

THE PULSE

BRINGING MEDICAL HUMANITARIAN ACTION TO YOU



MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

AUGUST 2021

WHEN A VOLCANO ERUPTS

COMMUNITY SUPPORT
IN EASTERN DEMOCRATIC
REPUBLIC OF CONGO

"THE PANDEMIC HAS HIT US ALL"

A NIGERIAN DOCTOR ON
FACING COVID-19



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THE BURDEN OF BLOCKADE AND VIOLENCE IN GAZA



© Fady Hanona/MSF



A Palestinian man stands inside a destroyed apartment in Gaza City, during the 11 days of Israeli bombardment of Gaza in May.

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 2020, 108 field positions were filled by Australians and New Zealanders.

Front cover:

Dieudonné Bizimungu fled Goma, Democratic Republic of Congo, with his family when Mount Nyiragongo erupted in late May. Their house was spared. © Moses Sawasawa

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COVID-19
HEALTH
PROMOTION IN
MUMBAI

CULTURALLY
APPROPRIATE
MENSTRUAL
HYGIENE

BY DR SALIH M. AUWAL



PASS THE MIC EDITORIAL

COVID-19 in Nigeria: “we are also fighting the virus here”

“We are doing our part—but without vaccines we have no chance to stop this pandemic,” writes Dr Salih M. Auwal.

Dr Auwal is a Médecins Sans Frontières doctor and COVID-19 focal clinician working at Shinkafi clinic in Zamfara state, northwest Nigeria, where we provide care for malaria, sexual violence and other health needs. In this Pulse Editorial, we ‘pass the mic’ to Dr Auwal to hear why he and other health professionals in Nigeria urgently need global support to protect people from COVID-19, as they face the country’s third wave of infections.

“I am responsible in our clinic for ensuring that no one brings in COVID-19. So far, we have succeeded. Every patient is screened and tested. As a result, we have detected quite a few cases. Of course, I’m always a little worried of catching it myself. But we have enough protective equipment in our clinic. The situation is different in the state clinics. There, to this day, the staff does not have sufficient masks, sometimes not even gloves.

In Nigeria, if you come as a patient with a suspicion of COVID-19 to the admission of a state hospital, you are not treated immediately. First you have to bring gloves and masks yourself. Many colleagues in state hospitals have been infected. Nevertheless, they continue. Because we as doctors and nurses have a duty to the people here.

We are doing our part to stop this pandemic, for Nigeria and for the world. But we don’t stand a chance if the politicians who decide on the vaccines let us down.

I have heard that in Australia, around 40 per cent of adults have had at least one dose of the vaccine. I am pleased about that. I’m a doctor, I don’t discriminate according to where patients come from. Therefore, every high-risk patient who is vaccinated is good news for me. But I do wonder: what about the high-risk patients in my country?

At the time of writing, Nigeria has now received around 8 million doses of AstraZeneca and Moderna vaccines through the COVAX initiative [a global mechanism co-led by the World Health Organization, the Coalition for Epidemic Preparedness Innovations and Gavi aimed at equitable allocation of COVID-19 vaccines], and from the United States. That’s good, certainly. But it’s only enough for four million out of 210 million people—less than two per cent. We have already had more than 2,000 deaths from the virus in our country.

“The pandemic has hit us all, in all countries. Let’s defeat it all together.”

It’s not easy to fight COVID-19 here. Not just because of the lack of vaccines and protective equipment. For example, in the government clinic near us in the city, there is no oxygen at all, for anyone. If you are a patient with a severe course, you simply have poor chances. Especially in areas like this, shouldn’t people be protected as quickly as possible?



The pandemic has hit us all, in all countries. Let’s defeat it all together, too! There is no other way. Why haven’t all the factories around the world that are somehow able to do so joined in the global production of vaccines? Every day that too little is produced costs human lives, in Nigeria and in many countries of the global south.

As a physician, I am committed to acting solely in the best interests of people. No other interest shall influence my decisions. But whether people here can be vaccinated or not, whether soon or in two years from now, does not depend on my decision. It is decided far away for us, about us. I can only appeal to those who are responsible for it: don’t forget that we are also fighting the virus here. Help me to help people and to end the pandemic.”

Dr Salih M. Auwal
COVID-19 focal clinician,
Médecins Sans Frontières
Zamfara, Nigeria

PASS THE MIC

As part of our commitment to greater diversity and inclusion of voices within *The Pulse*, each issue we are ‘passing the mic’ to a black or indigenous person or person of colour among Médecins Sans Frontières’ staff and patients. Look out for the microphone icon.

**1 LEBANON, FRANCE, BELGIUM**

Supporting COVID-19 vaccinations for people at risk

Médecins Sans Frontières is running COVID-19 vaccination campaigns to protect at-risk and marginalised communities in Lebanon, France and Belgium.

Lebanon:

We have deployed mobile teams to vaccinate elderly people and frontline workers in nursing homes, visiting more than 30 across the country in three months, as well as people in prisons in Zahle, Roumieh and Tripoli. We have opened two COVID-19 vaccination centres in Tripoli and Bar Elias and, country-wide, our health promotion teams are providing people with information to tackle vaccine hesitancy.

