children were screened in the Toukra project, as well as 5,317 children in Iriba. Going forward, efforts will focus on implementing data collection tools and indicators for this key nutrition activity. This is all the more necessary given Chad's alarming rate of global acute malnutrition (GAM), with 22% in Toukra and 19% in Iriba. With regard to severe acute malnutrition (SAM), a critical level of 14% has been reached in Iriba, while a severe level of 9% has been recorded in Toukra.

A total of **84,523 patients received nutritional care through outpatient programs** across five projects (Kano in Nigeria, Iriba and Toukra in Chad and Guidan Roundji in Niger and Ouangolodougou in Côte d'Ivoire), representing an increase of nearly 69%

compared to the previous year. More attention needs to be paid to nutritional care for MAM children, infants under 6 months of age and malnourished mothers, who remain largely excluded from programmes. The Kano project in Nigeria alone accounted for more than 50% of all MSF WaCA's outpatient nutrition activities, highlighting the severity of the ongoing nutrition crisis in northern Nigeria. Since 2022, this region has experienced seasonal peaks of malnutrition from May to October — a pattern that is also observed in all other MSF operational centres in Nigeria.

17,654 children aged 6 to 59 months were treated for complicated SAM in our projects, representing a 24% increase compared to the previous year. Our two projects in Niger accounted for most admissions to Intensive Therapeutic Feeding Centers (ITFC), with 65% of the total.

▀ Paediatrics

Outpatients consultations were provided to a total of **404,142 patients**. Of these, 191,658 are children under 5 years old, representing 47% of all patients — a decrease compared to 67% last year. Niger accounted for nearly 68% of all patients consultations, mainly in Guidan Roundji, followed by Kano in Nigeria with 13% of children. These figures do not take into account the **157,292 children seen by community 'relays' in Madaoua**.

Across WaCA's eight paediatric inpatient units (Guidam Roundji and Madaoua in Niger, Toukra and Iriba in Chad, Kano and Cross-River in Nigeria, Kinshasa and Bujala in DRC), **46,901 patients were hospitalized and treated. Of these, 40,973 were children under 5 (87%)**, in line with our operational choices.

▀ Mental Health and Epilepsy

8,677 individual mental health consultations were carried across our projects, with the vast majority (5,260) occurring in our project focused on mental

health and epilepsy in Bouaké. At the end of the year, this project had a cohort of 3,335 patients and an active cohort of 1,987 patients.

▀ Sexual and Reproductive Healthcare (SHR)

43,053 antenatal consultations were carried out, with more than half taking place in Nigeria. This represents a decrease of nearly 8% compared to 2023.

A total of 14,828 first ANC were recorded in 2024, which represents an increase compared to the 12,889 recorded last year.

We recorded a total of 4,061 postnatal consultations, a decrease of 41% compared to the previous year.

A total of 5,600 women benefited from family planning. This service, like other reproductive care activities, was primarily provided in our two projects in Nigeria. However, **343** women also benefited from family planning services in our project supporting refugees and displaced persons in Ouangolodougou (CI).

▀ Vaccination

Compared to last year, when only 5,729 doses of antigens were administered in our projects, 2024 saw an increase — or improved documentation — with **26,231 doses of antigens** given as part of routine immunization. Of these, **3,005 doses were administered to children over 12 months of age.**

▀ Telemedicine

7,907 people were consulted via telemedicine, compared to 8,504 in 2023. Although this represents a decrease of 7.04% compared to 2023, the proportion of people requiring telemedicine has improved:

- Of the 8,063 patients requiring tele-expertise in 2024, 7,907 were consulted, representing 98.07%. This is higher than the 94% rate recorded in 2023. These results demonstrate improved access to telemedicine for the populations of the district. Internal on-call schedules have been set up in all urban health facilities, with designated focal points responsible for monitoring and reporting telemedicine activities in each facility.

▀ People with disabilities (PWD)

The project's activities are taking place in four health zones, namely Lingwala, Limete, Mont-Ngafula 2 and Kinsenso.

At the end of 2024, we recorded:

5,890 consultations, including 5,021 for PWD and 869 for vulnerable patients, compared to 3,960 consultations in the first year (2023)

- **35 referrals** for 2024, versus 23 referrals in 2023 from primary to secondary healthcare facilities
- **10 deliveries**
- **7 deaths**

3,246 vaginal deliveries were performed. Almost all of these deliveries took place in Nigeria with 2,597 in Kano and 639 in the Cross-River project in addition to another seven as part of the PWD project in Kinshasa, DRC, where MSF covered the costs for three cesarian sections.

