Médecins Sans Frontières Australia

# Annual Report 2013

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS


MEDECINS
SANS FRONTIERES

# Our Charter

**Médecins Sans Frontières is a private international association. The association is made up mainly of doctors and health sector workers and is also open to all other professions which might help in achieving its aims. All of its members agree to honor the following principles:**

Médecins Sans Frontières offers assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict, without discrimination and irrespective of race, religion, creed or political affiliation.

Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and demands full and unhindered freedom in the exercise of its functions.

Médecins Sans Frontières' volunteers undertake to respect their professional code of ethics and to maintain complete independence from all political, economic and religious powers.

As volunteers, members are aware of the risks and dangers of the mission they undertake, and have no right to compensation for themselves or their beneficiaries other than that which Médecins Sans Frontières is able to afford them.

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Front cover: Australian midwife Margie Barclay, after delivering the first baby in Médecins Sans Frontières' hospital in Tacloban, the Philippines, November 2013. © Yann Libessart/MSF
Left: Mothers and babies wait at the Médecins Sans Frontières' outpatient clinic in Tanauan, the Philippines, November 2013. © Yann Libessart/MSF

# Message from the President

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Matt Cleary
President
Médecins Sans
Frontières Australia

**Providing medical care to people affected by conflict was the necessary focus of Médecins Sans Frontières' humanitarian assistance in 2013.**

It is with a great sense of relief and happiness that I am able to start this message by reflecting on the release of our two Spanish colleagues, logisticians Montserrat Serra and Blanca Thiebaut. Mone and Blanca were released in July after being held for 21 months in south central Somalia. They have since returned to Spain where they have been reunited with their families.

Mone and Blanca's violent abduction in October 2011 was the most recent in a series of extreme attacks on Médecins Sans Frontières staff working with vulnerable Somalis. In Médecins Sans Frontières' 22-year history in Somalia, 16 staff members have been killed, and there have been dozens more attacks on staff, ambulances and medical facilities. In 2007–08, when I worked for a year as field coordinator in Mogadishu, our team was evacuated 10 times due to insecurity. Unfortunately, over the years, the insecurity and attacks were increasingly tolerated or even supported by armed groups and civilian leaders, undermining the minimum security guarantees needed to run our programmes. As a result, in August, Médecins Sans Frontières announced the closure of all its programmes in Somalia.

This was an incredibly difficult decision for an organisation that prides itself on 'going where others don't'. Médecins Sans Frontières is constantly pushing the boundaries, but we do continue to maintain some boundaries. In Somalia, we were presented with a situation where it was not possible to maintain our safety. Ultimately, the Somali groups which compromised our security have also compromised access to healthcare for hundreds of thousands of Somali civilians who were our patients. In 2012 alone, Médecins Sans Frontières provided more than 620,000 medical consultations in Somalia.

Unfortunately, pervasive insecurity also affected access to healthcare for people in many of the other countries where Médecins Sans Frontières worked in 2013.

## Central African Republic: a coup and worsening violence

A political coup in the Central African Republic in March 2013 triggered widespread violence, looting and upheaval, worsening the country's chronic state of crisis. Even prior to the coup, life expectancy was a woeful 48 years, and access to healthcare extremely limited. Following the coup, thousands were displaced and many fled into the bush, increasing their exposure to malaria and interrupting treatment for chronic diseases such as HIV. Health facilities and aid agencies, including Médecins Sans Frontières, were looted, further limiting access to humanitarian assistance for Central Africans.

Conditions deteriorated again in early December when armed groups led an offensive on the capital, Bangui. By the end of the year, around 1 million people were displaced inside Central African Republic, while tens of thousands of others began seeking refuge in neighbouring countries. Médecins Sans Frontières scaled up its emergency response, with seven regular and four emergency projects open by the end of the year. Our staff witnessed horrific and disturbing injuries including evidence of torture. In several public statements we called for the respect of medical facilities and staff, and denounced the United Nations' inadequate response in Central African Republic during 2013.

In neighbouring South Sudan, a region where Médecins Sans Frontières first started working in 1983, unrest continued in many parts of the country. Jonglei state, one of the worst affected, suffered a series of skirmishes between rebels and South Sudanese forces, prompting the displacement of 100,000 into surrounding swamps and bushland. Access to healthcare worsened as Médecins Sans Frontières' clinic in Pibor County, Jonglei, was systematically destroyed by vandals. In December, intense fighting sparked in Juba and spread across the country. Médecins Sans Frontières deployed emergency teams to reinforce existing activities.


Injured patients receive critical care in the overcrowded Bangui Community Hospital, Central African Republic, following violent clashes in early December.
© Samuel Hanryon/MSF

## Syria: huge needs, inadequate aid

Syria remained an area of immense humanitarian need throughout 2013, as the complex conflict continued into its third year. Médecins Sans Frontières ran six makeshift hospitals and two health centres plus additional mobile clinics and vaccination activities. By the end of 2013 we had provided more than 100,000 consultations, vaccinated 70,000 children, and delivered 1,500 babies.

As Syria began haemorrhaging refugees to neighbouring countries, Médecins Sans Frontières stepped up its services in Jordan, Lebanon and Iraq. We provided mental healthcare, antenatal care, vaccinations, general primary healthcare and emergency trauma care.

Yet Médecins Sans Frontières' contribution is minimal compared to the huge medical and humanitarian needs in the country, exacerbated by the targeting of healthcare that is a macabre hallmark of the conflict. Throughout 2013, Médecins Sans Frontières repeatedly called for vastly increased international humanitarian aid, an easing of restrictions for the delivery of that aid, as well as respect for the safety of health structures and staff.

## Philippines: Typhoon Haiyan

Of course, Médecins Sans Frontières' work is not limited to conflict response, and in 2013 we were challenged with a huge natural disaster in the Philippines. Typhoon Haiyan was one of the strongest ever recorded. An estimated 6,000 people died, mostly due to drowning from the massive storm surge. Thousands more were left injured, homeless or without access to water, sanitation or medical care. Médecins Sans Frontières launched an emergency response focused on three of the most affected islands, providing services ranging from general healthcare to emergency food supply. Many activities continue at the time of writing.

## Tubeculosis: improving treatment options

Treating patients with tuberculosis (TB) was again a key activity in many Médecins Sans Frontières projects worldwide. Treatment, especially for drug-resistant TB, is extremely arduous with side effects including permanent deafness and psychosis. In 2013, Médecins Sans Frontières launched a research study in Uzbekistan, trialling a shorter and cheaper treatment option for drug-resistant TB, using a new combination of existing drugs. I hope that ultimately this leads to better and more tolerable treatment for thousands of patients, both within Médecins Sans Frontières' programmes and beyond.

My second year as president of Médecins Sans Frontières Australia has been another fantastic year. I would like to take this opportunity firstly to thank all who donate to Médecins Sans Frontières Australia. Without your support none of this would be possible. Secondly I would like to thank all our hardworking professionals who work in the field as well as those who support the organisation at home. Paul McPhun, the Executive Director, and his team in the office also deserve a special thank you for the incredible work they do. And lastly I would like thank my fellow board members for their hard work and commitment to this fantastic organisation.

**Matt Cleary,**
President,
Médecins Sans Frontières Australia

# 2013: Our Year in Review

© Meredith Schofield

Paul McPhun
Executive Director
Médecins Sans
Frontières Australia

**2013 was defined by the complex challenge of maintaining access to essential health care for our patients under increasingly difficult and sometimes extreme circumstances.**

The message from Médecins Sans Frontières Australia's President places the spotlight on some of the biggest emergencies that engaged Médecins Sans Frontières during 2013. In addition to this, numerous new and ongoing emergencies affecting many countries demanded our time and limited resources. Yet our capacity to secure access to populations caught up in conflict and crisis underpins our ability to adequately respond to such massive needs and to assure safe access for our patients once we are there. It has been a challenging year in this regard, and a challenge set to continue in coming years.

Much of our attention remains focused on the Middle East, but more than three years into the conflict in Syria our access has become more difficult. The insecurity and instability throughout Syria, including the direct targeting of medical facilities, patients, staff and those providing aid, has severely hampered our cross-border emergency programmes. Meanwhile our emergency programmes continue to expand to address the refugee crisis in Lebanon, Jordan and Iraq. However, the insecurity is not contained to Syria alone. As highlighted in the Message from the President, access to Somalia became untenable on security grounds and we continue to be challenged to deliver emergency medical care in countries like Yemen, where a general lack of respect towards the medical mission also exists. Despite the massive needs in the Democratic Republic of Congo (DRC), Médecins Sans Frontières has been directly targeted, raising the question of what more can be done to secure the health services so many people depend upon. At the same time Médecins Sans Frontières massively scaled up its emergency response in the Central African Republic (CAR) at a time when the UN and others could not, citing the volatility and insecurity that ravaged the country was too much.

Despite severe challenges in some countries, our programs overall continued to expand to meet new needs elsewhere. In the Asia Pacific region, Médecins Sans Frontières is looking at mother and child health needs in the Philippines following the emergency response to Typhoon Haiyan. A commitment to address the alarming prevalence of multidrug-resistant tuberculosis (TB) in Papua New Guinea has now been made and an active case finding approach to identifying and treating TB was piloted in Cambodia. You will find a concise update of all of our activities around the world in this Annual Report.

We continue to explore better mutual accountability, towards our patients, supporters and within our organisation. A movement-wide effort is now underway to improve our multi-year forecasting, resource management and resource sharing systems. Measures are in place to check headquarters growth, and assure our resource priority is to the field. A new strategic direction has been set for the next 3–5 years with our operational partners in Paris, and priorities for operational support agreed amongst our offices. Work continues on the introduction of better technologies and systems to improve our management of health information, human resources, logistics and finances.

## Supporting field communication

Our communications team actively supported field communication needs—notably managing media and reporting on our emergency medical efforts from the Philippines—keeping the general public informed about our experiences from countries such as Syria, Sudan, DRC and CAR. The Médecins Sans Frontières Australia team created and launched a public online resource centre, making the Médecins Sans Frontières Speaking Out Case Studies available to the general public for the first time. We continued to raise awareness of who we are and what we do through a public awareness campaign in Sydney, reminding people of the general principles that drive our independent medical humanitarian action, and creating pathways for new audiences to experience the realities we face through the eyes of our field workers.

