THE PULSE

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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

AUGUST 2017

UGANDA

WATER AND MEDICAL CARE FOR SOUTH SUDANESE REFUGEES

CHOLERA OUTBREAK

YEMEN FACES A NEW BATTLE

THE PULSE

AUGUST 2017
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CONTENTS

3 EDITORIAL: WHEN SEEKING SAFETY IS DEEMED A CRIME
4 NEWS IN BRIEF
6 FEATURE: CHOLERA IN YEMEN
8 PHOTO ESSAY: MOSUL, IRAQ
10 LETTER FROM BORNO, NIGERIA
11 SUPPORTER PROFILE
12 FEATURE: REFUGEE INFLUX IN UGANDA
14 FIELD WORKER: HEAD OF MISSION
15 CURRENTLY IN THE FIELD

YEMEN: CHOLERA TAKES ITS TOLL

© Giulio Piscitelli

A Médecins Sans Frontières doctor helps a woman who has recently fled the violence in Mosul, at the U2 camp for internally displaced people.

ABOUT 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.

When Médecins Sans Frontières witnesses serious acts of violence, neglected crises, or obstructions to its activities, the organisation may speak out about this.

Today, Médecins Sans Frontières is a worldwide movement of 24 associations, including one in Australia. In 2016, 203 field positions were filled by Australians and New Zealanders.

Front cover: A water tanker in Bidibidi camp, Uganda. The water is sourced from artesian wells and then distributed to water tanks throughout the camp. © Frederic NOY/COSMOS

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6

MEDICAL CARE IN MOSUL, IRAQ

8

LETTER FROM BORNO, NIGERIA

10

BY PAUL MCPHUN

EDITORIAL

When seeking safety is deemed a crime

People on the move are increasingly being treated like criminals.

Seventeen-year-old Ahmed* is from Darfur, Sudan, a region plagued by ongoing violence. He fled to Libya, where he was bought and sold multiple times, received no payment for his work, and was beaten by his "owners." When he tried to escape, he was shot.

Yet he made it on to a flimsy boat crossing the Mediterranean, and was eventually picked up by a Médecins Sans Frontières search and rescue boat. Our teams noticed him struggling to walk, provided medical care for his then six-day-old gunshot wound and disembarked him in Italy where he will hopefully find the safety and security he seeks.

This teenage boy is one of more than 69,000 people rescued by our teams on the Mediterranean Sea since we launched search and rescue operations in 2015. Ahmed is among the world's most vulnerable – people fleeing protracted conflict in places like Syria and Iraq, forced conscription in Eritrea, or extreme poverty in sub-Saharan Africa or South Asia.

To be clear, under international law, it is not a crime to flee violence or war, or to seek safety by crossing international borders. But increasingly, refugees and asylum seekers are being treated like criminals through measures including tough deterrence and detention policies and even abuse from authorities. European states have barred land entry into and throughout Europe. Walls and barbed wire serve to stamp out protection and assistance. Now the focus is turning to Libya, where with European investment it is hoped that stronger controls on land and at sea will prevent people fleeing towards Europe. In Libya our teams assist migrants who are held in indefinite detention, often facing unpaid labour, extortion of their families for their release, torture, and sexual violence. They tell us they would rather risk death at sea than remain here.

In Australia, we have seen the "criminalisation" of asylum seekers through the deceptive use of language like "queue jumpers" or "illegal boat people", and most recently the dialogue shift to one where asylum seekers are labelled a national security threat. This dialogue is becoming mainstream worldwide, and attempts to justify inhumane responses to the movement of people by framing the right to seek protection and asylum as a criminal activity. Criminalisation is also occurring when it comes to setting policy. Asylum seekers are locked up indefinitely in offshore camps, where they are treated like criminals for exercising their legal right to seek freedom from persecution.

The trend of the criminalisation of people forced to flee now also extends to the criminalisation of acts of assistance by individuals and organisations who step in to help. In Australia we have witnessed the introduction of policies like the Border Force Act that banned medical professionals and others from speaking out about the conditions they witnessed in detention centres or the unmet needs of their patients. In Europe, individuals assisting homeless migrants on the streets of Calais report they must avoid police patrols for fear of getting into trouble. Humanitarian organisations providing search and rescue activities on the Mediterranean, like our own, are increasingly accused by the media, politicians, and European agencies of aiding and abetting criminal trafficking groups.

This is despite the fact that humanitarian organisations, along with the Italian Coastguard, are now the only groups carrying out proactive search and rescue activities on this stretch of sea between Libya and Italy. The Italian Government's Mare Nostrum rescue operation closed in 2014. The EU is simultaneously withdrawing from their own responsibilities and then vilifying the NGOs who step in to pick up the pieces. We recently decided not to sign the EU's Code of Conduct for NGOs operating rescue ships, because we believe it will reduce search and rescue capacity on the Mediterranean, with potentially dire humanitarian consequences.

As the search and rescue operations of Médecins Sans Frontières have recently come under legal attack in Italy, I would like to clarify for the record that our activities at sea are solely aimed at saving lives. Every operation is strictly monitored, we work in international waters, with all rescues coordinated directly through the Maritime Rescue Coordination Centre in Rome, and in compliance with national and international laws.

What we witness across our operations is that the lack of safe passage options is simply re-channelling displaced people to risk their lives on dangerous routes in the hands of smugglers and criminal gangs. We have seen the same thing in Europe, the US and Australia. It is these restrictive migration policies that fuel the criminal underworld – not NGOs saving the lives of a fortunate few.

With more than 5,000 deaths in 2016, the Mediterranean Sea is the world's most deadly migratory route. The EU's focus on fighting smugglers rather than offering alternative safe routes continues to cause deaths at sea. There is also a cruel irony in this approach, as it is the EU's policies that keep the smugglers in business in the first place. The criminalisation narrative is a smokescreen for the real issue – the need for safe and legal alternatives to reach the EU, and the need for a more proactive role from EU member states in rescuing people in distress in the Mediterranean.

We are not making a case for a world without borders. States fundamentally have the right to manage the migration of people but they also have an obligation to control migration in a way that minimises human suffering. Médecins Sans Frontières rejects policies that generate suffering, endanger lives and criminalise people on the move, and the notion that those who assist them are, by extension, supporting criminal activity.