20 cases of sexual violence were treated, representing an increase compared to the 12 cases reported last year. Most of the cases (13) were in the Iriba Sudanese Refugee Care Project in Chad.

A total of **96 patients received post-abortion care**, all within the Cross-River project.

In response to various outbreaks, we conducted reactive vaccination activities throughout 2024, including:

- Measles: 22,608 doses
- Meningitis: 127 doses.

- 7,332 pregnant women benefited from telemedicine stations for various routine examinations, in line with pregnancy care recommendations

- A total of **7,220 pregnancy ultrasounds** were performed, as well as 6,791 urine dipstick examinations

- As for the follow-up of cardiovascular pathologies, 763 patients with confirmed arterial hypertension benefited from follow-up via telemedicine stations

- Besides, 501 electrocardiogram examinations were carried out throughout the year.

- PWD with motor disabilities remain the most represented category (60%), followed by visual impairment (19%) and hearing impairment (9%)

- The most common conditions observed during the year were malaria, followed by urinary tract infections. We have also observed a significant number of cases of hypertension and dyspeptic syndrome, as well as dermatoses likely related to overcrowding and poor hygiene conditions.

▀ Integration of HIV/TB activities (screening and referral)

Three of our projects spread across two missions (Chad and Nigeria) have integrated diagnostics and guidance into HIV and tuberculosis (TB) care. For the year 2024,

- **11,249** patients were tested for HIV
- **242** patients tested positive for HIV (2.15%)
- **186** patients started antiretroviral therapy (ART) (76.85%)
- **2,169** patients are presumed to have tuberculosis (suspected TB)
- **154** cases of drug-sensitive tuberculosis (DS-TB) confirmed by laboratory testing (7.10%)
- **27** patients were clinically diagnosed as TB positive according to the pediatric algorithm.

In 2024, HIV and tuberculosis (TB) screening initiatives intensified in a global context still marked by health, economic and humanitarian challenges. In this complex environment, our teams continued their commitment to early access to diagnosis, strengthening the integration of HIV-TB services and ensuring appropriate care, particularly for the most vulnerable populations.

The WHO has facilitated tuberculosis screening in children through an algorithm designed to promote early detection, limit the number of patients lost to follow-up, and strengthen the link between screening, confirmed diagnosis, and treatment initiation. Some WaCA missions (Nigeria and Niger) have taken the lead with the TACTiC project to integrate this activity into their projects, however, 2024 data is not available for Niger.

Although not part of the TACTiC project, Chad has successfully integrated this approach in the wake of the revision of the national paediatric TB management guidelines, which incorporate the new WHO recommendations. The year 2024 was primarily devoted to preparation and training, but we were still able to record some quantitative results. However, adjustments are still needed to address operational constraints and identified epidemiological needs.

The projects in Kano and Cross River (Nigeria) and Toukra (Chad) have integrated HIV and TB screening into their targeted activities. This strategic shift reflects the recognition of the interconnection between nutritional vulnerability, reproductive health and the risk of opportunistic infections such as HIV and TB. By integrating screening for these diseases into our programmes, we have been able to better target high-risk populations that are often under-covered by screening, such as pregnant women, malnourished children and young people. Thanks to appropriate diagnostic tools and increased awareness, these projects have ensured effective linkage to the Ministry of Health's care and treatment services, helping to fill critical gaps in early detection and access to care.

Key findings

A total of 242 people (2.15%) tested positive for HIV, of whom 76.85% started ARV treatment. This prevalence is higher than the overall prevalence in the two countries concerned (1.4% in Nigeria and 1.2% in Chad, according to the 2020 UNAIDS report).

B- Results

1- Emergencies reponses

a- Cholera outbreak – Moheli, Comoros

Affected area	Total number of confirmed and managed cases	Case fatality rate (CFR)
Whole island	543	1,2

MSF WaCA conducted an emergency response against cholera for 10 weeks on Moheli Island, Comoros. The intervention included case management support, training and capacity building, improvements to cholera treatment units (CTU) and infection prevention and control (IPC), as well as a

vaccination campaign. Five CTU were upgraded, more than 50 health workers were trained and **43,000 people were vaccinated against cholera**, with a coverage rate of 74.3%. **A total of 543 patients were treated** with a mortality rate of 1.2%.

b- Diphtheria response

b.1. Kano State – Nigeria

Total cumulative cases from Jan 2023 - March 2024	14 707
Cumulative deaths	963
CFR	6,5 %

Between January 2023 and March 2024, **14,707 cases of diphtheria** were managed in Kano State, with 963 deaths reported (corresponding to a case fatality rate of 6.5%). Of these patients, 6,693 were managed according to the home-based care model.

