DISPATCHES

‘It's 4.34 in the morning when we receive a distress call...’

Anatomy of a rescue, pages 4-5

Photograph: In driving rain and high seas, a joint team from MSF and SOS Mediterannée distribute lifejackets and help people to safety from a dinghy adrift in the Mediterranean Sea on 22 December 2016. © Kevin McElvaney

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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

INSIDE

SERBIA

A man washes in the open in the Serbian capital, Belgrade, where around 2,000 young people – most from Afghanistan, Pakistan, Iraq and Syria – are living in abandoned warehouses, without drinking water, toilets, showers or electricity, in temperatures as low as -20°C. With the Hungarian border closed, more than 7,500 people are currently stranded in Serbia, living in disused buildings or overcrowded camps. Serbia has agreed with the EU that it will host up to 6,000 refugees and migrants, but has space for just 3,140 people in camps suitable for winter conditions. ***msf.org.uk/serbia*** *Photograph © Gemma Gillie*

CENTRAL AFRICAN REPUBLIC

MSF distributes food

MSF teams have distributed nearly 100 tons of food to people fleeing the violence that has engulfed Central African Republic (CAR) for the past two years.

Although food distribution is not a regular activity for its medical teams, MSF was forced to act after a lack of funding caused the UN's World Food Programme to cut food assistance by almost half. An estimated two million people – or 40 percent of the population of CAR – are in need of food assistance.

"We saw that the situation for many of the displaced people was very fragile," says Maria Simon, coordinator of MSF's projects in CAR. "Food distributions are not something that we do as part of our regular activities, but after recent fighting, other organisations were forced to divert resources, which prompted us to act."

MSF distributed food to 2,000 households alongside vaccinating almost 3,000 children under 15 against common childhood diseases. Teams also checked their nutritional status, tested them for malaria, carried out deworming and gave them vitamin A supplements. Pregnant women were also vaccinated and given supplements of iron and folic acid.

msf.org.uk/CAR

Women queue up to receive food rations from the MSF team in the town of Kabo, near the border between Central African Republic and Chad. *Photograph © MSF*

NIGERIA

Scores of people were killed and many more wounded when Nigerian Air Force planes mistakenly bombed a camp for internally displaced people in north-eastern Nigeria on 17 January. Local reports said more than 200 died in the attack. An estimated 20,000-40,000 people had been sheltering in Rann, near the border with Cameroon, after fleeing attacks by Boko Haram. MSF teams had been working in the camp treating people for malnutrition. After the attack, the teams assisted in stabilising the injured and evacuating the most seriously wounded. ***Find out more at msf.org.uk/nigeria***

Photograph © Mohammed Musoke/MSF

PAKISTAN

Feroza, with her 3-month-old baby girl Salma, waits for a check-up at the MSF mobile clinic set up at Sikandarabad, Balochistan province, Pakistan. MSF operates one of its largest malnutrition programmes in Balochistan, providing medical care to more than 10,000 children each year. *Photograph © Sara Farid*

UZBEKISTAN

MSF pioneers new clinical trial for drug-resistant TB

A pioneering new clinical trial that aims to find an improved course of treatment for drug-resistant tuberculosis (TB) began in Uzbekistan on 17 January.

The trial, called TB PRACTECAL, aims to find a treatment regime for drug-resistant TB that, at six months long, is drastically shorter, more effective and has less debilitating side effects than the current treatment.

At present, patients with drug-resistant TB must endure almost two years of exhausting treatment, which includes swallowing more than 10,000 pills and enduring painful daily injections for at least eight months. The side effects of the treatment are often incapacitating, and can include nausea, joint pains, permanent deafness and even psychosis.

Despite killing more people than HIV/AIDS, treatment for TB is woefully underfunded. Medicines for TB have barely improved over the past 50 years, and the number of strains of TB that are resistant to current medicines is increasing at an alarming rate.

"MSF is one of the biggest providers of TB care in the world," says Dr Bern-Thomas Nyang'wa, MSF's TB specialist and chief investigator on the trial. "We refuse to wait decades for a new treatment while thousands of our patients continue to suffer long, toxic and failing treatments. Even then, only half of the people with drug-resistant TB globally are cured. The current TB regimes are simply inadequate."

