DISPATCHES

‘This is one of the worst emergencies I’ve ever seen...’

Rohingya crisis, pages 4-5

Dr Ian Cross treats an injured patient at MSF’s Kutupalong clinic, Bangladesh, 3 October 2017. © Paula Bronstein/Getty Images

Winter 2017
No 87

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

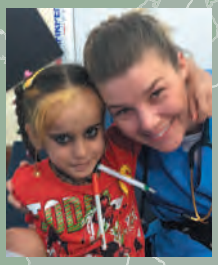
INSIDE

HAITI

MSF health workers and comedians stage an event in Martissant, Port-au-Prince, to highlight measures people can take to avoid catching cholera. MSF and the Ministry of Health hold regular events to raise awareness of the risks from diseases such as cholera, zika, dengue and chikungunya. *Photograph © Lauranne Grégoire/MSF*

IRAQ

"Most of our patients are children"



Monica Thallinger is a paediatrician working at the MSF hospital in West Mosul.

"The dust from mortars and artillery still filled the air when I arrived in West Mosul at the end of July. Everywhere you looked, there was destruction: houses torn apart, burned-out cars, rocket craters and empty streets. The fighting had recently stopped and the scene was devastating.

Amid all this, the hospital appeared. A burned-out building had been transformed by crafty MSF logisticians into a modern, small hospital. It is staffed by wonderful people: a mixture of Iraqi specialists, junior doctors and trained nurses. Everybody is grateful that MSF is here.

An enormous toll

Three years under Islamic State (IS) control and nine months of fighting have taken an enormous toll on the children of Mosul. Most patients we see are kids, and the numbers admitted rise each day. We see children who are malnourished, suffering from complications related to chronic diseases like diabetes, or disabled due to war injuries. Some are born sick. Many have been left with psychological problems.

Alia

Alia, 8, was injured when her family home was bombed. Her mother was killed. She was badly hurt and both her legs were broken. After surgery, her legs were held together by metal rods which were painful and disabling. She was also psychologically traumatised. She was anxious, had stopped eating and became anorexic.

She came several times a week for wound dressings, always carried by her caring father. As she became thinner, we grew more worried. Our mental health counsellor hadn't yet arrived, so all we could offer were conversations and some toys. It was a team effort to make her experience as pleasant as possible. Everyone chipped in, from the triage nurse to the cleaners.

Then, abruptly, something changed. She started eating again, talking, joking, playing, being a rascal and stealing our pens. She transformed from a terrified girl into an irascible, selfie-taking young lady. She got better, both physically and psychologically. Her father always wears a big smile on his face now and is grateful for the help his daughter received. Alia's wounds are healing and soon she will stop coming to the hospital. She has gained weight and looks well. She smiles more often. We will miss her.

Life returns

Life is slowly returning to West Mosul. The streets are transforming, shops are opening, and the Ferris wheels are filled with squealing children. School will start soon, and I can imagine Alia with her backpack walking to join her friends."

To find out more about our work in Iraq, visit: msf.org.uk/iraq

MEXICO

An MSF team visits the San Gregorio area of Xochimilco, Mexico City. On 19 September, a 7.1 magnitude earthquake struck Mexico, causing widespread devastation. In the first 24 hours, MSF teams began providing support to people in areas where buildings had collapsed. *Photograph © Jordi Ruiz Cirera*

SIERRA LEONE

On 14 August, a mudslide on the outskirts of Sierra Leone's capital, Freetown, left 500 people dead, 600 missing and 3,000 homeless. Further flooding cut off communities, leaving them without access to clean drinking water. On 22 and 23 August, MSF teams crossed rivers to reach the community of Jah Kingdom with clean water and essential supplies for its 1,000 residents. *Photograph © Cathy Janssens*

KENYA

Winnie Atieno is treated for complications related to HIV at Homa Bay hospital. This area of Kenya has extremely high HIV infection rates, with two out of every 100 people diagnosed with the disease every year. To help combat this, MSF, alongside the Ministry of Health and community groups, carries out screening activities and voluntary male medical circumcision and provides hospital-level care for HIV-positive patients. In 2016, MSF staff screened 19,700 people and started nearly 14,500 people on lifesaving antiretroviral treatment. *Photograph © Patrick Meinhardt*

BELARUS

The first patient in Belarus has successfully completed MSF's ground-breaking new tuberculosis treatment

Yury, 38, is celebrating a moment he thought would never come: his extensively drug-resistant tuberculosis (XDR-TB) has been cured. Yury is the first patient to complete treatment at MSF's TB programme in Belarus, a country with one of the highest rates of drug-resistant TB in the world. MSF has been working with the Ministry of Health since 2015 to find less toxic and more effective treatments for drug-resistant TB.