1,423 cases were treated with 90 deaths recorded.

The intervention was based on six pillars: case management, infection prevention and control, health promotion and community engagement, operational research, and lobbying and advocacy. The project was successfully handed over to the State Ministry of Health at the end of March 2024.

b.2. Madaoua and Guidan Roundji – Niger

Total cumulative cases in 2024	293
Cumulative deaths	13
CFR	5 %

A diphtheria response was conducted between November 2023 and May 2024 in the Madaoua and Guidan Roundji health zones. It included case management, with a focus on management of close contacts, improved infection prevention and control,

health promotion and community engagement, and epidemiological surveillance. A total of 293 cases were treated, including 13 deaths, representing a case fatality rate of 5%.

c- Mpox in South Ubangi, DRC

A six-pronged Mpox intervention was rolled out in June 2024 in South Ubangi Province, DRC. The components of this intervention were as follows: case management and contact tracing, IPC and WASH in patients' homes and in health facilities, psychosocial and mental health support, nutrition support, health promotion and community engagement, and epidemiological surveillance.

In total, **1,951 cases were managed**, which represents a substantial increase compared to the 344 cases recorded in the first six months of 2024 - however the case fatality rate dropped from 4% to 0.2%.

A total of **142 patients were managed in a Mpox treatment center** set up at Budjala hospital, while the other patients were managed under a decentralized care model (within health facilities and at home) in 17 health zones. As part of the response, 109 clinical assessments of mental health issues were conducted, 548 cases received follow-up care for psychological issues at home, and all patients benefited from counselling services upon hospital discharge.

Of the 796 cases followed during the year, 784 were confirmed as cured, while 12 were lost to follow-up.

d- Physiotherapy and mental health support at Kiev and Vinnytsia, Ukraine

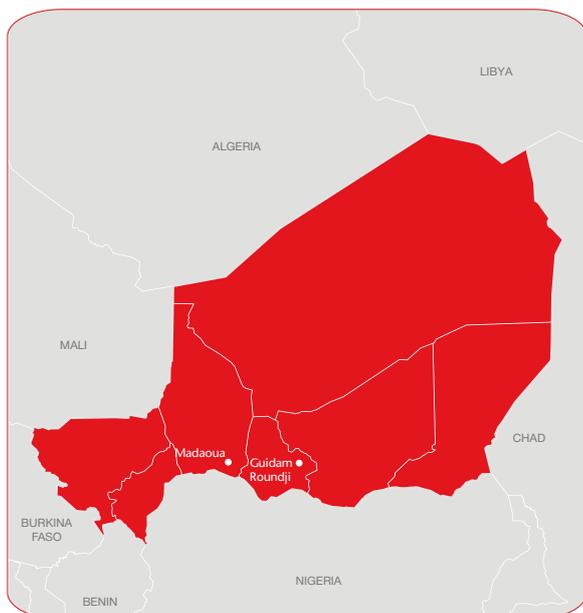
MSF WaCA began working in partnership with Medical Humanitarian Action for Development (MEHAD) in Kyiv and Vinnytsia (Ukraine) with a focus on physiotherapy and mental health support for victims of violence. In 2024, a total of 8,914 sessions of physiotherapy were conducted as part of this partnership.

An assessment of potential surgical support needs was conducted, but these were deemed unnecessary.



B- Regular projects

NIGER



Number of projects

02

Thematic

Nutrition & Paediatrics

Human resources

- **International : 17**
- **National : 190**
- **Incentived : 1 157**

Annual expenses

€ 8,750,022

MSF WaCA has been present in Niger since 2021 through its two projects in Madaoua and Guidan Roundji. These projects focus on two of our medical priorities: maternal and child health, and epidemics. Our actions aim to be simple, effective and aligned with the needs of the populations.



▀ MADAOUA

Madaoua is located in the Tahoua region, which has 31 integrated health centres (CSI) and 54 health posts ("cases de santé" or CS). Its population was 873,802 in 2024 and our target population — children from 1 to 59 months — was 166,022, representing 19% of the total population.

At the request of the health authorities and given the deteriorating health situation, MSF WaCA launched emergency interventions in October 2021, followed by the implementation of regular activities from January 2022.

