

THE PULSE

BRINGING MEDICAL HUMANITARIAN ACTION TO YOU



► DECEMBER 2022

MOVING FORWARD:

Patients reconstruct their lives after amputations

COMMUNITY DESIGNED:

A new approach in Sila, Chad



► CONTENTS

02 Editorial: Climate crisis

04 News In Brief



06

Pakistan: The floods

Record-breaking heavy monsoon rains have caused catastrophic devastation in Pakistan

08 Photo: Reconstructing lives

10 Letter from Palestine

12 Chad: Walking a new path

14 Staff profile: Head of mission

16 On Assignment

Cover: Amro is photographed by Giles Duley on a beach in Gaza, Palestine, as he faces his fears of going outside since his amputation. © Giles Duley/MSF

MÉDECINS SANS FRONTIÈRES

Médecins Sans Frontières is an international, independent, medical humanitarian organisation that was founded in France in 1971. The organisation delivers emergency medical aid to people affected by armed conflict, epidemics, exclusion from healthcare and natural disasters. Assistance is provided based on need and irrespective of race, religion, gender or political affiliation.

Today Médecins Sans Frontières is a worldwide movement of 24 associations, including one in Australia. In 2021, over 100 field positions were filled by Australians and New Zealanders.

CONNECT WITH US

Call 1300 136 061

Email office@sydney.msf.org

[msf.org.au](https://www.msf.org.au)

facebook.com/MSFANZ

[@MSFAustralia](https://twitter.com/MSFAustralia)

Why action, and change, is urgent

► The health impacts of the changing climate are already a burden for many people in the world, and their needs must not be ignored.

The climate alarm bells are, by now, undeniable. They are ringing loud and clear here in Australia, where as I write this, the NSW town of Eugowra has just been hit by a ‘wall of water’—a flood which has claimed at least one life and destroyed or damaged 90 per cent of the town’s buildings.

Meanwhile, the world’s eyes have been on leaders at COP27 (the 27th United Nations Climate Change Conference) in Egypt, as they discussed action to tackle climate change in the context of a globe approaching 1.5C of warming. Médecins Sans Frontières was a participant at COP, there to present the stories of the people and communities most affected by the climate crisis, and to call for climate action that delivers solutions for the health implications already impacting their lives.

We know that while the climate emergency affects everyone, it affects certain groups of people more than others. People who are geographically, systematically or economically vulnerable are already withstanding the worst of this crisis. We’ve seen this in Australia—and it’s a reality that Médecins Sans Frontières staff witness every day, working in some of the most climate-vulnerable settings in the world.

Many of the health issues that Médecins Sans Frontières responds to are climate-sensitive, meaning they are directly or indirectly impacted by climatic changes such as extreme weather events, temperature, rainfall and humidity. From Somalia, which is facing its worst drought in decades and where our teams are seeing alarming levels of malnutrition in our projects; to Pakistan, which is struggling to recover after a third of the country was plunged underwater in unprecedented flooding; and to Kiribati, where rising sea levels, increasing salination of soil and water and changing biodiversity are impacting the environment and people’s health.

Médecins Sans Frontières has just launched a project in Kiribati to help improve health outcomes, with a focus on maternal and neonatal health in the context of diabetes. “Many lands are disappearing,” says local Teretia (94). Her daughter Ioanna said she knows of three people who died in hospital of diabetes that week.

“While the climate emergency affects everyone, it affects certain groups of people more than others.”



► Jennifer Tierney



► The equatorial Pacific island nation of Kiribati is particularly vulnerable to a rising sea. © Joanne Lillie/MSF

Last December in *The Pulse*, we shared with you the ways that climate change, as a risk amplifier, was increasing and changing the issues that Médecins Sans Frontières responds to.

One year on, it is even clearer how we need to change the way we work, to both reduce our environmental impact and help communities build resilience for the multiple challenges they’re facing.

One of the ways we are doing this is bringing healthcare much closer to communities. Rather than centring our activities around hospitals and health facilities, we are working more frequently with community health workers to give them the tools and training to do early diagnosis for illnesses like malaria, malnutrition and diarrhoeal disease.

When people cannot access the health facilities that we support, community workers act as a bridge, and their role will become more essential as the climate crisis changes patterns of displacement, food production, conflict and more.

Decentralised and community-centred models of care such as this enable a more preventive, rather than curative, approach to health, and bring other essential benefits in terms of the sustainability and quality of healthcare programs for communities—as evident in a new community co-designed project in Sila, Chad (see page 12).