We continued to build our advocacy work in support of our field missions and our global campaign for improved access to essential medicines. Advocacy and communications staff supported a landmark conference in PNG that responded to family and sexual violence. This led to better understanding and support for the need to expand medical and psychological care for survivors of family and sexual

Syrian refugees walk the last few steps of their journey into Iraq, in September 2013.
© Diala Ghassan/MSF

violence across the country and to improve and scale up other services (safe houses, legal authorities) for survivors. Meanwhile, we continue to ensure that the Australian Government is aware of and informed by our humanitarian work—particularly in Myanmar, but also Central African Republic and Syria—and takes appropriate steps to promote humanitarian access in these crisis spots. Globally we supported efforts to ensure access to essential life saving medicines is guaranteed.

## Providing medical expertise to the movement

Médecins Sans Frontières Australia's Medical Unit (previously the Project Unit) continued to provide expert guidance on women's health and paediatrics for projects worldwide. The provision of emergency obstetric and neonatal care was a priority in key emergencies during 2013, including in the Philippines and Syria. The Medical Unit's women's health advisors took on responsibility for sexual and gender-based violence care, with training and data collection projects underway. 2013 also saw an increased focus on neonatal care, an area that will continue to be a priority in coming years. To inform and mobilize Médecins Sans Frontières teams around this challenge, the Medical Unit published a report of field case studies entitled *Against The Odds – Integrating maternal and newborn care the Médecins Sans Frontières experience*. Medical Unit team members provided field-based medical support in projects including Aweil (South Sudan), Jahun (Nigeria), Hangu and Peshawar (Pakistan), Khamir (Yemen), the Philippines and the Central African Republic. The Medical Unit developed comprehensive evidence-based paediatric guidelines, in conjunction with the Geneva medical team, which will be used by field projects worldwide. Team members also presented abstracts and posters at the 2013 International Congress of Paediatrics in Melbourne, as well as presenting at the National Congress in Obstetrics and Gynaecology in Ivory Coast. For more on our Medical Unit's contribution, please see page 11.

Our greatest asset remains of course our field staff, and the large volume of medical activities in 2013 resulted in the placement of 184 staff from Australia and New Zealand. We welcomed 49 new recruits, of which 44 began their first placement in 2013. The majority of our Australian and New Zealander field workers supported projects in Sudan South, Syria, Pakistan, Philippines, Afghanistan, Myanmar, Jordan, Democratic Republic of Congo, Occupied Palestinian Territories and Yemen.

## Increased activities, stable overheads

Despite increased activities in our Sydney office during 2013, our team size and overhead costs have remained stable. The finance and administration team have worked hard to ensure a high level of accountability, overseeing a competitive audit tender and successful first year with new auditors. A review of our internal overhead costs was undertaken and our administration team continued to drive cost efficiencies wherever possible. Our information technology team expanded to develop our in house ICT support, and our professional service (call) centre team expanded to meet the individual needs of our growing supporter base. As always, countless volunteers dedicated their time on a daily basis, bringing years of experience, motivation and a good sense of humour in support of our efforts.

The financial support we received to the essential work of our medical teams around the world has been overwhelming. AUD$66.2 Million was received in 2013, an exceptional outcome going well beyond our expectations. Many supporters rallied to the needs of the Philippines following the devastation wrought by Typhoon Haiyan. Although many were motivated by the images of chaos and destruction, I was humbled to see the acceptance of financial support given in times of crisis, being made available to all emergencies. It is therefore with a great sense of respect to our supporters that I end this review with a note of heartfelt thanks, not only for giving Médecins Sans Frontières the means to reach populations caught up in crises around the world, but for recognising the importance of providing assistance to those who need it most, and not just those who make the headlines. The trust you place in Médecins Sans Frontières to navigate these difficult choices is something we value above all else.

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


NUFER MEDICAL

# Australian and New Zealander field staff in 2013

**Field workers from Australia and New Zealand filled 184 field roles during 2013, contributing their professional skills to an international Médecins Sans Frontières workforce of around 30,000.**

### AFGHANISTAN
**Sahar Bajis**
*pharmacist*

**John Cooper**
*general logistician (two placements)*

**Felicity Heath**
*nurse*

**Nicholas Hooper**
*medical doctor*

**Kristen Lindsay**
*medical doctor*

**Keiole Rima**
*pharmacist*

**Johanna Thomson**
*paediatrician*

### ARMENIA
**Yvette Stanton**
*nurse*

### BULGARIA
**Ruth Dabell**
*nurse*

### CAMBODIA
**Sarah Doncon**
*nurse*

**Joonhong Min**
*radiologist*

**Helen Tindall**
*nurse*

### CAMEROON
**Jorge Lopez**
*surgeon*

### CENTRAL AFRICAN REPUBLIC
**Annekathrin Muller**
*theatre nurse*

### CHAD
**Vanessa Cramond**
*medical coordinator*

**Kaheba Clement Honda**
*nurse*

**Bethan McDonald**
*medical doctor*

**Robyn Silcock**
*medical doctor*

### CHINA
**Rose Stephens**
*nurse*

### DEMOCRATIC REPUBLIC OF CONGO
**Katy Brown**
*nurse*

**Cindy Chiu**
*epidemiologist*

**April Murphy**
*nurse*

**Robyn Silcock**
*medical doctor*

**John Swinnen**
*surgeon*

### ETHIOPIA
**Kathleen Doherty**
*general logistician/ field coordinator (two placements)*

**Declan Overton**
*logistician coordinator*

**Karen Poole**
*medical doctor*

### HAITI
**Hugo De Vries**
*general logistician*

**Myree Little**
*theatre nurse*

**Sally Thomas**
*construction logistician*

### INDIA
**Prue Coakley**
*field coordinator*

**Simon Janes**
*medical coordinator*

**Stella Smith**
*nurse*

### IRAQ
**Kristen McClelland**
*nurse*

**Brian Willett**
*field coordinator*

**Chatu Yapa**
*medical team leader*

### JORDAN
**Ursula Alwash**
*theatre nurse*

**Mee Moi Edgar**
*administration-finance coordinator*

**Kylie Gaudin**
*administration-logistician*

**Siry Ibrahim**
*field administrator*

**Janine Issa**
*midwife*

**Elizabeth Milroy**
*midwife*

**Helle Poulsen-Dobbyns**
*field coordinator*

### KENYA
**Louisa Cormack**
*general logistician*

**David Nash**
*field coordinator*

### KYRGYZSTAN
**Victoria Harris**
*medical scientist*

**Reinhard Hohl**
*construction logistician*

**April Murphy**
*nurse*

### LAOS
**Anna Dicker**
*nurse*

### LEBANON
**Brett Adamson**
*medical team leader*

**Sita Cacioppe**
*medical team leader*

### MALAWI
**Jayne Martin**
*head of mission*

**Melissa Schulz**
*medical scientist*

**June Woolford**
*counsellor*

### MALI
**Henri Stein**
*logistician coordinator*

### MOZAMBIQUE
**Sita Cacioppe**
*nurse*

### MYANMAR
**Cindy Chiu**
*epidemiologist*

**Michel Geurts**
*field administrator*

**Jennifer Gibson**
*general logistician*

**Richard Jansen**
*general logistician*

**Hannah Jensen**
*psychologist (two placements)*

**Eddy McCall**
*communications officer*

**Brian Willett**
*field coordinator*

### NIGER
**Kaheba Clement Honda**
*nurse*

Dr Johanna Thomson assists a newborn baby in the neonatal ward of the Médecins Sans Frontières maternity unit in Khost, Afghanistan, in April 2013. © Vivian Lee/MSF