In 2024, We have intervened:

- At the community level, through Integrated

Community Case Management activities, with 520 community 'relays' and 52 focal points distributed in 402 villages, thereby covering 29 integrated health centres and 54 health posts. This intervention targets children aged 2 to 59 months and aims to manage simple cases malaria and diarrhea, as well as complicated respiratory infections in the community

- At the primary level, in two IHC, one hospital (pediatric outpatient service) and 43 health posts.
- At the secondary level, at Madaoua District Hospital, and within three Temporary Pediatric Units (TPU) of 20 beds each during the peak malaria period.

Main results:

Service	Total
OPD consultations < 5 years	45,334
Pediatric ICCM consultations	157,292
Main morbidities	
Malaria	112,993
Number of mothers trained on mother-MUAC	109,780
SAM screening via mother-MUAC	77,692
ITFC - Admissions	4,723
ITFC mortality	5,3 %
Vaccination	2,498
Pediatric IPD	17,003
IPD < 5 years	17,037
Mortality rate	2,9 %
External referrals	837

In 2024, a total of **45,334 outpatient consultations** have been performed, compared to 29,818 the year before, representing a 52% increase. This outcome is linked to the support provided by MSF to two urban CSI, which significantly reduced the number of outpatient consultations at the hospital, now reserved for severe cases only.

157,292 children aged 2 to 59 months received care at the community level by 520 community 'relays' compared to 117,178 in 2023 — representing a 34.2% increase in activity. This performance is attributable to the effective management of activities by community workers, the availability of drugs, as well as the significant increase in malaria cases in 2024 related to the unusually high and long-lasting rainfall recorded that year.

Malaria is the first morbidity with 115,542 tests performed and **68,823** positive cases. This is a considerable increase of nearly 51% compared to the year before.

For the same year: A total of **109,780 new mothers were trained** on the use and reading of MUAC out of 129,600 planned for training in 2024, thus, **70 169** children were screened during the trainings and **7,523** after the training.

2,430 children aged 0 to 59 months were vaccinated, the majority of whom were 0-11 months, accounting for 2,362 cases.

17,003 children under the age of 5 were hospitalized, compared to 12,467 in 2023 — representing a 36.4% increase in activity. Among those admitted, 11,548 accounted for hospital pediatric cases, and 5,455 for TPU cases.

Morbidities: the main causes of paediatric hospitalization were malaria with 14,478 cases in pediatric/CRENI, followed by anemia with 6,412 cases and acute gastroenteritis (AGE) and respiratory infections with 4,366 cases and 3,909 cases, respectively.

GUIDAN ROUNDJI

Guidan Roudji is located in the Maradi health region, which comprises has 34 integrated health centers and 9 health posts in operation. The population is 807,980, with 21% between 1 and 59 months old, representing 169,676 children. Activities are focused on health-nutrition, epidemic response, preventive measures — including support for vaccination — and health promotion efforts.

To effectively addresss the population's needs, MSF WaCA in collaboration with the Ministry of Health focused its interventions on the following aspects:

- Community-level package: support for community centers’ activities in the five officially supported facilities’ health districts, in accordance with the agreement. These structures are: Guidan Sori, Sae. Saboua, Katsinaoua, Maoki and Tibiri.
- Primary-level package included free curative outpatient consultations for children under 5 and management of malnourished children in five IHC.
- District-level hospital care package : during the peak period, establishment of two temporary paediatric units to alleviate the burden on the district hospital.



Main results:

Service	Total
Total consultations OPD (under 5 years)	84,409
ATFC	18,524
ITFC - Admissions	6,939
Mortality	5,23%
Vaccination	2,690

Paediatric IPD

IPD < 5 years	17,943
Mortality	3,39%

In 2024, **84,409** patients were treated in outpatient consultations, compared to 66,762 consultations in 2023 — representing a 26.4% increase in activity. Of the consultations performed, 15,883 were children under the age of 5, representing 19%

A total of **18,524** cases of SAM were admitted and treated, compared to 6,264 cases in 2023.