Yury first fell ill in 2013. "I started losing my appetite, I felt weak and I was losing weight. Then I got a fever. But I thought it was just a common cold." When Yury went to the hospital, he learned he had XDR-TB. "When they placed more than 20 [pills] before me everything went dark before my eyes. The pills make you feel really sick. Such a high dose at once… You feel nauseous, weak."

'My only chance'

Despite treatment, Yury's XDR-TB was resistant to all the medicines available at the time. Just as he had begun to lose hope, the doctors told him about a new treatment programme from MSF. Yury agreed to begin treatment with MSF at once.

"My doctors told me this was the only chance. I had an advanced case. It was getting worse and worse. They told me existing drugs wouldn't help," Yury recalls.

"And then the treatment started." Yury was given an experimental combination of drugs, including bedaquiline and delamanid, the first new TB drugs developed in nearly 50 years. "I started to improve immediately. I didn't feel better, I had no appetite. But the tests, the X-rays – everybody was surprised!" By October 2015, Yury's tests were clear. He had beaten XDR-TB.

Yury has gone from despair to cured. "If it wasn't for this treatment, we wouldn't be speaking here right now."

Yury celebrates his recovery from XDR-TB. *Photograph © Victoria Gendina/MSF*

On 25 August, the Myanmar army launched a series of military operations in Rakhine state against people from the Rohingya ethnic minority group. Since then, more than half a million people have fled across the border into Bangladesh. MSF staff report from the Bangladeshi border.

Race against time to save the Rohingya

Rohingya refugees walk through rice fields in Bangladesh after fleeing attacks by the Myanmar army on towns and villages in Rakhine State. *Photograph © AP Photo/Bernat Arman*

"Our teams in Bangladesh are seeing streams of people arriving destitute and extremely traumatised," says Pavlo Kolovos, MSF's head of mission. "Many of the arrivals have serious medical needs. They have violence-related injuries, severely infected wounds and advanced obstetric complications."

The newest refugees have added to the hundreds of thousands of Rohingyas who fled across the border during episodes of violence in previous years. Two of the main settlements – Kutupalong and Balukhali – have now merged into one densely populated settlement of nearly 500,000 people.

"The situation is chaotic," says Karline Kleijer, MSF emergency desk manager. "People are living in mud or in fields, without food or clean drinking water. When you walk through the settlement, you have to wade through streams of dirty water and human faeces."

Dirty water and not enough food

"People are drinking water collected from paddy fields, puddles or hand-dug shallow wells, which are often contaminated. At MSF's medical facility in Kutupalong,

"Many of the arrivals have serious medical needs"

487 patients were treated for diarrhoeal diseases between 6 and 17 September.

In and around the new settlements, people are struggling to get enough to eat. Prices in the market have skyrocketed and newly arrived refugees are completely reliant on humanitarian aid.

MSF scales up

MSF has brought in additional nurses, midwives and doctors, and set up a second inpatient ward at its clinic in Kutupalong to accommodate the increase in patients. Meanwhile, mobile teams are treating the sick and injured, distributing essential items to the new arrivals, purifying water and digging latrines.

Violence in 'military zone'

On the other side of the border, Myanmar's northern Rakhine has been declared a military zone, making it impossible for MSF and other organisations to provide much-needed humanitarian assistance to the people who remain.

"Our teams in Bangladesh are hearing alarming stories of severe violence against civilians in northern Rakhine," says Kleijer. "Villages and houses have been burned down, including at least two out of four MSF clinics. We fear that those remaining there are unable to access the help they may need. MSF and other international aid agencies must be allowed immediate and unhindered access to all areas of Rakhine State. Without this, there is a very real risk that people will die unnecessarily."

A Rohingya family reaches Bangladesh after crossing a cr
Myanmar. *Photograph © AP Photo/Bernat Armangue*

gue

"I fled home with my whole family, but my son was shot while running away. I brought him to the hospital here in Bangladesh, but left the other family members in the forest in Myanmar, in the open air, just hiding there. I haven't heard from them for days now. I don't know what to do, I feel so desperate."

49-year-old Rohingya man, Kutapalong, Bangladesh

eek of the Naf River, which separates Bangladesh from

"I'm a hardened old doctor but tears come to my eyes"

Dr Ian Cross is a former GP from Leicester who is working at MSF's clinic in Kutupalong makeshift camp.

"This is one of the worst emergencies I've been involved with. On my first day, four people died, and that's really shocking to me, even though I'm a hardened old doctor.