## NIGERIA
**Jennifer Duncombe**
*epidemiologist*

**David MacFarlane**
*obstetrician-gynaecologist*

## OCCUPIED PALESTINIAN TERRITORY
**Rochelle DeLacey**
*nurse*

**Eileen Goersdorf**
*theatre nurse*

**Ileana Hatton**
*psychologist*

**Carol Nagy**
*medical coordinator*

## PAKISTAN
**Mustafa Al Ani**
*medical team leader*

**Colin Chilvers**
*anaesthetist*

**Sarah Dina**
*psychologist*

**Lisa Errol**
*nurse*

**Cindy Gibb**
*nurse*

**Aisleen Glasby**
*nurse*

**Jessica Holden**
*medical doctor*

**Melissa Hozjan**
*nurse*

**Alan Hughes**
*obstetrician-gynaecologist*

**Siry Ibrahim**
*field administrator*

**Stephanie Johnston**
*pharmacist*

**Jacinta Knell**
*midwife*

**David McGuinness**
*nurse*

**Brooke McReynolds**
*midwife*

**Rodney Miller**
*administration-finance coordinator*

**Jenifer Reynolds**
*anaesthetist*

**Ann-Marie Wilcock**
*communications officer*

**Bill Wilson**
*general logistician*

**Shelagh Woods**
*head of mission*

## PAPUA NEW GUINEA
**Robert Onus**
*general logistician*

**Heidi Spillane**
*medical doctor*

**Kate White**
*medical team leader*

## PHILIPPINES
**Margie Barclay**
*midwife*

**Katy Brown**
*nurse*

**Emma Clark**
*medical doctor*

**Laura Collins**
*nurse*

**Fiona Gillett**
*midwife*

**Aisleen Glasby**
*nurse*

**Malcolm Hugo**
*psychologist*

**Louise Johnston**
*field coordinator*

**Damien Moloney**
*general logistician*

**Jeff Stewart**
*field coordinator*

**Chatu Yapa**
*medical doctor*

## SIERRA LEONE
**Jim Cutts**
*logistician-electrician*

## SOLOMON ISLANDS
**Franck Boulay**
*general logistician*

**Vanessa Cramond**
*medical coordinator*

**Luis Villa Villanueva**
*medical team leader*

## SOMALIA
**Jim Cutts**
*logistician-electrician*

**Andrew Dimitri**
*medical doctor*

## SOUTH SUDAN
**Ursula Alwash**
*theatre nurse*

**Rebecca Bennett**
*psychologist*

**Monica Burns**
*nurse*

**Wei Cheng**
*surgeon*

**Nadim Cody**
*medical doctor*

**Rachel Creek**
*logistician coordinator*

**Peter Dobson**
*obstetrician-gynaecologist*

**Sarah Doncon**
*nurse*

**Lisa Errol**
*nurse-midwife*

**Karolina Juszczyk**
*medical doctor*

**David MacFarlane**
*obstetrician-gynaecologist*

**Don McCallum**
*logistician/ logistician team leader (two placements)*

**Ann McComb**
*midwife*

**Brian Moller**
*head of mission assistant*

**David Nash**
*head of mission*

**Matthew Nicholson**
*pharmacist*

**Helle Poulsen-Dobbyns**
*field coordinator*

**Melanie Pountney**
*medical doctor*

**Sally Somi**
*medical doctor*

**Rose Stephens**
*nurse*

**Anna-Lena Tews**
*midwife*

**Sally Thomas**
*construction logistician*

**Rhys van der Rijt**
*medical doctor*

**Johanna White**
*midwife*

**Chris Withington**
*administration-logistician*

**Shelagh Woods**
*head of mission*

**Paul Yarnall**
*general logistician*

## SWAZILAND
**Shannon Lo Ricco**
*logistician team leader*

**Joonhong Min**
*radiologist*

**June Woolford**
*counsellor*

## SYRIA
**Kevin Baker**
*anaesthetist*

**Michael Bala**
*medical doctor*

**Danielle Ballantyne**
*nurse*

**Margie Barclay**
*midwife*

**Dominic Bowen**
*field coordinator*

**Prue Coakley**
*field administrator*

**Cath Deacon**
*medical team leader*

**Kim Fielke**
*anaesthetist*

**Jezra Goeldi**
*general logistician*

**Tamaris Hoffman**
*surgeon*

**Louise Johnston**
*medical team leader*

**Rose Killalea**
*field administrator*

**Janet Loughran**
*anaesthetist (two placements)*

**Peter Mathew**
*surgeon (two placements)*

**Lisa Mazlin**
*nurse (three placements)*

**Danielle Moss**
*administration-finance coordinator*

**Annekathrin Muller**
*theatre nurse*

**Sivapalan Namasivayam**
*anaesthetist*

**Helle Poulsen-Dobbyns**
*medical coordinator*

**Michael Seawright**
*field coordinator (two placements)*

**Caroline Wade**
*medical doctor*

**Chris Withington**
*general logistician*

## TAJIKISTAN
**Marie Reyes**
*nurse*

## UGANDA
**Margie Barclay**
*midwife*

**Michelle Fadelli**
*field administrator*

## UKRAINE
**Carmel Morsi**
*nurse*

## UZBEKISTAN
**Jay Achar**
*medical doctor*

**Joonhong Min**
*radiologist*

**Ramona Muttucumaru**
*medical doctor*

## YEMEN
**Annette Carr**
*nurse*

**Theresa Clasquin**
*midwife*

**Peter Clausen**
*general logistician*

**Bianca Graves**
*medical doctor*

**Rebecca Walley**
*nurse*

## ZIMBABWE
**Linda Pearson**
*field coordinator*

This list of fieldworkers comprises only those recruited by Médecins Sans Frontières Australia. We also wish to recognise other Australasians who have contributed to Médecins Sans Frontières programmes worldwide but are not listed here because they joined the organisation directly overseas.

# Médecins Sans Frontières Australia – Providing a vital link to quality care

**Since 2005, the Sydney-based Médecins Sans Frontières Medical Unit has provided support and strategic advice on paediatrics and women's health to Médecins Sans Frontières field projects.**

Previously called the Project Unit, the Medical Unit Sydney (MUSYD) currently comprises eight women's and child health professionals and is part of the Medical Department of Médecins Sans Frontières Operational Centre Paris. Dr Myrto Schaefer has led the Unit since its inception.

"Women's health is a distinct operational focus for Operational Centre Paris. In 2013, women's health encompassed 33 projects across 22 countries – two of those exclusively focused on the care of victims of sexual violence," Dr Schaefer said.

"We also had nearly 30,000 deliveries – both vaginal and caesarean sections – a considerable increase on just over 10,000 deliveries five years ago," she added.

The women's health portfolio includes two advisors – a midwife and an obstetrician-gynaecologist – with additional, part-time obstetric and gynaecological support in Paris. Child health is covered by three paediatricians supervising predominantly hospital care; neonatal care; nutrition, from hospital to ambulatory care; and emergency response, such as for Typhoon Haiyan last December.

In 2013 approximately 45,000 children were hospitalised with more than 350,000 others seen in outpatient facilities in more than 26 countries. More than 6,900 sick newborns were hospitalised.

"These too represent a substantial increase on previous years, and our newborn caseload almost doubled," Dr Schaefer said. "Our highest level of paediatric activities was in four countries: Central African Republic, Democratic Republic of Congo, Mali and South Sudan, where malaria placed the greatest demand on our services in all."

In what proved to be a very busy year, MUSYD's advisors conducted field visits to assess and provide additional guidance to projects in Cambodia, Central African Republic, Democratic Republic of Congo, Jordan, Mali, Nigeria, Pakistan, the Philippines, South Sudan and Yemen.

Amongst the large number of emergency interventions, women's health activities in particular were established in the early days in the Philippines, Jordan, Syria, and Uganda, an important development in the wish to reinstate disrupted care for the population as soon as possible. Sadly, there will be more emergencies to report on for 2014.

"Medecins Sans Frontieres' approach to women's health emphasises emergency obstetrics combined with essential newborn care, and responding to sexual gender-based violence," Dr Schaefer said.

The cornerstones are: Basic Emergency Obstetrics and Newborn Care (BEmONC), which focuses on uncomplicated delivery, and maternal and neonatal resuscitation, stabilisation and referral; and Comprehensive Emergency Obstetrics and Newborn Care (CEmONC), which incorporates management of emergency cases and surgical facilities for Caesarean sections in addition to the basic services. Care and support for survivors of sexual violence is offered in all types of field projects.

"The capacity to offer care at these multiple levels gives us the best opportunity to cover the different needs of women and their newborns," Dr Schaefer said.

Newborn care is integral to the continuum of care for mother and baby from pregnancy through to post-delivery. In 2013 MUSYD released *Against The Odds – Integrating maternal and newborn care the Médecins Sans Frontières experience*. The report highlighted the need in our own projects and in resource-poor settings generally, for stronger coordination of care to improve the outcomes for mother and newborn alike throughout the perinatal period – the time before labour, during delivery, and extending to one week after birth. The report is available at msf.org.au.

The themes of perinatal care and emergency obstetrics were also carried through to presentations and publications throughout the year, including the annual Médecins Sans Frontières-led International Women's Day Forum, the National Congress in Obstetrics and Gynaecology held in Ivory Coast, and a podcast with the *Medical Journal of Australia*. More medical communications are envisaged in 2014.

Other milestones in 2013 include the release of a breastfeeding educational video, in collaboration with the Ministry of Health in Yemen. Animated and scripted in Arabic, the three-minute video has received positive feedback with take-up in health centres throughout the country.

"Because of the relatively low rates of breastfeeding in Yemen, like in many countries around the world, we wanted to connect with mothers to reinforce the benefits of breastfeeding in an accessible way. We're also planning to translate the video again for wider use," said Dr Schaefer.

Finally, the Medical Unit has also commenced work on Médecins Sans Frontières' first, stand-alone paediatric guidelines, created to provide practical guidance for field staff in caring for children for a comprehensive range of diseases in ways that are specifically adapted for low-resource settings. Completion is slated for mid-2014.

"This has been an exciting project to recognise children as a population with specific needs", Dr Schaefer said. "We hope that these guidelines will help our teams to provide better care to severely sick children hospitalised in Médecins Sans Frontières' facilities."

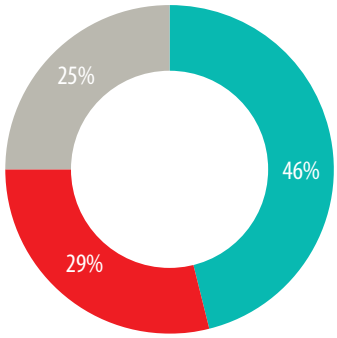

The Against the Odds report is available at msf.org.au/resources/reports

# Médecins Sans Frontières Australia 2013 highlights

## Field Human Resources

| | |
|---|---|
| Medical | 25% |
| Non medical support staff | 29% |
| Paramedical | 46% |

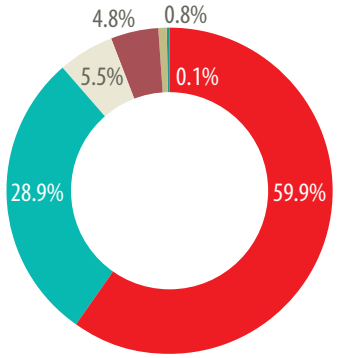
In 2013 there were 184 field positions filled by Australians and New Zealanders in 40 different countries. We welcomed 49 new recruits, 44 of whom left on their first field placement, providing adequate ability to sustain future field support.




## Income

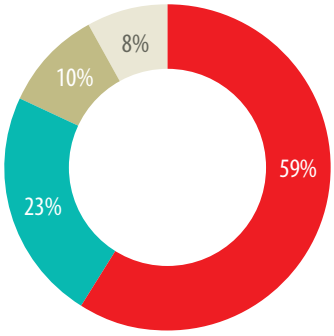
| | |
|---|---|
| Field Partners | 59.9% |
| Other Monetary Donations | 28.9% |
| Bequests | 5.5% |
| Income from other Médecins Sans Frontières sections | 4.8% |
| Other Income | 0.8% |
| Gifts in Kind | 0.1% |

The 2013 income of Médecins Sans Frontières Australia totalled AUD$70.2 million. Of this AUD$66.2 million was income generated from fundraising activities. This is an increase on the 2012 level of fundraising income and represents continuing levels of increased support from the Australian public. More than 95,000 Australians participate in the Field Partner programme, contributing on a monthly basis to Médecins Sans Frontières Australia and another 40,000 provide occasional gifts.



## Spending on Social Mission

| | |
|---|---|
| Africa | 59% |
| Middle East | 23% |
| Americas | 10% |
| Asia | 8% |




Funding spent on Social Mission in 2013 was $53.7m, which is an increase on the 2012 social mission spend. Consistent with previous years this is split between Operational Centre Paris (70%) and Operational Centre Geneva (30%).