Paul McPhun
Executive Director
Médecins Sans Frontières Australia

* Patient name has been changed to protect privacy.

NEWS IN BRIEF

FOR THE LATEST MSF NEWS
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More than **10,000 people have been screened for hepatitis C** by Médecins Sans Frontières in Cambodia

In 2016, our medical teams provided **947,000** medical consultations in Central African Republic

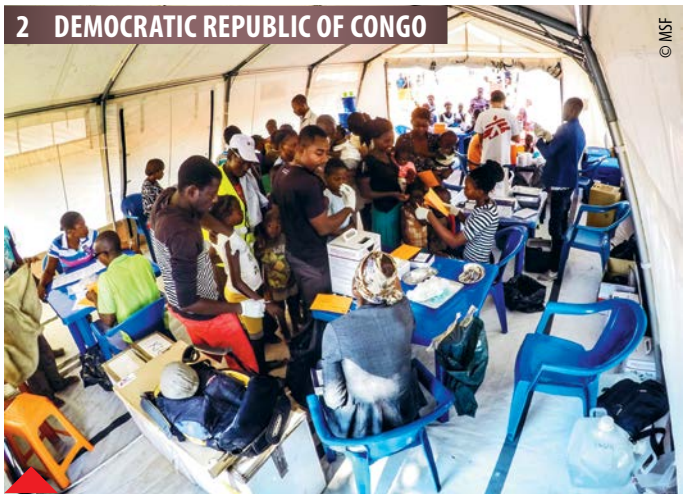
To improve water and sanitation, our teams have worked on more than **130** water points, replaced **3,400** jerry cans and distributed **36,800** bars of soap in **Niger** since April 2017

1 YEMEN

"We're still hearing stories of people dying in their homes in remote villages. This is why we now go into the community, to give out chlorine tablets to purify drinking water and soap for handwashing, to try and slow down the chain of transmission."

–PROJECT COORDINATOR CLAIRE MANERA DESCRIBES HER EXPERIENCES RESPONDING TO THE CHOLERA OUTBREAK IN YEMEN.
READ MORE ABOUT CLAIRE'S WORK ON PAGE 6.

2 DEMOCRATIC REPUBLIC OF CONGO


© MSF

Children receive vaccines in Angola, where more than 27,000 refugees from Kasai are hosted.

Conflict sees rise in violence-related injuries

BACKGROUND:

Within less than a year, the Greater Kasai region in the centre of the Democratic Republic of Congo has transformed from a peaceful area to one of the most serious humanitarian crises in the world. More than 52 mass graves have been found, and hundreds of thousands of children are at risk of malnutrition. Many patients seen by Médecins Sans Frontières are victims of violent trauma such as gunshot and machete wounds.

ACTION:

Médecins Sans Frontières has provided free emergency and routine medical care to 4,200 patients in and around Kananga city and Tshikapa, including through mobile clinics for the displaced. We have almost doubled the capacity of Kananga general hospital's trauma wing, where half the hospitalised patients are suffering from gunshot wounds. In Tshikapa, we support three health centres and one hospital, providing medical and humanitarian assistance particularly to children under five, pregnant women and the wounded. Teams also work in camps in neighbouring Angola where more than 27,000 refugees from Kasai are hosted. We have provided more than 12,000 medical consultations in the past three months, as well as a vaccination campaign reaching 5,000 children.

3 ANNUAL REPORT NOW AVAILABLE

In 2016, donations made to Médecins Sans Frontières Australia contributed towards funding projects in 34 countries, with most money going towards South Sudan, Yemen and Nigeria. We also provided a substantial contribution towards the field workforce, with Australians and New Zealanders filling 203 field roles in 32 countries. The total income of Médecins Sans Frontières Australia in 2016 was $94.3 million. For more details, read our Annual Report: **www.msf.org.au/reports-and-publications**

4 PHILIPPINES


© MSF

Médecins Sans Frontières teams are setting up counselling support near Iligan city.

Heavy combat in Marawi

BACKGROUND:

Approximately 340,000 people have fled heavy combat between the Philippines' army and pro-Islamic State armed groups in the city of Marawi in the Mindanao region of the Philippines. Access to Marawi is extremely limited, making the provision of medical care and support difficult.

ACTION:

Médecins Sans Frontières has begun providing psychosocial support and clean water supply in Iligan City, 30km north of Marawi, where many displaced people have fled. Our teams are distributing hygiene kits and jerrycans to thousands of people in informal sites who are not receiving any official assistance. Our teams have also been monitoring potential outbreaks due to the onset of the rainy season and the area's history of water-borne illnesses.

Medecins Sans Frontieres has worked consistently in the Democratic Republic of Congo for **35 YEARS** and is currently present in **11 PROVINCES** across the country

JOIN OUR TEAM

Find out more about becoming a Médecins Sans Frontières field worker at one of our upcoming webinars and recruitment information evenings. Additional information evenings are scheduled in Australian and New Zealand cities throughout the year.

INFORMATION EVENINGS

Tues 29 Aug	*Wellington*
Tues 5 Sept	*Sydney*
Mon 23 Oct	*Webinar*

PAST WEBINARS ARE ALSO AVAILABLE ONLINE TO WATCH ON DEMAND.

Visit **msf.org.au/join-our-team** for more details.

5 CENTRAL AFRICAN REPUBLIC

A child is screened for malnutrition in a Médecins Sans Frontières mobile clinic in Bria.

Conflict disrupts provision of care

BACKGROUND:

The ongoing crisis since 2013-2014 in the Central African Republic has once again escalated with renewed intense fighting in several locations. An additional 68,000 people have been internally displaced, and tens of thousands more have crossed into Democratic Republic of Congo. The violence has barred many people from accessing medical care during the malaria season, has interrupted regular vaccination campaigns and distribution of medicines, and left pregnant women without assistance when they deliver. Médecins Sans Frontières has worked in Central African Republic since 1997 and currently manages a dozen projects in the country.

ACTION:

Médecins Sans Frontières has treated wounded people in towns including Bria, Bambari, Bangassou and Zemio. Our teams have run vaccination campaigns, distributed water, food supplements and relief items to displaced populations, and increased coverage of care through operating mobile clinics. However, the intensity of fighting has forced Médecins Sans Frontières to temporarily suspend activities in some parts of the country.