France:

In Paris, Médecins Sans Frontières launched a vaccination campaign for homeless and migrant communities in June, aiming to inoculate 6,000 people by September. High rates of COVID-19 infection have been found in overcrowded emergency shelters and workers' hostels in Paris, and people living on the streets have little access to medical care. We continue to provide basic healthcare for homeless and migrant communities.



Médecins Sans Frontières staff prepare doses of the COVID-19 vaccine at our vaccination centre in Bar Elias, in Lebanon's Bekaa Valley.
© Tracy Makhoul/MSF

Belgium:

In Brussels at the end of May, Médecins Sans Frontières began working with three other organisations and local authorities to vaccinate homeless, migrant and undocumented people who were previously excluded from the Belgian national vaccination program. The mobile team aims to reach 5,000 people over four months with the one-dose Johnson & Johnson vaccine, working across homeless shelters and other, informal accommodation.

“I’m relieved. I’m no longer scared for my life and it feels like a heavy weight has been lifted from my shoulders.”

Fadi Khoury, 72, is a resident in a nursing home in Lebanon.

2 ETHIOPIA

Team members murdered in Tigray

On 24 June, Médecins Sans Frontières was outraged by the horrific killing of three of our staff in Tigray in northern Ethiopia. María Hernández, Tedros Gebremariam and Yohannes Halefom had been working with Médecins Sans Frontières in the area since February, responding to the humanitarian needs of people displaced by the conflict between the Ethiopian government and the Tigray People's Liberation Front. They were wearing clothing that identified them as Médecins Sans Frontières staff and were travelling in a clearly marked vehicle at the time of the attack. “Since the murders of our colleagues, no one has claimed responsibility and the circumstances around their deaths remain unclear,” said operations director Teresa Sancristoval. Médecins Sans Frontières has called for an immediate investigation into the killings, and insists that aid workers should be allowed to do their jobs in safety. We suspended our activities in Abi Abi, Adigrat and Axum, in central and eastern Tigray, in July, but continue to provide care in other areas of Tigray.

3 BANGLADESH

Rohingya exodus four years on

This August marks four years since a campaign of targeted violence by the Myanmar military forced 700,000 Rohingya people to flee their homes in Rakhine state and cross the border into Bangladesh. Today, nearly one million people remain stranded in one of the world's largest refugee camps in Cox's Bazar. Their situation remains extremely precarious, with many people lacking access to healthcare, safe drinking water, latrines and food, and to work and education. This context and the lack of a long-term solution for the Rohingya are taking a high toll on their mental health, especially for young people, who fear a life-long sentence in the camps. Médecins Sans Frontières continues to provide health services in the camps, including mental healthcare.



OUR TEAMS BEGAN WORKING IN COX'S BAZAR, BANGLADESH, IN 1985.

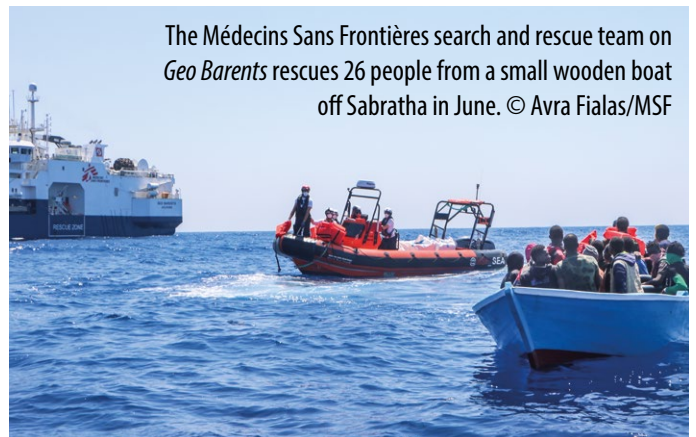
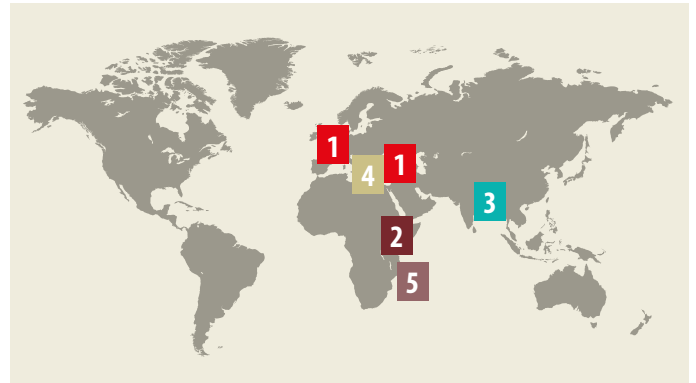
4 CENTRAL MEDITERRANEAN

Search and rescue blocked

In May, Médecins Sans Frontières launched a search and rescue vessel, the *Geo Barents*, to rescue and provide emergency medical care for people in distress as they attempt the deadly sea crossing from Libya. Refugees and migrants continue to drown or face forced return to horrific conditions in Libya, under European policies of non-assistance at sea. In early June, our team conducted seven non-stop rescues of boats in distress, assisting 410 people including 99 children. Requesting a place to disembark proved challenging: we made 13 requests before *Geo Barents* was eventually granted a place of safety in Italy. In early July, our ship was inspected and detained by the Italian port authorities for three weeks. “While humanitarian NGO vessels are detained, lives continue to be needlessly lost in the Mediterranean,” said search and rescue coordinator Duccio Staderini. This was the eighth time in two years an inspection in an Italian port has stopped an NGO ship returning to sea. Between January and July 2021, 930 people lost their lives attempting to cross the Mediterranean.



