# THE PULSE

*BRINGING MEDICAL HUMANITARIAN ACTION TO YOU*

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

MAY 2019

## DIVERSE CRISES
DEMOCRATIC REPUBLIC OF CONGO

## BELARUS
SUPPORTING TB PATIENTS

THE PULSE

MAY 2019
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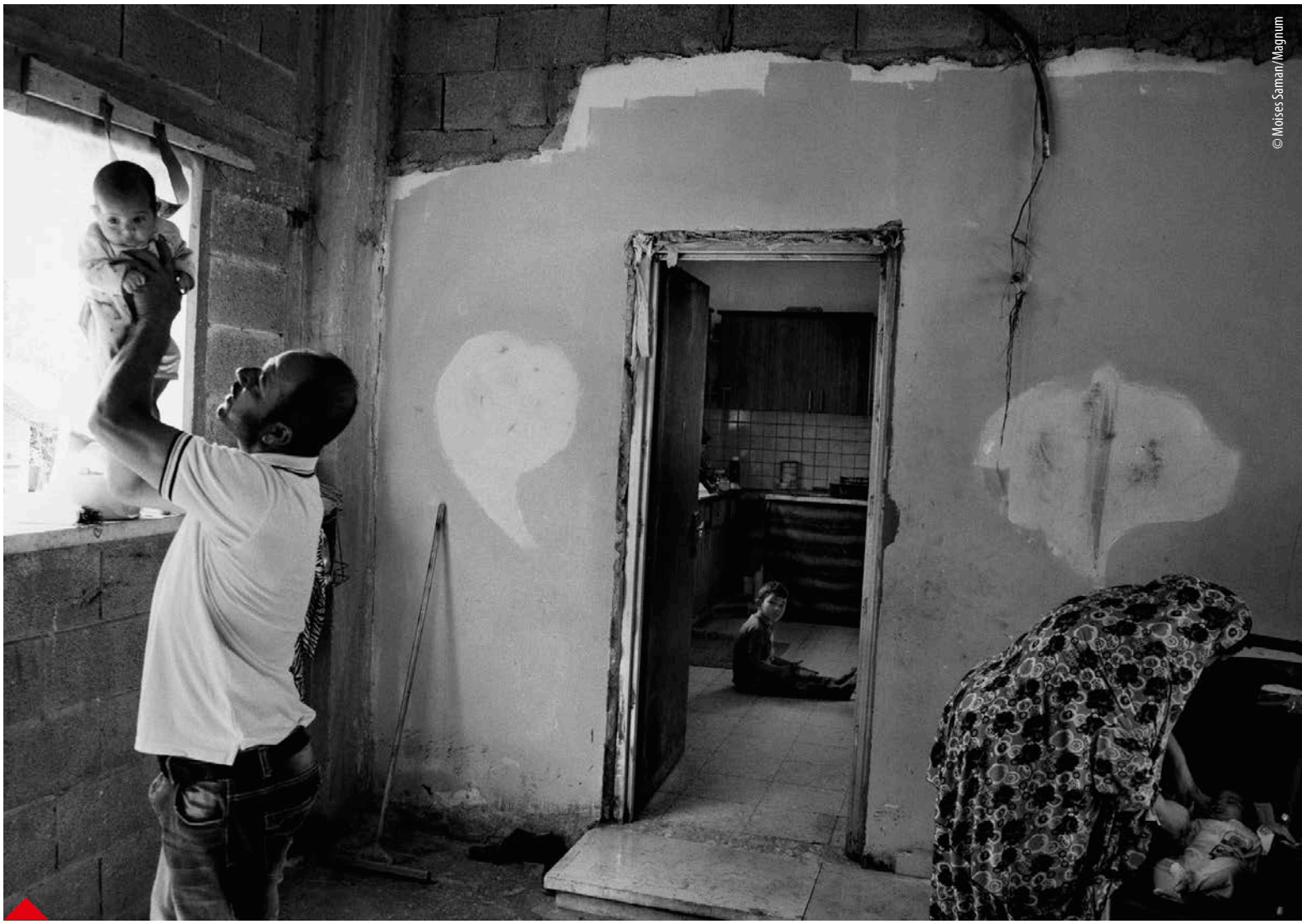
OUR TEAMS ACROSS DRC



© Moises Saman/Magnum

Raed is a father of six living in Hebron, in Palestine's West Bank. He suffers from depressive symptoms since being shot in the hip by Israeli soldiers. Read about our mental health support in the West Bank on page 12.

## 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 2018, 217 field positions were filled by Australians and New Zealanders.

**Front cover:**
A Médecins Sans Frontières staff member attends to a woman and her son in the cholera treatment centre in Minova, South Kivu province, Democratic Republic of Congo, during a cholera outbreak in October 2017.
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BY DR JOANNE LIU

EDITORIAL

# Ebola response rests on trust

**The international response to the Ebola epidemic in Democratic Republic of Congo (DRC) has been rapid and heavily resourced – yet it has failed to listen to the needs of those affected.**

*The Ebola outbreak in DRC is not yet under control. Many people are not seeking, or have not reached, medical care: more than 40 percent of new cases identified since the beginning of 2019 are people who died of Ebola in their community, rather than come to a health facility. Meanwhile, there have been dozens of security incidents affecting the response, including aggression against facilities where Médecins Sans Frontières is working in the epicentre of the epidemic (see page 4).*

*After visiting the most affected regions of DRC, the International President of Médecins Sans Frontières, Dr Joanne Liu, spoke about our responsibility to establish genuine trust with communities impacted by the outbreak. Within Médecins Sans Frontières, this crucial social contract is known as 'acceptance'. I'll leave you with her words.*

*Paul McPhun*
*Executive Director*
*Médecins Sans Frontières Australia*

"It is clear there is a great hostility against the Ebola response. It would be easy to place the blame on the communities themselves, or to say they are not complying with the public health measures. But the problem is not the community. It is our collective responsibility to gain their trust and empower them to take ownership of the response.

The atmosphere in DRC shows the response has failed to listen and act on the needs of those most affected. There is a deep contradiction at its heart: on one hand, we have tools and innovation that previously, we only dreamed of. There has been a massive mobilisation of resources on the ground; more than 80,000 people have been vaccinated and new therapeutics are being used. And yet, the signs are that Ebola is not under control: of newly affected people, 35 percent are not in a known chain of transmission, meaning we do not know how they got Ebola; late presentation to health facilities of those infected means treatment is far less effective.

This epidemic is happening on a background of political, social and economic grievances, in a region that has been hard hit by armed conflict. For decades, violence and neglect has made North Kivu a place where even common ailments, such as malaria and watery diarrhoea, can be deadly without adequate care. Now, we have a situation where donors are pouring millions of dollars into an Ebola response, when people feel their suffering has been neglected for years. After all, what is it that local villagers see of the response?

> "It means treating patients as humans and not as biothreats."

They see fleets of cars arriving to take away a single sick person. They see vast amounts of money pouring in, but they don't see where it ends up. They hear constant advice to wash their hands, but nothing about the lack of soap and water. They see their relatives sprayed with chlorine and wrapped in plastic bags, buried without ceremony, and their possessions burnt.