We're trying our best to upgrade our facilities and our health posts to provide services for these people. MSF has gone from a team of seven to a team of 40 in a matter of a couple of weeks.

The main ailments that we see in the clinic are acute respiratory infections – bronchial pneumonia, bronchiolitis, pneumonia. We see a lot of children who are very malnourished, and when they get chest infections like this, they find it very difficult to fight off the infection.

It's absolutely terrible. You look round and tears come to your eyes sometimes. You just do what you can. In a way I'm lucky that I'm a doctor – I've got my hands and my tools, I can help to make people better. If I wasn't able to do that, I'd feel even worse. But when you're hard at work, you can cope."

"We are receiving adults every day on the cusp of dying from dehydration"

Kate White is MSF's emergency medical coordinator in Bangladesh.

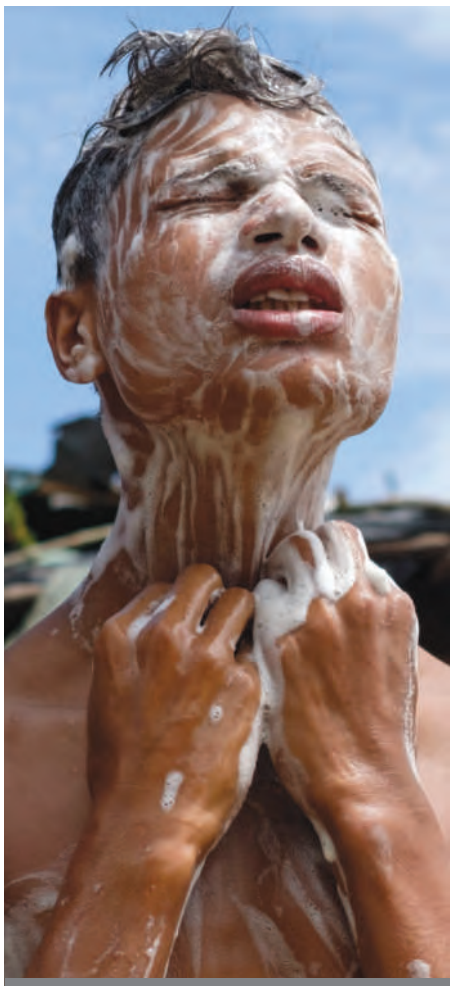
"We are receiving adults every day on the cusp of dying from dehydration. That's very rare among adults and signals that a public health emergency could be just around the corner.

People have very little money and the food distributions are chaotic and insufficient. Some refugees told us that after days without food all they had eaten was one bowl of rice they received from a Bangladeshi restaurant owner, shared among a family of six.

We need 8,000 latrines built – that's a ratio of one latrine to 50 people. The longer the delay, the greater the risk of an outbreak of a waterborne disease. We need to supply two million litres of water per day just to provide five litres of water per person per day in one camp. We need huge amounts of food and emergency relief supplies to avoid significant numbers of people with malnutrition. We need everyone to scale up in terms of experienced people on the ground who can move fast.

The numbers are massive and to top it off there are enormous logistical challenges because there are no access roads, which means everything must be brought in on foot. You carry everything you can on your back through narrow paths and hilly terrain, up and down slippery, muddy hills to get to your destination. It is supremely difficult."

To find out more about MSF's response to the crisis, visit: msf.org.uk/bangladesh



A boy washes in the open in Kutupalong makeshift camp. *Photograph © Antonio Faccilongo*

"All of my patients were traum

MSF medics treat cholera patients in Aden. As cholera spread across the country, MSF logisticians renovated an abandoned building next to the surgical trauma hospit
Photograph © Malak Shaher/MSF

Sarah O'Neill is an anaesthetist at Manchester's Salford Royal hospital who spends a month of each year working abroad for MSF. She is just back from Yemen, a country suffering the world's worst cholera epidemic and a long-running war.

"I flew in on a 12-seater plane from Djibouti – there are few commercial flights into Yemen. Landing in Aden, the first thing I noticed was the difference from the last time MSF had sent me there, four years earlier. This time, there were far more armed men on the streets, far more checkpoints, far more buildings with bullet damage.

'Aden used to be such a lovely city,' the staff at MSF's surgical trauma hospital told me wistfully. But of course I couldn't see any of it for myself, as I hardly left the hospital in the three weeks I was there. The security situation kept us inside, living, eating and sleeping on the first floor of the hospital building, and working one floor below. Being cooped up like that can be difficult – but at least I was never late for the morning meeting.

All of my patients were trauma cases, from a mixture of causes. The frontlines of the war have moved 3-4 hours' away from Aden now, but we still received some war-wounded patients. In the weeks before I had arrived, there had been a couple of mass casualty events, when 10 or more patients arrive at the same time.