While a quarter of the world lacks early warning systems, we are developing anticipatory responses which use tools like preventive weather mappings to allow teams to locate likely disease spikes and mobilise with staff and supplies in that area early.

We are acting to reduce our carbon footprint, having pledged on a global scale to reduce our emissions by at least 50 per cent compared to 2019 levels by 2030. The roadmap to achieve this includes changes to the way we transport staff, supply our projects, construct and power facilities, and manage waste.

Médecins Sans Frontières must also hold governments to account, to ensure that the people most affected by this crisis are heard and considered in decision-making, and to push for access to the funding, technology and tools they urgently need to tackle this crisis.

We know that many people are doing it tough around Australia as we approach the end of 2022. So, it is extremely humbling to know that you, our donors, continue to assist the work we do. Thank you for your continued care and support.

Jennifer Tierney
Executive Director,
Médecins Sans Frontières Australia

P.S. We hope you like our refreshed design this issue.



► Artists Yamin Rayhaf (left) and Asma Nayim Ullah at the launch of the mural at Join the Dots, Marrickville, Sydney. © MSF

► THE ROHINGYA

Rohingya women: our vision

In August, Médecins Sans Frontières Australia together with the Australian Rohingya Women's Development Organisation (ARWDO) launched a special new mural, created by two Rohingya artists and ARWDO members, Asma Nayim Ullah and Yamin Rayhaf.

The work of art was created to mark the five-year anniversary of the displacement of 700,000 Rohingya people from Myanmar in August 2017. It depicts a mother and daughter and speaks to the intergenerational cycles of tragedy the Rohingya have faced and continue to bear.

"Art helps us advocate and fight for justice in all sorts of ways... we hope this mural makes people question the reality of marginalised communities in Australia and take action," says Asma.

Médecins Sans Frontières Australia is engaging with the Australian government to share our experiences working with the Rohingya, and advocate for durable solutions for them.

► KYRGYZSTAN

New cervical cancer program

A few hundred women are diagnosed with cervical cancer each year in Kyrgyzstan. But the prevalence rate is likely much higher: while diagnosis of cancers is weak across the country, cervical cancer ranks as one of the top two most frequently diagnosed, and as one of the leading causes of deaths from cancer.

The disease is preventable when detected early. With no specific prevention program for cervical cancer in Kyrgyzstan, Médecins Sans Frontières launched a new cervical cancer screening project in June. This is our first cancer-focused program in Central Asia.

The team will focus on expanding access to diagnosis and treatment in Sokuluk rayon (district), and on sharing our experience of screening and treating cervical cancer lesions at an early stage in other countries such as Malawi and The Philippines, to contribute to a model for a Kyrgyzstan-led national cancer screening program to reduce preventable deaths.

Our new cervical cancer project in Kyrgyzstan aims to **screen 30,000 women** over the next 3 years.



► Médecins Sans Frontières health promoter Asel Aitekova (in orange) meets with women from a village in Sokuluk to inform them about cervical cancer screening. © Arjun Claire/MSF

► HAITI, LEBANON, SYRIA

Cholera resurgence

Cholera is spreading in Haiti, Lebanon and Syria, after not being detected in these countries in four, 30 and 15 years respectively.

Haiti: Médecins Sans Frontières staff were treating an average of 270 patients per day in November at our six cholera treatment centres in neighbourhoods of the capital Port-au-Prince. Between 2 October, when the outbreak was declared, and mid-November, 8,500 patients were admitted for care at our centres and around 100 people died. Médecins Sans Frontières is calling for an immediate escalation of the response to the outbreak as people in Haiti grapple with widespread violence, a fuel shortage, lack of clean water and enormous difficulties to access healthcare.

Lebanon: As of mid-November cholera had spread to 13 of Lebanon's 14 governorates, with most cases recorded in the north and northeast. People living in crowded neighbourhoods and informal settlements are at particular risk due to their living conditions and poor access to water. Water supply and water treatment infrastructure are inadequate in Lebanon, as water, waste management and electricity networks are old and poorly maintained, and the situation is exacerbated by the economic and energy crisis. Médecins Sans Frontières is supporting the Ministry of Public Health's national vaccination campaign by vaccinating people in the north and northeast, and running two cholera treatment centres.

Syria: The outbreak was first linked to contaminated water near the Euphrates River and the severe water shortage in northern Syria, and by 20 November had led to over 37,000 suspected cases and 43 deaths in the northwest, northeast and Tal Abyad and Ras Al-Ain. Médecins Sans Frontières is supporting a 20-bed cholera treatment centre in Raqqa, northeast Syria.