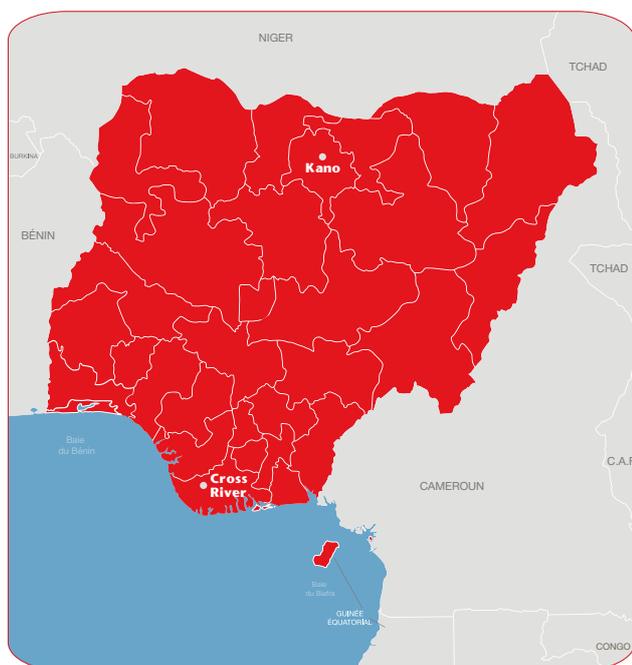
A total of 2,690 children aged 0-59 months were vaccinated.

During the year, 8,701 children under 5 received inpatient care. The main cause of morbidity was malaria in 11,726 cases (8,615 in 2023).

Admissions were carried out in the two TPU of Souloulou and Katsinaoua: 2,303 patients were admitted in 2024 compared to 1,256 in 2023 (increase of 83.35%), among which 191 were referred to the HD.

Inpatient Therapeutic Feeding Centers (ITFC) **6,939** Patients were admitted to ITFC compared to 3,265 in 2023.

NIGERIA



Number of projects

02

Thematic

**Paediatrics/Nutrition/
Sexual and reproductive Health/
Primary health care**

Resources

- International : 19
- National : 154
- Incentived : 181

Annual expenses

€ 5,481,464

▲ CROSS RIVER

In 2024, MSF WaCA continued to support the ministry of health by providing comprehensive primary healthcare in Akor and old Ndebeji health facilities. The service offered include consultations, vaccinations,

antenatal care (ANC), post-natal care (PNC) and referrals services. The patient waiting areas at both health centers were extended to enhance the quality of triage.



Main results:

Service	Total
OPD Consultations	
Total consultations	28,261
<5 years consultations	3 310
Total ANC consultations	2,542
Family planning consultations	2,539
Diabetes	217
Tuberculosis	4
Sexual violence	7
HIV	137

During the reporting period, **28,261** consultations were conducted in both Akor and Old Ndebedji PHCC – children under 5 accounted for 3,310 (12%) of these consultations. The top three morbidities among these consultations were malaria with 6,391 cases (22.6%), respiratory tract infections with 2,299 cases (8.1%), and skin infections with 5.5%.

2,542 ANC consultations were carried out in the project; 989 pregnant women received ANC1 services and 639 normal deliveries were assisted by MSF skilled midwives. The number of patient received for PNC services (**1,397**) exceeds the number of assisted deliveries. This could be explained by the high prevalence of community-based deliveries conducted by traditional birth attendants, along with the presence of private health facilities in the area. The difficulties accessing our two support facilities is seen as a challenge.

With regard to severe malnutrition, 30 patients were treated in ambulatory of our two «hard to reach» health centers, while 365 children with complication were hospitalised. Vaccinations were administered during the year, including 14,212 doses of pentavalent vaccine to children aged 0–11 months.

A total of **207 patients** were referred to higher-level healthcare facilities, primarily for conditions such as anemia, traumatic injuries, prolonged labor with fetal distress, threatened abortion, and severe malaria.



▶ KANO

Key highlights of the Kano project in 2024 included:

- Response to malnutrition peaks with swift decentralization and roll out of new ATFC in Kumbotso and Rijiyar Lemo primary healthcare centers, and ITFC in MMSH (Murtala Muhammed Specialist Hospital).
- Successful coordination and handover to ministry of health of the three MSF supported activities (Garangamawa mother and child hospital, General OPD care support and ITFC peak response activities).

Main results:

Service	Total
OPD Consultations	
Total consultations	108 702
Total new consultations for under 5 years	25 589
Total number of Maternity cases	
Vaginal spontaneous deliveries	2,597
Total ANC consultations	21,926
Total PNC	2,643
Family planning consultations	2,719

In 2024 A total of **108,702 consultations** were performed for children under 5; of these, 25,589 were new consultations. Among the top five morbidities identified during consultations, malaria accounted for the vast majority (95,225 cases) followed by upper respiratory tract infections with 7,183 cases, gastritis/peptic ulcer diseases with 4,980 cases, and non-bloody diarrhea with 4,840 cases.