The trial is being run and sponsored by MSF and supported by the London School of Hygiene & Tropical Medicine as well as other leaders in medical research.

The first patient on the TB PRACTECAL trial is being treated at the MSF-supported hospital in Karakalpakstan, Uzbekistan. A further 629 patients, from Uzbekistan, Belarus and South Africa, will join the trial.

"This is an exciting milestone in an important research project that could save hundreds of thousands of lives," says Dr Nyang'wa.

msf.org.uk/tb

IRAQ

MSF teams move to frontline as fighting intensifies

As the fighting intensifies in and around the city of Mosul, MSF has deployed advanced medical posts close to the frontlines.

This includes a field hospital with surgical capacity 18 miles north of the city. "The hospital is treating patients who've been severely injured in the ongoing fighting," says Barbara Turchet, MSF head of mission in Iraq. "For the most critically wounded in this area, offering care as close as possible to the frontlines can be a matter of life or death."

Among the first patients to be admitted were a family whose house had been hit by a rocket. "We treated two family members and stabilised two others before referring them to the hospital in Al Shekhan," says Turchet. "Most of our patients have injuries caused by shrapnel or gunshots."

An MSF team is currently setting up another hospital in Qayyarah, some 37 miles south of Mosul. The emergency room and wards are ready for use, and an operating theatre is being installed temporarily inside an inflatable tent, until a more robust structure, set up inside retrofitted shipping containers, is completed.

msf.org.uk/iraq

A wounded man is brought into the emergency room of MSF's newly opened hospital in Qayyara, 37 miles south of Mosul. *Photograph © Brigitte Breuillac*

Anatomy of a rescue

It's 4.34 in the morning and a siren blast signals that a boat carrying refugees and migrants is in distress. For Canadian nurse Courtney Bercan, stationed on the Dignity I, one of MSF's three search and rescue vessels patrolling the Mediterranean, this marked the start of a long day rescuing desperate people from the sea.

An MSF team approaches an overloaded dinghy off the coast of Libya. MSF's cultural mediator, in the prow of the rescue boat, reassures the people on board that they will come to no harm and urges them to keep calm during the rescue. *Photograph © Sara Creta/MSF*

"It's still pitch black outside when I wake up to a siren-like alarm. I'm disoriented and it takes me a moment to remember where I am. I look at my phone. It's 4.34 am and I remember that I am on board MSF's rescue vessel the Dignity I.

The alarm means that we have received a distress call from one or more boats which left Libya in the night to attempt to cross the Mediterranean to Italy. It is telling us we have about 20 minutes to get to our stations in order to respond to the distress call.

I scramble to get dressed, then put on my safety gear and splash water on my face. This is my first rescue ever and I am so nervous thinking about everything that could go wrong that I think I may vomit. I receive a reassuring grin from the logistician, who says, "This is it. This is why we're here". And I know he is right. We are well organised and prepared for a safe rescue.

One stray wave and the entire boatload would be swept into the sea

I am told that the flimsy white boat I can barely make out in the distance has more than 100 people in it, and that there are several more boats in the vicinity.

I feel unexpectedly overwhelmed with emotion when I see the people perched, without life jackets, on the sides of the dinghy. I have seen so many pictures of these boats that I didn't think it would hit me this hard.

It is so dark; all it would take is one stray wave and the entire boatload of people would be swept into the sea, the only proof that they were ever there being some white plastic and floating water bottles. It's truly a terrifying thought and I feel much more at ease when I see our sailors distributing life jackets to everyone and bringing the first group on board.

'We thought you were going to shoot us'

The men are lining up to be registered and receive provisions, a few weak or near-fainting when they first board, but no one seriously ill. The sun is coming up by the time they are all aboard.

During a lull I strike up a conversation with one of our new passengers. When we first saw their boat, it appeared to be heading away from us. I ask him if they were trying to avoid us. 'Some of us, we were so scared,' he says. 'We thought you were going to shoot us. We didn't know what to do. We were so scared.'

Hearing this, it becomes very clear to me why people collapse upon boarding our boat – they have just gone from abject terror to relief and that is a lot for a malnourished, dehydrated, seasick, heat-exhausted person to process.