In northwest Syria, we are working in four cholera treatment units in Idlib and Aleppo governorates and operating oral rehydration points. Teams have also distributed hygiene kits to 20,000 families in displacement camps and are providing clean water, water testing, health promotion services and training for health workers.



Cholera affects up to 4 million people worldwide per year.

► ZIMBABWE

Recycling waste to thrive

In Stoneridge, Harare, a Médecins Sans Frontières-developed system to recycle food waste and wastewater is having a meaningful impact on people's health. A pilot launched in 2019 with 39 households set out to identify medical and environmental challenges faced by local communities, and tackle two issues: the first, how to deal with biodegradable waste like food scraps, which can quickly fill up dump sites and water pipes and is expensive to remove; the second, how to recycle wastewater to prevent groundwater contamination and the spread of waterborne diseases. "So far, we have seen zero contamination of the ground water, which means we are bending the curve of diseases like diarrhoea and typhoid," says environmental health supervisor Ignations Takavada. The project is also providing sustainable, hygienic sanitation, soil fertility, green employment and income generation opportunities for locals.



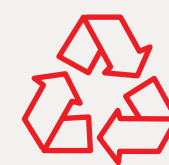
► Stoneridge residents, participants in the recycling project, work on one of the bio-waste fertiliser stations. © MSF/Manzongo John

HOW IT WORKS



Earthworm magic:

- Composters + earthworms transform bio-waste into biofertiliser, or "vermicompost"
- The vermicompost is used on household food gardens or sold for income.



Grey water, green gardens:

- 'Decongesters' separate grey water (from washing and bathing) and black water (from toilets)
- Wastewater is recycled via a wastewater station, then chlorinated
- The recycled water is reused for watering gardens or flushing toilets.



The floods: “The challenges are many and great.”

► **Record-breaking heavy monsoon rains have caused catastrophic devastation in Pakistan in the past months.**

“We found families were living in the open without shelter,” says Akeela. “I saw some people using two wooden beds (charpai) pushed together with plastic covers as shade on the side of the road, because their houses were under water, and they did not have a home or enough food or clean drinking water.”

This is what outreach counsellor Akeela witnessed as she worked on Médecins Sans Frontières’ emergency response team to conduct assessments in flood-affected villages in Balochistan, in the days after extreme flooding hit the province in mid-August.

In June and July, Akeela had been paying her regular weekend visits to her family in their village five kilometres from Dera Murad Jamali in Balochistan, where she was working with the Médecins Sans Frontières health education outreach team.

But by August, the heavier-than-usual rainfall was only intensifying, and on 17 August village residents were asked to immediately evacuate.

“In the rush, my parents and younger siblings left the village,” says Akeela.

“One brother and one sister were left behind to take care of our cattle. They took the cattle to higher ground but when they saw the flood water start to cover the village, they had to flee. [They] climbed up the rooftop of a nearby house and watched as... our cattle, houses and farm all washed away.”

“I initially took leave for a week to support my family but when I saw that so many people needed help, and I received a call from Médecins Sans Frontières requesting support for the emergency response, I couldn’t stop myself from saying ‘yes.’”

Diverse needs months on

From hilly areas to plains, flooding has inundated all four provinces of Pakistan and washed away houses, infrastructure, crops and livestock. More than 33 million people have been affected.

Despite rainfall reducing significantly in September and October and water on the plains receding, as of November many villages remained flooded, with some still cut off from outside help.

Most people who have been displaced by the floods cannot return to their homes. Many are spending days and nights in tent camps, in temporary facilities or in the open air without adequate shelter.

The floodwaters are stagnant in many areas, and water sources are heavily contaminated. Alongside the need for clean drinking water, water- and vector-borne diseases are a major concern: Médecins Sans Frontières teams are treating patients with conditions such as acute watery diarrhoea, malaria, skin diseases and eye infections.

The conditions are exacerbating the other health issues already faced by people prior to the floods. “At our hospital, we see many children who have been born with malnutrition,” says Shahid Abdullah, emergency field coordinator in Balochistan. “This was the case before the floods, but the current situation may contribute to a worsening of their condition. People here already live a hard life, so it is hitting them even harder.”

“The challenges are many and great. There is a battle for medicine and human resources, both doctors and nurses, and in many areas, it is difficult to reach people. We are trying to help as best we can.”