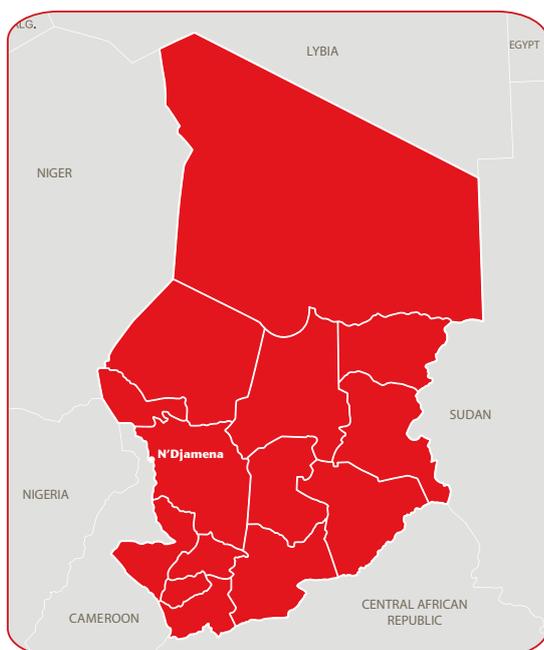
2,597 deliveries were attended, a figure similar to the 2,580 deliveries recorded in 2023. No mortality rate has been reported this year. Additionally, **21,926 women received ANC services**, with 6,228 first ANC visits recorded.

During the year, the nutrition programme treated **43,416 cases of child malnutrition in CRENA**. The default rate was 15%, slightly down from 19% last year. All children received in nutrition programs were vaccinated against measles.

In Kano, inpatient services are offered in two hospitals (Murtala Muhammed Specialist Hospital and PHC Ugua Uku). A total of **3,942 children aged 6-59 months were admitted**. Mortality has been high, reaching a rate of 11.6%. This situation resulted from a combination of severe malnutrition and malaria peaks, which overwhelmed the healthcare service delivery. The late arrival of patients, frequently in severe condition, further exacerbated the situation, resulting in deaths within 24 hours of admission. Further more, A total of 35 cases noma cases were diagnosed, with 8 treated onsite and 23 sent to Sokoto for surgery.

During the reporting period, 167 patients were referred to the hospital. Of these, 114 were malnutrition cases with complications and other associated morbidities.

CHAD



Number of projects

02

Thematic

**Pediatrics & Nutrition/
Access to health care
for refugees**

Human resources

- International : 19
- National : 89
- Incentived : 111

Annual expenses

€ 7,554,156

N'DJAMENA

Main results:

Service	Total
Total consultations	11,738
OPD < 5 years	11,692
OPD < 5 years	46
Nutrition	
Outpatient setting - ATFC/UNA	
UNA 6-59 months	11,682
Hospitalization	
ITFC/UNT 0-5 months	99
ITFC/ UNT 6-59 months	2,257
ITFC/ UNT 6-14 years	2
Pediatric IPD < 5 years	2,371

In 2024, due to financial constraints and growing needs in the eastern part of the country, we scaled down our activities in N'Djamena. Out of the nine ambulatory nutrition units (UNA) at the start, we supported five UNA in managing malnutrition in children aged 6 to 59 months. These five UNA are: Al-Mansour, Ambatta, Bethesda, Harangadji and Ndjari.

In total, in these five UNA supported by MSF WaCA, **11,682** children aged 6-59 months were admitted in 2024 compared to 28,477 in 2023. This outcome is a consequence of the drop in the number of UNAs.

A total of **2,371 children under the age of 5 were hospitalized in 2024** compared to 4479 cases the year before, representing a decrease of 88.9%.

This decrease is linked to our withdrawal from Gozator, our repositioning at the Toukra Hospital and the reduction in the number of supported health facilities.

2257 children from 6 to 59 months were admitted to Toukra therapeutic nutrition units. All children who recovered left the center had their measles vaccination status updated before leaving.