The man goes on to tell me that he left his country a year ago to escape a difficult life there. When he arrived in the new country, he had his papers confiscated and was put to work in slave-like conditions. He shows me his scars from abuse at his previous 'job'. Is it still considered a job, I ask myself, when you are kept against your will and only paid sporadically? His fear that we would shoot them makes a lot of sense to me now.

A newborn's first journey

We arrive at another boat with 100-plus passengers, including more than 20 women and children. The women start to board. My job is to register them and identify any unaccompanied minors or passengers needing medical attention. I try to smile and make eye contact with each woman and child as I register them. I can see that many are still scared or unsure and I want them to know they don't have to be.

A woman collapses as she enters the women's waiting area and my colleague helps her to sit up and eat and drink a little. We place a white bracelet on her wrist signalling that we need to do a more thorough assessment as soon as everyone has boarded.

Precious, from Nigeria, holds her three-week-old baby after being rescued from the sea by the MSF team on search and rescue ship Dignity I; *Right:* Prados David scans the sea with binoculars for boats in distress from the bridge of MSF's Dignity I. *Photographs © Sara Creta*

The next woman enters and is cradling something tiny. My heart beats faster; if the men arriving on the boat are collapsing, what condition will we find this baby in? I uncover the baby's face to see that she is breathing and responding normally and I feel a wave of relief. The little babe is 10 days old and already on quite the journey.

The process of loading four more boatloads of people onto the Dignity I continues all morning. By noon, our final passenger count is 466 people. I and the other nurse, Antonia, complete a general health check – taking the temperature, speaking with and performing triage – for each passenger on board. We send urgent cases to the ship's hospital to be seen immediately by our doctor, Pierre.

Today, we see a lot of people with emotional distress, dehydration, skin conditions and seasickness but, luckily, no one is in too critical a condition.

Waves as high as three metres

The seas have been rough through the night and morning, but they are getting worse now and the boat rocks incessantly. The waves are as high as three metres. Our passengers are seasick. We are seasick. It's over 40 degrees in the hospital, with no airflow (the joys of working on an old shipping boat!). The need to stay hydrated easily pales in comparison with the need to have nothing in my stomach.

Antonia looks green, vomits over the side of the ship and, admirably, somehow returns to work. I have to keep leaving the room for air to keep from being sick myself. We are not working at maximum efficacy, to say the least, but we have dealt with all the urgent cases, and we decide to do a round of the decks with anti-nausea medications before taking a break ourselves.

Early the next morning, we arrive at the port in Sicily. The Red Cross tents are waiting for us, along with other non-governmental organisations (NGOs), Italian government officials and a medical team. The disembarkation of our passengers takes several hours and the atmosphere is a little impatient, a little nervous, but joyous.

Finally, our last passenger disembarks and we set to the task of cleaning the ship. We are tired but happy. Every one of our 466 passengers has made it to shore alive."

To find out more about why people are making these dangerous journeys visit: msf.org.uk/search-and-rescue