► People access consultations with a Médecins Sans Frontières medical team during a mobile clinic in Alladad village, Dadu district, Sindh. © Asim Hafeez



The recovery effort

Médecins Sans Frontières has been working in the provinces of Sindh, Balochistan and Khyber Pakhtunkhwa since August. Teams are distributing relief items such as hygiene and kitchen kits, providing safe drinking water, rehabilitating damaged water points and setting up showers and latrines. Most of this work occurs in the camps where people are still sheltering. In our mobile clinics, medical staff offer check-ups, provide medications and refer people requiring further care to facilities, including to the Médecins Sans Frontières-supported hospital in Dera Murad Jamali in Balochistan. Here, our staff support medical care for birthing women and patients who require hospitalisation for various conditions. The number of people being admitted to the hospital has nearly doubled compared to the months before the floods.

“People here already live a hard life, so it is hitting them even harder.”

Our emergency response team has also launched activities to provide basic healthcare and clean water in southern Punjab. With a harsh winter forecast, people are facing a huge recovery effort in the months to come, with ongoing difficulties to access shelter, water, food and medical care. During Akeela’s work with the emergency response team, she visited her own village to set up a mobile clinic and provide support. At that stage, all the houses in the village, including her family’s, were still inundated with water.

“Many other people in more remote villages are still waiting for help to arrive. I can feel their pain as many have left their houses and are living in camps without help.”

► A view of a village in Dera Murad Jamali, Balochistan, where floodwater is stagnant and displaced people are living on the side of the roads. © MSF



At a glance: our response

In Sindh, Balochistan and Khyber Pakhtunkhwa provinces (August–October 2022):



23,600 patient consultations conducted during mobile clinics



8,400 non-food item kits distributed to affected families (including hygiene and kitchen items, mosquito nets and mosquito repellent)



8 million litres of clean drinking water provided

Reconstructing lives

During a visit to Gaza in 2022, photographer Giles Duley documented the stories of Médecins Sans Frontières patients who had amputations after being injured by Israeli forces. Several years after these injuries, many are still dealing with the consequences, but finding ways to move forward.

“As an amputee myself,” says Duley, “I have had many conversations with people who are dealing with the idea of losing a limb and the psychological challenges. We need to make these positive stories visible and fight the stigma.”

► **Above right:** Amro, 23, was shot in the leg during the protests in May 2018. Since his amputation, he has mostly spent his days inside his family's apartment, where he taught himself to draw as a means of escape. But on Duley's final day in Gaza, Amro accepts his invite to drink coffee on the beach. “Maybe my going outside will give someone else hope.”

► **Below:** Mohammad was shot in the leg while searching for his son, who he heard had been injured, during the 2018 protests. Mohammad underwent 10 operations over several years to stabilise his leg, but he was in constant pain and unable to walk. In 2021 he had a consultation with a Médecins Sans Frontières team, who recommended an amputation. He accepted, determined to move forward. “My wife and family have shown me love and encouragement throughout... after three years of pain, I can finally get on with my life.”



► A few days after meeting Muawiyah (pictured) at his barber shop, Duley was invited to dine with his family. They knew I was eager to learn how to make musakhan, a Palestinian dish of chicken, onion and sumac placed on a taboon bread that soaks up the sauce. As we cooked, Yassmin told me, ‘At first it was hard for me and the kids. I had to pretend to be strong for everyone.’ As we sat down to eat, I asked Muawiyah if he was hungry. He replied, ‘Now I can enjoy the food again, this dish.’”



► More than 36,000 people were injured during 18 months of the ‘Great March of Return’ demonstrations, held near the security fence between Gaza and Israel between March 2018 and December 2019. Médecins Sans Frontières scaled up our services in Gaza 2018 to provide plastic and orthopaedic surgery, and post-operative care, for those wounded.



► Muawiyah (right) was hit by a rocket during the Israeli forces' bombing of Gaza in May 2021, after opening up his barber shop one morning. He discovered his right leg had been amputated when he woke up in hospital. Following his discharge, he refused to eat and suffered from depression. Community care has played an important role in his recovery, as has the support of a Médecins Sans Frontières psychologist, Marwah, who has worked with Muawiyah and his wife Yassmin on ways to manage.



► Mahmoud, 27, had his leg amputated in Jordan after being shot in Gaza in 2018. But the wound was infected, and it wasn't until he underwent a second surgery with Médecins Sans Frontières in 2020 that he could wear a prosthesis. He still struggled with the prejudice of strangers and friends, such as the assumption that amputees are likely to become addicted to drugs. A chance encounter with a group of amputee cyclists helped Mahmoud find peace. “Cycling will always be a part of my life. This group is also my family.”





▶ Yousef Alwikhery in his work room, where he makes and fits splints and other devices for patients. © Ola Bardawil/MSF

A creative approach to reintegration

▶ **Yousef Alwikhery is an occupational therapist with Médecins Sans Frontières at Al-Awda hospital in the northern Gaza Strip. He shares his experience supporting patients with physical injuries and disabilities on their roads to recovery.**

Occupational therapy is not a widely known or understood field of practice in Gaza’s medical system, but I think the profession’s approach to reintegrating patients back into ‘normal’ life is essential in Gaza.