IRIBA

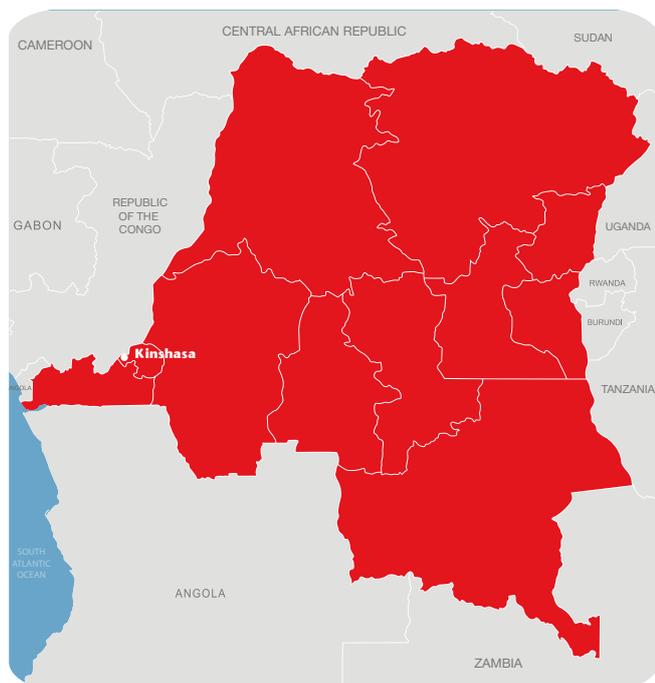
Main results:

Service	Total
Total consultations	21,829
Number of refugees received in consultation	21,675
Consultation of < 5 years	7,325
Mental health	959
Vaccination >5 years	3,123
Hospital referrals	443
Total ANC	800
ANC1	28
PNC	21
Sexual violence	13
SAM cases managed in ATFC	2,599
Referrals due to complications	42

During the ten months of project implementation since its launch, **21,869** people were assisted. Refugees accounted for 99.23% of service users, and 33.5% were children under 5 years old.

Hospital activities commenced in November 2024 and target children aged 1 month to 14 years. Emergency consultations: 104 cases were seen in the emergency department and we admitted 45 hospitalizations, of which 21 were for complications related to malnutrition.

THE DEMOCRATIC REPUBLIC OF CONGO



Number of projects

01

Thematic

People with disabilities (PWD)

Human resources

- International : 02
- National : 33
- Incentived : 104

Annual expenses

€ 2,567,648

KINSHASA

This project reflects the collaboration between MSF WaCA and MSF Norway. In line with the 2016 International General Assembly motion on the inclusion of people with disabilities, MSF adopted a 2018 - 2021 TIC project on the inclusion of PWD.

Main results:

	Total
Beneficiaries in 2024	
Number of consultation	5,890
PWDs	5,021
Others (dependents)	869
Age	
< 5 years	270
> 5 years	2,929
Mental health (Number of consultation)	388

Medical activities under the project began in March 2023 in partnership with the Ministry of Social Affairs at the Medical Center for the Blind (CHAM) in the urban-rural area of Mont Ngafula II, located in the western part of Kinshasa. The project was gradually implemented gradually in a second facility, Vijana Health Center, located in the heart of the city, near most of the identified accommodation sites. We carried out mobile clinic activities within the sheltersite hosting the largest number of PWD.

By the end of 2024, we recorded:

- **5,890 beneficiaries**, of which 5,021 PWD and 869 other vulnerable persons (dependents of PWD)
- A total of **5,890 cases** in 2024, compared to 3,960 in 2023, representing an increase of 48.7%
- **35 referral cases** from primary to secondary healthcare facilities
- **10 deliveries** by women living with disabilities, assisted by our staff.

- **7 deaths**, versus 3 in 2023 within our target population
- Persons with mobility impairments remain the most represented group of PWD, accounting for 60%, followed by those with visual impairments (19%) and hearing impairments (9%)
- The most common conditions observed were malaria (43% of cases), followed by urinary tract infections (19%), intestinal infestations (12%), respiratory infections and gastroenteritis (10%). Hypertension (HTA) was also recorded in 6% of the cases.

We began our mental health care activities in July 2023. By the end of 2024, we had conducted 388 individual mental health consultations. The predominant morbidities were related to emotional complaints, often related to difficult living conditions — with anxiety the most frequent, followed by depression and post-traumatic disorders.



CÔTE D'IVOIRE



Number of projects

03

Thematic

**Mental Health & Epilepsy/
Telemedicine/Access
to healthcare for asylum
seekers**

Human resources

- International : 13
- National : 87
- Incentived : 238

Annual expenses

€ 3,615,093

BOUAKÉ

Main results:

	Total
Consultations	3 335
Epilepsy	2 204
Psychose	1 029
Depression	102

By the end of 2024, a total of **3,335 consultations** were carried out within our cohort, with epilepsy remaining the most common condition, as in previous years. However, the number of consultations dropped significantly compared to the year before, likely due to a high number of lost to follow-up cases. This underlines the need to audit of the active cohort and to intensify follow-up efforts to trace these patients.