Gunshots, skirmishes and checkpoints

One day a mother and her five-year-old daughter were brought in from near the frontline. The mother had been carrying her daughter in her arms when she stepped on a landmine. She took the brunt of the explosion and her leg was left hanging by a thread. There was no way we could salvage it, so sadly she had to have an amputation. Her daughter had a nasty fracture on her lower leg. We reduced the fracture and carefully debrided the wound – these very dirty wounds can get infected very easily.

We also treated a lot of people with gunshot wounds as a result of skirmishes for control around the checkpoints in Aden itself, as well as victims of road traffic accidents.

One of the problems with any conflict is the number of weapons in circulation, and there are lots of accidents from them not being looked after properly or picked up by people who don't know what they are doing.

Despite the destruction from the conflict, the shortages of medical supplies and the fact that many Yemeni health staff haven't been paid for over a year, there are a number of other hospitals in Aden – some functioning, others less so. But beyond the city there is little medical care available, especially surgical care, which meant that many of our patients had travelled a long distance to reach us. Often they arrived very dehydrated or having lost a lot of blood.

The intensive care unit (ICU) is vital. When a patient comes in who has been shot and badly injured, you often do 'damage control surgery' to stop the immediate bleeding. Then you put them in intensive care overnight to try and correct their physiology – to make sure that they are warm and their blood is clotting – and the next day you take them back into theatre to do the slower and more meticulous work of repairing areas that have been damaged.

One woman was in intensive care for the whole three weeks I was there. She had been shot in the abdomen and had injuries to her bowel and a very large open wound over her left flank. We had problems with infection and great problems with nutrition – she couldn't take food orally because of her bowel

al, turning it into a specialised cholera treatment centre.

injuries so we had to feed her via a drip. But by the time I left, her wound was improving and her nutritional state was good. I'm hopeful that she'll do well. She certainly wouldn't have survived without the ICU.

Next door to the hospital is a cholera treatment centre, but the epidemic is almost over in Aden and few patients were coming in – though cholera is still a big problem in other parts of the country.

Normal life is falling apart

In the street beyond the hospital, shops were open and people seemed to be going about their lives. I had the sense that normal life was carrying on – on the surface at least – but that underneath people were desperate. Years of war, shortages of food and medicines and the destruction of basic services have left everyone struggling. Everyone I met knew families who can barely afford to eat. The normal structure is falling apart.

Yet now, and throughout the worst of the war, the hospital has kept on running. Even when there were tanks outside the front door, MSF made sure that the hospital always had supplies and electricity and that the staff had encouragement and support. Throughout the conflict, MSF has provided reliably safe trauma care which wouldn't otherwise have been there."

"Yemen is not getting the international response it deserves"

Justin Armstrong is MSF's head of mission in Yemen.

"In Yemen, there is a massive need for urgent and impartial assistance. Millions of people have been displaced from their homes. Thousands of people have been killed, tens of thousands injured. The economy is falling apart. Infrastructure has been destroyed, hospitals have been targeted. Four MSF facilities have been hit in the past two years. We have lost staff members, patients and caretakers in this conflict. Many people, even prior to the conflict, had very limited access to healthcare. It's far, far worse now. MSF's work changes regularly with the situation. At present, we have teams in 12 governorates across the country, working in 13 hospitals and health centres and supporting an additional 20.

Working close to the frontline

As the conflict drags on, the impact on civilians grows. People have done everything they can to cope and inevitably they have fewer ways to get by. Their situation only gets harder. MSF works close to many frontlines and this does make security management difficult. We take precautions, we have to be very careful. Yes, our staff are at risk and we have lost staff members to this conflict. But it is possible to work in these areas. What we've found is that risk aversion limits aid reaching the most affected areas.

With a proper approach to security and negotiations, access is possible. We run a range of programmes. Emergency and surgical care for trauma and war-wounded victims are a main focus, as is maternal and child health. Many of our patients have been directly affected by the violence, but many others have been indirectly affected – through the destruction and collapse of public health services.

MSF surgeon Dr Ali Mayoub changes the dressing on a child with severe burns. *Photograph © Florian Seriex/MSF*

Violence is everywhere

Since the peak in late June, we have seen cholera numbers decline dramatically. We had 19 cholera treatment centres across nine governorates at the peak of the crisis and MSF teams have treated around 100,000 people with suspected cholera. But cholera is endemic in Yemen, and it's not over yet. It's reasonable to assume that cases will spike again at some point, and the health system must be better prepared next time.