Many of my patients have sustained injuries in one of the many recent escalations of violence. They might require occupational therapy to relearn to dress themselves after having a limb amputated, or to regain their motor skills so they can re-enter the workforce. Occupational therapy takes a creative, innovative approach to helping patients reintegrate. My work is made more challenging by the fact that we have the blockade to contend with, which makes it extremely difficult to leave to get more training or to acquire necessary equipment. For example, I often make and fit splints and other devices for my patients.

Some may help alleviate pain, others may help a patient with an amputated limb grasp household items like a toothbrush or a broom. Typically, occupational therapists will use a water bath device that heats plastic sheets before shaping them into assistive devices. It took over a year to import one into Gaza; while waiting for it to arrive, I used a hairdryer and a water boiler.

Adjustment and autonomy

As occupational therapists, we really become part of our patients’ psychosocial support system—an aspect of our work which is not widely known. Here at Al-Awda hospital, I work with patients from their arrival in the inpatient ward, through to our outpatient clinic, all the way to their discharge. We spend a great deal of time with our patients and their families, helping them adjust to their new reality.

“[Increasing] a patient’s independence has brought some of the best and happiest moments of my life.”

One of our major responsibilities is to come up with strategies for patients to regain their independence, which is particularly important for their mental wellbeing. Being unable to take a bath or go to the toilet independently can have severe psychological consequences. We help patients learn to do these tasks independently.

You can’t imagine how happy patients are when you save them the embarrassment of having to ask a family member to help them to the toilet. [Increasing] a patient’s independence has brought some of the best and happiest moments of my life.



▶ Yousef Alwikhery works with a young patient in Al Awda hospital. © Ola Bardawil/MSF

Ahmad’s story

One of my patients was a 32-year-old man called Ahmad*. Ahmad’s right hand had been amputated after he was injured during the escalation of violence in Gaza in May 2021. The amputation of his dominant hand had impacted his ability to find employment as a hairdresser and damaged his ability to conduct everyday activities such as eating, dressing and bathing. This had a very negative impact on his psychological condition.

We worked together for six months, gradually improving his ability to do daily activities independently, which helped improve his mental health and outlook. He also took on a leadership role with the other patients he met in and on the way to the hospital, building a network of friends and encouraging them to regularly attend their treatment sessions. His lively personality and positive approach to life were inspiring to me. Despite his relatively young age and poor economic situation, Ahmad could still be optimistic and laugh and joke with his friends.

Although the work of occupational therapists is not very visible or well understood in Gaza, I can see what a positive impact we can have—both here and in other places around the world. For me, it’s not just a profession. I believe [occupational therapy] plays a significant role in helping people resume their normal life and participate in the life of their community.



PASS THE MIC

As part of our commitment to greater diversity and inclusion of voices within *The Pulse*, each issue we are ‘passing the mic’ to a staff member locally hired in the countries in which we work.

DOUG AND VIVIEN JONES

Home: Redland, QLD

Doug and Vivien were first connected to Médecins Sans Frontières’ work when their son worked with the organisation.

Our son, who is a nurse, went on two assignments in 2001 and 2002 to Georgia and Kenya. That opened our eyes to the scale of human need when it comes to healthcare, and to Médecins Sans Frontières’ worthwhile response to help meet that need.

We have been donors of Médecins Sans Frontières now since 2006. The work the organisation does, especially in conflict zones and with refugees, is courageous and inspiring. We feel confident supporting any aspect of their work, knowing that Médecins Sans Frontières has a good track record of getting services on the ground, where and when they are needed.

We are also aware of the organisation’s work to support communities in the climate crisis. Many people who Médecins Sans Frontières already works with are facing health issues related to this crisis, to do with changing patterns of disease transmission, impacts on agriculture, political instability which affects the availability of government services, and more.

Prior to the COVID pandemic, we attended briefings put on by Médecins Sans Frontières Australia for supporters. These were a good opportunity to hear firsthand from the staff directly supporting their projects.

We would encourage anyone who wants to support a good cause to consider giving to Médecins Sans Frontières.



▶ **FOR MORE INFORMATION ABOUT BECOMING A MAJOR DONOR, PLEASE VISIT:**
msf.org.au/donate/other-ways-donate/major-donors



Patient-centred care considers the patient as a person with their own desires and needs, and as part of a community, rather than simply someone with a disease.