6 CAMBODIA

First free screening and treatment program for hepatitis C

BACKGROUND:

Until 2000, many Cambodians contracted hepatitis C from poor sterilisation practices due to the weak state of Cambodia's post-war health system. Although the prevalence of the disease is unknown, it is estimated that between 2 and 5 percent of the population is infected. Drugs to treat hepatitis C are unaffordable for many people.

ACTION:

In May 2016, Médecins Sans Frontières launched Cambodia's first facility delivering free screening and treatment for hepatitis C, based at the Preah Kossamak hospital in Phnom Penh. By the end of April 2017, 900 patients had received free treatment. One of the findings was that a large percentage of hepatitis C patients are older, with a median age of 55. A treatment model for Cambodia's Ministry of Health to roll out for the rest of the country is also being developed by Médecins Sans Frontières.

People wait for their appointment at the hepatitis C clinic in Phnom Penh.

7 NIGER

A patient receives care after severe complications from hepatitis E in Diffa town.

Hepatitis E outbreak in Diffa

BACKGROUND:

In mid-April, authorities declared an outbreak of hepatitis E, a liver disease spread primarily through contaminated water, in the Diffa region of Niger. Some 240,000 displaced people and refugees are sheltering in Diffa, fleeing ongoing conflict between Boko Haram and the Nigerian armed forces. The outbreak highlights the poor water and sanitation experienced by people in the region. Médecins Sans Frontières has worked in Diffa since the end of 2014.

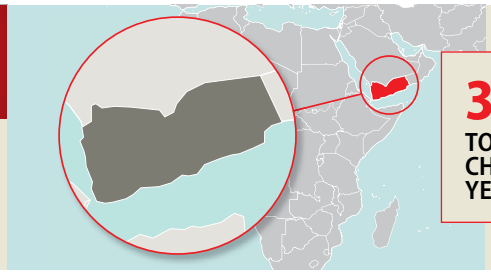
ACTION:

Médecins Sans Frontières has prioritised the provision of safe water and sanitation, including distributing soap and jerry cans and chlorinating water. Teams also provide free medical and psychological treatment for hepatitis E patients, with particular focus on pregnant women, who are most vulnerable to the disease. Médecins Sans Frontières also provides health promotion activities which have reached nearly 32,000 people.

YEMEN

27 MILLION POPULATION (APPROX)

1,300 FIELD STAFF



360,000+
TOTAL SUSPECTED CHOLERA CASES IN YEMEN (AS OF 19 JULY)

19 OUT OF 22
GOVERNORATES ARE AFFECTED BY THE OUTBREAK

Cholera takes its toll on the people of Yemen

After more than two years of high-intensity war, the people of Yemen are now facing another battle – a huge cholera outbreak.

Cholera cases have increased dramatically in recent months, with more than 360,000 cases and 1,800 deaths from April to July.

Two Australian field workers who are currently in Yemen share their experiences responding to the outbreak.

© Malak Shaher/MSF

Claire Manera, from Fremantle, is working as Project Coordinator in Khamer.

"Cholera is a water-borne infection transmitted by contaminated water and food. Since the war began, the relentless bombing of towns and villages has destroyed sources of safe water. Many people also have run for their lives, and now live out in the open, again without access to safe water. Then of course, there's nowhere to practice good sanitation. People have no soap, or other basic hygiene items. There's no rubbish collection, for example, or many other services we take for granted in times of peace.

To make things worse, hospitals have been bombed, or have closed down as there is no money to keep them running. Sick people have nowhere to go. People are also struggling to find food, with malnourished children being at much greater risk of death from cholera. These children are the victims of cholera, and the victims of the war.

> These children are the victims of cholera, and the victims of the war.

Because so many health facilities have stopped functioning, people have to travel further to reach help, but often have no money, fuel or transport to do so. They wait too long in the hope that they will get better, but then by the time they reach us, it's too late. One case we had was a seven-year-old boy who started vomiting and having diarrhoea in a village several hours away. His family went desperately around their village to collect money for transport. His condition worsened as they were travelling, and unfortunately he died before reaching us.

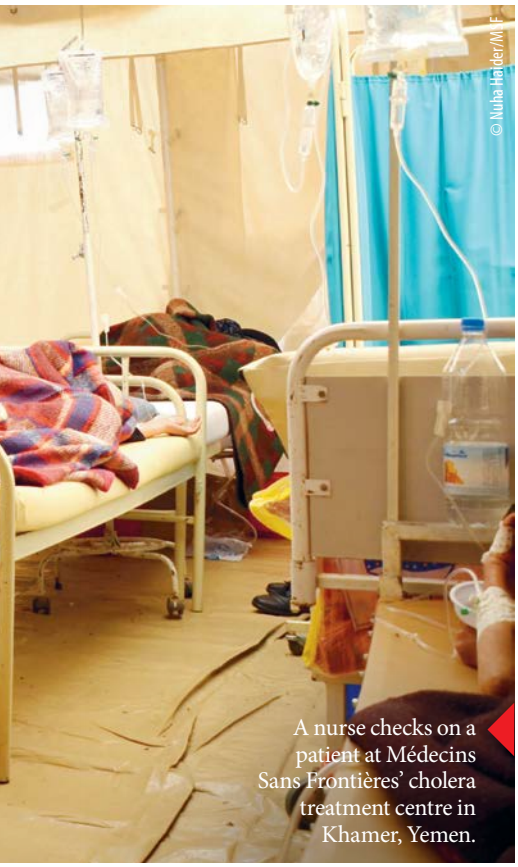
The tragedy is that we can treat the symptoms reasonably easily through rehydration, if people reach a health facility early enough. In our facilities in Amran, we have saved more than 10,000 people since the start of the outbreak in May. For more serious cases, we give IV fluids, but for others we give an oral rehydration solution, which is basically a mixture of sugar and salt.