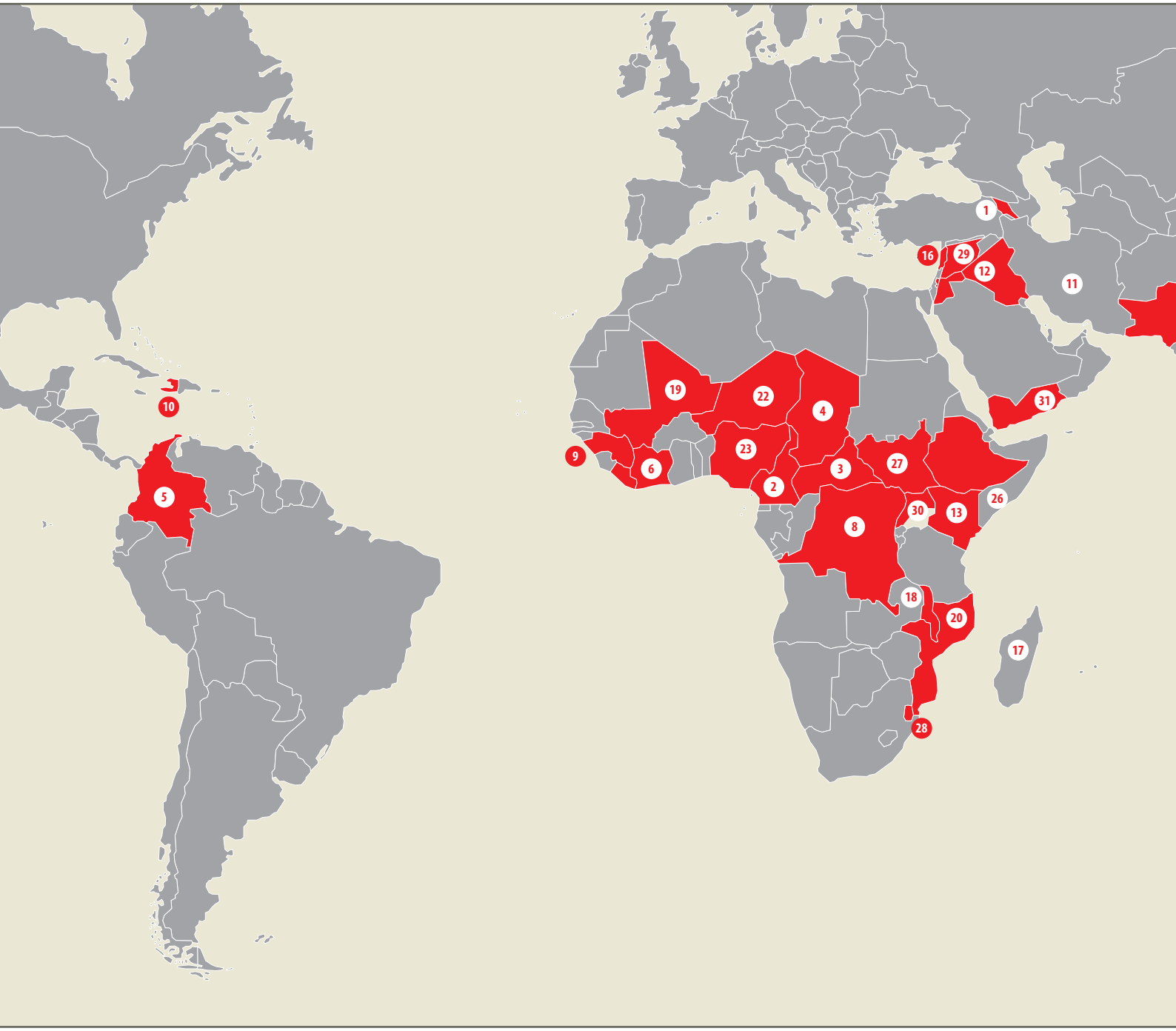
## Finance

| | 2013 | 2012 |
|---|---|---|
| Donation Income | 66.2 | 58.8 |
| Total Income | 70.2 | 63 |
| Social Mission Costs | 53.6 | 52.8 |
| Total Costs | 66.9 | 65.5 |
| Surplus/(Deficit) | 3.3 | -2.5 |
| Reserves | 10.7 | 7.4 |
| | *($m)* | *($m)* |

Our investment policy within Australia remains consistent with previous years. Short term deposits are used to maximise interest, minimise risk and ensure flexibility and accessibility of funds when required.

Médecins Sans Frontières continues to rely on the support of volunteers both in the field and in the office. The estimated total salaries forgone by field staff for 2013 is $2,597,153 (2012: $3,699,911) and for office volunteers is $135,356 (2012: $101,058).

# Médecins Sans Frontières projects funded by Australian donors



**Médecins Sans Frontières field projects are run by five operational centres (France, Switzerland, Spain, Holland and Belgium). The Australian section is an official partner of the French operational centre, and Australian donors contribute to funding projects run by both the French and the Swiss operational centres. When needed, Médecins Sans Frontières Australia also provides human resources and medical support to all operational centres' projects.**


| | Country | MSF France* | MSF Switzerland* |
|---|---|---|---|
| 1. | Armenia | 900,000 | |
| 2. | Cameroon | | 700,000 |
| 3. | Central African Republic | 1,300,000 | |
| 4. | Chad | 800,000 | 500,000 |
| 5. | Colombia | 600,000 | |
| 6. | Cote d'Ivoire | 800,000 | |
| 7. | Democratic People's Republic of Korea | | 200,000 |
| 8. | Democratic Republic of Congo | 2,550,000 | 1,600,000 |
| 9. | Guinea | | 400,000 |
| 10. | Haiti | 2,450,000 | 1,500,000 |
| 11. | Iran | 600,000 | |
| 12. | Iraq and Jordan | 3,000,000 | 1,300,000 |
| 13. | Kenya | 2,500,000 | 1,500,000 |
| 14. | Kyrgyzstan | | 537,000 |
| 15. | Laos | 10,000 | |
| 16. | Lebanon | | 500,000 |
| 17. | Madagascar | 900,000 | |
| 18. | Malawi | 800,000 | |
| 19. | Mali | 1,450,000 | |
| 20. | Mozambique | | 1,900,000 |
| 21. | Myanmar | | 200,000 |
| 22. | Niger | 200,000 | |
| 23. | Nigeria | 1,200,000 | |
| 24. | Pakistan | 1,500,000 | |
| 25. | Philippines | 133,513 | |
| 26. | Somalia | 1,190,000 | 800,000 |
| 27. | South Sudan | 2,840,000 | 900,000 |
| 28. | Swaziland | | 1,200,000 |
| 29. | Syria | 2,619,487 | |
| 30. | Uganda | 1,000,000 | |
| 31. | Yemen | 2,710,000 | |
| | | **32,053,000** | **13,737,000** |

*All figures are in Australian dollars

# Médecins Sans Frontières projects funded by Australian donors

**This section describes those projects supported by the generous donations made to Médecins Sans Frontières Australia in 2013.**

**For a complete record of Médecins Sans Frontières' work in 2013, including projects funded through other Médecins Sans Frontières sections, please refer to the 2013 International Activity Report, available online at: http://www.msf.org.au/about-msf/annual-reports.html**

**Notes:**

* "Funding" refer to Médecins Sans Frontières Australia's contribution to the country's projects in 2013. All amounts are in Australian dollars.
* "Field staff" refers to the total number of international and national field staff in the country at the end of 2013.

Nurse David McGuiness (centre), from Redcliffe, Queensland, consults with colleagues at the paediatric nutrition programme in Dera Murad Jamali, Pakistan. © Haroon Khan/ MSF

# ARMENIA

## Armenia has one of the highest rates of drug-resistant tuberculosis in the world.

**PROJECT LOCATIONS:**
Ararat, Armavir, Gegharkunik, Karabagh, Kotayk, Lori, Shirak, Yerevan

**KEY ACTIVITIES:**
Tuberculosis

**FUNDING:**
$900,000

**FIELD STAFF:**
98

Tuberculosis (TB) is a major public health concern in Armenia. Since 2005, Médecins Sans Frontières has been working in the country to improve diagnosis and treatment of drug-resistant tuberculosis (DR-TB), and to support patients to complete the arduous treatment. Médecins Sans Frontières has also helped implement infection control policies, measures and practices.

In 2013 Médecins Sans Frontières worked with the Ministry of Health's programmes for DR-TB and nontuberculous mycobacterium infection (the same bacteria family but not classic TB) in Yerevan, Armavir, Ararat, Shirak, Lori, Kotayk and Gegharkunik. A team also assisted the programme in Karabagh.

Médecins Sans Frontières supported the National Tuberculosis Programme's 'compassionate use treatment' for patients with extensively drug-resistant TB. This treatment uses bedaquiline, the first new TB drug in 50 years, combined with other drugs. The first patient was started on treatment in April 2013 and 26 patients were benefitting from the programme by December.

Before the era of antibiotics, surgery was a key intervention to eliminate all or part of the lung infected with TB. The emergence of drug-resistant TB in recent years has led to a renewed interest in surgery as a treatment option for patients with pulmonary TB. In March a team of Médecins Sans Frontières and Ministry of Health TB pulmonary surgeons successfully operated on seven patients with drug-resistant TB.

The Médecins Sans Frontières team aims to enhance the national programme's capacity to implement DR-TB response plans and enable the gradual handover of activities in Armenia.

# CAMEROON

## Buruli ulcer is a tropical disease that destroys skin and soft tissue, usually on a person's arms and legs. This can cause secondary infections, restrict movement and cause permanent disability and scarring if left untreated.

**PROJECT LOCATIONS:**
Akonolinga

**KEY ACTIVITIES:**
Buruli ulcer, HIV/ AIDS

**FUNDING:**
$700,000

**FIELD STAFF:**
79

If Buruli ulcer is detected early enough, the majority of patients can be cured with antibiotics, although surgery may also be necessary. It is still not known exactly how Buruli ulcer is transmitted. About half of those in Africa suffering from the disease are children.

People with suspected Buruli ulcer in Cameroon are examined and laboratory tests are performed. When positively diagnosed, they receive antibiotics, wound dressing, surgery and physiotherapy at the Buruli ulcer 'pavilion' run by Médecins Sans Frontières in Akonolinga hospital. HIV testing is routinely offered to all patients; 12.5 per cent of people entering the programme during the year were found to have HIV, nearly triple the estimated population prevalence.

Those who test positive receive comprehensive care for both diseases. In total, the team treated 188 people with chronic wounds resulting from Buruli ulcer, applied more than 15,800 surgical dressings, admitted 48 new patients and carried out 78 surgical procedures.

Since November 2011, research has been underway to facilitate diagnosis of Buruli ulcer in resource-limited countries with a high prevalence. The aim is to provide health professionals with an easy-to-follow diagnostic grid for identifying cases. The first phase of the study was completed this year, and 370 patients have been enrolled.

# CENTRAL AFRICAN REPUBLIC

**PROJECT LOCATIONS:**
Bria, Carnot, Paoua

**KEY ACTIVITIES:**
Emergency healthcare, malaria, response to epidemics, surgery

**FUNDING:**
$1,300,000

**FIELD STAFF:**
1,631

**Escalating and extreme violence in the Central African Republic during 2013 resulted in a massive, acute humanitarian crisis in addition to an existing chronic medical one.**

For over 20 years, the small landlocked country of Central African Republic (CAR) has witnessed many political and military crises. Continual population displacement caused by pockets of armed conflict, combined with a poorly resourced, dysfunctional healthcare system, prevents people from obtaining the treatment they need. Many die from preventable and treatable illnesses such as malaria, respiratory infections and diarrhoeal diseases.