SINCE 2015, MEDECINS SANS FRONTIERES HAS ASSISTED IN THE RESCUE OF **81,000 PEOPLE** IN THE CENTRAL MEDITERRANEAN SEA.



5 MADAGASCAR

Responding to a nutrition crisis

In Madagascar, three years of drought have severely affected harvests, exacerbating the annual ‘food lean season’ and resulting in an exceptionally acute food and nutrition crisis this year. Médecins Sans Frontières estimates that around 280,000

people have been affected in Amboasary district alone, in the southern desert region of Anôsy. We launched an emergency response in March, and are now running mobile clinics delivering screening and treatment for acute malnutrition in 15 sites across Anôsy and Androy regions. We are also providing treatment for diseases associated with malnutrition, such as malaria and diarrhoea. In June, Médecins Sans Frontières opened an inpatient therapeutic feeding centre in Ambovombe hospital to scale up care for malnourished children who are critically ill due to complications like these. We are also distributing food rations to help restore people’s access to food, and running clean water, sanitation and hygiene activities.



A woman and her children attend our mobile clinic in Ranobe commune, Amboasary district.
© iAko M.
Randrianarivelo
/Mira Photo



OUR MOBILE CLINICS TREATED **4,339 PEOPLE** WITH MODERATE AND SEVERE ACUTE MALNUTRITION IN SOUTHERN MADAGASCAR (MARCH - JUNE 2021). WE DISTRIBUTED AROUND **104 TONS OF FOOD** TO FAMILIES IN JUNE.

JOIN OUR TEAM

Find out more about becoming a Médecins Sans Frontières field worker at one of our upcoming online recruitment information evenings.

At these online events you can hear from returned field workers, meet our Field Human Resources staff and learn about the recruitment requirements and process.



VISIT [MSF.ORG.AU/JOIN-OUR-TEAM/WORK-OVERSEAS/RECRUITMENT-EVENTS-TO-REGISTER-FOR-FUTURE-EVENTS](https://www.msf.org.au/join-our-team/work-overseas/recruitment-events-to-register-for-future-events).

Past webinars are also available to watch back on demand.



PALESTINE



5.4 MILLION
POPULATION (APPROX.)



Of young Gazans,
40% have a mood disorder,
60-70% have post-traumatic
stress disorder and
90% experience other stress-
related conditions (2015)



40% of Gaza's population is
under the age of 14, and
have lived their entire lives
under blockade



Palestinians walk among
debris caused by Israeli
airstrikes and shelling in
Gaza City during May.
© Fady Hanona/MSF

Life under blockade and violence

In Gaza, lingering trauma from the most recent episode of violence is exacerbating the mental health crisis. Months since the ceasefire between the Israeli government and Palestinian militant groups, the violence and blockade are still taking a heavy toll.

Twelve-year-old Mohanned was in a car with his aunt on 11 May, when the Gazan neighbourhood they were passing through was hit by an Israeli airstrike. Mohanned survived the blast but was hit by shrapnel in his head, arm and abdomen.

“Look at him. He is a child. What did he do to deserve this?” says his father, Elsabea Musabeh, lifting his son’s T-shirt to show wide layers of gauze dressing wrapped around Mohanned’s waist. It has been several weeks since Mohanned was discharged from hospital. Some of his injuries have healed but the psychological trauma of the experience is still fresh. He doesn’t like speaking about the incident as it brings back memories, says Musabeh.

For most Palestinians in Gaza, the 11-day intensive Israeli bombardment in May was not the first time they had experienced airstrikes. “There is a war here every few years,” continues Musabeh. “We are used to this—it’s just life. We don’t cry over destroyed buildings anymore. Our children are our only worry.”

An acute mental health crisis

The mental trauma of fearing for your life, seeing your home in ruins, and the resulting economic hardship have long-term consequences. For many people, this is on top of existing trauma from previous episodes of violence and 15 years of life under a blockade imposed by Israel and Egypt, resulting in an acute mental health crisis in Gaza.

Salma Shamali, 36, her husband and their seven children only just managed to escape when their house was bombed at night in May. “We heard at least 15 explosions,” says Shamali. “We were all in one room. The children were sleeping. Then part of the house fell on us. We were confused. Nobody warned us or told us to evacuate.”

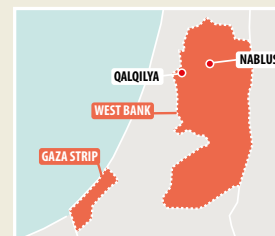
It took them several hours stumbling through the dark to reach the relative safety of a nearby bus station, where they took cover for five hours. From the bus station, they moved to a school. When the family returned home a week later, they found their home badly damaged leaving them no choice but to rent another house.

At the time of writing, the Israeli government has launched airstrikes on the Gaza Strip on three occasions since the ceasefire agreement on 21 May. The sound of drones in the sky over Gaza has not stopped: the noise torments people night after night, keeping them

FROM 10-21 MAY, ISRAELI
AIRSTRIKES AND SHELLING
KILLED 256 PEOPLE IN GAZA AND
INJURED AROUND 2,000 OTHERS



Due to the airstrikes in May, at least
51 families became homeless and almost
3,000 families need repairs to their homes
before they can return
(United Nations & Ministry of Social Development)



awake and alert. Shamali's children hide every time they hear it now. "We don't want war," they say, crying. She tries to keep calm and not lose hope.