But we've realised this isn't enough. If the water supply remains contaminated then cholera will continue to spread. We're still hearing stories of people dying in their homes in remote villages. This is why we now go into the community, to give out chlorine tablets to purify drinking water and soap for handwashing, to try and slow down the chain of transmission. We have also set up oral rehydration points in different villages, which help people survive long enough to reach a health facility, or cure them if they are not yet too ill. We are also providing health education about cholera's causes and symptoms, so that people will hopefully be able to get help in time."

60,631
cholera patients treated by Médecins Sans Frontières
MAR 30 – – – → JULY 2

Our teams are running **18 FACILITIES** for cholera treatment across Yemen

HYGIENE KITS containing soap, water treatment tablets and oral rehydration solution distributed to patients + their neighbours


© Nuha Haider/MSF

A nurse checks on a patient at Médecins Sans Frontières' cholera treatment centre in Khamer, Yemen.

Dr Melissa McRae, from Melbourne, is currently Medical Coordinator in Sana'a.

"There are so many challenges at the moment. Médecins Sans Frontières rapidly responded to the need for treatment centres – we are one of the few organisations here with the technical capacity to quickly establish and run these centres. However, a strong community level response is equally, if not more important to bring the outbreak under control. We are covering gaps in the community response, but more needs to be done to ensure that people have access to safe water and sanitation and understand how to protect themselves. The other key challenge is having enough oral rehydration points in many locations to ensure early treatment. The Yemeni context adds another layer of complexity: ongoing fighting, displaced populations and people living in temporary accommodation where hygiene and sanitation standards are not sufficient.

One of the saddest elements of this outbreak is the lack of affordable 'routine' healthcare. People present to the cholera treatment centre with a variety of health complaints. Some of these people know they don't have cholera but are so desperate they attend in the hope of any free medical care. Unfortunately, free medical referral options for patients who do not meet the cholera case definition are non-existent in some places.

> One of the saddest elements of this outbreak is the lack of affordable 'routine' healthcare.

Médecins Sans Frontières is stepping in to cover key gaps in the public health system, particularly for the most vulnerable populations including war-wounded civilians, mothers and their children. The private healthcare system does continue to function but prices are inflated and unaffordable for many. In many parts of the country we support existing public hospitals staffed by Ministry of Health teams who are dedicated, well trained and a pleasure to work alongside. Juggling the cholera response while keeping our non-cholera health activities functional has been possible due to a huge amount of flexibility, energy and dedication from our teams.

Recently we have seen a reduction in cases but it is still too early to see which direction the epidemic will take. I hope for the people of Yemen that cases will continue to decrease – they need a break!"

What is cholera?

Cholera is a water-borne, acute gastrointestinal infection caused by the *Vibrio cholerae* bacterium. It is transmitted by contaminated water or food, or direct contact with contaminated surfaces. In its most severe form, cholera causes profuse watery diarrhoea and vomiting. These symptoms can lead to dehydration, seizures and shock. In severe cases, 50 per cent of people will die, sometimes within hours. But with proper treatment and rehydration, the death rate is less than one per cent.

A patient story


© MSF

One hot June day, Zahra woke up to find her seven-month-old twin girls had fallen sick, their bodies limp. Zahra had no money for milk – let alone a ride to the nearest hospital, an hour's drive away. A stranger ended up taking her to Abs, where Médecins Sans Frontières runs a cholera treatment centre. On admission, the twins were found to have cholera, severe dehydration and had gone into shock. They were immediately treated for dehydration. Malnutrition screening found that they were also severely malnourished. The two girls received milk, but doctors struggled to stabilise them. Every time there was a sign of improvement, a new setback arose. One twin was diagnosed with a chest infection; the other ran a high fever. Their weight was virtually unchanged from what it was when they were admitted, just 3.5kg.

Two days after they were admitted, the twins began to stabilise. Seven days later, Zahra decided to take the children home to the village, sooner than medically advised, but she also had four other children to care for. Cured of cholera, they had a chance of survival. Their doctor noted: "Both twins were 3.6kg on discharge – still severely malnourished, but stable."

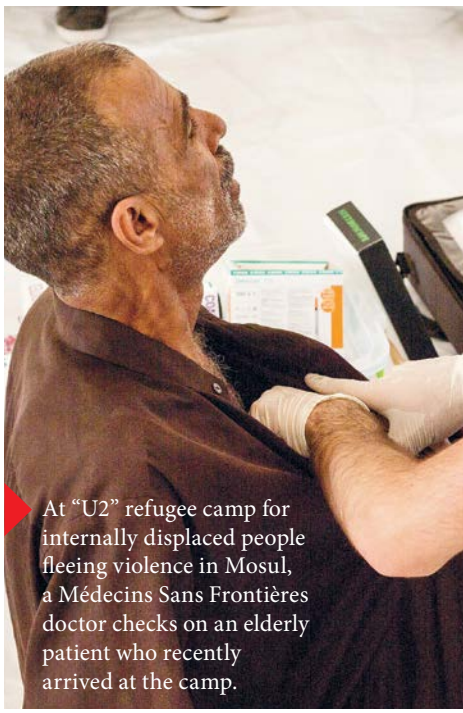
Image above: Zahra's twin girls recover in hospital.

Medical care for Mosul's embattl

Dr Mohammad checks patient details in the inpatient therapeutic feeding tent in Qayyara Hospital in southern Mosul.

Medical staff attend to a baby girl who arrived with a shrapnel wound at a Médecins Sans Frontières hospital in west Mosul.

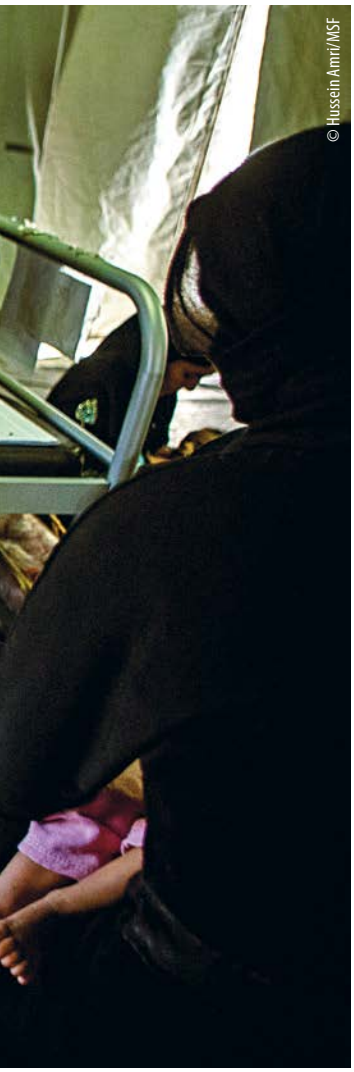
© Jacob Kuehn/MSF



At "U2" refugee camp for internally displaced people fleeing violence in Mosul, a Médecins Sans Frontières doctor checks on an elderly patient who recently arrived at the camp.

ed residents

Throughout the battle for Mosul, Médecins Sans Frontières ran medical projects in eight locations in and around the city, providing medical assistance including trauma surgery, maternity care and malnutrition treatment.