Stranded by the lake

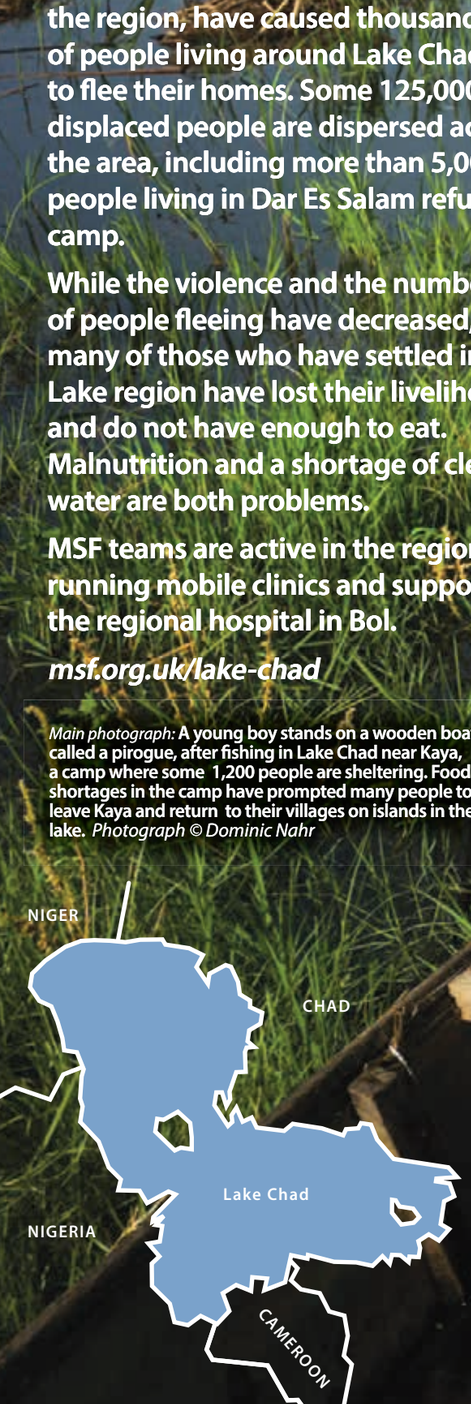
For the past two years, violent attacks by the militant Islamist group Boko Haram, and retaliation by armies in the region, have caused thousands of people living around Lake Chad to flee their homes. Some 125,000 displaced people are dispersed across the area, including more than 5,000 people living in Dar Es Salam refugee camp.

While the violence and the number of people fleeing have decreased, many of those who have settled in the Lake region have lost their livelihoods and do not have enough to eat. Malnutrition and a shortage of clean water are both problems.

MSF teams are active in the region, running mobile clinics and supporting the regional hospital in Bol.

msf.org.uk/lake-chad

Main photograph: **A young boy stands on a wooden boat called a pirogue, after fishing in Lake Chad near Kaya, a camp where some 1,200 people are sheltering. Food shortages in the camp have prompted many people to leave Kaya and return to their villages on islands in the lake.** *Photograph © Dominic Nahr*



Photographs top to bottom: **Fatou, is living alongside 600 people in a camp in Djaoune, close to the border with Niger.** *Photograph © Sara Creta/MSF;*

A young man is comforted by relatives in MSF's mobile clinic in Djameron. Between January and October 2016, MSF's medical team in Djameron provided nearly 11,000 consultations, most for illnesses linked to people's harsh living conditions and the lack of clean water. Many people have no choice but to drink water directly from the lake. *Photograph © Dominic Nahr;*

After travelling for more than 30 km on the back of a horse-drawn cart, a young woman is carried in to MSF's mobile clinic in Yakoua. Once she has been checked by a doctor, she will be taken to the main hospital in Bol, 7 km away. *Photograph © Dominic Nahr;*

Hawa Baguani, aged 24, is living in Tataveron, Lake Chad, after her village came under attack "We left Djilom in November 2015," she says. "Boko Haram attacked the village in the night and we started running. They are killing without mercy. They kill people like animals. We felt like prisoners so we decided to leave and settle where we felt safe. It is hard here, but we have been welcomed." *Photograph © Sara Creta/MSF;*

A girl waits with MSF staff at a mobile clinic in Yakoua, near Bol. MSF's clinic focuses on care for mothers and children. Between January and October 2016, the team provided nearly 20,000 consultations, of which 5, 637 were for children under five. *Photograph © Sara Creta/MSF*

How to keep the lights on (when you have no mains electricity, no fuel, and no time to lose...)

MSF logisticians are resourceful people. But when a hospital has no mains electricity and is inaccessible by road for a large chunk of the year, even they can find things a bit of a challenge. Technical logistician Per-Erik Eriksson tells us about his struggle to keep the lights (and everything else) running at a hospital in Democratic Republic of Congo…

Team members lift a solar panel onto the roof of Shamwana hospital to provide electricity for the off-grid hospital. The solar solution will replace approximately 1,000 litres of diesel per month. *Photograph © Per-Erik Eriksson/MSF*

"I had been in Shamwana for just two months when the decision was made to hand over the running of the hospital to the Congolese Ministry of Health.

