DISPATCHES

Summer 2018
No. 89

Cut off from care

Mobile clinics in South Sudan

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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

Situation report

Left: An MSF staff member provides water to newly-arrived Rohingya refugees at the Sabrang entry point, in the south of Cox's Bazar, Bangladesh. Photograph © Sara Creta/MSF

ROHINGYA CRISIS, BANGLADESH

'We're still in the emergency phase'

Gwenola Seroux, MSF head of emergency operations, has just returned from the Rohingya refugee camps in Cox's Bazar, Bangladesh.

"More than 688,000 Rohingya have arrived at Cox's Bazar since the crisis began in August 2017. Once you add in the Rohingya communities that were already here, there are now almost 900,000 living on this tiny peninsular. Another 600 to 1,000 people arrive every week. It's important to remember they're still suffering violence in Myanmar.

While I was in Cox's Bazar, I spoke with people who'd just arrived. I remember one man in particular. He told me that, for the first time in his life, he'd resigned himself to crossing the border to seek refuge in Bangladesh. This was a significant moment for him. He'd managed to live through three major crackdowns on Rohingya communities in Myanmar without leaving his home. But this time, he explained, he simply wasn't able to stay in his country. He was really insistent on the fact that it was his country.

This region of Bangladesh floods every year during the monsoons and is often hit by cyclones. We're concerned the cyclones and monsoon rains will cause the situation in the camps to deteriorate. Our teams are taking every precaution to make sure our operations can carry on.

The rainy season will also bring with it water-borne diseases, including diarrhoea and hepatitis E, and diseases transmitted by mosquitos, such as malaria and dengue fever, so there's a risk of further epidemics.

In terms of aid, conditions in the camps have improved a lot since the emergency began. But they are still precarious.

We've had to respond to a couple of large epidemics. Measles broke out as the camp was being set up. There's been an epidemic of diphtheria for the past three months. It's slowing down, but we have treated over 5,000 cases. These are the first cases of diphtheria in Bangladesh for a decade.

Living conditions in the camps are still poor. Families live in makeshift shelters made out of bamboo and plastic sheeting. The camps are densely populated and really difficult to get through. It'll be even harder once the rainy season starts.

We're still definitely in the emergency phase. We will continue to do everything we can to help the Rohingya refugees."

msf.org.uk/rohingya

YEMEN

Ten-year-old Aya Omar lost her leg in an attack on her family's house. Now she attends physiotherapy sessions at MSF's Aden hospital in southern Yemen. "I always feel enthusiastic when my mum tells me that we're going to a physiotherapy session. I'm stronger than I was after the surgery. I go to the market by myself and play in front of the house." Photograph © Ehab Zawati/MSF

msf.org.uk/yemen

NIGERIA

Around the world, small three-wheel vehicles are used for quick urban transport. In Gwoza, a town in north-east Nigeria, MSF has customised local three-wheeled vehicles, known as *keke napeps*, to work as makeshift ambulances. Every month MSF ferries over 250 patients to hospital in *keke napeps* to bypass restrictions on vehicle movement in Gwoza. Photograph © Nitin George/MSF

msf.org.uk/nigeria

"More than 200 patients with trauma injuries arrived at our hospital in the first few days."

SYRIA

'5,000 people arrived on the first day'

On 18 February, an intensified military offensive by Syrian government forces to retake the besieged East Ghouta enclave began weeks of intense bombing and shelling, causing widespread destruction. Between 18 February and 3 March, MSF estimates that each day more than 70 people were killed and at least 344 wounded.

Since the end of the siege, close to 67,000 people have been evacuated from East Ghouta to Idlib and Aleppo in northwest Syria. A significant number of these men, women and children were injured or sick and in need of medical care. MSF is taking part in the medical response and supports the main hospital in charge of treating these patients.

"I have been working at this hospital since it opened, about a year and a half ago," says Refaat Al Obed, the facility's medical director. "A few weeks ago, when we were informed that people would start coming from East Ghouta, we got ready. MSF provided us with medical supplies and equipment to handle more surgeries, rehabilitation sessions and to do referrals of patients to other hospitals in the region.

"However, when people from East Ghouta started arriving, we were caught a bit off guard. On the first day, 5,000 people were dropped off in front of our facility. Over the next few days, more than 200 patients with trauma injuries arrived at our hospital: mostly people hit by bombings during the recent offensive, but also patients hit by gunshots. On top of trauma injuries, we were also diagnosing a lot of medical needs and some children suffering from malnutrition.