Many of those with a negative view of the response feel that Ebola is being used as an excuse for political manoeuvres. These suspicions were exacerbated by the decision to exclude Beni and Butembo from the election at the end of 2018. People told me, "Ebola robbed me of my basic democratic right." We must acknowledge that this outbreak is occurring in a deeply politicised environment. Ebola responders are increasingly seen as the enemy, and local health staff have told us they live in fear of being associated with the response, fearing reprisals from the community. Using police to force people into complying with health measures is not only unethical, it is totally counterproductive – and only deepens the suspicion of those who feel Ebola is being used as a political tool.

The effectiveness of this Ebola response will rest on whether it is viewed as legitimate or trustworthy. We must ensure we are looking from the patient perspective. Ebola is a brutal disease that brings extremes of isolation and suffering. In Ebola treatment centres, sick people are kept away from loved ones; doctors and nurses cannot even touch their patients. Can we be surprised that many prefer to remain in the community? If we are to change that, the response must be shaped by patient concerns.

In practice, what does this mean? It means the community is a partner; it means the patient is a partner. It means establishing viable community-based care for those who do not want to attend treatment centres; providing vaccines for more people; and training people within hard-to-access areas so they can protect and care for their own families. It means treating patients as humans and not as biothreats. In turn, it means integrating Ebola care into the wider healthcare system. It means listening to people's needs and not preaching to them. Certainly, it does not mean responding with increasing force.

The Ebola response has so far failed to be a humanised response, and we all share responsibility for this. Again, let's remind ourselves – Ebola outbreaks start in the community and stop in the community."

Dr Joanne Liu
International President
Médecins Sans Frontières

## NEWS IN BRIEF

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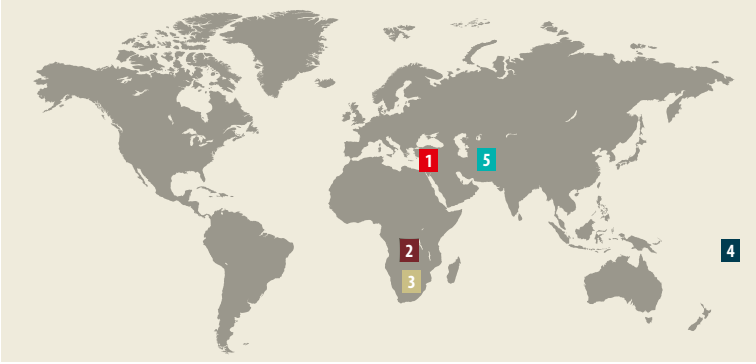
**More than 100 tonnes**
of post-cyclone emergency supplies were flown to our teams in Beira, Mozambique, in 1 week

**30,000**
families were displaced near Herat, Afghanistan




### 1 PALESTINE

"It was extremely gratifying to witness the people we treated go on to live meaningful lives, filled with enjoyment and purpose."

**- YVETTE AIELLO, AN AUSTRALIAN PSYCHOLOGIST, ON WORKING WITH PEOPLE AFFECTED BY ONGOING OCCUPATION IN THE WEST BANK, PALESTINE.**
READ MORE ABOUT OUR MENTAL HEALTH CARE IN THE WEST BANK ON PAGE 12.

### 2 DRC


The Ebola treatment centre in Katwa, North Kivu, was attacked in February forcing the suspension of activities.

## Ebola treatment centres attacked

**BACKGROUND:**

Activities in our Ebola treatment centres in Butembo and Katwa, at the centre of the outbreak of Ebola in the Democratic Republic of Congo (DRC), were suspended following violent attacks in February which forced the evacuation of patients and staff. Our activities in Biakato and Biena were also suspended due to security concerns. More than nine months since the outbreak of Ebola in DRC, the total number of patients has now topped 1,000 across North Kivu and Ituri provinces. In total, 18 health zones have reported confirmed or probable cases of Ebola. At least 586 people are confirmed to have died, but more than 300 people have recovered and almost 93,000 have been vaccinated against the disease. The geographical spread of the epidemic appears to be unpredictable; and some new cases are not linked to previously known chains of transmission, meaning teams are still unable to fully trace contacts of those infected and control the outbreak's spread.

**ACTION:**

Though some activities have been suspended, Médecins Sans Frontières is still responding in Ituri and North Kivu provinces, running Ebola activities in Kayna and Lubero and isolation facilities in Bwana Sura and Bunia; and supporting emergency preparedness in Goma, the North Kivu capital. Teams continue to run infection prevention and control activities; engage in communication and health promotion with affected communities; train medical staff; and support surveillance activities. In Kayna, teams provided patients isolated for testing with treatment for other diseases including malaria and typhoid. See page 6 for a snapshot of the healthcare teams are providing across DRC's many crises.

### 3 SOUTHERN AFRICA


Pharmacist Celina Feliz Berto aids a young child during mobile clinic consultations in Ponta Gea, Beira, Mozambique.

## Responding to Cyclone Idai

**BACKGROUND:**

Heavy flooding caused severe damage in Malawi in early March, and on 14 March, Cyclone Idai struck Mozambique and Zimbabwe. Across the three countries, by the time of publication at least 700 people were known to have died. An estimated 1.85 million people in Mozambique were in need of urgent assistance. Communities were left with huge medical and public health needs, with waterborne diseases, skin infections, respiratory tract infections and malaria spreading due to the large numbers of people displaced, a lack of shelter, poor hygiene conditions and limited access to food. In Mozambique, the cyclone wreaked havoc on the city of Beira – home to around 500,000 people – as well as the surrounding districts of Manica and Sofala. On 27 March, a cholera outbreak was declared in Beira.

**ACTION:**

Médecins Sans Frontières responded with emergency teams on the ground in all three countries. Teams delivered medical assistance, including for injuries, infections and acute watery diarrhoea; and responded to humanitarian needs, including providing non-medical items such as buckets and soap and ensuring safe water and sanitation. In Mozambique, teams in Beira treated people with cholera and moved to stop the spread of the disease by setting up clean water supplies, informing the community about how to protect themselves and working with other actors to prepare oral vaccinations. Mobile clinics provided healthcare in official shelters and in people's homes. In Zimbabwe, teams walked on foot to reach communities who were cut off from road access. In Makhanga, Malawi, staff supported services and medication for patients with chronic diseases, including HIV and TB, through the health centre and an outreach clinic.

Unsafe abortions account for at least **1 in 12** maternal deaths **globally**

## JOIN OUR TEAM

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

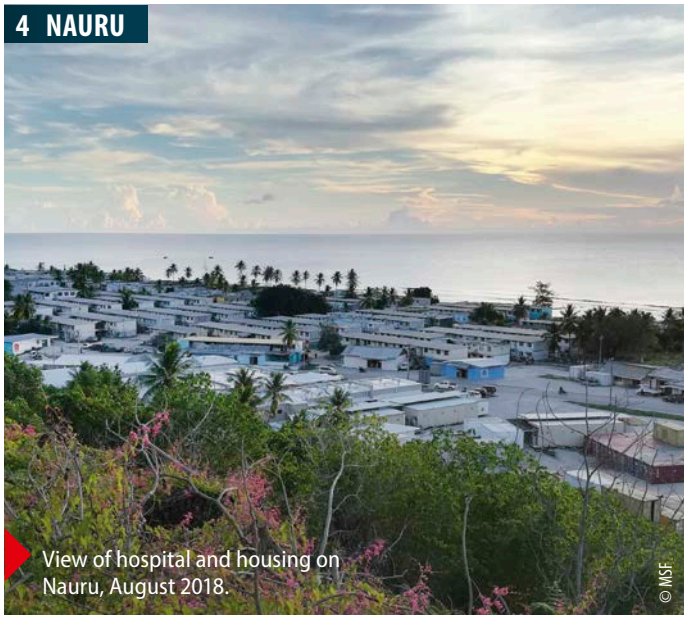
**INFORMATION EVENINGS**

Tues 18 June ***Webinar***
Tues 20 August ***Perth***

**PAST WEBINARS ARE ALSO AVAILABLE ONLINE TO WATCH ON DEMAND.**

Visit **msf.org.au** for details on all our recruitment events.