Our teams had been working in Shamwana for ten years, supporting the hospital and seven nearby health centres. Working alongside local health staff, our teams provided both general and specialist healthcare, including treating people with malaria, diarrhoea, malnutrition, respiratory tract infections, HIV/AIDS and tuberculosis. They also did surgery and provided reproductive healthcare and mental health support. So it was a very busy project.

I was the technical logistician for the project, often known as the 'tech-log', which means that, among other things, I had responsibility for the hospital's energy system.

'Extremely off-grid'

Shamwana is an extremely off-grid location, with no transport access during the rainy season. The main challenge was that the hospital needed electricity for lights, for the oxygen concentrator, and to run the cold chain. Many medications have to be kept cool in order to be effective, which means finding ways to keep them refrigerated, even in hot conditions like Shamwana – this is what's known as the 'cold chain'.

The current energy supply system relied on continuous shipments of diesel – approximately 1,000 litres each month. We very quickly concluded that, after MSF left, this would not be sustainable.

However, inspired by the dedication of the Ministry of Health staff –most notably the hospital director, Dr Daddy – we searched for solutions to leave the most sustainable system in place.

Local women gather in a village near the hospital to listen to health messages and hear about the services MSF provides, August 2016. *Photograph © Dorothea Mueller/MSF*

Although Shamwana has no mains electricity, the sunshine is nearly endless and quite reliable. So I started to design a solar energy system.

This was my first assignment with MSF, and I had never built a completely standalone off-grid solar power system. But back home in Sweden, I had worked for a while at a research institute which aimed to integrate solar panels into building design. Luckily my colleagues there were willing to help me with the very first estimates on what we would need.

Running out of time

This was in May, and the handover of the hospital was planned for the end of August. There wasn't much time.

Luckily we had some equipment in the project that could be reused. We also managed to get some solar panels at a very low cost from an earlier batch donated to MSF by a manufacturer. So, gradually, this really high-odds idea turned into a go-ahead, which really made my last months in Shamwana worthwhile!

In a race against time, we designed a feasible solar power system that would be able to power lights at night-time, some medical equipment and, most importantly, one oxygen concentrator to run non-stop every day.

The production of medical-grade concentrated oxygen is vital for many patients with respiratory diseases, particularly newborn babies and during surgery. This is highly energy-consuming: to run just one of the concentrators continuously requires 12 large solar panels and 12 batteries. Making sure we could do this was the biggest challenge of the whole project.

Moments of despair

There were moments of despair. The time-frame was extremely short, particularly since it involved getting much of the equipment from overseas. Although we made the decision to build the system in May, it was not until the first week of July that the last pieces of equipment were ready to be shipped from Amsterdam – just over a month before the handover of the hospital, and only seven weeks before we were supposed to finally leave Shamwana.

It was tight, but the installation work went better than I could ever have imagined. It took just two weeks for the fantastic assistant tech-log and electrician Jean-Murck, together with Pablo, the mission electrician, to rewire the whole electrical system of the hospital to the new layout.

Finally, to my surprise, we had the whole system up and running on the day of the hospital handover.

'With the solar power system, the very difficult task of continuing to provide quality healthcare to this vulnerable region has been made possible,' said Dr Daddy at the handover ceremony. 'It will still be a challenge to keep operations going in this remote location, but the most vital parts are here.'

Up and running

I was very, very proud that day! The previous evening, we had switched the system on for the first time, and we really could say that the hospital was operating on solar power.

Compared to the former system, the capacity is roughly one-third. As well as the panels and batteries needed to run the oxygen concentrator, an additional four panels and four batteries have been installed to power the rest of the equipment. This makes it a fairly large installation in total, with a maximum power production of close to 4 kW. In addition to this, we kept the current system for supplying the electric water pump and we installed a new solar fridge.

Now that the handover is complete, we all wish the Ministry of Health and the people of Shamwana strength, courage and a lot of sunshine!"