The burden on Gazan health workers

Amira Karim, a mental health counsellor who provides psychological support to patients at the Médecins Sans Frontières clinic in Gaza City, says the stories she hears from patients affected by the recent bombings—particularly those of children—have triggered her own traumatic memories. "I remembered the extreme fear of death," says Karim. "I remembered how my kids held me tight when bombs were exploding close to my house at midnight. It was like nothing we have lived through before. We felt like those were the final minutes of our lives."

**"I'm afraid of failing
my patients or of
becoming a
patient myself."**

In Gaza, everyone is continually exposed to the causes of psychological trauma, including healthcare workers. On a daily basis, the workers are helping others while experiencing traumatic events themselves.

"During the latest escalation of violence, I did my best to provide support to everyone I could reach—my patients, colleagues, friends and family," says Médecins Sans Frontières psychologist Mahmoud Zeyad Awad. "This was while living through the same experience myself and processing the loss of two of my friends. Seeing patients feeling better gives me strength to keep doing this job, but I'm afraid of failing my patients or of becoming a patient myself."

Mental health support is part of Médecins Sans Frontières' package of care in all our medical facilities in Gaza. Since May, we have extended mental health services to staff and their families in Gaza, the West Bank and East Jerusalem.



Physiotherapists Reem Hamdan Abu Libdeh (right) and Mohammed Ali Abed El Qakder Al Qatrawi make a compressive face mask for a patient with burns in the Médecins Sans Frontières burns and trauma clinic in Gaza City. The clinic sees over 1,000 children each year, but was forced to close for a few days in May after being damaged by an airstrike.

SUPPORTING PEOPLE IN PALESTINE

Médecins Sans Frontières first worked in Palestine in 1988. Currently, we provide a range of medical humanitarian services in Gaza, where the health system is overstretched and severely impacted by 15 years of blockade, and in the West Bank and East Jerusalem.

- **Trauma care:** We provide treatment for patients with bone infection as a complication of violent trauma, such as those shot during the Great March of Return protests in 2018 and 2019, as well as for patients with burns. We offer surgical and post-operative care, which includes physiotherapy and mental health counselling.
- **Mental healthcare:** Our teams offer psychological support in Hebron, Nablus and Qalqilya in the West Bank, where people's mental health is profoundly affected by the occupation and associated violence, and have scaled up mental healthcare in Gaza.
- **Emergency support:** We build capacity of local healthcare facilities in the West Bank, Gaza and East Jerusalem to better prepare for and respond to mass casualty events, through training staff and donating medical supplies.
- **COVID-19 activities:** Staff are supporting the COVID-19 response in Gaza and the West Bank, through training staff, providing health promotion, distributing hygiene kits and personal protective equipment and donating oxygen concentrators. In Hebron, we operate a counselling hotline for people most affected by the outbreak including medical personnel, patients with COVID-19 and their families.



Dieudonné Bizimungu returned to Goma to find the lava had stopped a few metres from his house. He says people back in Goma remain exposed to toxic gases from the eruption and need medical care. "The situation remains critical for my family and those around us."

Critical support after Mount Nyiragongo eruption

Médecins Sans Frontières' activities in Sake have focused on water and sanitation to meet people's needs, and to help prevent outbreaks of waterborne diseases like cholera, which is endemic to the area.



Water has become a scarce commodity in Goma since lava damaged the city's main reservoir. Water vendor Jean-Claude Bazibuhe sells jerrycans of tap water by bicycle. "There is no question of leaving families without water: I have seven children, I understand their difficulty. In return, they pay me to provide food for my family."



In the first four days of our response, Médecins Sans Frontières distributed 243,000 litres of water to the local and displaced communities in Sake. Teams have also installed two 15,000-litre water bladders, set up water and chlorine distribution points and built latrines.

In May, hundreds of thousands of people in the city of Goma in eastern Democratic Republic of Congo were displaced when Mount Nyiragongo, an active volcano, erupted. Many fled to Sake, a small town 25 kilometres west of Goma on the shores of Lake Kivu, where the local community opened its doors to assist them.



In Sake, early June, residents of Goma board trucks and buses headed for their home city, after the government announced it would facilitate the gradual return of displaced people.



Paul Furaha accompanies his grandson, a patient at the Afia Sake health centre where Médecins Sans Frontières has been providing care for conditions such as malaria, diarrhoea and respiratory tract infections, while also supporting the cholera treatment centre.

Antoine Ngola Syntex, a student from Goma, in the house where he and his family sought shelter in Sake. Antoine started working with youth civil society groups to support other displaced people in the town. “We have joined forces to raise funds and help those who have nothing left.”



Faida Lumo hosted 17 people between her and her mother's houses. “It had become very difficult, especially because of the lack of drinking water. We organised ourselves into teams to fetch water from a stream near our home, then we disinfect it thanks to the chlorine distribution points installed by Médecins Sans Frontières.”

All photos:
© Moses Sawasawa/MSF



“We’re all part of this community”

Shagufta Sayyed, health promoter and colleague of Santosh Choure demonstrating good hand hygiene to patients at the Médecins Sans Frontières clinic in Mumbai.