Community health workers in maternal health roles fulfil **17 trillion USD** worth of healthcare services every year. (World Health Organization).



In Koukou district, Sila, Chad, only **3 out of 11 health centres** have a skilled birth attendant.

Walking a new path

► **A pilot project in Sila, eastern Chad, recognises that communities are experts on their circumstances and the support they need to improve their health.**

Chad has one of the highest maternal and infant mortality rates in the world. After working in the country for more than 40 years, Médecins Sans Frontières asked itself how to work more effectively in this chronic crisis. We knew that the way we'd run our programs in Chad in the past hadn't always led to the best sustainable outcomes for communities.

"I worked with Médecins Sans Frontières from 2012 to 2018 in the Am Timam project [in Chad]," says Lidah Fikaoussou Felicité, nurse supervisor. "All the activities were carried out, coordinated and managed by the Médecins Sans Frontières team. There wasn't really a lot of community involvement. When we withdrew, everything went with us. The adequate care that was provided by Médecins Sans Frontières is no longer there."

At the end of 2021, Médecins Sans Frontières launched a community-based co-design approach in Sila, eastern Chad. With this project, the team is trying to walk a new path to strengthen the prevention of disease and severe maternal and child health risks.

Listening to the problems—and solutions

The project places the community at the heart of all decision-making and implementation of health activities. Patients are seen as partners.

"Patients and communities know best what their health needs are, and the barriers they face in accessing care," says Erik Engel, project coordinator in Sila. "If we allow ourselves the time to listen, and we make the effort to seek solutions together with the communities—solutions that will continue to work for them after we depart—we might contribute to long-term improvements to their health situation."

Médecins Sans Frontières often works in formal health structures, such as hospitals or health centres, with outreach towards (remote) communities. But when the team in Sila consulted with communities there, locals proposed an alternative approach: for Médecins Sans Frontières to centre our work in the communities, with community members as partners.

Community members also told Médecins Sans Frontières that they preferred to be charged money for medical consultations rather than receiving free healthcare. They explained that free healthcare was not sustainable for them in the long term, as it leads to problems after Médecins Sans Frontières leaves: people become accustomed to free care, and no one is willing to pay anymore.

Their solution? Each household would pay a monthly fee to a community fund. This money could be used to pay community health workers and traditional birth attendants (TBAs), and, in time, for the cost of medicines and referrals to the hospital.



► Médecins Sans Frontières staff meet with community members in Sila, Chad. © MSF

The road ahead

"Hello everyone," says Saleh Mahamat Arit. He is explaining the pilot project to people from his village in Koukou health district, who have selected him as a health worker. Médecins Sans Frontières communications staff and community members are filming as they work together to document the project.

"Médecins Sans Frontières came to the region to ask us about the health situation. Together with all the chiefs, they found many difficulties. Now they are going to work here, but you have to contribute, and this will help us. They are going to train me so that I can treat simple illnesses. I will refer the more complicated cases to the health centre. If there is a woman who is ready to give birth, we will call a birth attendant to go with her."

"Patients and communities know best what their health needs are."

The video captures the community's current situation, their suggestions for solutions and expectations for partnership with Médecins Sans Frontières, as well as Médecins Sans Frontières staff's impressions of the progress so far.

While the design of the project has prioritised genuine consultation and collaboration with communities in Sila, there are still unanswered questions. For example, could the community funding system contribute to health inequity, or create additional unintended barriers to healthcare? This new approach will require careful evaluation and needs to be accompanied by advocacy targeting structural public health deficits.

A partnered approach

At the heart of community-level healthcare in Sila are traditional birth attendants (TBAs). They are women who support members of the community with childbirth, breastfeeding and other matters. Most TBAs have had no formal education in midwifery. They have delivered children themselves and have been shown the way by their mothers and grandmothers.

"The matron (TBA) is the most courageous woman of the village," says Souat, a Chadian midwife. "She is there to help. But she doesn't have the training or the tools. She delivers the baby on the ground in the woman's house. With a razor blade she cuts the umbilical cord, without disinfectant."

While global public health research remains largely inconclusive about the role of TBAs, such as their effectiveness in reducing maternal and infant deaths, there is recognition of their respected role in communities. They are often the ones stepping in in remote areas, where a lack of qualified staff leaves dangerous gaps in health services. In Sila, where health centres are inaccessible to many people, it is clear that TBAs have a role to play. As Médecins Sans Frontières asked how to best build the project around patients, we partnered with TBAs elected by the villages. Together, we designed a training program to fill gaps and strengthen their practices.