"We handled and treated as many patients as we could, while others were transported and referred to facilities with the appropriate specialised medical departments.

"A large number of people from East Ghouta have now settled in this area and the workload for us remains high."

msf.org.uk/syria

Above: A blood transfusion taking place in the emergency room of an MSF hospital in Idlib, in northern Syria. Many people displaced from the fighting in East Ghouta have been treated in Idlib. Photograph © Robin Meldrum/MSF

Saving lives in the rubble

Michael Shek is a nurse recently returned from the Syrian city of Raqqa, which was taken from the Islamic State group in October. He spent a month working in a small clinic set up by MSF in one of the few houses left standing in the city.

90,000

people have returned to Raqqa so far. In a city with no functioning public hospital, MSF's emergency room is often the difference between life and death for patients.

365

victims of improvised explosive devices and homemade bombs received emergency care from MSF in Raqqa between November 2017 and January 2018.

122,049

vaccines were administered by MSF to immunise children against preventable diseases, like measles and polio, between January 2017 and January 2018 in northern Syria.

"One cold January morning, a Syrian teenager is rushed into our small emergency room in a critical condition. Half of his foot has been blown off. The bones in his lower leg are broken and sticking out.

He's still conscious, but he's in shock and has lost a lot of blood. The team's response is immediate. We rush into action, applying a tourniquet and splinting his leg; administering painkillers and using tranexamic acid to slow down the flow of the blood.

The jeans he is wearing have been burnt on to his skin and I am picking bits of material from his wounds. He's panicking, repeating the question, "Am I going to lose my leg?" over and over again. We are doing everything we can to stabilise him and save his life.

Ahmed* had only just returned home to Raqqa with his family, after fleeing when the Islamic State group took control of the city back in 2014. He was cleaning up his home when an improvised explosive device (IED) detonated, causing his catastrophic injuries.

Ahmed is just 15-years-old and he is probably going to lose his leg.

EVEN CHILDREN'S BOOKS ARE RIGGED WITH EXPLOSIVES

This story is a common one here in Syria, where I've been working as a nurse with MSF for the past few weeks. Raqqa is littered with IEDs. People are beginning to return to their homes, but it is incredibly dangerous. Rubble covers most of the city and there are still hundreds of thousands of hidden explosives.

"When people come back to their houses, they have no idea what could be around the corner. There could be explosives rigged up to their kitchens, under their beds, or in the light switches in the walls."

When people come back to their houses, they have no idea what could be around the corner. There could be explosives rigged up to their kitchens, under their beds, or in the light switches in the walls. That's such a scary thing to think about. I can't even comprehend how people are coming back and trying to start their lives. Even children's books are rigged with hidden explosives.

Above: An MSF doctor checking a patient's blood pressure at the Tal Abyad hospital in Raqqa governorate. The hospital supports a large area of northern Syria, including people injured by landmines and explosives in Raqqa city. Photograph © Eddy Van Wessel

IMPROVISING TO SAVE LIVES

When I first arrived, we were seeing about 400 people every day in our outpatient department. MSF runs the only medical facility in the city where people can be treated for things like diarrhoea, coughs, colds and non-communicable diseases, such as diabetes. Most of our patients haven't had access to medical care for months, sometimes years. In some cases, these chronic conditions can become life-threatening.

But we are primarily a trauma stabilisation point. We treat those injured in explosions, car crashes or everyday accidents, like house fires. The facility operates much like the A&E departments where I work in the UK, just a little more basic. We don't have fancy machines that can rapidly infuse blood or warm up fluids.

When people are admitted with trauma injuries – be it a severe wound to their abdomen or a leg blown off by a landmine – they haemorrhage and lose a lot of blood. When that happens, their body temperature plummets. That's why fluids need to be warmed up before they are pumped through the body.

We improvise. We fill metal bowls with water and put them on top of the diesel heaters used to keep the rooms warm. Once the water has heated up, we place the bags of blood and fluid in the water to raise their temperature. It sounds simple, but it's incredibly important.

In just one week we saw 33 people with blast injuries caused by mines and IEDs. Mostly it's MSF's incredible Syrian staff who are treating patients and saving lives. They have lived through the air raids, fighting and sniper attacks. Their mental fortitude is phenomenal.