**4 NAURU**



View of hospital and housing on Nauru, August 2018.

© MSF

# Telemedicine suspended

### BACKGROUND:

Médecins Sans Frontières was forced to suspend its service providing remote psychological support to patients on Nauru, after the Nauruan government issued new regulations prohibiting the practice of telemedicine in the country on 22 February. Médecins Sans Frontières launched the remote service in early February to provide continuity of care to former Nauruan, asylum seeker and refugee patients, following the mental health team's forced departure from the island in October 2018. Our team provided mental health care on Nauru for 11 months from 2017 to 2018, treating 285 patients.

### ACTION:

"These new regulations constitute yet another major obstruction to the provision of independent medical care on the island," said Paul McPhun, Executive Director of Médecins Sans Frontières Australia. In the two weeks that the telemedicine service was operational, more than 40 people on Nauru enquired about receiving support – indicating that mental health care provision on Nauru remains inadequate. Médecins Sans Frontières continues to call for the immediate evacuation of all asylum seekers and refugees on Nauru.

# Winter clinic for displaced families in Herat

### BACKGROUND:

More than 150,000 people were forced to flee villages in northwest Afghanistan due to widespread conflict and severe drought over the winter months. Many sought safety in settlements around the city of Herat, where they faced a lack of shelter among freezing temperatures, inadequate water and sanitation and limited access to healthcare. The unavailability of food posed particular health risks for children and pregnant or lactating women. "We had no choice but to leave our village," said Jamala, a mother of five who was displaced. "Our only source of income was our land and drought has badly affected our area."

### ACTION:

Médecins Sans Frontières opened a clinic in Herat to provide medical assistance to vulnerable people in the settlements. Teams delivered medical consultations, screening and treatment of malnutrition and vaccinations for children. An ambulance service was also set up to help people access hospital care. Médecins Sans Frontières provided an average of 100 consultations per day to pregnant and lactating women and children under five and vaccinated around 100 people each week. The majority of conditions treated were illnesses associated with cold weather or insufficient nutrition.

**5 AFGHANISTAN**

A young mother with her daughter at the Médecins Sans Frontières clinic in Herat.

© Adhmadullah Safi/MSF

**INTERNATIONAL WOMEN'S DAY**

© MSF

# Unsafe abortion: a forgotten emergency

For International Women's Day 2019, Médecins Sans Frontières highlighted the need for safe abortion care to reduce maternal mortality and suffering from unwanted pregnancy and unsafe abortion. Every year, 22,000 women and girls die as a result of unsafe abortion, and a further seven million are injured or disabled by complications from unsafe abortions. Worldwide, 97 percent of unsafe abortions occur in developing countries.

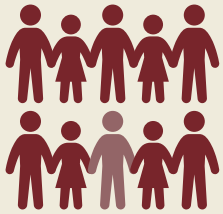
Visit **safeabortioncare.msf.org** to hear the stories of our patients and field workers like Jean-Paul, an emergency doctor in the Democratic Republic of Congo. He shares his belief in the medical necessity of safe abortion care, telling the story of a young woman who died after resorting to an unsafe abortion.

DRC

85 MILLION (APPROX.)

LIFE EXPECTANCY WORLD AVERAGE: 72 YEARS

**DRC: 58 years**



**1 IN 10**

Congolese children dies before the age of five

# The diverse crises of DRC

© Marta Soszunska/MSF

A health promoter sings and dances with young mothers and pregnant women in a health centre in Tshonka, South Kivu, sharing messages on healthy pregnancy and prenatal care.

**Ebola in the Democratic Republic of Congo (DRC) has garnered a huge international response. Yet Congolese people are more likely to be affected by other diseases, violence-related displacement and malnutrition.**

Médecins Sans Frontières has been delivering medical aid in DRC since 1981. The following is a snapshot of some of the ways our teams are providing care.

## Marathon journeys to access care

Moulasi, a mother of eight living in South Kivu, eastern DRC, is tired. She has walked for two days to reach the Médecins Sans Frontières hospital in Lulingu, trekking 40 km from her village. A walk of this length would be arduous for anyone, but even more so for Moulasi: she is eight months pregnant.

Moulasi's story is not unique. Health facilities in remote areas of South Kivu are few and far between and paved roads are rare. This makes patient access, as well as transporting staff and supplies, difficult. During the rainy season, trails become rivers of mud and days-long journeys on foot or motorbike can double in duration. Adding to these challenges, sporadic conflict often causes people to flee their homes, with little knowledge of where to seek care for wounds or other health issues when they become displaced.

The lack of infrastructure has life-threatening consequences for patients needing medical care – and children and pregnant women are the most at risk. "Delivering without medical assistance poses risks to both the mother and the child's health, but most women simply have no choice as the journey is too difficult to make by foot in their condition," says Luz Linares, field coordinator in Lulingu.

## Epidemics of cholera and measles

Cholera, a highly contagious disease which causes severe diarrhoea and vomiting and rapid dehydration, is endemic in nine provinces of DRC, but the high mobility of people in certain areas can cause it to spread like wildfire. In 2018, the country faced one of its worst cholera outbreaks, affecting 24 of 26 provinces. The epidemic occurred during a prolonged drought, which forced people to seek alternative – and often unsafe – sources of water. Cases reached the capital, Kinshasa, home to 12 million people, and by November there were 25,000 people infected and 857 dead. Médecins Sans Frontières' 'Congo Emergency Pool' increased support to two cholera treatment units to ensure round-the-clock patient care in the most affected health zones, and installed rehydration points, epidemiological surveillance activities and an ambulance service.

Perceptions of cholera increase the difficulties of reaching care. When Marie, a Médecins

© Marta Soszunska/MSF

Loabauma (left), once forced to flee her village, now hosts families displaced by fighting in North Kivu. "We have little food . . . but I haven't forgotten how it feels to be displaced."

## Leading cause of death: malaria.

**Teams treated 856,531 malaria patients in 2017**

**Teams treated 19,239 cholera patients and vaccinated 1,050,315 children for measles in 2017**

Sans Frontières patient, became ill, she asked her husband to take her to the health centre. "I was very weak and so we tried to take a moto-taxi, but everyone refused us," she says. "Here in Kinshasa there's a lot of stigma attached to cholera, it's a shameful illness. My husband had to carry me on his back for three kilometres to get me here."

DRC is also prone to measles epidemics. In March 2018, an outbreak was declared in the former province of Katanga, spreading to every health zone in the region by December. Children in this region already face severe health needs, and upon contracting measles they become more vulnerable to severe malnutrition and other serious illnesses like respiratory tract infections.