MSF'S UK VOLUNTEERS

Afghanistan Michela Quaranta, *Doctor;* Colin Fuller, *Project coordinator;* Aoife Siobhán Ni Mhurchú, *Nurse;* Jane Ann McKenna, *Head of mission*

Central African Republic Miriam Franca, Nurse; Ghita Benjelloun, *HR manager;* Fraser Easton, *Doctor;* Thomas Crellen, *Epidemiologist*

Chad Victoria Neville, *HR manager;* Aileen Ni Chaoilte, *Medical team leader;* Sarah Wookey, *Doctor*

Dem Rep Congo Laura Esposito, *Project coordinator;* Anna Halford, *Deputy head of mission;* Sarah Maynard, *Head of mission;* Sergio Scro, *Project coordinator*

Ethiopia Isla Gow, *Midwife;* Thomas Hoare, *Psychologist;* Georgina Brown, *Midwife;* William Pooley, *Nurse*

European migrant and refugee mission Jane Grimes, *Psychologist* (Greece); Declan Barry, *Medical coordinator (Greece);* Zafeiroula Eylampidou, *Medical team leader (Greece);* Edward Taylor, *Project coordinator (Italy)*

Guinea Sophie Sabatier, *Project coordinator*

Guinea Bissau Danila Luraschi, *Paediatrician;*

Haiti Mathieu Vanhove, *Epidemiologist;* Dominique Howard, *HR coordinator;*

India Ian Cross, *Doctor;* Christopher Cunningham, *Doctor;* Sakib Burza, *Medical coordinator;* Daniela Elena Sierra Cupchan, *Mental health officer*

Iraq Jonathan Henry, *Head of mission;* Valerie Boutineau, *HR support;* Rosalind Hennig, *Doctor;* Nina Rajani, *Doctor;* Derek Overmire, *HR coordinator;* Simon Burroughs, *Project coordinator*

Jordan Kate Baldwin, *Lab scientist*

Kenya Anthony John Trethowan, *Logistician;* Mark Sherlock, *Doctor*

Lebanon Rawan Abdelhaq, *Doctor;* Peter Garrett, *Doctor;* Micheil Hofman, *Head of mission*

Libya Jean-Marie Karikurubu, *Head of mission*

Mozambique Andrew Connery, *Doctor*

Myanmar Marielle Connan, *Project coordinator;* Christopher Peskett, *Nurse;* Robin Aherne, *Logistician*

Nigeria Clifford Kendall, *Doctor;* Laura Heavey, *Doctor;* Carl Rendora, *Water and sanitation supervisor;* Gabriella Gray, *Logistician;* Aimen Sattar, *Logistician;* Ann Lomole, *Finance coordinator*

Pakistan Andrew Burger Seed, *Project coordinator;* Keith Longbone, *Project coordinator;* Lily Daintree, *Midwife;* Kenneth MacGruer, Doctor; Jennifer Benson, *Logistics manager*

Sierra Leone Romy Rehfeld, *Advocacy manager;* Antonia Carrion Martin, *Epidemiologist;* Christopher Sweeney, *Nurse;* Melanie Villarreal, *Communications officer;* Laura Doriguzzi Bozzo, *Training officer*

South Africa Lucia O'Connell, *Activity manager;* Amir Shroufi, *Medical coordinator*

South Sudan Laura Holland, *Water and sanitation coordinator;* Sylvia Kennedy, *Nurse;* Suzanne Thorpe, *Nurse;* Ilio Franconi, *Construction manager;* Philip Andrew, *Nurse;* Karl Flynn, *Logistician;* Jacob Goldberg, *Deputy medical coordinator;* Niall Holland, *Logistician;* Massimo Compagnolo, *Logistics manager;* Melissa Perry, *Deputy finance coordinator;* Philippa Pett, *Doctor;* Laura Holland, *Water and sanitation coordinator;* Elizabeth Harding, *Head of mission*

Swaziland Maria Verdecchia, *Epidemiologist;* Shona Horter, *Researcher*

Tajikistan Nina Kumari, *Mental health officer*

Turkey Samuel Turner, *Project coordinator;* Alvaro Dominguez, *Humanitarian affairs officer*

Uganda Luke Chapman, *Medical team leader;* Haydn Williams, *Head of mission*

Ukraine Eleanor Davis, *Communications manager*

Uzbekistan Monica Moschioni, *Head of mission;* Mansa Mbenga, *Medical coordinator*