HOPE IN THE RUBBLE

Ahmed is calmer now. The painkillers we administered earlier are taking effect. He's also been pumped with a unit of blood. We've done our job and he's stable enough to be sent by ambulance to MSF's hospital in Tal Abyad, a two-hour drive away. This facility is the only one in the region providing complex surgical care. I even dare to hope the team of surgeons might be able to save Ahmed's leg.

Barely hours after Ahmed leaves us, another group of injured people comes through the door. More painkillers, more fluids, more antibiotics, and more blood. Until the city has been completely demined, these patients will continue to pour into our small facility.

But there is hope. Every little thing the team does here is saving lives. From the meticulously rehearsed mass casualty plan to the supplies of painkillers, antibiotics and blood – all the things I take for granted when I'm working in the UK. These little pieces of the puzzle are what saves lives. And without the support of our donors, we could not continue this vital work."

Above: A 12-year-old boy with a serious abdominal injury is treated at the MSF hospital in Hassakeh, northern Syria. He was grazing sheep when he triggered an explosive device. Photograph © Louise Annaud/MSF

Right: Residents of Al Mishlab, east of Raqqa, return to the ruined buildings that were their homes and businesses. Photograph © Diala Ghassan/MSF

Find out more

Listen to Michael talk about his time in Raqqa on the MSF podcast: **msf.org.uk/podcast**

By boat and by car

In a remote corner of South Sudan, MSF teams travel up rivers and down dusty roads to bring medical care to cut-off communities.

Clockwise from top left: A young boy and his mother wait by the Pibor river, near Akobo in South Sudan. He has acute pneumonia and the MSF mobile team are taking them back to Akobo hospital, an hour's boat ride away.

Riek Duor – at least 80 years old, as far as he can remember – stands by the Pibor river, with the hat he's worn since he was in the Sudanese army, a long time ago.

MSF's mobile medical team arrives in Kier, an hour and a half by boat from Akobo. They will spend the day running a basic health clinic for all the villages in the area.

The MSF mobile medical team returns to Akobo after running the weekly all-day clinic in Keir, a village an hour and a half away.

Photographs © Frederic Noy

It's 8 am and the MSF compound in Akobo, South Sudan is a hive of activity. In front of the logistics tent, staff carefully load tables, chairs, floor mats, septic boxes, medicines and other supplies into the back of a vehicle. Nearby, the project coordinator manages to simultaneously gulp down a cup of coffee while talking into a dusty handset radio. With still-unbuttoned life jackets resting squarely on their shoulders, a team of clinical officers, nurses and community health workers discuss the day's strategy.

By the time the South Sudanese sun manages to break through the clouds, the compound is quiet and the MSF mobile team is already cruising up the Pibor river. Their destination: a remote village where no other health services exist.

Left: Nyathor Lul, 40, being helped out of an MSF Land Cruiser at the hospital in Akobo. She was brought here from her village, 30 minutes' drive away.

Bottom left: A mother and her young child meet with one of the MSF mobile team during the weekly health clinic in Meer.

Below: MSF nurse John Wicyual checks a six-month-old boy with acute pneumonia in the village of Meer, on the Pibor river. He will have to go to Akobo hospital for further treatment.

Bottom middle: In Kier, during the weekly mobile clinic, MSF clinical officer, Tut Koang examines the ear of a young patient brought in by his grandmother.

Right: A woman has her weekly health consultation with the MSF mobile medical team in the village of Kier, on the bank of the Pibor river.

Photographs © Frederic Noy

"Within minutes, the place is transformed into a basic healthcare clinic, with a waiting area and makeshift tents for private consultations."

"Akobo and the nearby villages are almost entirely cut-off from reliable, quality healthcare," says Raphael Veicht, MSF's head of mission in South Sudan. "Because medical facilities in the area have been abandoned or repurposed for other uses, these vulnerable people have nowhere to turn for basic treatment."

The medical team that left early in the morning has now arrived in Kier, an hour's boat journey away. They quickly set up their equipment in the shade of a few favourably positioned trees. Within minutes, the place is transformed into a basic healthcare clinic, with a waiting area and makeshift tents for private consultations.

"With mobile clinics now being held in seven locations throughout Akobo and neighbouring Ulang counties, MSF medical teams are treating over 2,000 patients each month."

Patients arrive and sit quietly on mats as they prepare to have their vitals taken, while nurse assistants ready medicines prescribed by clinical officers. After only two and a half hours, they've seen nearly 30 patients.