In May, Mumbai was seeing more than 3,000 new cases of COVID-19 every day. People were scared and many did not get tested despite having symptoms, for fear of being quarantined or hospitalised and separated from their family.

Médecins Sans Frontières health promoter Santosh Choure is working in the M-East Ward of Mumbai, a densely populated area of the city that has 70 per cent of its population living in slums.

I manage a team of 10 health promoters and we’re expecting to be joined by 10 to 12 more very soon. The team is tasked with raising awareness about the virus within the community in different ways.

Community health workers travel through narrow lanes of informal settlements on tuk-tuks, delivering COVID-19 prevention messages through loudspeakers

and sharing information about the services available through Médecins Sans Frontières.

We conduct handwashing demonstration sessions and meetings throughout the community with people who live in the slums, patients waiting in public and private healthcare centres, private sector doctors and healthcare workers. We also reinforce the messages about wearing masks, social distancing and other ways COVID-19 can be prevented.

However, it’s hard when five or six people live together in small houses that might only be a few metres wide, but we request that they wear masks and observe social distancing in the lanes and markets. Anyone with symptoms is linked to the nearest COVID-19 testing centre and asked to wear a mask at home and isolate if possible.

Digital health promotion

We’ve been doing health promotion work in the community continuously since June 2020.

When there were fewer cases in December and January, people were more likely to ignore the messaging—but now many more people are wearing masks.

We’re also doing digital health promotion reaching thousands of people on Facebook with videos and messaging, especially the younger generation as they are so active on social media.

Protecting high-risk groups

Another important part of our work is helping protect people who are particularly high-risk; patients with drug-resistant tuberculosis, HIV, those with diabetes or hypertension and the elderly.

We’re carrying out an activity known as ‘shielding’ [which consists of creating ‘safe zones’, to protect people more susceptible to COVID-19 from any



To read more stories from patients and staff, please visit: msf.org.au/stories-news



© Premamanda Hessenkamp

Shagufta Sayyed, health promoter raising awareness about COVID-19 with the community in Mumbai's M-East Ward.

potential sources of infection] and we aim to reach more than 5,000 families, providing them with hygiene kits including masks, soaps, hand sanitisers and floor cleaner to help them protect themselves. We stay in contact with them on a weekly basis by phone, providing regular health information, advice and counselling.

The team are working really hard. Some staff had concerns to begin with, but we've done a lot of safety training and we also provide mental health support. We're all part of this community and are really motivated to help as much as we can. But, we need more people and more organisations doing health promotion to promote COVID-19 safe behaviour and testing."

COVID-19 IN INDIA

The second wave of COVID-19 in India has been particularly severe. Since 30 January 2020, the country has contributed 17 per cent of the world's COVID-19 cases and almost 10 per cent of the global COVID-related deaths. While the second wave is in decline, in July the country was still seeing an average of 40,000 new cases per day and underreporting and access to testing continued to affect the reliability of the data.

Médecins Sans Frontières has scaled up COVID-19 activities in Mumbai's Maharashtra state, and has also launched an emergency response in Imphal, Manipur state, in collaboration with the local health authorities. We have set up a COVID-19 high dependency unit, and are supporting home isolation with a mobile response, health promotion and hygiene kit distributions.

Our teams remain concerned about people who lack access to healthcare or are high-risk, including those with another illness, such as diabetes, HIV and/or tuberculosis, as well as people excluded from public healthcare facilities due to their ethnic origin or political beliefs.



SUPPORTER PROFILE



NAME: Victor Wall (In Memoriam)

HOME: Brisbane, QLD

Victor's consistent support since 2001 continues with the generosity of his family.

Vic was a total workaholic—he had many projects on the go, but he still made the time to look at how he could support Médecins Sans Frontières. It was a spring day in Brisbane, 2001, when he fired up his fax machine and sent his first donation. There began a relationship that continues to this day.

At the time, Médecins Sans Frontières was advocating for access to anti-retroviral treatment for HIV/AIDS, which was priced beyond the reach of the people in the most need. We were also working in Afghanistan, where attacks and airstrikes were beginning to escalate, with a devastating effect on Afghans and the country's already-fragile health infrastructure.

For the next 16 years, without missing a month, Vic and his wife Pat gave generously to Médecins Sans Frontières. These gifts helped us to provide medical humanitarian care around the world, including in countries where Vic worked as a geologist, such as Colombia and Brazil.

Vic came from a large family. He and Pat, married for 50 years, had five children of their own. Vic was passionate about science, loved the arts and was especially interested in human rights and social justice.

Vic died in September 2017 and his wife, children and grandchildren decided to continue to support Médecins Sans Frontières, and many other organisations which he cared deeply about, through a family foundation set up in his memory. His family members are all deeply committed to supporting Médecins Sans Frontières' critical work through our continuing relationship of (so far) two decades. Through this foundation, Vic's legacy lives on.