Yemen William Turner, *Head of mission*

Zimbabwe Fadumo Omar Mohamed, *Mental health officer*

Emails from the edge

Steve and his team deliver a child at the clinic in Bangui. *Photograph © Steve Bober*

As Steve Bober, retired obstetrician from Cumbria, prepares for his final mission in the summer, he reflects on his most memorable experience with MSF. In 2014, he was working in Bangui, the capital of Central African Republic, when MSF runs an emergency and surgical hospital. "All my missions have been memorable in different ways," he says, "but my second mission in Bangui in 2014, during heavy fighting, will stay with me forever." In emails to his family back home, he describes a tense week when fighting broke out just outside the gates…

Sun 5 Oct, Bangui

Work in the hospital has been busy but steady, plenty of babies delivered and lots of happy mothers. There are even a few babies named Steve in Bangui now!

Sad day yesterday: one of our premature babies didn't make it. Her mother is only 17 years old. I sent her home today to be with her family. The last few days here have felt quite tense - not entirely sure why, but rest of the team also feeling it.

Have a relaxing Sunday all; I shall try to xx

Mon 6 Oct

Great day today - one of my critical patients, who's nearly died twice, is very much improved. When I was doing my ward rounds this morning, she was sitting up, eating, smiling, without a raised temperature!

I had a good night's sleep but half woke up in the night to the sound of rain on the corrugated metal roof. In the morning I watched dawn break over the river. Take care xx

Wed 8 Oct

It's been one year exactly since my last working day in the NHS. What a truly amazing year. I wouldn't say it's been easy, but it has felt very worthwhile.

Today has been very different. We had a full-on 'security situation'. Last night there was a flare-up of violence in the town and at least two people were killed. We went to the hospital this morning as usual, but at 0940 we heard gunfire quite close by, within a few hundred metres. We went immediately to the designated 'safe area' of the hospital, which has been reinforced to give some extra protection There were about 80 of us in this relatively cramped space, staff and patients. It was actually quite jolly.

As the gunfire started, one woman went into labour. She was pregnant with twins and two of our midwives stayed with her on the labour ward. She delivered ok and they brought the two little babies into the safe area with us later. It turns out the old woman sat in a wheelchair next to me was their grandmother!

We later heard that there had been clashes nearby and several people were killed. We couldn't hear anything, just the occasional helicopter overhead. After 1 hr 45m, when the fighting had stopped, we headed back out to work. Well I hope I don't need to send another email like this again, but I'm fine Xx

Thurs 9 Oct

Difficult night's sleep - at around midnight I could hear distant gunfire and grenades. It sounded like someone having a firework display. We weren't able to get to the hospital, as no vehicles were allowed through the roadblocks. Most of the Central African staff got in on foot, the militia respecting their MSF badges. The fighting seems to have settled down, although as I write I've just heard a burst of gunfire. We'll see what the night brings.

Fri 10 Oct

Situation still tense and some of us may need to be evacuated. All ok though. The number of patients in the hospital has reduced because it isn't safe or practical for them to travel. So there will be some babies dying at home now, and possibly - but hopefully not - some mothers too.

Have I been scared? Only briefly, when the first shots happened near the hospital yesterday, and once when there was a particularly loud bang.

Take care. I'll take care too xx

Sat 11 Oct

We haven't left the base today. There are almost no cars on the road - even ambulances can't drive in some areas, so without a doubt there are injured people who can't get medical care. People are allowed to move around on foot, however, and most of the (heroic) Central African staff at our hospital have continued to go to work. We are phoning them twice daily to make sure everyone is ok, and to offer technical support if need be.

Love you all xx

PS Internet very erratic. No big change in situation. All safe at base.

Mon 13 Oct, Kinshasa, Democratic Republic of Congo

Brief update as the internet is working intermittently. As a precaution, 18 of our team of 28 international staff were evacuated to Congo on Saturday. We are all safe and well, staying in a hotel and awaiting further instructions. More details to follow.

Love u all xx

Mon 13 Oct

Thank you for all your birthday wishes, it's been the most unusual birthday of my life. As a present, when the hotel's internet was working, I found that Carlisle had won 3-0 on Saturday!