After a few months, the first results could be seen: antenatal care consultations had increased substantially, referrals to the health centre for complicated deliveries were picking up, and the TBAs reported that their skills and confidence were growing. They also began receiving payment for their work from the community fund.

"I have worked for my community for years," shared one TBA. "Now, I walk with my head held high."



► A community member films a traditional birth attendant, who has partnered with Médecins Sans Frontières, as part of a video to evaluate the progress of the Sila project. © Iban Colon



► Midwife supervisor Souat leads a training session with traditional birth attendants in Sila. © MSF

Emergency: people at the centre

ARUNN JEGAN

Head of Mission / Emergency Coordinator

Home: Gadigal/Wangal lands (Marrickville), NSW

Médecins Sans Frontières experience:

Nine assignments 2016-2022, to Bangladesh, Yemen, Syria, Venezuela, South Sudan and Tajikistan.



► Below: A Rohingya family living in the Cox's Bazar camps, Bangladesh. "How can we return [to Myanmar] if our rights are not ensured?" says mother Tayeba. © Saikat Mojumder/MSF

What was your path to applying with Médecins Sans Frontières?

I first encountered Médecins Sans Frontières as a teenager during the Sri Lankan Civil War. It was after the ceasefire agreement, and NGOs were able to operate in Tamil-controlled areas. Médecins Sans Frontières was supporting surgical care and mother and child healthcare in Kilinochchi, where there was high mortality due to malnutrition, and a lot of people with war wounds including from all the landmines in the area. They later made the decision to withdraw from Tamil-controlled areas after a directive from the government.

Years later while working with another organisation in the Syrian war, I saw the Médecins Sans Frontières E-team (emergency team) going to all lengths to gain access to people needing care. That really inspired me. In Sri Lanka, it had become a war without witnesses—as humanitarian organisations and others withdrew, Tamils didn't have anyone to speak out with us on the atrocities we experienced. The role of NGOs in supporting witnessing and protection of populations during conflict is vital.

You later joined the E-team—how did you make the transition?

I had to prove myself! I enrolled in a 'horizontal integration program' for heads of missions, or country representatives, coming from other organisations to go directly into project coordination roles with Médecins Sans Frontières.

In 2017 I was sent to the Kamrangirchar project in Dhaka, Bangladesh, and when Rohingya people began streaming over the border from Myanmar in August, fleeing a violent military campaign, I joined the E-team in Cox's Bazar to help coordinate that response.

What skills are in your emergency response toolkit?

Good leadership in an emergency looks like keeping teams centered around the needs of the patients and communities. You can have every issue pop up, from trauma injuries to a disease outbreak, and you need to prioritise where to put your resources. It's also essential to coordinate well with other responders, to ensure Médecins Sans Frontières is filling appropriate gaps and not working in a siloed approach.

Even in an emergency setting, you need to do community engagement, to build trust with the people and to understand local health-seeking behaviours to shape your response. It's often overlooked, because of the idea that people need things immediately.

One example is a maternity hospital we built in the Cox's Bazar refugee camps in 2018. Almost no patients came to that hospital in the first months because we hadn't properly understood the community's ways of seeking care. Even in emergencies, we still need to ensure our services are fit for purpose for the people who are going to use them.

You were just back in Cox's Bazar for the third time. How has the context there changed since 2017?

I've had the opportunity to see how the situation has developed, how Médecins Sans Frontières' decisions have affected our patients, and now—five years on—how we can do better for them. We are running a huge program in Cox's Bazar, providing maternity services, water and sanitation, mental healthcare and more, alongside other responders.

But as a stateless people, and one that has been subjected to decades of violence and persecution, the Rohingya will have no real solution to their suffering until they can access resettlement, safe and voluntary repatriation, or integration. That's where Medecins Sans Frontières' work advocating and influencing systemic change for the Rohingya is important. As well as fighting the everyday 'fires', it's essential for the teams to stay connected to a bigger vision of our work with the community, and that's been a large part of my role.

Could you share your advice for anyone starting out?

Keep the patients at the forefront in all your decision-making. Take your time—both in building your experience before jumping into Médecins Sans Frontières work and, later, in understanding the people you're working with and the culture and systems of the context you're in. Trust in the wisdom of the local staff in a project, who have been there long before, and will be there long after, you.

And lastly, I'd say that perfection is the enemy of the good in most cases; if you have the right process and involve whole teams in your decision-making, this will safeguard against many mistakes.

What feels important for you in humanitarian work right now?

We have the climate crisis drawing down upon us, 29 countries facing cholera with a shortage of vaccines to protect against it, complex crises like Ukraine, and the global pandemic is still here. There's a huge strain on resources as we enter a period of economic recession, and the health situation is changing because of these different factors.