For more information about becoming a Major Donor, visit msf.org.au/donate/other-ways-donate/major-donors



**DEMOCRATIC
REPUBLIC OF CONGO**



**89.6 MILLION
POPULATION (APPROX.)**



When women can't access basic menstrual hygiene products, use of unhygienic materials such as rags can **increase their risk of reproductive and urinary tract infections**

(Sanitation and Hygiene Fund)



FOR SOME GIRLS IN LOW-RESOURCE SETTINGS, DIFFICULTIES MANAGING THEIR MENSTRUATION MEAN AVOIDING SCHOOL FOR DAYS AT A TIME

An innovative approach to menstrual hygiene

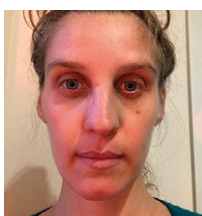
© Paul Duke/MSF



Internally displaced people living in a makeshift camp in Katasomwa, in the Kalehe territory of South Kivu province.

Access to good menstrual hygiene is key to women's health and wellbeing. But too often in humanitarian crises, these needs go unmet.

Can an innovative approach find culturally appropriate solutions to menstrual hygiene for displaced women? Medical coordinator Chiara Domenichini introduces a new Médecins Sans Frontières project aiming to find out.



"I have been working for Médecins Sans Frontières since 2013, first as a nurse and later as a medical coordinator, mostly in places that don't have a lot of resources or infrastructure. One thing all female Médecins Sans Frontières staff know is that managing your own menstrual hygiene is not always easy.

In many of the contexts where we work products for menstruation can be scarce or completely absent, and lack of toilets and water, poor hygiene conditions and few spaces for privacy complicate things further. Pads have often taken up a lot of my luggage space. Recently, however, I've found something that works better for me: period underwear. It is washable, durable underwear, capable of absorbing the menstrual flow without need for other products.

While on assignment in South Kivu province, in the Democratic Republic of Congo (DRC), I shared my experience using period underwear with a female colleague. From that conversation, we started wondering: could this work in a rural setting for women who have been displaced, who face many more challenges than we do?

The context: South Kivu

People in DRC have lived through decades of conflict. When violence erupts, people have few options but to flee, leaving behind their homes and livelihoods, and often find themselves living in temporary camps with little access to basics like clean water, toilets and medical care. There are over five million people who have been internally displaced like this in DRC. Around 400,000 of these people live in South Kivu, of whom over 50 per cent are women.

Although there has been some work addressing menstrual hygiene in humanitarian responses, there is a very limited body of evidence on adequate menstrual products in the context of displacement. Menstrual hygiene is part of reproductive health, and is a

fundamental right and basic need that must be considered. The lack of adequate menstrual products and safe spaces to manage menstrual hygiene can cause women great discomfort and anxiety, which can lead to stigma, shame and fear.

So how do displaced women in DRC deal with menstruation? And could period underwear be usefully introduced in the hygiene kits Médecins Sans Frontières provides them? All innovation begins with a question and an idea. To test ours, we successfully applied to the Sapling Nursery, a Médecins Sans Frontières fund that helps teams pilot new approaches that could change how we work for the better.

The first step

A team of Congolese staff in Bukavu city, South Kivu, provide technical and administrative support to Médecins Sans Frontières projects in the region. We approached the female members of the team with a request: would they participate in the project, and be the first to assess the period underwear? They received the idea with enthusiasm, and this is how our first pilot began.

Every context that Médecins Sans Frontières works in is different. Although people living through humanitarian crises might have similar needs which



can be met with comparable solutions, it's vital to understand the culture you're working within in order to develop appropriate solutions.

That's why we spent a morning session with our Bukavu colleagues, discussing menstruation beliefs and taboos, where we get information about it, our first menstruation experiences and the most common challenges. We learned that one of the key aspects of menstruation for women in DRC is privacy: women don't want anyone, even other women, to know that they are menstruating.

We distributed the period underwear to our colleagues, and three months later we got back together to discuss their experiences with the product. The feedback was positive overall. The underwear was comfortable and clean, easy to wear and wash and, most importantly, it tackled the important issue of privacy.

The next step will be to take this idea to a rural area in South Kivu and run a second pilot with a larger number of participants. If the feedback is positive, a third phase will look at introducing the underwear in Médecins Sans Frontières' hygiene kits for displaced women in the province.

Communities at the centre

It's essential that our pilot has an inclusive process with Congolese women, with their opinions and experiences at the centre, so that together we can understand whether the menstrual underwear would improve women's quality of life. To achieve this, we are working with the Médecins Sans Frontières Japan Innovation Unit to design community feedback sessions aimed at understanding beliefs, taboos and challenges of menstruation. We're also linking with health promotion and community engagement experts and reproductive health specialists to structure how the community feedback will be obtained and evaluated.

Menstruation is both a sensitive topic and an issue of empowerment, and as such it must be addressed sensitively, by women and for women, so that they are supported to make the decisions that are right for them."

IMPROVING KNOWLEDGE AND CHOICE

Elisha Swift is a midwife and women's health advisor with the Médecins Sans Frontières Australia Medical Unit. She is currently looking at opportunities for our projects to support menstrual hygiene solutions for women.

"Globally, many women face stigma, harassment and social exclusion when they are menstruating. Young women and girls miss out on school and employment opportunities due to these factors, and often because they don't have the resources or opportunity to manage menstruation for themselves.

Overall, many women and girls aren't equipped to make informed, personal choices about their bodies, or about sexual and reproductive healthcare. Current work by myself and other Médecins Sans Frontières staff aims to improve management of menstruation through simplifying hygiene and focusing on dignity for women. Particularly for women who are on the move after being displaced, or living in precarious settings like refugee camps, having a sanitary option that works for them will improve their safety and their ability to manage other challenges.