Back in Bangui, we'd been struggling to get deliveries of food and fuel to the hospital, due to all the roadblocks, and supplies were dwindling. At the time of our departure on Saturday morning, there was only enough fuel for the generator to last until Monday or Tuesday, and patients were on half-rations of food. We have since learnt that the authorities allowed a lorry loaded with supplies to get to the hospital.When the names were announced of those who would be leaving CAR, which included me, it was non-negotiable, but anyone who was staying could elect to leave if they wanted to. No one did. I tell you it was really quite difficult to leave those people behind, and even more so the Central African staff. I would have been genuinely happy to stay.

We had a couple of hours to pack one bag of 10 kg to take with us. Then we headed to the Oubangui River, where three motorised dug-out canoes took us across the border to Congo. After passing through immigration, our transport to the hotel arrived - on the back of motorbikes!

Some news from HQ - an MSF hospital in Bangassou, southeast CAR, needs a gynaecologist, so I'll be heading there in the next few days. Looking forward to getting back into scrubs and delivering some babies!

Take care and I'll email when I land. Steve xx

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

Médecins Sans Frontières/Doctors Without Borders (MSF) is a leading independent humanitarian organisation for emergency medical aid. In more than 60 countries worldwide, MSF provides relief to the victims of war, natural disasters and epidemics irrespective of race, religion, gender or political affiliation. MSF was awarded the 1999 Nobel Peace Prize.

Saving lives with donkeys

Hurricane Matthew struck Haiti on 4 October, causing widespread devastation. MSF teams responded rapidly, treating people and providing aid and shelter.

However, one month on, numerous remote mountain villages still remained inaccessible by road and cut off from basic services. To reach these communities, our teams deployed alternative methods of transportation, including motorbikes, helicopters and even donkeys.

A donkey called Patience

One donkey who became a team favourite was Patience, who carried vital medical equipment across rivers and up steep, rocky mountainsides.

"Journeys to some villages took more than two hours on foot," says MSF nurse Cassandre Saint-Hubert. "Before the hurricane, these mountains were covered by forest, but now everything has been destroyed. It was a bit difficult getting there, but we did it." That was in no small part thanks to Patience, trusted with hauling a variety of equipment from bandages to boots.

"We visited with a specialised water and sanitation team," says Cassandre. "They checked the quality of the water that people had to drink while I examined people's wounds."

Chopper clinic

The Category 4 hurricane caused widespread damage in the southwest of the country, and the heavy rains caused many areas to flood. As a result of the flooding, people were forced to walk through debris, sustaining injuries to their legs and feet which put them at risk of sepsis, which can be fatal if left untreated.

The hurricane also damaged wells, water networks and reservoirs, limiting access to clean water and increasing the risk of cholera outbreaks.

'Touch down, grab your gear and start treating people'

For villages too distant to reach on foot, MSF used a helicopter to run vital mobile clinics. "With the helicopter it's difficult to stay long because of the fuel and the weather," says MSF's Dr Ruben Haesendonck, "so it's touch down, grab your gear, run out of the helicopter and start treating people."

"We'd have 300 people coming together, so you have to separate the wounded and get to work as quickly as possible. A lot of the wounds we saw were more than ten days old, which meant a lot were infected.

"One man had his house collapse on him during the hurricane and had a very deep wound on his neck, which was infected and full of pus. Another man cut his Achilles tendon when he was escaping from his house and it had become deeply infected. He would have lost his foot within days without treatment. We were able to provide care to all these people."

msf.org.uk/haiti

An MSF team steers a donkey carrying medical supplies across a river near the village of Seche, Haiti.
Photograph ©Joffrey Monnier

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Dispatches is written by people working for MSF and sent out every three months to our supporters and to staff in the field. It is edited by Marcus Dunk. It costs 8.6p to produce, 2.3p to package and 31p to send, using Mailsort Three, the cheapest form of post. We send it to keep you informed about our activities and about how your money is spent. Dispatches gives our patients and staff a platform to speak out about the conflicts, emergencies and epidemics in which MSF works. We welcome your feedback. Please contact us by the methods listed, or email: *dispatches.uk@london.msf.org*

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