© Hussein Amri/MSF


© Alice Martins

Médecins Sans Frontières Australia's Dr Kevin Baker and colleague attend to a young patient at a field trauma clinic in a village south of Mosul.

At Al Hamdaniya Hospital in south Mosul, a Médecins Sans Frontières staff member changes the bandages of a five-year-old girl who was injured while playing in her family's garden.


© Diego Ibarra Sánchez/MEMO


© Giulio Piscitelli


© Hussein Amri/MSF

A woman receives surgery to remove a piece of shrapnel from her heel in an injury she sustained weeks earlier. She fled Mosul with her wound.

LETTER
FROM NIGERA

"There was no judgement… just assistance provided to someone who required it."

Jacqui Jones is a nurse and midwife originally from Hamilton, New Zealand, who is currently working as Midwife Activity Manager in Maiduguri, Borno State, Nigeria. The population of the city has swelled as people seek safety from the conflict between Boko Haram and the Nigerian Army.

Jacqui Jones (right), talks to a Nigerian colleague, Madeleine, about a premature baby.

I oversee two maternity units, one in Maimusari and one in Bolori, which provide antenatal care, postnatal care and deliveries to both local women and those displaced by the violence. Each week, around 200 babies are born in the two facilities, and 1,400 women come through the antenatal clinic. Both clinics provide 'basic' emergency obstetric and newborn care, which means midwives conduct all the births and there are no obstetricians onsite. (We can refer to a larger hospital with an obstetrician if needed). The midwives are amazing; they deal with the emergency cases very calmly and work extremely hard. I feel honoured to work alongside them. A common greeting here is 'well done!'. It is nice to be congratulated like this just for showing up to work. I would like to adopt this into life back home.

My role involves assisting with managing the Nigerian supervisors, providing education to staff and assisting with difficult births or other cases. I am available on the phone to the midwives whenever they need me, as I can only visit the hospitals during the day due to security restrictions. I hope I've made a difference with our Nigerian staff. They are the ones who will continue the work once we are gone. If their knowledge and skills have improved while working with Médecins Sans Frontières, I think that is the greatest impact we can have.

Talking to our staff I have learnt that Maiduguri used to be a bustling hub of business. Every day I drive past the train lines that are now overgrown or littered, factories that are closed and grand houses halted mid-construction. I can't ever imagine that happening to my home city. However people, our staff especially, just get on with what they need to do.

Twins and triplets

The highlight of my assignment so far has been having two sets of twins and one set of triplets born in the same week. The births were not without complications (only one of the seven presented head first, and two of the mothers had large bleeds afterward) but all of them were discharged in a healthy condition. I'm not sure everyone would have survived if they had stayed in the community.

I also had a lovely case of a nun who came for help with a gynaecological problem. She was displaced after Boko Haram attacked the convent. I didn't have the equipment to help so together we went to a Ministry of Health supervisor, who is a Muslim woman who at that time was fasting during Ramadan. I watched these two women conversing, and they quickly found a

To read more letters from the field, please visit: **www.msf.org.au/stories-news**

© Jean Christophe Nougaret/MSF

Jacqui checks on a newborn premature baby. "This little one decided she wanted to fight," she says.

BY JACQUI JONES

solution. There was no judgement about religion or anything else, just assistance provided to someone who required it. This is what always amazes me the most. Our world has us believe we are at war with one another, however working with Médecins Sans Frontières, seeing regular people getting on with their lives, you realise we have no reason to be.

Challenges to diagnosis

The biggest challenge is not having many diagnostic tests. We send people to get ultrasounds however they are not always accurate. I have had scans reporting 'no cardiac activity', and then a healthy baby born hours later. It is frustrating not knowing the 'numbers' that we have so readily at our disposal back home.

Another challenge is the language barrier. I wasn't expecting there to be so many dialects. I often find myself asking the midwife questions who translates it to the cleaner who can then speak that particular dialect to the patient. This does create barriers to diagnosis, as you're not always sure how words are translated. It reminds me of a game of Chinese whispers.

Traditional medicine is also very popular here. We have had patients present in a very serious condition but without a typical medical history that explains their current state. Eventually (with multiple translations and asking the question four different ways) we learn that a traditional medicine healer has given some concoction. A few times it has resulted in life-threatening conditions. Babies have also returned to us with symptoms of tetanus due to having tribal marks made on the skin with an unclean knife.

Outside the hospital

We work Monday to Saturday, but we usually have a gathering on the weekend. Our international staff come from all over the world – French, American, Ugandan, Italian, Pakistani... We have extremely different cultural and religious backgrounds but have the project as our combined goal. My taste in music has now expanded to all corners of the earth, not to mention my travel bucket list.

The weather is changing seasons at the moment. When I arrived it was extremely hot and dry. We have recently had a few days of heavy rain which has cooled things down, but if I was in charge of the weather I would bring back the heat, because I hate the mosquitos and other bugs that have come with the rain. Although, the change in environment after only a few days of rain was amazing. All the animals are having babies, and the children seem more energetic.

© Jean Christophe Nougaret/MSF

A mother with her newborn baby in the post-delivery ward at Maimusari health centre, May 2017.

SUPPORTER PROFILE

NAME: Annalisa Koeman

HOME: Canberra, ACT

OCCUPATION: Preventive Health, Indigenous Health Division, Department of Health

Field Partner Annalisa first began supporting Médecins Sans Frontières in response to growing conflict in Afghanistan. Since then, she has also made the kind decision to include Médecins Sans Frontières in her Will.