"We'll usually see between 50 and 60 patients a day," says Tut Kuang Ler, MSF clinical officer. "Today, six patients tested positive for malaria, five young children have diarrhoea, and we have one case of fungal infection."

At 2:30 in the afternoon, the last of the patients have passed through the clinic. Tut Kuang Ler pauses and glances one more time around the adjacent field, scanning for any late arrivals. None. "Time to pack up and head back to Akobo," he says.

Find out more

To watch the MSF team in action, visit **msf.org.uk/akobo**

CRISIS IN AKOBO

Since December 2013, millions of people in South Sudan have been forced from their homes as a result of conflict. In Akobo, people fleeing from nearby fighting arrive almost daily. Our patients tell us how they make the days-long journey by foot and only at night when the fighting temporarily subsides.

Women and children make up much of the displaced community. While some manage to settle with family or friends, others have no other option but to stay at the nearby primary school, where they have little access to food or water. Many are mentally traumatised after seeing their husbands, fathers and brothers killed in the violence.

With mobile clinics now being held in seven locations throughout Akobo and neighbouring Ulang counties, MSF medical teams are treating over 2,000 patients each month. At the same time, MSF has begun building a more permanent structure in Kier; a primary healthcare facility to provide more advanced care. But for now, the teams remain mobile.

INNOVATION

Using sugarcane to save lives

Across north-east Nigeria, the conflict between Boko Haram and the military has resulted in thousands of people fleeing to camps to find shelter. Yet, for these vulnerable people, protection often ends at the camp gates. Armed groups roam the countryside and regularly attack people when they venture out to collect firewood.

MSF logistician Michael Githinji went to the Pulka camp to see if he could come up with an innovative solution to this urgent problem.

"For a bundle of firewood to cook their daily meal, they were forced to risk their lives."

"Most people wouldn't see me as a regular MSFer. I see myself as a 'maker', which is something I've been doing my entire life. I used to dismantle toys and electronics to see how their designs could be improved.

Now I'm part of an MSF team that finds creative solutions to problems in the field. We often take unorthodox approaches, which at first may leave some people scratching their heads.

When I arrived in Pulka camp, I met people who had been attacked while collecting firewood to cook their daily meal. Every day they were forced to risk their lives; their stories were awful.

I got a small taste of the terror that people deal with regularly when a gun battle in the camp broke out between the Nigerian military and Boko Haram. While it didn´t last long, it made me realise how volatile the situation is.

Below: Michael Githinji, MSF's 'humanitarian maker', equal parts inventor, economist and salesman, at the Pulka displaced person camp, in Borno state. Photograph © Michael Githinji/MSF

Below inset: A malnourished child at an MSF facility in Maiduguri, the capital of Borno state. Fighting between Boko Haram and the Nigerian army has led to widespread food insecurity. Photograph © MSF/Anna Surinyach

Right: An MSF staff member checks the health of a child at the MSF hospital in Pulka town, in Borno state, north-east Nigeria. There are now thousands of displaced people in Pulka being cared for by MSF. Photograph © Malik Samuel/MSF

THE SUGARCANE SOLUTION

I realised the solution to the firewood dilemma would be to look at alternative fuel sources. These would have to be renewable and cheap enough for people in the camp to afford.

First, I met with local artisans to see what sort of resources existed. As we walked around the camp, I saw different types of waste material – maize combs, sorghum stems and groundnut shells. But what seemed most promising was sugarcane peel.

Sugarcane peel is easily available in the camp, as some of the residents are sugarcane farmers who are regularly escorted by the military to harvest their crops.

We worked out that sugarcane peel could be made into small briquettes by cutting, wetting and pressing it, and leaving it to dry. Six of our prototype sugarcane briquettes kept a fire going for an hour – plenty of time to cook the daily meal.

With the help of local artisans and welders, we looked at what local metal could be used to make the presses we would need for the process. Together we came up with a design that could easily be reproduced.

BUY-IN FROM THE ELDERS

The next step was to get support from the local elders, who would act as our advocates. Without their buy-in, there would be no approval and the community would not follow.

MSF isn't giving away the presses, as this is intended to be a sustainable, long-term project that is not reliant on our input. Instead they will be manufactured by the local artisans, following the prototypes we designed together. The elders suggested groups of households could come together and purchase a press jointly to make it affordable. A press will cost about $20-30 at first, but the price can and will come down.

It isn't enough just to introduce the idea and walk away. Over the next few months we will have to monitor how women in the camp take up the idea.