Médecins Sans Frontières launched a response in Haut-Kananga, where teams vaccinated 231,646 children and treated 3,334 children with measles by September 2018. Teams are now working in Haut-Lomami, where they had vaccinated 64,629 children and treated 3,350 cases by February 2019. The remoteness of some communities is an ongoing challenge. "We suspect that many children never manage to reach medical treatment and never get vaccinated," says emergency operations manager Dr Natalie Roberts.

### Displaced and vulnerable to illness

In 2017, 4.1 million people were internally displaced across DRC. For example, in Nizi, in the north-eastern Ituri province, some 10,000 people remain in limbo more than one year after intercommunal violence saw entire villages burned and many forced to flee.

Melchior lives in Limani, an informal settlement where people have settled since arriving in February 2018. "Children are suffering because they don't eat," he says. "The lack of food is affecting their health." In nearby Tsé Lowi camp, people shelter in makeshift straw huts with little protection from the rain – and a lack of mosquito nets threatens a rise in malaria.

Médecins Sans Frontières has provided more than 57,000 consultations across nine health centres and two hospitals in the region since April 2018, and has trained community members in informal settlements to help identify common diseases at an early stage. But a survey conducted in Nizi in October 2018 found mortality rates were above average in these sites. "The environment in which displaced people live increases the risk and impact of diseases," says head of mission Dr Moussa Ousman.

In isolated Masisi, North Kivu, teams are seeing the impact of displacement on child mortality. Violence causes families to flee for safety, restricting their access to healthcare.

In parts of DRC, paved roads are rare, and transporting patients and medical supplies becomes very challenging.

© Giorgia Gironetti/MSF 2018

> "Too often, people avoid the journey to a health centre because of the fear of being attacked."

"Too often, people avoid the journey to a health centre because of the fear of being attacked," says Ahmosi Twengererwe Bembeleza, mobile clinic nurse supervisor. Many children don't reach therapeutic feeding centres until a late stage, when they are suffering from advanced malnutrition and even the team's best care is not enough.

For the foreseeable future, the people of DRC face varied, complex and longstanding crises. Whether these are oubreaks of Ebola, cholera, malaria or measles, or the exacerbating effects of conflict and displacement, Médecins Sans Frontières teams will continue to work for improved access to quality medical aid.

## A patient story

**Australian emergency registrar Dr Marina Guertin worked on a paediatric project in Bili, North Ubangi province, DRC.**

"One day, a five-year-old girl came to the hospital with impaired consciousness and a fever. We initially thought she had cerebral malaria, which is endemic here. However, she soon developed the classic signs of tetanus: rigid spasms with hyperextended joints, 'lockjaw', and an arched back. Tetanus is caused by a bacterial toxin that easily leads to death if left untreated. In Bili, very few children are completely vaccinated (if at all), and the traditional practice of ritual cutting increases their risk of exposure to tetanus. Newborns can be exposed through the cutting of the umbilical cord with an unclean tool. Newborns are more at risk if their mothers haven't been vaccinated because the mothers don't have protective antibodies to pass onto their babies.

For the first few days of her treatment, my little patient could only move her eyes because all the muscles in her face were in spasm. Her father, who had brought her the 50 km from home to the hospital on his bicycle, stayed by her side for weeks. Every day, he'd report her small improvements – moving her mouth, then her fingers, then her arm. Nearly three weeks after she was first admitted to hospital, I found the girl walking in the paediatric ward, holding her dad's hands. Tentatively, she successfully made a few independent steps towards me. She went home a few days later, a completely different child to the paralysed patient I'd met a few weeks earlier."

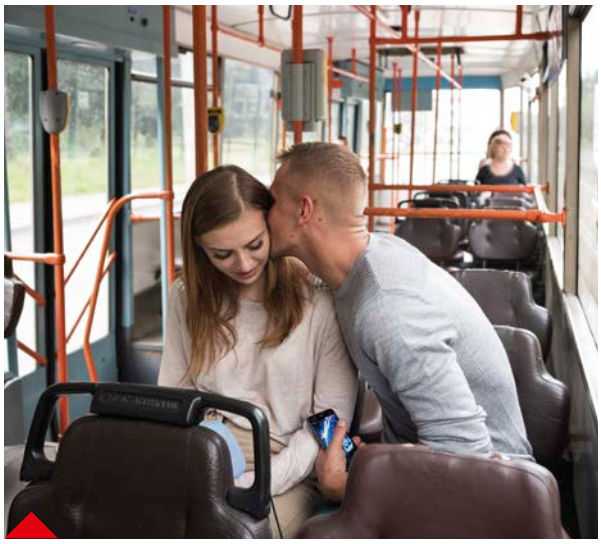
# Fighting the stigma and loneli

Counsellor Andrey visits Dmitry most days. Andrey says Dmitry has relaxed since he first arrived at the TB Institute. "He couldn't bear to hear nice things said about him – he wasn't used to warmth."

Lida, 79, shares her room with Yulia, 39. Lida suffers from multi-drug resistant TB, while Yulia has TB, HIV and hepatitis C coinfections. The two women support each other through their treatment.

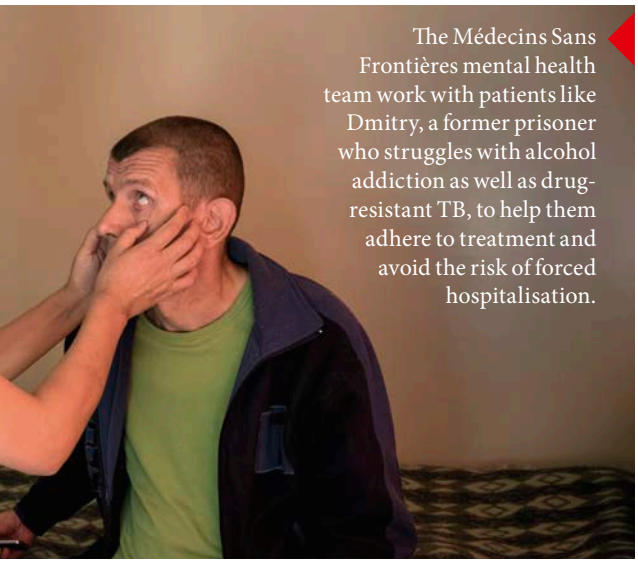
# ness of TB

**In Minsk, Belarus, Médecins Sans Frontières is providing comprehensive care and psychosocial support to help marginalised people with tuberculosis (TB) stick to gruelling and lengthy treatment.**