Malnutrition is also a serious problem, but not primarily because of a shortage of food. There is food in the markets; it's just that many people can't afford to buy any. It's there, but just out of reach. We run nutrition programmes as an integral part of our activities just about everywhere we work in the country.

There are some areas where things seem normal. When I drive down the road here

"We have lost staff members to this conflict"

in Sana'a, I can see that shops are still open. But right next door there will be a bombed-out building. People find a way to carry on, take care of their families, earn money and live their lives. But they live in such perilous circumstances, where the threat of violence is everywhere.

Others need to step up

MSF's impact is significant, but it's far from enough. Yemen is one of our largest missions in the world. Since March 2015, we've provided more than half a million emergency room consultations, our surgeons have performed more than 37,000 operations and we have helped deliver more than 32,000 babies. We have brought thousands of tonnes of medical supplies into the country, responded to cholera and employ more than 1,600 staff – the vast majority of whom are Yemenis providing vital healthcare to their communities. MSF remains committed to the people of Yemen because we see the massive needs here. But there hasn't been nearly the response Yemen deserves. We can't possibly meet all the needs. Other aid organisations and donors need to step up and get more assistance directly to those who need it most."

Four innovations that will transform our work

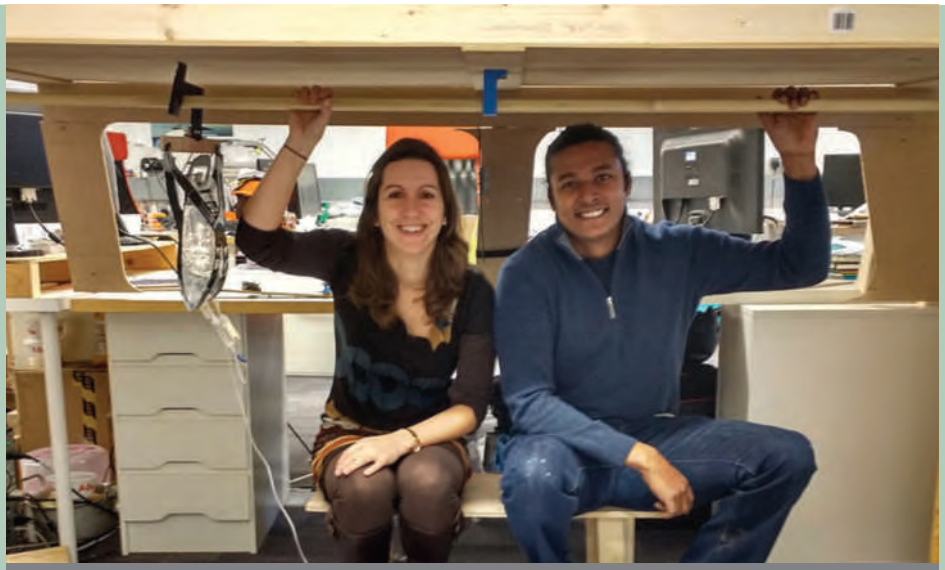
Whether it's creating a mobile operating theatre that moves with a battle's frontlines or a pre-fabricated hospital that fits together in just a few weeks, large-scale innovations have made a big difference to our work. But sometimes, it just takes a few tweaks to how we do things to make a massive difference for our patients.

Medical innovation adviser Pete Masters writes about four projects aiming to do just that.

There are many ways in which MSF innovates. Every day, in MSF projects around the world, our teams are working on ways to better provide emergency medical care to people in humanitarian crises.

One method for doing this is our 'sapling nursery', a special fund within MSF which helps staff develop and test new approaches to overcoming the problems and challenges our teams face in the field. Here are four projects being developed in the nursery.

We believe it's vital to always look for ideas that have the potential to have a positive impact on our work saving lives. These four projects have the potential to make a big difference to patients in medical crises around the world.



Nurse Josie Gilday and logistician Anup Ravi test out one of their prototypes in phase one of the project. *Photograph © Fearsome/MSF.*

1. Next phase of IV bag holder for Land Cruisers

When patients are transferred in MSF Land Cruisers, they often need intravenous (IV) fluids – bags of fluid that are run directly into the blood and help keep the patient hydrated and stable. As most MSF Land Cruisers are multi-purpose, there is no good place to keep the bag safe and stable. As a result, it usually gets tied inside the vehicle with a piece of string or a surgical glove, or patients or carers have to hold it themselves.

In January 2017, a nurse, a logistician and a product design engineer came together to try and develop a better solution, so that no MSF staff member would ever again have to run for a piece of string during a patient transfer.

The prototype IV bag holder was developed and successfully lab-tested. The team will now take this further and test it in the field, after which the designs can be finalised and a final product can be fitted into every MSF Land Cruiser that needs it.