Projects where Médecins Sans Frontières works with adolescent women offer good opportunities for providing safe menstrual hygiene options like period underwear. Whether we're looking at Australia or overseas, it's during adolescence that young women make decisions about their health for the first time. The options available at this age, and the choices women make, play a large role in moulding their health behaviour later in life.

There are many social, cultural and practical factors we need to take into account when looking at menstrual hygiene solutions in the communities we work in. Will women have access to water, soap or buckets to wash reusable products like underwear? How can they wash these discreetly, when privacy is important? Working with women and girls, community leaders and schools through workshops, events and focus groups will help ensure the solutions work and that communities take ownership of them.

If we can provide knowledge and choices for women, and help demystify periods, we can contribute to ending the stigma and discrimination associated with them."



The Médecins Sans Frontières team from Bukavu, South Kivu, participate in a session discussing menstruation beliefs, taboos and challenges.

NAME: **Lucy Butler**

HOME: **Hawkes Bay,
New Zealand**



Field role: **Finance and HR Manager**

Our Finance and HR Managers are responsible for a range of tasks, from managing project accounts, cash management and security, budget control and financial reporting, to implementing HR policies and covering administrative management of staff in our projects. They also require strong cross cultural resource management and communication skills.

Médecins Sans Frontières Experience:

June 2019–March 2020 – Homa Bay, Kenya

July 2020–March 2021 – Peshawar, Pakistan

“The role is team and outcome focused.”

How did you come to join Médecins Sans Frontières?

My background is in HR and recruitment. After two years in the UK, I was working for one of the health boards in New Zealand and it was through a friend that I heard about Médecins Sans Frontières.

It was the values that stood out to me—neutrality, independence and impartiality. My interest in working with Médecins Sans Frontières was partly the opportunity to learn about different countries and cultures, and because of their ability to respond quickly in emergencies and provide care for people who need it: delivering treatment to people regardless of race or religion.

Could you share some highlights from your assignments in Kenya and Pakistan?

In Homa Bay, Kenya, Médecins Sans Frontières has a long-running program treating people living with HIV. At the time we were running four wards at the Homa Bay hospital, and an outreach program focusing on supporting patients to adhere to treatment. The finance side of the role was where most of the work was, and my biggest learning. We had an incredible project coordinator, who provided a lot of advice and was very inclusive and transparent. This was especially helpful during budget and strategy planning, which can be a stressful time, but it's very interesting work that links closely with the full picture of our operations.

In Peshawar, Pakistan, I joined a project including a women's hospital and a treatment centre providing care for cutaneous leishmaniasis, which is a skin infection caused by a parasite carried by sandflies. In

Peshawar, most of the permanent staff were women with busy family lives and conflicting priorities. A big part of the role was managing the rosters for the hospital, especially when the pandemic hit. It was about trying to uncomplicate the staff members' work as much as possible.

What has challenged you most?

It's always a challenge adapting when you first get to a project—especially with my Kiwi accent, I had to learn to speak slowly! People come to Médecins Sans Frontières from all different walks of life. The initial hurdle is trying to understand each other and speak the same 'language'.

When I started with Médecins Sans Frontières, I bought a book called *The Culture Map*. It covers about eight different communication styles in different countries and cultures around the world. For example, whether people are typically overt speakers, or whether the style is more subtle. I always try to refer to that before I do an assignment: if I'm going to Pakistan, how might they communicate compared to how I do? How can I adapt to fit into the project culture?

Do you have any advice for others interested in this work?

It's important to develop an understanding of the ways your colleagues work and create good relationships. In Pakistan one of my first two questions to the team, in my manager role, was whether they were taught at school to challenge their teachers. I wanted an understanding of whether the staff felt they could raise issues with me, and to establish the best way to enable this. My other



A Médecins Sans Frontières staff member checks the temperature of a patient at the entrance of the women's hospital in Peshawar, Pakistan.

question was, “If we're having a meeting at 2pm, what time should I turn up?” The answer can be quite different depending on the context!

I also advise taking the time to ask the permanent staff about the history of processes and structures in the project. They usually have long experience in the project, and if you are facing an issue now in 2021, they have probably seen the situation before and can provide invaluable insight to guide your decision-making process. Médecins Sans Frontières is about being collaborative.

What's been most rewarding in your role?

The HR, Finance and Administration role with Médecins Sans Frontières is team and outcome focused. You always know why you're there, and it's easy to come back to the central purpose. I didn't do a health qualification, but working in health has ended up being such a passion of mine. You feel that, in a small way, you're benefitting people.