I'M AN ECONOMIST AND A SALESMAN

I've been doing this sort of thing for years – first in Kenya, my home, then in Sudan and South Sudan. I specialise in looking for original, locally sustainable solutions, with local inputs, to solve problems.

At times I have to be a bit of an economist and a salesman. The ideas I come up with must be affordable and effective for the community. It's no good jumping out of a plane with a new parachute dreamt up in a well-equipped workshop, assuming it will work.

While the solution I developed in Pulka camp is not going to completely eliminate the need to find fuel outside the camp, I hope it will reduce the number of injured people who come to our hospitals after being attacked while out gathering firewood."

Find out more

To read more stories like Michael's, visit: **blogs.msf.org/innovation**

MSF'S UK VOLUNTEERS

Afghanistan Simon Buckley, *Doctor*; Suzanne Thorpe, *Nurse*

Bangladesh Georgina Brown, *Midwife*; Thomas Fitzgerald, *Logistician*; Sophie Sabatier, *Head of mission*; Samuel Turner, *Head of mission*; John Canty, *HR manager*; Alison Fogg, *Mental health officer*; Patrick McIntyre, *Logistician*; Nathan Wright, *Logistician*; Peter Naughton, *Doctor*; Amy Garrett, *Midwife*; Stephen Boulton, *Logistician*; Julian Barber, *Water and sanitation expert*; Sunny La Valle, *Nurse*

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Haiti Aglaia Manesi, *HR manager*

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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 70 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.

'Rehydrate them and they'll live'

Australian nurse Liam Correy describes how MSF scaled up to deal with a cholera outbreak in Borno state, Nigeria.

"My planned lie-in was disturbed at 6 am by a loud knock on the door. It was the project medical coordinator and newly-arrived cholera treatment centre (CTC) doctor. 'Liam, we've run out of IV sets. Can you find some, and come and help? Oh, and can you find some more staff?'

When an outbreak of cholera began in Borno state, MSF set up a CTC and a number of oral rehydration points. Most cholera patients came from Muna Garage, a camp for people who had been forced to flee their homes by the conflict between the Nigerian army and Boko Haram. Following heavy rains, the camp flooded, making the already poor sanitary conditions even worse and leaving us with an outbreak of cholera.

REHYDRATE THEM AND THEY'LL LIVE

Cholera treatment needs to be carefully managed, but has a basic tenet: people with cholera die from dehydration. Rehydrate them and they'll live.

We had an urgent need for more staff to join the cholera response and were asked to reassign some of our experienced staff to the emergency. I recommended two colleagues I'd worked with who had excelled in their roles. Aba and Isaac were fast learners and would be a great addition to our team.

Aba and Isaac both answered the call and were trained up for their new duties. They quickly put their training into practice in the CTC.

Over one weekend the centre expanded from 20 to 100 beds. Each new tent that rose from the ground was full of patients within hours. Caring for patients' immediate needs, putting up IV fluid bags, and recognising and monitoring how the patients responded to the treatment, Aba and Isaac, along with the rest of the team, saved lives with each application of their new-found knowledge.

At regular intervals throughout the morning, a pickup truck converted into an ambulance would arrive with six to eight new patients in the back. The most dehydrated were carried straight in, the others had to wait. Within two hours we had each patient in a bed receiving lifesaving rehydration fluids.

ONE GIRL'S FIGHT FOR LIFE

One three-year-old girl arrived in a severe state of dehydration. She had lost consciousness and was barely breathing. Her veins had collapsed, which meant we wouldn't be able to administer the hydration she needed through them. Instead, we drilled a needle called an intraosseous into her leg bone through which we could provide her with fluid. With Aba and Isaac's help, the fluid started flowing freely and within five minutes she regained consciousness and started crying. A few hours later she was sitting up in bed and looking around.

Above: MSF's Cholera Treatment Unit (CTU) in Maiduguri; Right: MSF health promotion workers Aishatu and John wash their hands after visiting patients. Photographs © Nitin George/MSF

At the end of the week I sat down with Aba and Isaac to discuss their experiences. There was a new light in their eyes. They relived the many experiences of seeing people who looked just like their friends and family so close to death, only to come back to life in response to the treatments they helped provide. They said they had felt as important as doctors and that they were so proud to be able to work with MSF."

Find out more

To find out more about cholera, visit: **msf.org.uk/cholera**

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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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