A small child is weighed at a therapeutic feeding centre in Tanzania. *Photograph © Luca Sola.*

Team members consult records during an outbreak of malaria in Democratic Republic of Congo. *Photograph © Guillaume Brumagne/MSF*

2. Improved information for outbreak responses

Data collection and reporting are essential to MSF's work and never more so than during disease outbreaks. Whether it's cholera, Ebola or measles, good quality, timely and appropriate information can improve coordination and lead to better decision-making and a more effective response. That means we can be on the ground quicker, giving the right care and saving more lives.

Like any large organisation, MSF can struggle with an overload of data and information, often burdening teams in the field, while the right information doesn't always reach the right people at the right time.

This project seeks to define the information needs in outbreak responses and enable sharing and analysis in a consistent and intelligent way. The aim is to ensure a joined-up, coordinated response, while at the same time reducing the burden on those gathering the data on the ground.

An MSF team member spreads the word about HIV in Malawi. *Photograph © Luca Sola.*

3. Electronic patient registration in therapeutic feeding centres

Each year, MSF treats around 250,000 malnourished people in therapeutic feeding centres. They are given medical care, a supply of high-energy food, and an appointment for their next review date.

When they arrive at a feeding centre, each patient's details are recorded by hand in a registration book. A data-entry clerk then types this into an MSF data tool. The data is checked and analysed by medical teams to better understand the extent of malnutrition in the area and to make sure that patients are getting the best possible care.

These manual steps are prone to human error, and require a lot of staff and management capacity. As well as providing more reliable data for analysis, a more efficient, electronic registration process could relieve some of this burden, meaning that field teams can spend more of their time concentrating on medical care and getting the best possible outcomes for patients.

4. Stories of change

Public health communications in humanitarian medical interventions can range from promoting the use of mosquito nets to fight malaria to educating communities about dangerous local practices. However, the success of many approaches can be temporary. It can be difficult to measure whether our communications encourage people to keep up healthy behaviours in the long term.

The Stories of Change team is looking to develop sustainable, collaborative and culturally-appropriate tools that leverage the power of storytelling to improve awareness and prevention, and the number of people who choose to access MSF services. If successful, they plan to create a Stories of Change toolbox to help MSF community health workers communicate health messages, which lead to positive and lasting, health-focused changes in the communities in which we work.

To find out more about these kinds of projects, follow us on Twitter @MSF_Innovation

MSF'S UK VOLUNTEERS

Afghanistan Federica Kumasaka Crickmar, *HR manager*; Aoife Nicholson, Lab manager
Bangladesh Nina Rosalind Goldman, *Doctor*
Central African Republic Robin Scanlon, *Logistician*; Conor Grant, *Doctor*; Joshua Rosenstein, *Project coordinator*; Jake Leyland, *Logistician*; Benjamin Sangwa Masabo, *HR manager*; Richard Galpin, *Logistician*
Chad Clarisse Douaud, *Communications manager*; Jean Marie Vianney Majoro, *Logistician*
Democratic Republic of Congo Anna Halford, *Head of mission*; Claire Simpson, *Pharmacist*; Sarah Walpole, *Doctor*; Rebecca Harrison, *Epidemiologist*; Stuart Garman, *Project coordinator*; Kerry Elizabeth Brandon, *HR manager*; Aissa Sarah Edon, *Midwife*
Ethiopia Kate Nolan, *Head of mission*; Emma Turner, *Project coordinator*; Niall Holland, *Logistician*
Georgia Marielle Connan, *Project coordinator*
Guinea-Bissau James Kelly, *Logistician*; Miriam Dos Santos França; *Nurse*
Haiti Victoria Neville, *Training officer*
Iraq Patrick Durrant, *Project coordinator*; Christopher Yates, *Logistician*; Dana El-Hilu, *HR manager*; Samuel Thame de Toledo Almeida; *Humanitarian affairs officer*
Jordan Sumni Kim, *Logistician*; Kelly Alliston, *Nurse*; Vittorio Oppizzi, *Head of mission*
Kenya Caroline Frost, *Doctor*; Julianna Smith, *Epidemiologist*
Lebanon Benjamin Hargreaves, *Logistician*
Liberia Mark Lee, *Paediatrician*
Malaysia Cressida Arkwright, *Humanitarian affairs officer*
Mozambique Andrew Connery, *Doctor*
Myanmar Alison Fogg, *Mental health officer*
Nigeria Andrew Mews, *Head of mission*; Elizabeth Ganter Restrepo, *Pharmacist*; Daniel Crowell, *Logistician*; Sarah Hoare, *Nurse*; Andrew Burger-Seed, *Project coordinator*
Pakistan Jacklyne Scarbolo, *Midwife*; Caroline Hopkinson, *Midwife*
Papua New Guinea Wendell Junia, *Lab manager*
Sierra Leone Heidi Saweres, *Pharmacist*; Laura Doriguzzi Bozzo, *Training officer*
South Africa Lucia O'Connell, *Activity manager*; Rebecca O'Connell, *Doctor*
South Sudan Mark McNicol, *Activity manager*; Bob Jones, *Deputy head of mission*; Michael Barclay, *Logistician*; Duncan Stokoe, *Logistician*; Melissa Buxton, *Nurse*; Michael Parker, *Project coordinator;* Gro Slotsvik, *Finance coordinator*; Iain Bisset, *Logistician*; Mark Sherlock, *Doctor*
Sudan Massimo Campagnolo, *Construction manager*
Swaziland Laura Cooke, *Doctor*
Syria Edward Taylor, *Project coordinator*
Turkey Simon Burroughs, *Deputy head of mission*
Uganda Haydn Williams, *Head of mission*; Jacob Goldberg, *Deputy medical coordinator*; Samuel Turner, *Head of mission*; Ryan Bellingham, *Water and sanitation coordinator*
Ukraine Vita Sanderson, *Logistician*
Uzbekistan Amada Sanchez Gonzalez, *Doctor*; Adam Gray, *Doctor*
Yemen Aimen Sattar, *Logistician*; Clifford Kendall, *Doctor*
Zimbabwe Dominique Kehat, *Project coordinator*; Simon Blankley, *Research coordinator*; Daniela Stein, *Project coordinator*