In March 2013, the rebel group Séléka took the capital Bangui, leading to a presidential coup and the gradual destabilisation of the country over the year. From March to June, Médecins Sans Frontières supported 1,072 injured people at the Community Hospital in Bangui, 36 per cent of whom had bullet wounds.

Médecins Sans Frontières was already providing basic healthcare across the country when the current emergency began to unfold. Since 2006, Médecins Sans Frontières has worked in Paoua Hospital, providing outpatient services, paediatrics, surgery, general medicine, maternal healthcare, HIV treatment and tuberculosis (TB) care. Médecins Sans Frontières also supports seven health centres on the outskirts of Paoua, running activities such as primary healthcare, nutrition services and referrals to the hospital.

In 2013 in Paoua, Médecins Sans Frontières provided inpatient care to 7,500 people, and malaria treatment to 43,000 people (including both outpatient and emergency room consultations). More than 8,000 children received vaccinations.

"Malaria remains the leading cause of morbidity and hospitalisation."

The project in Carnot, which began in 2010, provides HIV and TB treatment, plus other services such as paediatric hospitalisation and immunisations. In 2013, more than 4,000 patients received hospital-based treatment, while 64,000 were treated as outpatients. Malaria remains the leading cause of morbidity and hospitalisation, with 44,165 patients treated for malaria in 2013.

In July, Médecins Sans Frontières launched an emergency paediatric project in Bria, an isolated town that was badly affected by the ex-Séléka offensive and has an overall lack of medical services. Some 18,500 outpatient consultations were held in 2013, three-quarters of which related to malaria. More than 1,100 children were hospitalised including 790 for severe malaria.

Beginning in December, violence and chaos took hold in Bangui. Despite the arrival of international forces, there were daily clashes, attacks, lynchings and reprisals. In the first two weeks of December alone, the UN estimated that some 214,000 people were displaced by the conflict. From 5-7 December, Médecins Sans Frontières treated 190 injured people at the Community Hospital. A second operating theatre was started, and seven tents with a capacity of 100 beds were installed to increase hospital capacity. From early December to late February 2014, 1,900 surgical operations were conducted.

In addition to these activities, other Médecins Sans Frontières sections also responded across the country (see the International Activity Report for details). By December, Médecins Sans Frontières overall was providing free medical care to approximately 600,000 people in seven hospitals, two health centres and 40 health posts. At the time of writing, Médecins Sans Frontières is the largest employer in CAR.

An emergency operation at the Community Hospital in Bangui, Central African Republic, March 2013. © Jean-Paul Delain/MSF

# CHAD

**Although the Chadian government has committed to increase investment in healthcare, the quality of care and health indicators are still poor, particularly for rural communities, children and refugees.**

**PROJECT LOCATIONS:**
Abéché, Guéréda, Iriba, Mandoul, Moyen-Chari, Ouaddaï, Salamat

**KEY ACTIVITIES:**
Malaria, obstetric fistulas, response to epidemics

**FUNDING:**
$1,300,000

**FIELD STAFF:**
1,039

The mortality rate for children under five is high, and routine vaccination coverage is low. People often die from malnutrition and preventable diseases such as malaria and cholera, and disease epidemics are recurrent. Instability in surrounding countries also means Chad hosts a large refugee population. In 2013, some 60,000 new refugees arrived in the country, with urgent needs for basic and specialist medical care.

For the past few years, teams from Médecins Sans Frontières have worked on preventing and treating malaria in the Moissala and Bouna districts, Mandoul region. Teams focussed on children with severe and complicated cases in Moissala hospital's malaria unit. Médecins Sans Frontières also supported health centres and community health workers in rural areas. Seasonal Malaria Chemoprevention – the distribution of antimalarials as a prevention strategy – was provided to children under five and pregnant women during the high season. The strategy has previously proven effective in reducing the number of people developing severe malaria. In 2013, prophylaxis was distributed to 53,000 children and teams recorded an overall reduction in malaria of 60 per cent in Moissala compared to the previous year.

Measles vaccination campaigns were carried out in the Guéréda, Ouaddaï and Iriba regions, with more than 400,000 children vaccinated. An outbreak of yellow fever in February also prompted a vaccination campaign, reaching more than 160,000 people.


Médecins Sans Frontières runs a training session on obstetric fistula for health students, Chad.
© Elisabeth Grâce Brya/MSF

"Malaria prophylaxis was distributed to 53,000 children and teams recorded an overall reduction in malaria of 60 per cent in Moissala compared to the previous year."

Following flooding in Maro, Moyen-Chari region, Médecins Sans Frontières provided assistance to refugees from Central African Republic living in Yaroungou and Moula camps. Teams carried out 12,200 basic health consultations, offered nutritional support to 2,630 children, and provided immunisations. In August, assistance was also provided to refugees in Koldaga and Moissala.

At the end of the year, Médecins Sans Frontières handed over the obstetric fistula programme in Abéché to the Ministry of Health. The programme began in 2008, providing medical, rehabilitative and psychosocial care to women with obstetric fistulas. Fistulas are an injury to the birth canal often caused by obstructed and prolonged labour, which can lead to incontinence and social stigma. Since this project began, Médecins Sans Frontières has conducted 960 surgical procedures rehabilitating patients' urinary and faecal functions and genital organs. Médecins Sans Frontières will continue to provide support for the first six months of 2014, to help facilitate the transfer to the government and maternal health actors.

# COLOMBIA

**Médecins Sans Frontières supports the national programme against tuberculosis in the city of Buenaventura.**

**PROJECT LOCATIONS:**
Buenaventura

**KEY ACTIVITIES:**
Tuberculosis

**FUNDING:**
$600,000

**FIELD STAFF:**
180

Colombia is still struggling with the consequences of a conflict involving several illegal armed groups and the Colombian armed forces, which has lasted for 60 years. Direct and indirect consequences of violence on the population are still high and the humanitarian needs remain high.

Tuberculosis (TB) has emerged as a major public health concern, particularly in the crowded seaport of Buenaventura, where 9.5 per cent of new cases are found to be drug-resistant. Since 2010, Médecins Sans Frontières has run a project to improve diagnosis and treatment of TB, including drug-resistant TB. Médecins Sans Frontières works in two health facilities, and oversees an additional 15 medical stations. In 2013, 218 patients with drug-sensitive TB began treatment, and 47 patients were included in the programme for drug-resistant TB.

In addition to providing support to the national strategy for TB detection and treatment, Médecins Sans Frontières started advocacy initiatives and discussions with partners and authorities to introduce bedaquiline as a treatment for patients with extremely resistant forms of the disease. Bedaquiline is the first new TB drug in 50 years, and offers hope of a shorter, more effective and less toxic drug regimen for people with multidrug-resistant TB.

In early 2013, Médecins Sans Frontières closed a project focused on reproductive healthcare in Buenaventura, due to improvements in the local health system in the area.

© Aurelie Baumel/MSF

## A patient's story: Maria

In 2013, the first patients with drug-resistant TB completed their treatment with Médecins Sans Frontières in Buenaventura. The treatment is complicated and produces many side effects. Maria, who completed her treatment five months ago, recalls the long and arduous process: "I had a lot of headaches and stomach aches. I lost my appetite and I felt very weak. Sometimes I couldn't even keep down a glass of water."

Unfortunately, TB patients in Buenaventura are stigmatised. Many patients confide that they suffer from the community's attitude and experience rejection and isolation. "I didn't leave my house," Maria says. "I only went from the house to the health centre. When I was in the street, I didn't look at anyone. Very few people dared to touch me."

Maria remembers the emotion and sense of relief she felt when she completed her treatment just five months ago. "When they told me that the treatment was over and that I was well, I turned everything upside down at the health centre! I screamed, I cried, I hugged and I thanked all the medical staff. I went down on my knees. It was like I had returned to life."

# COTE D'IVOIRE

**In 2013, Médecins Sans Frontières closed the last of its emergency programmes launched to meet healthcare needs during the Ivorian post-electoral crisis of 2010–2011.**

**PROJECT LOCATIONS:**
Taï

**KEY ACTIVITIES:**
Maternal healthcare, paediatrics, primary healthcare

**FUNDING:**
$800,000

**FIELD STAFF:**
74

Overall, the security situation in Cote d'Ivoire has stabilised and there has been an increased government investment in healthcare. However gaps persist due to a lack of qualified staff and outdated technologies.

Teams from Médecins Sans Frontières have gradually ceased activities that were originally set up to address the needs of people displaced during the 2011 armed conflict. The programme in Taï, which consisted of support to the Ministry of Health in outpatient, paediatric and maternity services in a 20-bed hospital, closed in March. A total of 27,338 consultations were held.

Work undertaken by teams in Duékoué and Abobo during the crisis identified the need for lifesaving maternal healthcare. Women generally deliver their babies at home without effective emergency obstetric care when there are complications. This results in unnecessary suffering and even deaths of mothers and babies. Médecins Sans Frontières is preparing to open a mother and child health programme with the Ministry of Health in Hambol region in 2014. Care will be provided for complicated deliveries, and antenatal and neonatal emergencies at the hospital in Katiola.

# DPR KOREA

**After developing an agreement with the government in May, Médecins Sans Frontières opened a programme in the Democratic People's Republic of Korea (DPRK).**

**PROJECT LOCATIONS:**
South Pyongan

**KEY ACTIVITIES:**
Medical training

**FUNDING:**
$200,000

**FIELD STAFF:**
5

Only a few international aid organisations are present in the country, and these face restrictions on their movements and access to patients.

After a long absence, Médecins Sans Frontières started working in the country again in 2012.By the beginning of 2013, Médecins Sans Frontières had made regular visits to upgrade some medical practices related to mother and child health in the district hospital of Anju, South Pyongan province. A memorandum of understanding was signed in May, outlining the framework of the collaboration between the government and Médecins Sans Frontières, and Médecins Sans Frontières' activities in the country.

In February, a team travelled to DPRK to start updating the medical knowledge of staff through training. The first module covered was 'Management of dehydration and shock among children', and then in June the team returned to complete the second training module, 'Life support in obstetric services'. In October, the third module, 'Management of malnutrition, respiratory and neurological diseases among children', was completed. The drugs and medical materials related to the modules were provided during each visit, as well as food for the hospitalised patients, their caregivers and the hospital staff. Follow-up monitoring and supervision was carried out during field visits.