I have always been impressed with Médecins Sans Frontières' principles of impartiality, neutrality and independence, its commitment to provision of assistance without discrimination, and to bearing witness. I have also been an admirer of the total commitment of their staff, local and international, in extremely challenging conditions in the world's conflict zones.

I tend to be most concerned and interested in the work in conflict zones, assisting refugees, dealing with gender-based violence providing psychological care, and emergency response.

At present, the Middle East and Africa are the regions of most interest to me, largely because of Médecins Sans Frontières' work in terrible conflict zones. While I may not get to work in the field, I can at least be 'part of the family' by supporting those who do.

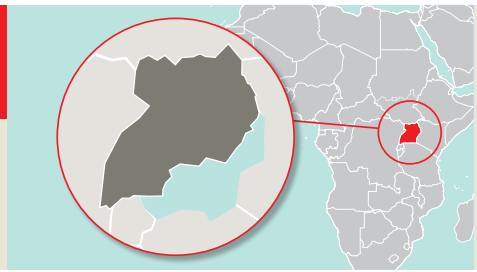
If you are considering donating, consider the record of Médecins Sans Frontières, its origins, principles and capacity to speak out. It is capable of acting and being on the ground quickly, and often goes where others will not.

For more information on becoming a Field Partner, please visit www.msf.org.au

UGANDA

39 MILLION POPULATION

342 FIELD STAFF



MORE THAN 950,000 South Sudanese refugees are living in Uganda

86 PER CENT OF THE REFUGEES ARE WOMEN AND CHILDREN

South Sudan's refugees start life

© Frederic NOY/COSMOS

Bidibidi camp.

Close to one million South Sudanese refugees are now living in Uganda. While they have escaped violence in their home country, they still face many challenges having left almost everything behind.

© Yuna Cho/MSF

Nola with one of her children in Rhino refugee settlement, Uganda.

Nola is a medical translator who works for Médecins Sans Frontières in Rhino refugee settlement, Uganda. But a little over a year ago, she was living in her home town in the Equatoria region of South Sudan, where she was witnessing almost daily violence.

"In my neighbourhood, everyone was fleeing because we were seeing child abduction, rape, looting, forced marriage, and killing between tribes almost every day. Schools were attacked and children slaughtered like chicken."

After armed men arrived at her house in July 2016, Nola decided it was time to leave immediately with her two children and her brother's children.

"We left with nothing, not even a penny to buy food or to pay for transport to hospital," says Nola, who was also pregnant at the time she fled.

Nola is one of more than 950,000 South Sudanese refugees living in Uganda, with the vast majority arriving after violence escalated in South Sudan in July 2016. This makes Uganda the largest refugee hosting country in Africa. It is now home to more than triple the number of people who arrived by sea to Europe in 2016.

Shortages of food and water

Refugees like Nola are given a plot of land and freedom of movement under Uganda's refugee policies. But this approach also means that the refugee settlements are extremely spread out, with people moving regularly, making it challenging to coordinate humanitarian assistance. Many refugees are facing desperate shortages of water and food, coupled with poor sanitation and living conditions.

"I was lucky to make it to Uganda," says Nola. "But upon arrival in the refugee settlement, we found no water, no food, and no health services. Sometimes we had no water for more than a week. How can we live without any water to use and drink?"

Médecins Sans Frontières currently has around 900 staff working in four refugee settlements in the northwest of Uganda – Bidibidi, Imvepi, Palorinya and Rhino.

UGANDA HOSTS MORE REFUGEES THAN ANY OTHER COUNTRY IN AFRICA

MÉDECINS SANS FRONTIÈRES PROVIDES MORE THAN **2 MILLION LITRES OF WATER PER DAY** IN ONE OF THE REFUGEE SETTLEMENTS

1986
Year that we first worked in Uganda

again after fleeing war

Our teams provide medical aid including primary healthcare, inpatient care, maternal healthcare, vaccinations and nutritional screening and treatment.

Clean water

One of our key activities is providing clean water, which is fundamental to prevent the spread of serious diseases. In Palorinya settlement, our teams produce an average of two million litres of water per day from the River Nile, supporting over 100,000 people. This is an enormous undertaking – the water is pumped directly from the Nile and treated in a huge surface water treatment plant before being trucked to tanks around the settlement. In other camps, our teams produce water from boreholes, but many refugees still receive far below the minimum standard.

The recently arrived rainy season has further strained conditions. The roads are deteriorating, impeding water trucking. The rains have also led to flooding in some areas, and an increase in malaria cases. Our teams treated more than 10,000 malaria patients in May, up from 3,300 in April. We have also distributed more than 20,000 mosquito nets in one of the settlements, as well as establishing door-to-door malaria testing and treatment to ensure that no one misses out on medical care.

Risk of violence

Another concern for refugees is the risk of violence in the settlement, something that keeps Nola awake at night. "I can't stop thinking about what is going to happen to me and my children. In the refugee settlement, there are cases of violence, abuse, and rape, and being a female head of family is not safe."

Around 86 per cent of the South Sudanese refugees in Uganda are women and children under 18 years old. Many have experienced violence, including sexual violence, in South Sudan or on their journey to Uganda.

Médecins Sans Frontières is providing medical and psychological care for people who have experienced sexual and gender-based violence in two of the refugee settlements. Our teams provide testing and treatment for HIV and other sexually transmitted infections, emergency contraception where appropriate, as well as mental health support. As it's important for survivors of violence to receive medical care as soon as possible, we also provide training to other organisations to ensure that survivors are referred to us as soon as possible.

Nola says that Médecins Sans Frontières' medical activities have made a huge difference to people in the settlements.

"MSF also helped me in terms of job opportunities. After I was hired as a medical translator, my life changed. I used my earnings to build our house, and to buy clothes and vegetables for the children. Another good thing is that during my time at work, I don't have to think about all the problems I have."


© Frederic NOY/COSMOS

An outpatient consultation in the Bidibidi health centre.


© Chris de Bode

Starting life all over again

New Zealander Vanessa Cramond recently worked as our Emergency Medical Coordinator in Uganda.