ON ASSIGNMENT

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
Project Coordinator
Enmore, NSW

Tim Pont
Paediatrician
Strathpine, QLD

Christopher Binks
Nursing Activity
Manager
Howard Springs, NT

BANGLADESH

Natasha Allan
Nursing Activity
Manager
Wairarapa, NZ

CHAD

Mikael Burhin
Nursing Team
Supervisor
Preston, VIC

ETHIOPIA

Jeni Flavell
Nursing Activity
Manager
Kendunup, WA

Lisa Searle
Project Medical
Advisor
Huonville, TAS

Lucy Butler
Finance and HR
Coordinator
Hawkes Bay, NZ

Shaun Cornelius
Technical Logistics
Manager
Wellington, NZ

Jessie Watson
Project Finance/HR
Manager
Marlborough, NZ

GREECE

Malcolm Hugo
Mental Health Activity
Manager
Payneham, SA

INDIA

Justine Cain
Medical Activity
Manager
Petrie Terrace, QLD

IRAQ

Catherine Moody
Head of Mission
Wollongong, NSW

Matthew Gosney
Personnel
Administration
Manager
Brisbane, QLD

JORDAN

Luke Morris
Regional Technical
Advisor
Turners Beach, TAS

Caterina Schneider-King
Finance and HR
Coordinator
St Kilda, VIC

KENYA

Adam Pettigrew
Regional Technical
Referent
Rockdale, NSW

LEBANON

Anita Williams
Specialised Activity
Manager
Narre Warren South,
VIC

Anna Haskovec
Logistics Team Leader
Murrumbateman,
NSW

Charlotte Ogilvy
Doctor
Toorak, VIC

LIBYA

Steven Purbrick
Head of Mission
Jeeralang Junction,
VIC

MEDITERRANEAN SEA RESCUE

Catherine Flanigan
Project Medical
Advisor
Wellington, NZ

Georgina Woolveridge
Doctor
Midway Point, TAS

MYANMAR

Hannah Rice
Sexual Violence
Program Activity
Manager
Mile End, SA

NIGERIA

Tanya Coombes
Project HR Manager
Te Puke, NZ

Kartika Sari Henry
Laboratory Manager
Preston, VIC

PAKISTAN

Alyson Penny
Midwife
Greenslopes, QLD

PALESTINE

Natalie Thurtell
Medical Coordinator
Arncliffe, NSW

Rachel Robertson
Medical Activity
Manager
Otago, NZ

Scarlett Wong
Mental Health Activity
Manager
Cremorne Point, NSW

Courtney Dowd
Doctor
Glenelg East, SA

Jake Miocic
Project Finance
Manager
Golden Point, VIC

Ivan Cerrafon
Project Supply Chain
Manager
Cranebrook, NSW

PAPUA NEW GUINEA

Amiee Groundwater
Construction Manager
Northcote, VIC

Kate Neary
Project Finance/HR
Manager
Gordon, NSW

Lindsay Croghan
Logistics Manager
Nerang, QLD

PHILIPPINES

William Johnson
Regional Technical
Advisor
Padstow Heights,
NSW

SIERRA LEONE

Karlie Proctor
Nursing Activity
Manager
Tregear, NSW

Robert Salvemini
Medical Doctor
Marden, SA

SOMALIA

Zoe Murray
Nursing Activity
Manager
Southbank, VIC

SOUTH AFRICA

Rachel Tullet
Project Medical
Advisor
Christchurch, NZ

SOUTH SUDAN

Vivegan Jayaretnam
Project Coordinator
Kinross, WA

Rhianon Hutcheson
Nurse Specialist
Supervisor
Claremont, WA

SUDAN

Tanyth De Gooyer
Epidemiology Activity
Manager
South Yarra, VIC

Francoise Pierre
Midwife Supervisor
Blackheath, NSW

Narelle Raiss
Nursing Activity
Manager
Leanyer, NT

SYRIA

Sam Templeman
Medical Coordinator
Eastwood, NSW

Malaika El Amrani
Nursing Activity
Manager
Napier South, NZ

Alec Kelly
Logistics Manager
Sanctuary Point, NSW

Sarah Gnanaseharam
Nursing Activity
Manager
Georges Hall, NSW

Rodney Miller
Project Coordinator
Elsternwick, VIC

UKRAINE

Thomas Hing
Supply Chain Deputy
Coordinator
Chatswood, NSW

UNITED ARAB EMIRATES

Adina Dessauer
Specialised Activity
Manager
Elsternwick, VIC

YEMEN

Rose Wilson
Nursing Activity
Manager
Angelsea, VIC

Hannah Brown
Anaesthetist
Ashgrove, QLD

Allen Murphy
Project Coordinator
Morningside, QLD

Shelley Harris-Studdart
Midwife Activity
Manager
Whangarei, NZ

Jessie Watson
Project Finance/HR
Manager
Marlborough, NZ

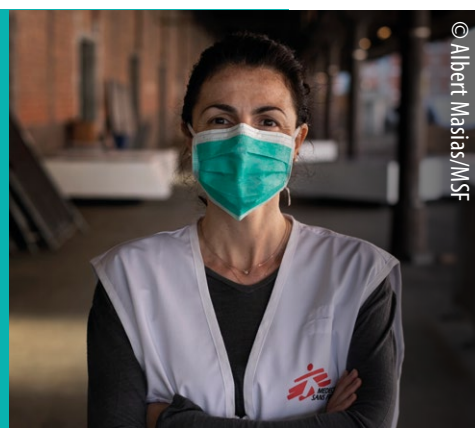
VARIOUS/OTHER

Megan Graham
Finance Coordinator
Lightsview, SA

Kiera Sargeant
Medical Coordinator
Beachport, SA

WE URGENTLY
NEED FINANCE
AND HR
MANAGERS
WITH AT LEAST
TWO YEARS'
EXPERIENCE.

Interested? 'MSF yes' msf.org.au/yes



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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS



Jana, two-and-a-half years old, receives treatment at the Médecins Sans Frontières burns and trauma clinic in Gaza City, Palestine. © Tetiana Gaviuk/MSF