# DEMOCRATIC REPUBLIC OF CONGO

**PROJECT LOCATIONS:**
Katanga, North Kivu, Orientale

**KEY ACTIVITIES:**
Emergency healthcare, malaria, paediatrics, response to sexual violence, surgery

**FUNDING:**
$4,150,000

**FIELD STAFF:**
3,604

**Decades of conflict, lack of investment in the healthcare system and ongoing violence have restricted access to medical care for people in the Democratic Republic of Congo (DRC).**

North Kivu province remained unstable through much of 2013, with thousands displaced. While on an exploratory mission in July, four Congolese Médecins Sans Frontières staff members — Chantal, Philippe, Richard and Romy — were abducted by an armed group during an attack on Kamango, North Kivu. At the time of writing, a dedicated Médecins Sans Frontières team is still actively searching for them.

Rutshuru territory in North Kivu was controlled by M23 rebels until their defeat and withdrawal in October. Médecins Sans Frontières continued to offer comprehensive healthcare during this unstable period, including surgery, intensive and emergency care, and treatment for victims of sexual violence. Hospital activity rose sharply in 2013 with 20,500 emergency room visits – a 48 per cent increase on 2012. More than 7,600 surgical procedures were performed during the year.

At Mugunga III camp, Médecins Sans Frontières provides medical care to displaced people mainly from Rutshuru and Masisi, fleeing fighting between rebel groups and the army. In 2013, Médecins Sans Frontières carried out 41,800 consultations, and treated 840 victims of sexual violence. After the withdrawal of M23 in October and the relative stability that has resulted, thousands of displaced people are preparing to return home.

Médecins Sans Frontières also assisted around 5,300 people around Rwanguba and Ntamugenga, North Kivu, who were displaced by conflict. Médecins Sans Frontières distributed shelter, jerry cans and water, and rehabilitated health facilities.

In Katanga province there is a lack of quality and affordable health services. Médecins Sans Frontières treats children in the paediatric unit of Kabalo hospital and 15 peripheral health centres, mainly for malaria. In 2013, the teams provided nearly 79,500 consultations, including 54,000 for malaria. As a result of a measles outbreak in Kabalo, Médecins Sans Frontières provided hospital treatment and undertook a targeted vaccination campaign. When a nutritional survey indicated extensive malnutrition, one inpatient and three outpatient feeding centres were opened.

Médecins Sans Frontières runs various activities to control endemic cholera in Kalemie, Katanga province, including patient management, strengthening of the surveillance system, expansion of drinking water and introducing the cholera vaccine. The programme was suspended for one month in November due to two major security incidents.

In Lubumbashi Médecins Sans Frontières responded to a measles outbreak in December, and distributed drinking water during a cholera epidemic. Another measles outbreak in Bas-Uélé, Orientale province, prompted Médecins Sans Frontières to vaccinate 190,000 children and treat 30,000 patients.

"Médecins Sans Frontières continued to offer comprehensive healthcare during this unstable period, including surgery, intensive and emergency care, and treatment for victims of sexual violence."

**PROJECT LOCATIONS:**
Guéckédou

**KEY ACTIVITIES:**
Malaria

**FUNDING:**
$400,000

**FIELD STAFF:**
327

# GUINEA

## Médecins Sans Frontières focuses its efforts on fighting malaria in a hyper-endemic region.

The majority of Guineans live below the poverty line and cannot rely on access to basic social services. In 2013, after three years of delay, the first legislative elections finally took place. This political step, as well as the cancellation of two thirds of the national debt, should enable the government to finance essential services such as education and healthcare. In the meantime, the region is prone to a number of diseases and therefore Médecins Sans Frontières conducts epidemiological monitoring and remains prepared to respond to any emergency.

Malaria is still the main cause of death among the most vulnerable groups, in particular pregnant women and young children. Médecins Sans Frontières has continued to work with the Ministry of Health on malaria prevention and treatment in Guéckédou, and the programme now supports the district hospital, seven health centres and 12 health posts. The Médecins Sans Frontières team has also trained 53 community health workers so that they can screen and treat people with uncomplicated malaria, and refer serious cases to health centres. Nearly 92,000 cases of malaria were treated this way during the year.

# A community health worker's story: André

André Millimouno is a builder by trade, but in September 2010 this cheerful 44-year-old gave up his job to become a community health agent, helping his community manage malaria. André has come to the village of Kat-Kama, 15 kilometres from the nearest health post. In the small central square, a crowd of villagers has gathered under a tree. They know that André has come to give them information, carry out tests and treat malaria. His T-shirt bears a simple message: 'Community health agents are committed to fighting malaria'.

"Today I want to talk to you about mosquito nets and explain how best to use them to protect yourselves and your children against malaria," André begins. He asks if there are any sick people in the village. A mother and her two daughters come forward, both of whom have a fever. André takes a drop of blood from each girl's finger, which he transfers to a small plastic slide - a rapid diagnostic test for malaria. Some 15 minutes later the diagnosis is confirmed. André gives their mother medication and explains how to administer the tablets. After three hours in the village, André has diagnosed malaria and distributed drugs to eight other people, most of them children under five. If he detects malaria in a baby less than two months old, a pregnant woman or a patient with signs of severe malaria, André refers them quickly to the nearest health post.

Like other community health agents, André is looked after by his community, who excuse him from work duties in the fields and give him a few dozen kilos of rice from each harvest. Without the involvement of the community, his work would not be possible. "When a village agrees to support and help its community agent, it is deciding to play an active part in its health, improving the likelihood that the project will continue once Médecins Sans Frontières has left," explains Philippe Latour, Médecins Sans Frontières' field coordinator in Guéckédou.

A community health agent, one of André's colleagues, performs a rapid diagnostic test for malaria on a child with fever, in January 2013. © Philippe Latour/MSF

# HAITI

**More than three years after Haiti's devastating earthquake, the few public medical facilities in the country do not have the resources to meet the needs of most Haitians.**

**PROJECT LOCATIONS:**
Léogâne,
Port-au-Prince

**KEY ACTIVITIES:**
Maternal health, paediatrics, response to epidemics, sexual violence response, surgery

**FUNDING:**
$3,950,000

**FIELD STAFF:**
2,324

Healthcare in Haiti remains largely privatised and most people do not have the financial means to pay for it. Overall, living conditions have improved since the earthquake, but for people living in camps conditions remain extremely poor and some have no access to affordable drinking water. Cholera, a water-borne infection that can lead to rapid dehydration and sometimes death, remains a health threat where there is poorly managed water and sanitation. Since October 2010, more than 700,000 people have been infected with cholera. One-third of these have been treated by Médecins Sans Frontières.

"Since October 2010, more than 700,000 people have been infected with cholera. One-third of these have been treated by Médecins Sans Frontières."

In 2013, Médecins Sans Frontières continued to manage the 160-bed temporary container hospital in the city of Léogâne, which had originally been set up to provide emergency services after the 2010 earthquake. The hospital provides basic healthcare for women and children, as well as specialist services, primarily for obstetric emergencies, and a cholera treatment unit. Over time the maternity department has proven to be the most in demand unit. In 2013, Médecins Sans Frontières teams registered more than 500 births here each month, 15 per cent of which required a caesarean section.

Médecins Sans Frontières has begun to identify potential partners to take over the medical work of the container hospital. Since October 2013, women with uncomplicated pregnancies are referred to local medical centres for their pregnancy care.

At the 130-bed Drouillard hospital in Port-au-Prince, close to Cité Soleil slum, Médecins Sans Frontières provides trauma care to victims of accidents, burns and violence, including sexual violence. Some 13,200 people were treated in 2013, receiving treatment including surgery, intensive care, orthopaedics, burn care and physiotherapy. More than one-third had been in road accidents, one-fifth were victims of violence (around 50 patients with bullet wounds and 100 with knife wounds were admitted monthly) and one-quarter were injured in domestic accidents. A large percentage of patients who suffered burns in domestic accidents were children under five. Drouillard hospital is the only facility with a specialist burns unit in the country. Médecins Sans Frontières also maintains a unit in the hospital that can quickly be transformed into a 130-bed cholera treatment centre, if required.

## A patient's story: Manise

"I was living in Canaan camp with my cousin after the earthquake. One night, I went to collect some water. Two men arrived and dragged me into an empty tent.

I shouted so loudly one of them left. The other held on to me tightly and hit me many times. It was around 8pm and there were a number of passersby. No one came to help me. My child was conceived in a rape.

I had no problems in my pregnancy until my feet began to swell. My health worsened and one day I lost consciousness and woke up in a Médecins Sans Frontières hospital. I saw the baby next to me but could not remember the birth. I am worried I won't be able to feed my son once he is too old for breast milk. I am going to offer to do laundry for people."

**PROJECT LOCATIONS:**
Tehran

**KEY ACTIVITIES:**
Mental healthcare, maternal healthcare, primary healthcare, women's health

**FUNDING:**
$600,000

**FIELD STAFF:**
30

# IRAN

## Rates of drug addiction in Iran remain high, yet many addicts have difficulty accessing the medical and psychological care they need.

The Iranian authorities have recognised that drug addiction and HIV infection are a growing public health concern, and have taken significant steps to initiate harm reduction and HIV/AIDS prevention among injected-drug users. However, the broad medical needs of high-risk groups remain acute, especially in Tehran, where drug users, sex workers and street children are stigmatised and are therefore unable to access the general health system.

In Darvazeh Ghar, one of the poorest neighbourhoods in Tehran, Médecins Sans Frontières continued to run a health centre dedicated to women and children under five who are excluded from healthcare, including undocumented refugees. Iranian authorities estimate that the country hosts 850,000 refugees, most of them Afghans. While registered refugees are granted private health insurance, those who are undocumented have limited access to healthcare.

Together with Iranian authorities and local organisations, Médecins Sans Frontières offered free, basic healthcare, including medical consultations for women and children, gynaecological care, family planning and postnatal care. An average of 800 consultations were held each month in 2013. A mental health programme started in September, with treatment and support provided by a psychiatrist and a psychologist.

**PROJECT LOCATIONS:**
Erbil, Hawijah

**KEY ACTIVITIES:**
Emergency medicine, mental healthcare, primary healthcare, surgery

**FUNDING:**
$4,300,000*

**FIELD STAFF:**
526

*Note: this is combined funding for Iraq and Jordan projects

# IRAQ

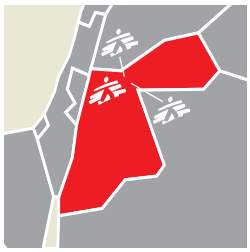
## Thousands of Iraqis endure a lack of basic healthcare services, and access is further hampered by chronic insecurity.