"I've worked in population displacement responses for over a decade, and I've never seen the sheer size and magnitude of what I witnessed in Uganda. The geography of the refugee settlements is massive – you can leave in the morning and drive all day and you wouldn't visit it all. Our teams are seeing thousands of people each week for conditions like diarrhoea, skin infections, chest infections, malaria, and chronic and infectious diseases like HIV and TB. Another important part of what we're doing is community outreach and surveillance to try and improve our understanding of the population's health.

It is distressing to meet people who have experienced multiple displacements. I met one gentleman who had been displaced twice in his lifetime before, and this was his third time as a refugee in Uganda. It's hard to hear how many people have had their lives so frequently disrupted, and just when they think things are getting better, more insecurity and uncertainty comes along. Then they are on the run again, refugees again, having to face starting life all over again."

FIELD WORKER

NAME: Siry Ibrahim

HOME: Wellington, NZ

Field Role: Head of Mission

A Head of Mission, or Country Representative, is responsible for all aspects of our medical projects within a country. The position takes the lead for project design, implementation and evaluation, team coordination and supervision and security.

Médecins Sans Frontières Field Experience

- 2013 Field Administration Manager, **Jordan**
- 2013-14 Field Administration Manager, **Pakistan**
- 2014-15 Project Coordinator, Logistics Manager, **Pakistan**
- 2015-16 Project Coordinator, Logistics Team Leader, **Nigeria**
- 2016-17 Head of Mission, **Afghanistan**

"The work gives you a sense of fulfilment that no other job can."

© Benoit Finck/MSF

Maimusari health centre, Borno, Nigeria, July 2016

What led you to work with Médecins Sans Frontières?

I was drawn to work for Médecins Sans Frontières because of what it stands for – it amasses the abilities of a wide range of people to reach where no other organisation can. Also, because a large percentage of funding goes directly to the beneficiaries and is not spent in administration. The concept of volunteerism is still true in this organisation.

How did you make the transition from field administrator to Head of Mission?

I joined Médecins Sans Frontières as an Administration Manager because of my background in human resources and finance. I hold a Bachelor of Commerce and Administration majoring in HR and International Business, plus related work experience. I then became a Logistics Manager which allowed me to use my experience and postgraduate qualifications in logistics and supply chain management. Having completed a few assignments, and taking into consideration my prior experience, I was offered an opportunity to transition into the role of Project Coordinator while in the field. After a couple of missions as Project Coordinator, I was given the chance to be a Head of Mission for Médecins Sans Frontières in Afghanistan.

What does your role in Afghanistan involve?

I contribute to the analysis and follow up of the political and humanitarian situation for Médecins Sans Frontières in Afghanistan, including analysing the local context and problems. I give support to our operational strategy, monitor operations and provide managerial support to the Project Coordinators. I have responsibilities in security analysis and management, negotiations with stakeholders, communications and reporting, to name a few. Part of my role is also to facilitate the debates and discussions at field level among Médecins Sans Frontières' association members.

What do you like most about the role?

Médecins Sans Frontières provides a very unique opportunity – the job is challenging and rewarding at the same time. The most challenging aspects are sometimes feeling hopeless when you cannot access the people in need, and when you say goodbye to people you have just spent your whole assignment with. But the work gives you a sense of fulfilment that no other job can. I love following international affairs and politics in general and this work helps me to expand my understanding in this area.

Could you describe any moments that made you proud to work for Médecins Sans Frontières?

You feel happy and proud every time you see the impact of the work of your team and the appreciation in the faces of patients. When I was in Borno State in Nigeria, people were experiencing one of the biggest humanitarian crises, inflicted by the conflict between Boko Haram and the Nigerian Army, along with environmental degradation, specifically drought in the Lake Chad area. It was difficult to grasp the severity of the situation. When you go there, it is like something out of the imagination. There were endless numbers of kids and women, very vulnerable people, requiring support. They had been suffering from the operations on both sides of the conflict and faced a lack of medical assistance, lack of food, lack of sanitation, lack of many things. But seeing that our teams were able to provide nutritional treatment for malnourished kids, or deliver babies for women who had been displaced by the conflict, that was very rewarding. People would meet you in the street and say "MSF sano sano", which means "thank you, thank you MSF". This made me feel really happy and proud to work for this organisation.

What attributes do you think makes a good coordinator with Médecins Sans Frontières?

Besides having the right qualifications, all life experiences are very valued. People management and good negotiation skills are essential. The job is suited to an open-minded person with the willingness to embrace and appreciate other cultures. Although, Médecins Sans Frontières is an NGO in nature, many business practices are also applicable in this line of work.

CURRENTLY IN THE FIELD

Note: 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.