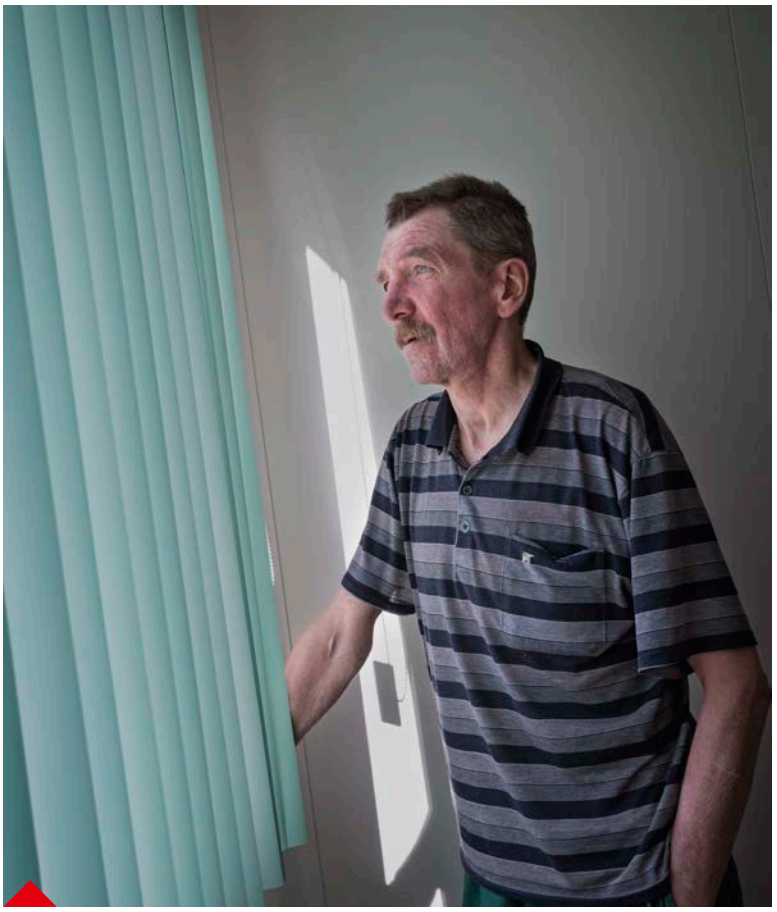


Alyona (left) and Vadim are outpatients at the TB Institute. "A year ago we were both in hospital, now we live together. You should not give up on your treatment," says Vadim.

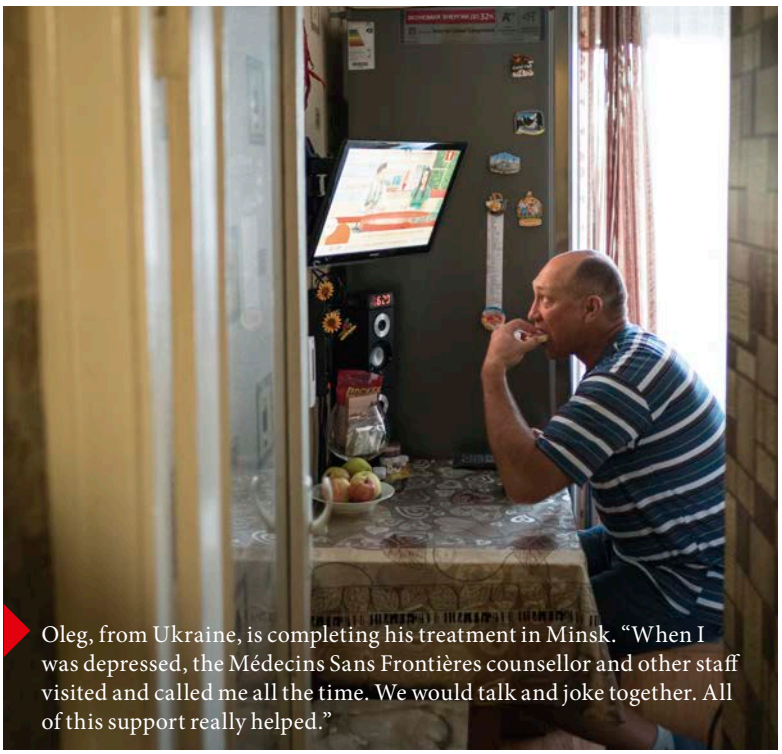
Doctor Olga and counsellor Andrey comfort Leonid, a patient with extensively drug-resistant TB who must be isolated in intensive care. Allowing patients to vent their fears and concerns is an important part of the treatment.



The Médecins Sans Frontières mental health team work with patients like Dmitry, a former prisoner who struggles with alcohol addiction as well as drug-resistant TB, to help them adhere to treatment and avoid the risk of forced hospitalisation.



For some TB patients, loneliness is a far greater challenge than the physical effects of the illness. "I wish someone would visit me, but everyone is afraid of this disease," says Leonid.



Oleg, from Ukraine, is completing his treatment in Minsk. "When I was depressed, the Médecins Sans Frontières counsellor and other staff visited and called me all the time. We would talk and joke together. All of this support really helped."

**LETTER**
*FROM SOUTH SUDAN*

# Child and newborn care in Aweil

**Sydneysider Dr Connie Chong is a paediatrician currently working in Aweil, northwest South Sudan, where Médecins Sans Frontières is supporting essential medical aid for children and newborns.**


Dr Connie Chong (left) with colleagues in the maternity team in Aweil.

As a young country born out of civil war, South Sudan has inherited a legacy of over 50 years of violence and instability. While Aweil is in a relatively stable region, the health system remains under-established – meaning many people face challenges to access medical care.

Since 2008, Médecins Sans Frontières has been supporting a hospital in the region to provide emergency obstetric and newborn care, paediatric emergency care and in-hospital management of severe acute illnesses.

The team has recently taken full responsibility for paediatric surgery in Aweil, providing care for children with burns, fractures and abscesses, as well as laparotomies (surgery involving the abdomen) and amputations. Once they have received surgery and recovered from the severe stage of their injury or illness, most children are stable enough to run and play around the front of the surgical ward. Play is an important part of their recovery, allowing them to regain their physical strength. Our physiotherapist also provides essential rehabilitative care for these patients.

Recently, we treated a baby who required high-risk surgery to save her life. We initially thought the baby had meningitis, but it then became apparent the problem was with her intestines. The conversation with the mother was difficult; without the surgery, the baby would not survive, but she would also have a slim chance of making it through the operation. The mother had travelled far to reach us and had no one to support her, and her baby was severely sick – yet she found it within herself to smile throughout the day. I felt we had no choice but to fight for this little life.

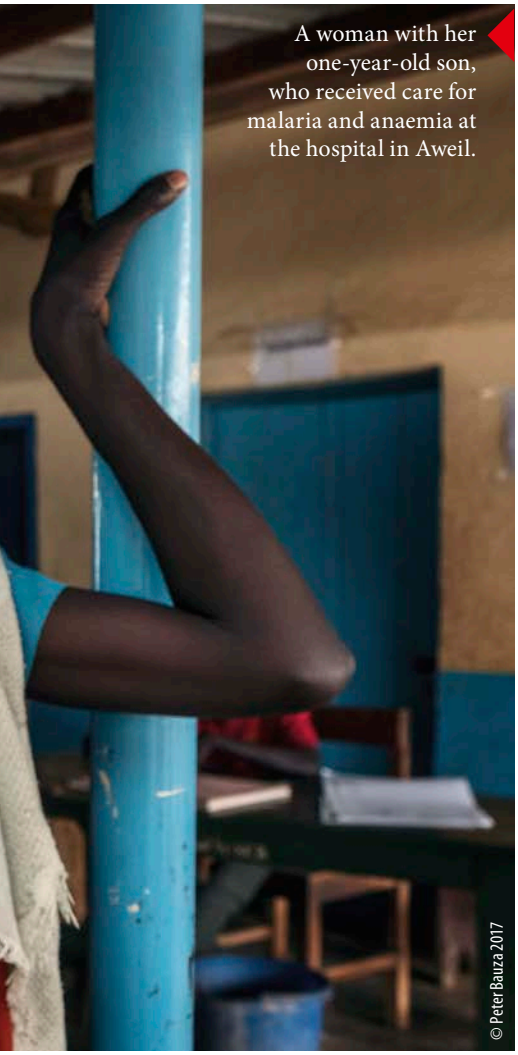
Although our operating theatre isn't equipped for such a tiny 1.6 kg body, the operation went well. We found the cause of the problem: a significant narrowing of a section of the small intestine. When we delivered the baby to the neonatal ward in the evening, the whole team was on board to provide care. She is now stable, but the recovery process is still hazardous, with the risk of infection and other complications.