In Hawijah, Kirkuk Governorate, Médecins Sans Frontières surgeons and anaesthetists support the hospital's emergency department which has a critical shortage of medical personnel. More than 300 emergency surgical procedures were performed each month at the hospital, the only facility offering specialist services in the entire district. A team also conducted training in the management of emergency cases and infection control. Médecins Sans Frontières also carried out assessments of health centres in Hawijah district to ascertain whether basic healthcare was available for rural communities. This information will be used as a reference to develop new activities.

The Syrian crisis has resulted in a massive flow of refugees into Iraq. In September Médecins Sans Frontières opened a health clinic offering basic and mental healthcare at the Kawargosk camp in Erbil province, which hosts 12,500 refugees. A mobile clinic in Qushtapa camp, also in Erbil province, provided 2,900 consultations from September until it was handed over to the Department of Health in December.

Many patients suffering from burns and other traumatic injuries cannot access the specialised care they need within Iraq. Médecins Sans Frontières runs a network of medical liaison officers across the country. They identify and refer patients to Médecins Sans Frontières' reconstructive surgery programme in Amman, Jordan (for more details, see Jordan, page 28). These officers, together with administrative support in Baghdad, managed the admission and discharge of 185 patients, and provided follow-up for almost 400 patients in Iraq in 2013.

A medical consultation in Darvazeh Ghar, Iran, in May 2013. © Samantha Maurin /MSF



# JORDAN

**People from across the region receive specialist surgery in Médecins Sans Frontières' reconstructive surgery programme in Jordan.**

**PROJECT LOCATIONS:**
Amman, Irbid, Zataari

**KEY ACTIVITIES:**
Maternal healthcare, paediatrics, surgery

**FUNDING:**
$4,300,000*

**FIELD STAFF:**
72

*Note: this is combined funding for Iraq and Jordan projects

In Amman, Médecins Sans Frontières has run a regional reconstructive surgery programme since 2006. The programme focuses on patients suffering from severe injuries that require a level of integrated and specialised care that is difficult for them to access elsewhere. Many patients receive initial treatment for wounds at other hospitals, and a network of doctors refers them to the reconstructive surgery hospital. Orthopaedic, maxillofacial [relating to the jaw and face] and plastic reconstructive surgery is offered, with essential complementary care that includes physiotherapy and psychosocial support. Patients are also provided with transportation and are accommodated at a Médecins Sans Frontières rehabilitation centre. In 2013, surgeons performed 1,370 operations on patients from Syria, Iraq, Yemen and Gaza. More than 40 per cent of patients were from Syria.

An outpatient centre for Syrian refugees was also established in Amman, with more than 2,900 consultations provided in 2013.

Zaatari refugee camp in northern Jordan was host to more than 100,000 Syrian refugees throughout most of 2013. Filling a gap in paediatric care at the camp, Médecins Sans Frontières ran a 24-hour hospital for children aged one to 10 from March to November. The project was closed when other health providers were able to meet the children's needs. More than 17,500 patients were treated over the course of the programme.

Irbid in northern Jordan has one of the highest concentrations of Syrian refugees outside of the camps – there were over 120,000 in the governorate by the end of 2013. An assessment of their health situation conducted by Médecins Sans Frontières in May and June showed that mothers and children were not receiving adequate healthcare. Médecins Sans Frontières opened a maternal-child health programme in October offering consultations and inpatient care for refugees and local people in need.

© Enass Abu Khalaf-Tuffaha/MSF

## A midwife's story: Janine

Midwife Janine Issa from Sydney helped set up the maternal-child health project in Irbid.

"Before the project started some pregnant women had been seeing private doctors, however, they had no access to this care on a regular basis because they cannot afford the consultation fees. So there is definitely a gap in getting the necessary medical follow-up. Médecins Sans Frontières is aiming to fill this gap with our team of four Jordanian midwives with experience ranging from one to two years, supervised by a senior midwife with 20 years' experience.

When the first baby was born at the hospital it was such an exciting feeling for everybody! He was a cute boy weighing 2.8kg from Dara'a in Syria whose family came from the Jordanian city of Mafraq [60km away]."

# KENYA

**Médecins Sans Frontières' activities in Kenya include comprehensive medical care in Dagahaley refugee camp, and tuberculosis treatment in Nairobi slums.**

**PROJECT LOCATIONS:**
Dagahaley, Homa Bay, Nairobi

**KEY ACTIVITIES:**
HIV/ AIDS, maternal healthcare, mental healthcare, nutrition, paediatrics, surgery, tuberculosis

**FUNDING:**
$4,000,000

**FIELD STAFF:**
789

More than 340,000 Somalis live in the Dadaab refugee camps, in extremely challenging conditions. Médecins Sans Frontières manages a 100-bed hospital in Dagahaley, one of the six Dadaab camps. The hospital provides adult and paediatric care, maternity services, emergency surgery and treatment for HIV/AIDS and tuberculosis (TB). Four health posts in the camp provide antenatal care, surgical dressings and mental health support. Each month in 2013, on average, 18,000 outpatient consultations were carried out and 700 people were admitted to hospital. Over the year, 2,580 babies were delivered and 10,800 mental health consultations were conducted.

Although levels of severe malnutrition were not critical in 2013, the refugees' health continues to be gravely impacted by malnutrition. More than 1,000 malnourished children required intensive care treatment in the hospital and 2,400 others received outpatient care.

The general level of security in the camps has steadily deteriorated since the end of 2011 and the majority of international organisations have had to reduce their activities. The impact is visible: there is a lack of maintenance and investment in camp hygiene and shelter, which raises major health concerns and increases the risk of epidemics. Although Médecins Sans Frontières has continued to provide medical support in Dagahaley, we cannot guarantee a permanent presence of international staff.

In Homa Bay Hospital, Nyanza province, Médecins Sans Frontières has provided HIV/AIDS treatment to 25,000 people since 2001. Médecins Sans Frontières continued the handover of the HIV programme at Homa Bay to the Ministry of Health and its partners, and expects to complete the process by 2015. In 2013, Médecins Sans Frontières research found an extremely high incidence of HIV in Ndhiwa, Homa Bay County. As a result, a new HIV programme was established, with activities due to begin in 2014.

> "In Homa Bay Hospital, Nyanza province, Médecins Sans Frontières has provided HIV/AIDS treatment to 25,000 people since 2001."

A Médecins Sans Frontières staff member reviews the patient charts at Homa Bay clinic. © Olga Overbeek/MSF

The Eastlands area of Nairobi, composed of poor suburbs and informal settlements, is home to a population of about two million. More than 1,600 survivors of sexual violence received medical and psychological care at the Médecins Sans Frontières clinic in 2013. A team also treated around 470 patients with TB and 40 with drug-resistant TB. A Médecins Sans Frontières team carried out a health assessment in Eastlands to evaluate other needs and explore the extent of sexual violence. A proposal to expand the programme will be completed in 2014.

The Blue House clinic, where Médecins Sans Frontières has been providing HIV care since 2001, was handed over to the AIDS Healthcare Foundation.

# KYRGYZSTAN

## Médecins Sans Frontières estimates that the incidence of tuberculosis among prisoners in Kyrgyzstan is 20 to 30 times higher than in the general population, with mortality rates as much as 60 times higher.

**PROJECT LOCATIONS:**
Bishkek

**KEY ACTIVITIES:**
HIV/AIDS, tuberculosis

**FUNDING:**
$537,000

**FIELD STAFF:**
130

In 2013 Médecins Sans Frontières continued to offer tuberculosis (TB) care to prisoners in the penitentiary system in Bishkek, the country's capital, which holds up to 9,000 inmates. In the institutions where prisoners are detained until sentencing, teams provided full health screening, plus treatment for identified TB patients. Staff also diagnosed and treated inmates with multidrug-resistant TB.

Médecins Sans Frontières supported treatment for co-occurring illnesses, and offered screening and vaccination for hepatitis B. Uninterrupted completion of treatment is crucial for it to be successful, and the team ensured follow-up once individuals were released from prison. Having helped establish protocols, increased infection control and improved access to care, Médecins Sans Frontières plans to hand over the penitentiary project to government authorities and partners by the end of 2014. Médecins Sans Frontières has also actively supported the development of a newly constructed national reference laboratory in Bishkek.

# LAOS

## Médecins Sans Frontières provided medical care in some of the most remote and disadvantaged communities in Huaphan province.

**PROJECT LOCATIONS:**
Huaphan

**KEY ACTIVITIES:**
Maternal healthcare, paediatrics

**FUNDING:**
$10,000

**FIELD STAFF:**
46

In 2011, Médecins Sans Frontières decided to launch a programme to provide obstetric and neonatal support and paediatric care for children under five, in five district hospitals and 10 health posts in Huaphan province, northeastern Laos. The aim was to reduce infant mortality, as well as the number of deaths during pregnancy and childbirth. A Médecins Sans Frontières team worked with the hospitals and health centres of XiengKhor, Sop Bao, Ett, Xamtai and Kuan districts. Mobile medical clinics reached some of the most remote and disadvantaged communities in the province. Médecins Sans Frontières also worked to improve laboratory and pharmacy facilities in the area, as well as water, electricity and sanitation infrastructure.

The team found that low patient attendance rates, the scattered nature of the health facilities in the province, and the difficulties in recruiting qualified Lao staff and importing the necessary drugs meant that goals were not met. The expected outcomes for training medical staff and treating patients were not reached. Médecins Sans Frontières stopped working in Laos in December 2013 and the decision was made not to continue the programme beyond the end of the year.

# LEBANON

**An estimated one million Syrians are seeking refuge in Lebanon, a country with a population of only four million.**

**PROJECT LOCATIONS:**
Saïda

**KEY ACTIVITIES:**
Mental healthcare, response to sexual violence

**FUNDING:**
$500,000

**FIELD STAFF:**
127

Despite tremendous efforts by the Lebanese authorities and the provision of international aid, the country is struggling to cope with the influx of refugees. Tensions grew in 2013 and many refugees were living in dire conditions with very little assistance. According to Médecins Sans Frontières assessments, access to hospital care and free medicines for Syrian refugees was severely limited, and obstetric care was not available. The cost of health services made it difficult for refugees to access care, as most had left everything behind and were struggling to support themselves.