AFGHANISTAN
Rachael Auty
Nurse
Auckland, NZ

Nicole Campbell
Nurse
Maroubra, NSW

Jeff Fischer
General Logistician
Healesville, VIC

Megan Graham
Administration-Finance Coordinator
Booleroo Centre, SA

Rodney Miller
Field Coordinator
Elsternwick, VIC

Loren Shirley
Pharmacist
Opossum Bay, TAS

BANGLADESH
Arunn Jegatheeswaran
Field Coordinator
Greenacre, NSW

CAMBODIA
Helen Tindall
Nurse
Alice Springs, NT

CENTRAL AFRICAN REPUBLIC
Jordan Amor-Robertson
Medical Doctor
Morley, WA

Eugen Salahoru
Medical Doctor
Fremantle, WA

DEMOCRATIC REPUBLIC OF CONGO
Johanna White
Midwife
Porirua, NZ

ETHIOPIA
Cindy Gibb
Medical Team Leader
Christchurch, NZ

GREECE
Trudy Rosenwald
Mental Health Coordinator
Mount Helena, WA

HAITI
Alex Rutherford
Surgeon
Nelson, NZ

INDIA
Stobdan Kalon
Medical Coordinator
Leeton, NSW

Virginia Lee
Mental Health Coordinator
Lindfield, NSW

IRAQ
Jessica Chua
Anaesthetist
Wollongong, NSW

Cath Deacon
Medical Doctor
Tolmans Hill, TAS

Melissa Hozjan
Medical Doctor
Herston, QLD

Helmut Schoengen
Anaesthetist
Teneriffe, QLD

Natalie Schulz
Administration-Finance Coordinator
Varsity Lakes, QLD

Natalie Thurtle
Medical Doctor
Arncliffe, NSW

Kyla Ulmer
Nurse
Karratha, WA

Suzel Wiegert
Nurse
Engadine, NSW

Georgina Woolveridge
Medical Doctor
Midway Point, TAS

ITALY
Lauren King
Communications Officer
Mortdale, NSW

JORDAN
Gregory Keane
Mental Health Referent
North Balgowlah, NSW

Nastaran Rafiei
Nurse
Brookfield, QLD

LEBANON
Prue Coakley
Field Coordinator
Enmore, NSW

LIBERIA
Peter Sheridan
Logistician Team Leader
Rozelle, NSW

LIBYA
Neil Thompson
Logistician-Electrician
Port Macquarie, NSW

MALAWI
Nicolette Jackson
Head of Mission Assistant
Mullumbimby, NSW

MALAYSIA
Robert Gardner
Administration-Finance Coordinator
Masterton, NZ

MEXICO
Adelle Springer
Epidemiologist
Darwin, NT

MYANMAR
Jennifer Duncombe
Field Coordinator
Coal Point, NSW

Adelene Hilbig
Medical Doctor
Halls Gap, VIC

Linda Pearson
Field Coordinator
Auckland, NZ

NIGER
Kaheba Clement Honda
Nurse
Northmead, NSW

NIGERIA
Kerry Atkins
HR Officer-Regional
Camperdown, NSW

Simon Black
Logistician-Electrician
Tannum Sands, QLD

Liam Correy
Nurse
Snug, TAS

Janine Evans
Nurse
Hughesdale, VIC

Shanti Hegde
Obstetrician-Gynaecologist
Montmorency, VIC

Jacqui Jones
Midwife
Wyoming, NSW

Corrinne Kong
Administration-Finance Coordinator
Southbank, VIC

Jessica Paterson
Administration-Finance Coordinator
Ararat, VIC

Kerrie-Lee Robertson
Administration-Finance Coordinator
Cabarita Beach, NSW

Anne Taylor
Head of Mission
Wellington, NZ

PAKISTAN
Kate Edmonds
Midwife
Auburn, SA

Catherine Moody
Head of Mission
Wollongong, NSW

Lisa Yu
Paediatrician
Hamilton, NSW

PALESTINE
Carol Nagy
Medical Coordinator
Mount Stuart, TAS

PAPUA NEW GUINEA
Rachel Sun
Pharmacist
Helensvale, QLD

PHILIPPINES
Kaye Bentley
Administration-Finance Coordinator
Wellington, NZ

SIERRA LEONE
Daniel Baschiera
General Logistician
Nightcliff, NT

Stella Smith
Field Coordinator
Waitakere City, NZ

Annie Whybourne
Medical Activity Manager
Nightcliff, NT

Anita Williams
Epidemiologist
Narre Warren South, VIC

SOUTH AFRICA
Ellen Kamara
Field Coordinator
Beerwah, QLD

SOUTH SUDAN
Rob Baker
Logistician Team Leader
Darwin, NT

Ben Collard
Logistics Coordinator
Corrimal, NSW

Susan Crabtree
Midwife
Auckland, NZ

Jai Defranciscis
Nurse
Home Hill, QLD

Tien Dinh
Pharmacist
St Albans, VIC

Catherine Flanigan
Nurse
Wellington, NZ

Freya Hogarth
Nurse
Falmouth, TAS

Dwayne Minch
Logistician
Lorn, NSW

Brian Moller
Field Coordinator
Miami, QLD

Evan O'Neill
Medical Doctor
Richmond, VIC

Emma Parker
Nurse
Aranda, ACT

Miho Saito
Midwife
Marino, SA

Rosanna Sanderson
Water & Sanitation Logistician
Fairfield, QLD

Edith Torricke-Barton
Nurse
Railway Estate, QLD

Grace Yoo
Pharmacist
Bankstown, NSW

SWAZILAND
Nick O'Halloran
Administration-Finance Coordinator
Randwick, NSW

SYRIA
Aiesha Ali
Pharmacist
Brisbane, QLD

Kevin Baker
Anaesthetist
Darlinghurst, NSW

Eric Boon
Logistician Team Leader
Swanbourne, WA

Annie Chesson
Midwife
Mt Lawley, WA

Vanessa Cramond
Medical Coordinator
Auckland, NZ

Toby Gwynne
Nurse
Birchgrove, NSW

David MacFarlane
Obstetrician-Gynaecologist
Maroubra, NSW

Amy Neilson
Medical Doctor
Birchs Bay, TAS

Declan Overton
Logistician Coordinator
Wynn Vale, SA

Kriya Saraswati
General Logistician
Prahran East, VIC

Jessica Vanderwal
Nurse
Hayborough, SA

TANZANIA
Jennifer Craig
Logistician-Team Leader
Tapping, WA

Kristi Payten
Medical Coordinator
Bald Hills, NSW

Saschveen Singh
Medical Doctor
Perth, WA

UGANDA
Anthea Fisher
General Logistician
Keith, SA

Khang Hoong Foong
Pharmacist
Hamilton, NSW

Hannah Hassell
Midwife
Wavell Heights, QLD

Janthimala Price
Field Coordinator
Penrith, NSW

Stephanie Sarta
General Logistician
Middle Park, QLD

UKRAINE
Zen Patel
Administration-Finance Coordinator
Baulkham Hills, NSW

UZBEKISTAN
Elspeth Kendall-Carpenter
Nurse
Carterton, NZ

Jemma Taylor
Medical Doctor
Carnegie, VIC

VARIOUS
Robert Onus
Field Coordinator
Chittaway Bay, NSW

YEMEN
Sita Cacioppe
Field Coordinator
Naremburn, NSW

Hugo De Vries
Logistician-Construction
Berowra, NSW

Claire Manera
Field Coordinator
Fremantle, WA

David McGuinness
Nurse
Deception Bay, QLD

Melissa McRae
Medical Coordinator
North Carlton, VIC

Caterina Schneider-King
HR Officer-Regional
Maroubra, NSW

Children playing in Bidibidi camp, near a Médecins Sans Frontières water tank.