> "I felt we had no choice but to fight for this little life."

## Comprehensive and lifesaving care

The hospital is always busy. In January, we saw 2,355 emergency room consultations, 894 inpatient admissions, 146 neonatal admissions, 584 deliveries and 326 surgeries

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



A woman with her one-year-old son, who received care for malaria and anaemia at the hospital in Aweil.

© Peter Bauza 2017

*BY DR CONNIE CHONG*

– and that's not even during the peak malaria season. Sometimes, the hospital gets so overwhelmed that patients must sleep on mattresses on the floor.

This is the only facility providing comprehensive paediatric care in the region. The most common conditions we treat in children are malaria, lower respiratory tract infections, gastroenteritis and meningitis. Like in Australia, we face seasonal variations of diseases. We prepare for these outbreaks through increased surveillance of suspected cases, retraining our health staff and working closely with the World Health Organization and other regional partners to share resources and information.

I visit our neonatal ward every morning, where we can care for up to 40 babies. These tiny patients are commonly affected by neonatal sepsis (severe infection), respiratory distress syndrome and skin infections. In a low-resource setting like this, we don't have incubators or CPAP (continuous positive airway pressure) machines. But we do have low-flow oxygen, antibiotics and kangaroo mother care, a technique of newborn care where babies are held skin-to-skin with the parent: all lifesaving tools.

## Long distances by foot or motorbike

Worldwide, most children depend on their families, particularly their mothers, to reach care. Therefore, the challenges for children are mostly a reflection of the challenges that women face – and in Aweil, these barriers are huge.

When children become sick, women often require permission from their husbands to go to the hospital. As women are usually one of several wives to one husband, their husbands may be in another village, meaning women put their sick children on their back, travel to find their husband, receive permission and then try to reach the hospital before it's too late. Roads connecting villages are often in a terrible condition, so women must travel long distances by foot or motorbike, sometimes for days.

Many women have a low level of literacy and an even lower level of health literacy. I realised that mothers in my ward were unable to follow hospital feeding times for their babies because they did not know how to read the time. We also do health education to inform women on the importance of antenatal care, like good hygiene practices.

The most rewarding part of my role in Aweil has been training other staff. Our South Sudanese staff are very articulate and keen to learn, and I enjoy encouraging them to build their skills. Most of my training is done bedside, during the ward rounds, and we hold education sessions for nurses and clinical officers at least once a week.

I am missing home, my clothes are wearing thin, the temperature is soaring into the 40s, and there are an overwhelming number of days when we cannot do everything we want to do when we cannot keep all our patients alive. Despite this, I am so grateful to be doing this work.

© Peter Bauza 2017

These three children received surgery at the Aweil hospital after scalding themselves with boiling water while they were playing near a fire.

## SUPPORTER PROFILE

NAME: Charles Goode

HOME: Melbourne, VIC

OCCUPATION: Chair of corporate advisory firm Flagstaff Partners and The Ian Potter Foundation

**Mr Goode has been a generous supporter of Médecins Sans Frontières since 2008.**

I have always been attracted to how Médecins Sans Frontières operates in difficult locations, where there is real hardship and need for medical assistance. I admire the professionalism of the Médecins Sans Frontières staff who provide high quality care in potentially dangerous situations.

It can be hard to know how to support people in low-income countries and countries in conflict and have confidence that the funding will get through to the people in need. Médecins Sans Frontières have people on the ground, responding to this need with medical support.

The specific locations or crises where Médecins Sans Frontières works do not influence my decision to support the organisation. I am most concerned that people who need medical assistance can access it, and I have confidence that my funds will get through to where they are most required.

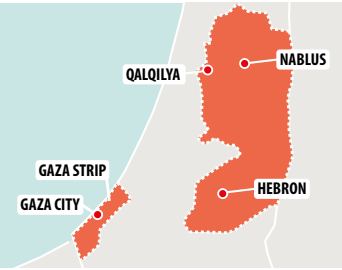
I also admire Médecins Sans Frontières' political neutrality and their policy of financial independence from governments. This allows them to focus on the delivery of their medical services and to deliver aid irrespective of race, religion or politics.

For anyone thinking of supporting Médecins Sans Frontières, I would like to say that Médecins Sans Frontières is an independent organisation that I trust, which delivers medical assistance to people suffering from conflict and disease – in places where many others will not go. I don't know of many other organisations that provide such assistance.

For more information on making a gift to MSF, please visit **www.msf.org.au/major-donors**

## PALESTINE

POPULATION -
WEST BANK: 2.7 MILLION (APPROX)
GAZA: 1.8 MIL (APPROX)




Médecins Sans Frontières has been supporting mental health in the West Bank **SINCE 1996**

In 2018, our teams in Nablus and Qalqilya provided **2,263 psychological consultations**

Women share their experiences in a mental health awareness session in Nablus, run by Médecins Sans Frontières and Tomorrow's Youth Organization.

© Tomorrow's Youth organization

# A sense of dignity

**The people of Palestine's West Bank face ongoing occupation, suffering daily traumas that have severe psychological impacts for many.**

Médecins Sans Frontières is working in Nablus, Qalqilya and Hebron to ease the stigma of mental health conditions and empower patients to develop their resilience.

Two Australian field workers share their experiences providing mental health support in the region.

**Jennifer Craig, from Perth, is the project coordinator in Nablus.**

"The city of Nablus is nestled in a valley between two steep hills – most of the time it is quiet, and when you are inside the city you can forget there is a military occupation. Go outside of the city, however, and you immediately see the Israeli army checkpoints. Sometimes there are army raids on the city at night. The people here live between moments of normality and moments of stress, and there is a constant sense of uncertainty – a knowledge that something could happen at any moment. It is this situation that places an extra burden on some people's mental health.

In the West Bank, Médecins Sans Frontières is working to support people experiencing trauma, grief and loss, as well as mental health diagnoses such as anxiety, depression and post-traumatic stress disorder. The ongoing occupation, poor economic situation and social pressures in this region contribute to high levels of these conditions among the population.

> "The people here live between moments of normality and moments of stress, and there is a constant sense of uncertainty."

In Nablus, our mental health team is providing psychotherapy – where patients talk through their issues with a psychologist – as well as medication when necessary and social support. We have also partnered with a local university to provide practical training for clinical psychology Masters students. Through this partnership, we aim to contribute to the sustainability of mental health programs in the region by empowering Palestinian people to gain experience and skills in mental health care.

As project coordinator, I am responsible for analysing the context in which we work, to determine how we can best respond to the developing situation, as well as monitoring the security of our team. I work closely with the community, authorities and other actors in the region to ensure our acceptance and continued ability to deliver mental health services.