I think amongst all of this, and big global (political and media) agendas, Médecins Sans Frontières has a challenge to remain true to our core purpose: providing lifesaving healthcare for communities in low-resource settings, often in forgotten crises, where our impact is very important. Aside from this, we must decolonise humanitarian aid work. This means acknowledging the colonial legacies of our system and shifting power and resources, and it starts with me/us.



We urgently need logisticians and finance and HR managers



Interested? Visit msf.org.au/yes

JOIN OUR TEAM

Find out about working with Médecins Sans Frontières at one of our upcoming online recruitment information evenings.

Hear from returned field workers, meet our field human resources staff and learn about the recruitment requirements and process.

► To register for future events visit msf.org.au/join-our-team/work-overseas/recruitment-events



ON ASSIGNMENT

► A woman wades through floodwaters in Bentiu, South Sudan. © Njiiri Karago/MSF

Staff from Australia and New Zealand currently on assignment with Médecins Sans Frontières.

AFGHANISTAN

Surgeon NSW, AU
Project Coordinator VIC, AU
Nursing Activity Manager VIC, AU
HR Manager SA, AU

ARMENIA

Electricity Manager QLD, AU

BANGLADESH

Nursing Activity Manager WA, AU
Paediatrician ACT, AU

CENTRAL AFRICAN REPUBLIC

Finance and HR Manager NSW, AU

CHAD

Finance and HR Manager QLD, AU
Epidemiology Activity Manager VIC, AU

ETHIOPIA

Midwife Activity Manager SA, AU

IRAQ

Anaesthetist QLD, AU
Nursing Activity Manager NSW, AU
Mental Health Activity Manager NSW, AU
Doctor NSW, AU

JORDAN

Regional Technical Advisor TAS, AU

KENYA

Regional Technical Advisor NSW, AU
Logistics Manager QLD, AU
Psychiatrist VIC, AU

KIRIBATI

Paediatrician NT, AU
Mission Technical Advisor WA, AU
Logistics Manager VIC, AU
Midwife Supervisor NZ
Logistics Coordinator NSW, AU
Finance and HR Manager NZ

LEBANON

Logistics Manager WA, AU

LIBERIA

Pharmacy Manager NZ

LIBYA

Logistics Coordinator NSW, AU

NIGERIA

Epidemiology Activity Manager QLD, AU
Supply Chain Coordinator NSW, AU

PAKISTAN

Mental Health Activity Manager SA, AU
Nurse Specialist Supervisor VIC, AU
Project Coordinator QLD, AU

PAPUA NEW GUINEA

Logistics Manager QLD, AU
Doctor VIC, AU
Doctor NZ

PHILIPPINES

Regional Technical Advisor NSW, AU
Deputy Medical Coordinator NSW, AU

POLAND

Head of Mission QLD, AU

SIERRA LEONE

Logistics Team Leader VIC, AU

SOUTH SUDAN

Nurse NSW, AU
ER Doctor WA, AU
Nursing Activity Manager SA, AU
Midwife Activity Manager QLD, AU
Doctor TAS, AU
Anaesthetist QLD, AU
Regional Communications Coordinator NSW, AU

SUDAN

Mission Pharmacy Manager NSW, AU

SYRIA

Project Coordinator WA, AU

THAILAND

Mental Health Activity Manager NZ

UGANDA

Project Coordinator WA, AU
Logistics Manager QLD, AU
Specialised Doctor TAS, AU

UKRAINE

Nursing Activity Manager NT, AU
Project Coordinator NSW, AU
Logistics Coordinator VIC, AU
Nursing Activity Manager NZ
Nursing Activity Manager QLD, AU
Nurse VIC, AU

YEMEN

Midwife Activity Manager QLD, AU
HR Coordinator VIC, AU
Nursing Team Supervisor VIC, AU
Hospital Director WA, AU
Midwife Activity Manager NSW, AU
Nursing Team Supervisor QLD, AU

VARIOUS/OTHER

Finance Coordinator SA, AU
Mobile Implementation Officer VIC, AU
Finance and HR Coordinator NZ

This list of field workers comprises only those recruited by Médecins Sans Frontières Australia. We also wish to recognise other Australians and New Zealanders who have contributed to Médecins Sans Frontières programs worldwide but are not listed here because they joined the organisation directly overseas.

 msf.org.au

 facebook.com/MSFANZ

 [@MSFAustralia](https://twitter.com/MSFAustralia)



 **MEDECINS SANS FRONTIERES**
DOCTORS WITHOUT BORDERS