"There is no health without mental health"

What comes to mind when you picture an MSF medic at work? Maybe a doctor bandaging wounds in a warzone, a nurse caring for a cholera patient or a surgeon performing an emergency caesarean.

But for nearly 20 years, MSF has also been caring for patients' mental health and helping treat the invisible psychological wounds of people who have lived through terrible events. Far from an optional add-on, mental health support is now recognised as a vital part of our emergency work.

Last year, MSF's mental health teams performed more than 282,300 individual and group counselling sessions worldwide.

Mental health work in Mweso

Mweso is small town in North Kivu, a province on the eastern border of Democratic Republic of Congo. Since the mid-1990s, people in this area have lived through conflict, with large numbers forced from their homes by violence, and with robbery, rape and murder everyday occurrences. These experiences have left many people deeply traumatised.

"When you're displaced from your home, your thoughts can be displaced too," says Sifa Clementine, MSF's mental health supervisor in Mweso.

Since 2009, the team at MSF's mental health project in Mweso has provided counselling, psychological first aid, support groups for people living with HIV, TB and diabetes, and referrals for psychiatric care.

Coming from the same communities as their patients, team members understand the social taboos around mental health, as well as the traumatic events people are subjected to on an almost daily basis.

"From our first day, we emphasised the importance of local insight," says Sifa. "We have mental health supervisors and psychosocial counsellors drawn from local communities who can connect with patients at a deep level and help them recover from the traumas they have suffered."

"Not everyone accepts the idea that people can be cured with words," says Sifa. "But I will always say to people that there is no health without mental health."

Floribert Nabonibo is an MSF psychosocial counsellor

"My home, North Kivu, has seen one war after another. They fight each other on a daily basis. People are displaced; they are beaten, raped and killed; their houses are torched.

These terrifying events impact on the psychological wellbeing of the people who live here, who live in anxiety, fear and sadness. My job – my motivation – is to provide psychosocial care to all those who have suffered trauma.

When someone lives through repeated traumas, at some point they find it impossible to take care of their families. They are plunged into despair and start behaving strangely. Instead of working, instead of looking for something to eat, they just stay at home doing nothing, and this is a real problem.

As a counsellor, I try to explore the situation with them and let them talk about the traumatic events. The person comes to us with a lot of despair on their face. As the session progresses, they begin to wear a smile again.

We meet with them many times after that, until they tell us, 'I am feeling well, I can perform my daily activities normally, I am okay with my neighbours, I take good care of my children and my family, I am farming my land, I have started working and it gives me motivation'.

One of my patients was at home one night when armed men came to his house. They robbed him and shot him in the leg. When he was brought here, the doctor decided that his leg had to be amputated. It wasn't easy for him. I was called to prepare him psychologically for the loss of his leg.

He was already showing signs of total despair, asking himself what would become of his life. After the operation, he felt really overwhelmed. He despaired for his future and would cry all day. He felt useless.

We continued working with him, focusing on the small activities he could still do. Now he has understood the situation and has accepted his disability. Now he is a shoe-repairer in the city."