Mental health is heavily stigmatised in some parts of Palestinian society, with people who experience it sometimes seen as 'crazy'. This makes it extremely difficult for people to seek help. We are working to change this by running awareness activities in the towns and villages of the region, as well as using local radio to inform the community of the services we offer."

**In Hebron, 33% of people surveyed reported experiencing emotional suffering – but only 7% sought professional help**

People in the **West Bank** experience daily traumatic events such as **detention, violent raids and restricted freedom of movement**

**Sydney psychologist Yvette Aiello recently returned from an eight-month assignment in the West Bank.**

"People living in the West Bank experience a lack of freedom and control over their lives. In addition to the immediate trauma and stress caused by acts of violence perpetrated against the Palestinian people, the prolonged conflict and tense situation has likely led to intergenerational trauma, which can have impacts on an individual's sense of self, self-regulation and attachment patterns – and has ripple effects for society.

In this region, people are commonly medicated without receiving treatment for the cause of their problems, or establishing more sustainable means of coping with their situation. A lack of general knowledge of mental health in the community also means many people do not understand what they are experiencing and do not know they can seek care.

Our service provides a safe place where people of all ages can freely discuss their difficulties. Being able to process their feelings in therapy can help relieve some of the distress people experience and help them develop new ways of coping with stress, increasing their resilience.

While I was in Nablus, we developed a group program in collaboration with Tomorrow's Youth Organization for vulnerable mothers from the refugee camps. These women were struggling to raise their children in an environment rife with violence, with few resources to support them. They were often facing domestic violence and poverty and reported feeling they had little control of their relationship with their children. As a result, there were patterns of violence being passed from one generation to the next.


Following a raid on his home, Youssef felt afraid to play outside. He has improved with mental health treatment.

"Knowledge and understanding can be powerful tools in creating a sense of control and dignity within oneself."

Over eight weeks, we met as a group and the women were able to express thoughts they had never been able to share openly before. By the end, the women had developed a strong supportive bond and were committed to continuing to support each other. They told us how important the group had been for them in regaining a sense of self-worth and helping them find new pathways for their relationships with their children.

Living in a safe and stable environment is an important factor for mental health, though this is not possible in conflict situations. Knowledge and understanding can be powerful tools in creating a sense of control and dignity within oneself, even within uncontrollable circumstances. Through our mental health services, Médecins Sans Frontières is empowering individuals and communities to be able to live with dignity within an environment of oppression. It was extremely gratifying to witness the people we treated go on to live meaningful lives, filled with enjoyment and purpose."

## Supporting mental health through play

As well as the trauma experienced by their families and communities, children living in the West Bank are particularly affected by a loss of freedom. In 2017, 44 percent of the patients treated in Médecins Sans Frontières mental health sessions in Qalqilya were minors.

Yvette Aiello explains the impact of the occupation on many young people in the West Bank: "I met children who were afraid to play on the streets, having experienced Israeli incursions in the past. Learning that their world is unsafe can permeate all aspects of their life."

Médecins Sans Frontières teams use play therapy to help children develop good mental health. "Play is the way children make sense of the world and process their experiences," says Yvette Aiello. "We use games to help them learn about connecting to another person, recognising others' intentions and regulating their own emotions. Play can give them tools to help them deal with their environment and express their feelings."


Psychologist Yvette Aiello (left) and interpreter Layali Zariefeh run play sessions at Qalqilya Zoo as part of a mental health awareness day for women and children, August 2018.

**FIELD WORKER**

NAME: Alie Rodwell

HOME: Melbourne, VIC

Field role: Psychologist

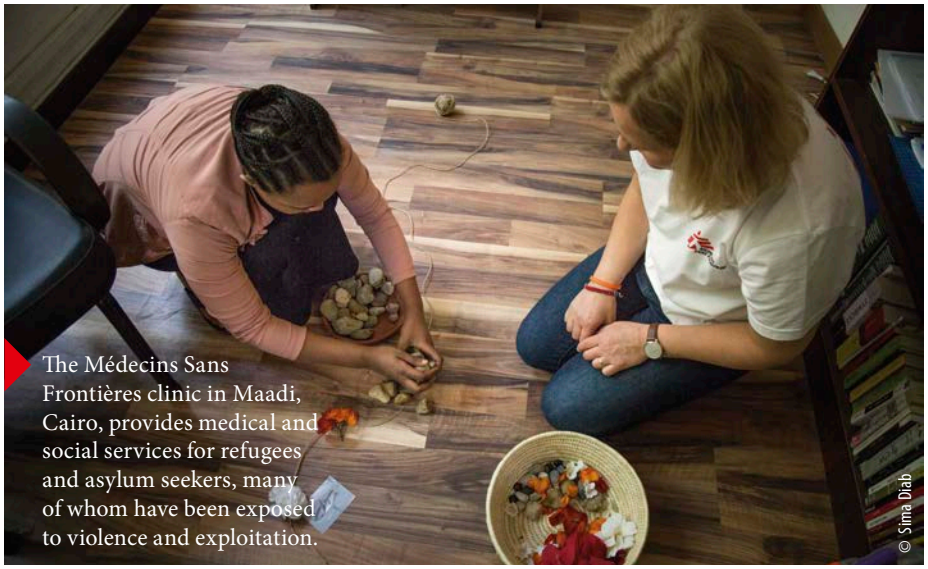
Our mental health specialists work in both emergency and longer-term program contexts. They may provide support to survivors of sexual violence; work with people affected by conflict or natural disaster; or coordinate a support program for people living with HIV/AIDS. A capacity to recruit and train local mental health workers and adapt tools to local cultural needs and contexts is essential.

Médecins Sans Frontières Field Experience

August 2018 – February 2019

Cairo, Egypt

# "Our patients had varied and complex mental health needs"



The Médecins Sans Frontières clinic in Maadi, Cairo, provides medical and social services for refugees and asylum seekers, many of whom have been exposed to violence and exploitation.

© Sima Diab

**What did you do before joining Médecins Sans Frontières?**

I have been working as a psychologist since 2013. Prior to Médecins Sans Frontières, I spent much of my career working in psychological trauma – with people affected by violence. I have worked for the Queensland government with survivors of violence; the Victorian government with adults convicted of violent crimes; and more recently, in a youth justice facility. This work brought me into contact with vulnerable and marginalised young people and families, including refugees.

**You've recently returned from your first assignment, as mental health supervisor in Cairo. What does Médecins Sans Frontières' work there involve?**

Médecins Sans Frontières primarily supports refugees and asylum seekers in Cairo, many of whom need access to healthcare after experiencing immense difficulties in their home countries or on their journey to Egypt, including violence and exploitation. The clinic has a multi-disciplinary team of health professionals: medical doctors (including obstetricians and gynaecologists), nurses, psychologists, psychiatrists, physiotherapists and social workers. The mental health team is the largest, with 13 psychologists and three psychiatrists. Much of the work in the clinic is related to sexual and reproductive health, and includes providing care for patients who have experienced sexual violence.

**What were your main responsibilities?**

I was responsible for case allocation and rostering, line management, overseeing the intake of new patients to the service, liaising with external organisations (for example, organisations working with family violence, hospitals or legal aid professionals), overseeing collaboration between different departments, data collection and analysis and, most importantly, clinical supervision. The patients had varied and complex mental health needs, and for this reason, meeting staff for regular clinical supervision was extremely important to ensure high-quality care for our patients, and for the wellbeing of our Egyptian psychologists, who carry the program long-term.