We observed a gradual decrease in the number of participants attending awareness-raising sessions from one year to the next. with 54,054 people reached in 2024 compared to 102,044 in 2023. This trend can be explained by the reduction in the number of Community Health Workers (CHW) involved in the project.

AGBOVILLE

Main results:

INDICATORS	TOTAL
Total number of consultations at urban health facility	19,588
Patients consulted via telemedicine	7,907
Patients referred for tele-expertise	810
Expert reviews	675
ANC consultations	17,332
Ultrasounds performed	7,220
Pregnant women consulted for ANC tested with a urine dipstick	6,691
Patients with HTA seen at the health center	763
Patients with HTA who received an ECG	501

In 2024, **7,907** patients received telemedicine consultations, and **17,332** pregnant women were **consulted** as part of antenatal care (ANC) visits. An annual analysis of the data reveals a fluctuating trend in access to specialized health care throughout 2024.

It is important to note that overall, we observed a clear 10% improvement in indicators in 2024 compared to the previous year, rising from 73% in 2023 to 83% in 2024. This significant improvement can be explained by an increased access to specialized healthcare from 78% in 2023 to 86% in 2024, representing a 8% rise.

This demonstrates a successful integration of telemedicine activities into the minimum package of services at health facilities.

The increase in specialists available for tele-expertise, from 5 to 9, was one of the major pillars in enhancing the referral and counter-referral system, which improved from 74% in 2023 to 90% in 2024 — an increase of 16%.



▲ NORTHERN CÔTE D'IVOIRE

Main results:

INDICATORS	TOTAL
Total consultations	40,572
Number of asylum seekers received in consultation	18,777
Consultation of <5 years	7,602
Total malaria cases	16,355
Referrals	1,044
SRH data	
ANC	4,403
Delivery at health facility	733
ANC 1st visit	1,629
Family planning	343
Nutrition Data	
Total screening cases	8,291
MAM	8,082
SAM cases managed in ATFC	209
Referral due to complications	12

With the launch of our activities in the second half of the year, including mobile clinic activities three times a week, a total of **40,572 consultations** were carried out. Among those consulted, only 10.33% identified themselves as asylum seekers — however, it is worth noting that many individuals prefer not to be labeled as such. Malaria remains the dominant morbidity, with 63.56% of all cases, followed by respiratory infections with 4.13%.

In six months, we have carried out **4,403** antenatal consultations and **343** family planning consultations with more than 65% of contraception in injectable form.

SENEGAL - MAURITANIE



Number of projects

01

Thematic

Maritime migration

Human resources

- International : 4
- National : 18

Annual expenses

€ 258 629

▀ NOUADHIBOU AND DAKAR

The high number of deaths at sea was one of the key factors that led to the launch of an exploratory mission on search and rescue (SAR) issues, an area in which MSF now has extensive experience in the central Mediterranean.

Following this exploratory mission, MSF WaCA initiated a cross-border project to ensure access to healthcare for migrants who have been

disembarked/intercepted and for victims of refoulement.

Activities began in November, focusing on two main areas: access to healthcare for shipwreck victims and rescue at sea. The mission also provided training sessions for the various actors in Senegal and Mauritania involved in sea rescue.

LIBERIA



Number of projects

01

Thematic

Mental health an epilepsy

Human resources

- International : 2

Annual expenses

€ 30 650

▀ MONROVIA, MONTERRADO COUNTY

This project began in December 2024 after a handover with MSF France.

In partnership with the Ministry of Health, MSF WaCA focused its support on providing care in five health centres in Montserrado County.

At the end of 2024, the cohort was estimated at 3,000 patients (65% epilepsy and 31% psychiatric disorders).

II- THE GLOSSARY

A

ATFC : Ambulatory Therapeutic Feeding Centre (equivalent de CRENAS)

ITFC: Intensive Therapeutic Feeding Centre (equivalent de CRENI)

H

HTA : Hypertension

I

ICCM: Integrated Community Case Management (Gestion communautaire intégrée des cas)

M

MUAC: Middle upper-arm circumference

O

OPD: General Outpatient Department

IPD: General inpatient department

S

SRH : Sexual and Reproductive health)

T

TACTiC: Test, Avoid, Cure Tuberculosis in Children