MSF counsellor Jacqueline Nabonido Dusabe (left) laughs with her patient Rachel at Mweso general hospital. *Photograph © Sara Creta/MSF*

"Living here is difficult. Since 1994, we've lived in a constant state of insecurity. I live in Ibuga camp today, but this is not my house," says Rurinda Neretse, 35. *Photograph © Sara Creta/MSF*

Imani Stanley is a counsellor & administrator at MSF's project in Mweso

"I'm originally from North Kivu; I was born here and mostly grew up here. My family have been victims of lots of conflict.

In 2013, I was working in Mweso when the conflict reached Kitchanga, where my family were living. We had two houses, one for me, my wife and children, and one for my mother.

Thankfully, most of my family fled before the bombings, but five weren't so lucky. I lost three cousins and my two sisters-in-law. Both my mother's house and mine were completely destroyed. Everything that we had invested in our family was gone.

My family have some fields next to a small lake near here. Just two weeks ago, my cousin and uncle were on their way there when they were fired on by bandits. They took refuge in the lake, but the bandits surrounded the shore and shot and killed them. We found their bodies three or four days later and buried them next to the lake.

That's just one story. Lots of other family and friends have died.

As counsellors, we listen to our patients, but we also talk with them about shared experiences. This helps break down barriers and connect with people who do not know the benefits of mental healthcare.

When someone comes to me despairing that he has lost his house, I say, 'Ah, you have lost a house, I can understand that you are very deeply affected. I was like that too.'"

Watch the videos and photostory at msf.org.uk/mentalhealth

Right: **Women dance at Mweso camp before the performance of a play, organised by MSF psychosocial counsellors to inform people about the services available.** *Photograph © Sara Creta/MSF*

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.

Fighting an ancient foe

Irish doctor Conor Grant has recently returned from Bossangoa, Central African Republic, where the rainy season sparks a relentless battle against malaria.

"It's rainy season here in Bossangoa, so commuting has recently involved the shaky crossing of a surging stream, and a battle against the advancing long grass. Rust-coloured mud cakes my shoes, but my uniform (the iconic MSF white t-shirt) somehow remains intact. We pass a cluster of simple tin-roofed houses, where waving children greet me with a chorus of '*bara ala*' ('hello' in the local dialect, Sango), while mothers effortlessly balance supplies on their heads and toddlers on their backs. I can barely balance myself.

The smiles, the laid-back local charm and the tranquil riverside setting are illusory comforts given Bossangoa's troubled past. As recently as 2014, the town was at the centre of the country's ongoing bloody sectarian war. The fighting has moved on to other regions and, for now at least, Bossangoa is a place of relative security. But the battle for survival continues.

No surrender

The malaria parasite is an ancient foe that cannot be reasoned with and will sign no ceasefire agreement. It maims and kills, blind to ethnicity and religion, and August is marked as high season for malaria. As many as 80 percent of hospital admissions at this time of year are for the treatment of malaria. Here it is the leading cause of death, disproportionately killing the young.

Even as a doctor, witnessing these harsh realities has been very difficult. Some patients with malaria face further complications because of anaemia. The malaria parasites hide inside the red blood cells until they swell and burst, leaving some children in desperate need of a blood transfusion, and blood is hard to come by in remote central Africa. Too often, we are left hoping that the parents are compatible donors.

Other patients are left comatose or convulsing as the parasites accumulate in their brain. And the thing that makes their daily suffering harder to digest is how straightforward it is to prevent. Access to simple medicines and trained health staff make all the difference in the life or death of each child.

Scaling up

MSF is responding with multifaceted interventions - distributing mosquito nets and setting up community malaria checkpoints – which has decreased mortality rates in recent years. To ensure a sustainable supply of blood donors, MSF has organised a local blood-drive committee. Working alongside our Ministry of Health colleagues, we are offering care to patients today while preparing for tomorrow.

As we head over a hill the hospital comes into view between market stalls. Hundreds of people sit under the shade of trees between the buildings that make up the hospital departments. These are the loved ones: the parents, grandparents and children of patients. Having carried their sick relatives for miles by motorbike-taxi, they sleep outside the open-air wards waiting for news. They have a right to demand far more than can be offered by MSF, but at least it's something. I muster a smile, a *bara ala*, and march back to the frontline under the flag of MSF."

Dr Conor wades through long grass on his way to visit patients. *Photograph © MSF*

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Tel **0207 404 6600** *Address* **Médecins Sans Frontières, Chancery Exchange, 10 Furnival Street, London EC4A 1AB** **@msf_uk** **msf.english**

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