**How did you draw on skills or experience from previous jobs for this role?**

Since I had worked for years with both survivors and perpetrators of violence, I felt well-prepared to contribute to the team in Cairo. Many of my general skills were transferable, but they always needed to be filtered through the lens of culture. The cultural mediators were patient and generous in providing insights to help with my understanding of the patients, their culture, and the trans-generational impact of the multiple and repeated traumas they experienced.

**Could you share a story of a patient or staff member that stands out for you?**

I was fortunate to meet many dedicated, passionate and empathetic people during my time in Cairo. On my last day, I learned that a vulnerable patient I had been working with had been granted resettlement. She was a 16-year-old unaccompanied minor, with her own infant child who had been born following an incident of rape. I feel proud of the efforts of the Médecins Sans Frontières team to take care of this patient while she waited for the decision on her refugee status and resettlement. This is a long and sometimes agonising process for refugees.

The patient worked with one of our cultural mediators, who was from her home country. This cultural mediator stands out in my memories of Cairo as kind and thoughtful. For my farewell session with this patient, she cooked a meal from her home country for us to share with the patient and her infant son. Being able to engage with my patient in this special way is a memory I will hold close.

**What did you take away from this assignment?**

I feel proud to work for Médecins Sans Frontières, knowing that we are impartial and not subject to influence from governments or political agendas. At times it was challenging to be unable to offer patients access to durable solutions like resettlement. We would like to see more legal pathways for migrants and refugees made available, including increased resettlement slots. As a psychologist, it is hard to know that so many patients are living with the psychic wounds of trauma, and yet they have such limited access to services. The work being done in the Cairo clinic is needed and meaningful, and it was inherently rewarding to spend even a short time there to support the staff and patients. It was a huge challenge to say goodbye at the end of my assignment.

# 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

**Prue Coakley**
*Head of Mission*
Enmore, NSW

**Freya Hogarth**
*Nurse*
Bicheno, TAS

**Vivegan Jayaretnam**
*Logistician-General*
Kinross, WA

**Allen Murphy**
*Field Coordinator*
Morningside, QLD

**Ben Shearman**
*Logistics Team Leader*
Brunswick West, VIC

**Jeanne Vidal**
*Logistics Team Leader*
Caroline Springs, VIC

## BANGLADESH

**Rodolphe Brauner**
*Logistics Team Leader*
Peregian Springs, QLD

**Geraldine Dyer**
*Mental Health Coordinator*
North Cairns, QLD

**Megan Graham**
*Administration-Finance Coordinator*
Booleroo Centre, SA

## ETHIOPIA

**Linda Pearson**
*Project Coordinator*
Auckland, NZ

## GEORGIA

**Vino Ramasamy**
*Administration-Finance Coordinator*
West Perth, WA

## INDIA

**Stobdan Kalon**
*Medical Coordinator*
Leeton, NSW

## INDONESIA

**Evelyn Wilcox**
*Field Coordinator*
Bull Creek, WA

## IRAN

**Faye Gorman**
*Mental Health Coordinator*
Otago, NZ

## IRAQ

**Susan Bucknell**
*Logistics Team Leader*
Sutherland, NSW

**Debra Hall**
*Midwife*
Manunda, QLD

**Anna Haskovec**
*Logistics Team Leader*
Murrumbateman, NSW

**Virginia Lee**
*Mental Health Coordinator*
Lindfield, NSW

**Alison Moebus**
*Nurse*
Oak Park, VIC

**Britta Walker**
*Mental Health Coordinator*
Lyneham, ACT

## KENYA

**Rose Burns**
*Medical Doctor*
Smiths Gully, VIC

**Frederick Cutts**
*Logistics Coordinator*
Somerville, VIC

**Reinhard Hohl**
*Logistician-Construction*
Kirribilli, NSW

## MALAWI

**Simone Silberberg**
*Mental Health Coordinator*
Killarney Vale, NSW

## MALAYSIA

**Corrinne Kong**
*Administration-Finance Coordinator*
Melbourne, VIC

## MOZAMBIQUE

**John Cooper**
*Logistics Team Leader*
Avalon, NZ

**Tambri Housen**
*Epidemiologist*
Deakin, ACT

## MYANMAR

**Hannah Rice**
*Midwife*
Mile End, SA

## NIGERIA

**Corinne Baker**
*Field Coordinator*
Glenhaven, NSW

**Cindy Gibb**
*Medical Doctor*
Christchurch, NZ

**Shanti Hegde**
*Obstetrician/Gynaecologist*
Port Macquarie, NSW

**Jessica Paterson**
*Administration-Finance Coordinator*
Ararat, VIC

**Kerryn Whittaker**
*Logistician-Supply*
Auckland, NZ

## PALESTINE

**Aiesha Ali**
*Pharmacist*
Hassall Grove, NSW

**Jennifer Craig**
*Field Coordinator*
Tapping, WA

**Tien Dinh**
*Pharmacist*
St Albans, VIC

**Adelene Hilbig**
*Medical Doctor*
Thomson, VIC

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

## PHILIPPINES

**William Johnson**
*Logistics Coordinator*
Padstow Heights, NSW

## SOUTH AFRICA

**Ellen Kamara**
*Field Coordinator*
Beerwah, QLD

## SOUTH SUDAN

**Connie Chong**
*Medical Doctor*
Northmead, NSW

**Nicholas Coulter**
*Nurse*
Yamba, NSW

**Tanyth de Gooyer**
*Epidemiologist*
South Yarra, VIC

**Catherine Flanigan**
*Nurse*
Wellington, NZ

**Neville Kelly**
*Logistician-General*
Broadford, VIC

**Stefanie Pender**
*Medical Doctor*
Aranda, ACT

**Stephanie Sarta**
*Logistics Coordinator*
Middle Park, QLD

**Angela van Beek**
*Midwife*
Cairns, QLD

## UGANDA

**Heather Moody**
*Logistics Team Leader*
Dingley Village, VIC

**Emma Parker**
*Field Coordinator*
Aranda, ACT

**Janthimala Price**
*Field Coordinator*
Penrith, NSW

## UKRAINE

**Jennifer Duncombe**
*Field Coordinator*
Coal Point, NSW

**Amy Neilson**
*Medical Doctor*
Birchs Bay, TAS

## UZBEKISTAN

**Tasnim Hasan**
*Medical Doctor*
Baulkham Hills, NSW

## YEMEN

**Jane Hancock**
*Nurse*
Como West, NSW

**Kyla Ulmer**
*Project Coordinator*
Karratha, WA

**Georgina Woolveridge**
*Medical Doctor*
Midway Point, TAS

## VARIOUS/OTHER

**Arunn Jegatheeswaran**
*Field Coordinator*
Greenacre, NSW

**Louisa Cormack**
*Field Coordinator*
Apsley, VIC

**Claire Manera**
*Head of Mission*
Mount Pleasant, WA

**Kiera Sargeant**
*Medical Coordinator*
Beachport, SA

**Rose Stephens**
*Nurse*
Fitzroy, VIC

**Sam Templeman**
*Medical Coordinator*
Eastwood, NSW

**Melissa Werry**
*Field Legal Support*
Watsons Bay, NSW


Aerial view of Buzi and the devastation caused by Cylone Idai.