In 2013, Médecins Sans Frontières increased humanitarian efforts in various regions of the country. The majority of Palestinian refugees from Syria have gathered in Sidon at the vastly overcrowded Ein-el-Hilweh refugee camp, where there are regular security incidents and clashes between political factions. The camp has existed since 1948 and is the largest Palestinian refugee camp in Lebanon, with an estimated population of 75,000. As many people are experiencing symptoms of trauma and distress, a Médecins Sans Frontières mental health programme at Human Call hospital and two clinics in the camp provide psychological support, including for victims of sexual violence. Médecins Sans Frontières psychologists provided nearly 5,000 consultations in 2013. One third of the 800 newly enrolled patients had fled from Syria. In June, a team began to carry out consultations for people with chronic diseases at Human Call hospital.

Outside the camp, Médecins Sans Frontières offers mental healthcare to Palestinian and Syrian refugees, as well as local residents, at the Saïda governmental hospital and the Palestinian Red Crescent hospital. A team implemented psychosocial activities for Syrian refugees living in unfinished buildings in the area.

© Aurelie Lachant/MSF

## A patient's story: Mahmood

After leaving the Yarmouk Palestinian refugee camp near Damascus, Mahmood now lives in Ein el-Helweh. He lives with his wife and six-year-old son in a narrow room, divided in two by a plank of wood to accommodate another family.

"I'm deeply sad inside, but I need to appear strong in front of my family. It's very difficult. Seven of my relatives were killed by the bombings and shootings in Syria. We saw their mutilated bodies. I buried them myself and buried my neighbours too. My son disappeared. One month later, my brother disappeared. I'm sure they got killed," says Mahmood.

Médecins Sans Frontières' mental health teams hear stories like Mahmood's all too often. The most common diagnoses are depression, anxiety, and post-traumatic stress disorder.

**PROJECT LOCATIONS:**
Bekily, Betioky, Tuléar, Morombe

**KEY ACTIVITIES:**
Malaria, maternal healthcare, tuberculosis

**FUNDING:**
$900,000

**FIELD STAFF:**
118

# MADAGASCAR

## Tropical cyclone Haruna struck the southwest coast of Madagascar on 22 February, causing extensive flooding and resulting in the displacement of more than 10,000 people.

People in the cities of Tuléar and Morombe were particularly affected by the cyclone. Several aid agencies responded, including a team from Médecins Sans Frontières that ran mobile clinics and donated drugs to facilities in the cities and surrounding areas until mid-April. From February to May, a team also helped health authorities respond to a spike in malarial infections in Tuléar, Morombe and Betioky. A total of 5,760 consultations were carried out.

Governmental budget cuts following the 2009 presidential coup have severely affected the country's health sector. A policy of free healthcare for those in need was abolished in 2012. International donors remain reluctant to release funds for non-emergencies. Meanwhile, people in remote regions are unable to access services because of the distances to health facilities.

Since 2011, a Médecins Sans Frontières team has been improving patient care in the remote Androy region. Clinical care and drugs are dispensed through Bekily hospital's emergency room, inpatient department, and antenatal and maternity unit. Medicines, staff training and consultations are also provided in two health centres. Patients receive treatment for a range of health concerns such as malaria and tuberculosis, as well as for schistosomiasis (bilharzia), a curable parasitic disease endemic in Madagascar. In addition, Médecins Sans Frontières works with the Centre for the Testing and Treatment of Tuberculosis, raising awareness, testing, and carrying out consultations. During 2013, 70 new patients were admitted for treatment.

**PROJECT LOCATIONS:**
Chiradzulu

**KEY ACTIVITIES:**
HIV/ AIDS

**FUNDING:**
$800,000

**FIELD STAFF:**
706

# MALAWI

## Malawi is largely dependent on international aid for healthcare. Seventy per cent of general health services and 99 per cent of antiretroviral (ARV) coverage are funded through aid programmes.

Malawi's HIV rates are among the highest in the world, with more than one in 10 people estimated to be infected. The healthcare system is chronically underfunded and there is a severe shortage of skilled workers with a 61 per cent vacancy rate for clinical staff. Médecins Sans Frontières supports the HIV response, improving care for patients, and strengthening the existing health system through staff training and technical support, innovative and progressive treatment models, and by implementing operational research.

Médecins Sans Frontières runs an HIV programme in Chiradzulu district, providing ARV treatment through the district hospital and 10 health centres. In 2013, more than 28,000 people received ARV treatment through the programme, including 2,000 children under the age of 15. More than 41,000 people have received ARV treatment since the project began in 2001. Médecins Sans Frontières conducted a study in Chiradzulu in 2013 that showed that 65.8 per cent of people needing ARV treatment were receiving it, and a population-based survey revealed that there was a very low level of new infections (0.4 per cent), suggesting that the large distribution of HIV treatment has played a role in reducing transmission.

In mid-2013, the first point-of-care viral load test was installed in a rural health centre, thanks to a UNITAID grant. This test measures the amount of HIV virus in the blood, which increases when first-line treatment fails, so patients can be switched to a different drug regimen.

An HIV/ AIDS support group meeting in Thyolo district, Malawi. © Giulio Donini/UNITAID

# MALI

**Access to healthcare remains a major problem in Mali and the health sector suffers from a limited number of medical professionals.**

**PROJECT LOCATIONS:**
Koutiala, Timbuktu

**KEY ACTIVITIES:**
Maternal healthcare, malaria, nutrition, paediatrics, response to epidemics

**FUNDING:**
$1,450,000

**FIELD STAFF:**
610

The 2012 conflict has furthered weakened the healthcare system, particularly in the north. Although the situation stabilised somewhat in the second half of the year, many people are still afraid to return home.

Insecurity in and around Timbuktu contributed to a deteriorating food and health situation. It is difficult for people to reach health facilities, particularly when they have to travel along roads targeted by armed gangs. Médecins Sans Frontières works in all departments of the 60-bed Timbuktu hospital, Niafunké hospital and five outlying health centres. A total of 91,975 consultations were conducted for patients mainly suffering from malaria, pregnancy complications, respiratory infections and chronic diseases. Médecins Sans Frontières also vaccinated 2,800 children against diphtheria, tetanus and pertussis. More than 7,800 adult women were also vaccinated against tetanus, which remains a major cause of maternal and neonatal deaths.

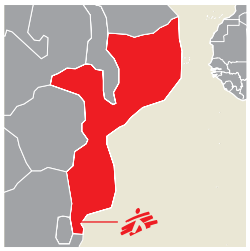
Supplies arrive in Timbuktu. © Toe Jackson/MSF

In the south, Médecins Sans Frontières continued a comprehensive paediatric programme in Koutiala, Sikasso state, in conjunction with the Ministry of Health. A free healthcare package aims to ensure children's growth and development and reduce hospitalisation. Médecins Sans Frontières manages the paediatric unit in Koutiala hospital, where over 5,300 patients were admitted in 2013, including more than 5,000 children with severe or complicated malnutrition. Teams also provide basic healthcare in five peripheral health centres, where some 82,000 medical consultations were held, more than a third involving malaria, and 3,460 children with severe malnutrition received treatment.

"Teams have observed a reduction in acute severe malnutrition and stunting and Médecins Sans Frontières hopes to expand the programme in 2014."

Preventive and curative paediatric care is also offered in the Konseguela health area in Koutiala district, including a full package of vaccinations for children under two. Teams have observed a reduction in acute severe malnutrition and stunting and Médecins Sans Frontières hopes to expand the programme in 2014.

During the peak malaria season, between July and October, Médecins Sans Frontières implemented seasonal malaria chemoprevention. This is a new preventive strategy that aims to reduce morbidity and mortality due to malaria. On average, around 163,000 children aged 3 months to 5 years received treatment at each of the four rounds. The number of children suffering from uncomplicated malaria in 2013 was considerably less compared to the previous year.



# MOZAMBIQUE

**Despite progress in Mozambique's national response to HIV/AIDS, the virus still accounts for 40 per cent of adult deaths and 14 per cent of child deaths in the country.**

**PROJECT LOCATIONS:**
Maputo

**KEY ACTIVITIES:**
HIV/ AIDS, tuberculosis

**FUNDING:**
$1,900,000

**FIELD STAFF:**
327

In Chamanculo, a district of the capital, Maputo, Médecins Sans Frontières works in five health centres and one referral centre for complex HIV/AIDS cases, all run by the Ministry of Health.

Médecins Sans Frontières is developing adapted care by simplifying treatments, decentralising the follow-up of patients and influencing public health policy. In addition, Médecins Sans Frontières is developing services for the prevention of mother-to-child transmission (PMTCT) by supporting the World Health Organization's "option B+" approach. This involves treating all HIV-positive pregnant women with antiretroviral drugs to prevent the virus' transmission from mother to child. It also aims to protect the long-term health of mothers, of any future babies, as well as HIV-negative partners.

Our teams prescribe second- and third-line antiretroviral drugs when patients no longer respond to their initial treatment. Teams also treat opportunistic infections and complications such as Kaposi's sarcoma, cervical cancer or co-morbidities, and in particular multidrug-resistant tuberculosis. Viral load technology, considered the 'gold standard' for monitoring the amount of HIV virus in a patient's blood, was introduced in Maputo in 2013. A Médecins Sans Frontières' team also provided staff training in support of the Ministry of Health's Acceleration Plan to make antiretroviral treatment available to more people in need.

In total, more than 27,000 patients received antiretroviral drugs in 2013 through Médecins Sans Frontières' project.

# MYANMAR

**After three years, Médecins Sans Frontières closed its HIV/ AIDS prison project in Yangon.**

**PROJECT LOCATIONS:**
Yangon

**KEY ACTIVITIES:**
HIV/ AIDS

**FUNDING:**
$200,000

**FIELD STAFF:**
1,299

At the end of December 2013, Médecins Sans Frontières was able to close the Insein prison project in Yangon. The aim of this project was to integrate treatment for HIV/AIDS and tuberculosis (TB) into the general framework of medical care for all prisoners. Médecins Sans Frontières played a central role in convincing the government to provide specific treatment to prisoners. Since the beginning of the programme in October 2010, Médecins Sans Frontières has started 450 HIV-positive patients on antiretroviral treatment and worked to prevent and treat opportunistic infections, including 180 cases of TB. More than 15,000 outpatient consultations have been conducted since the programme began.

Other Médecins Sans Frontières sections ran projects across Myanmar. Médecins Sans Frontières overall is the largest provider of HIV/AIDS care in Myanmar, treating more than 33,000 patients in a country where fewer than one in three people who need antiretrovirals receive them. Médecins Sans Frontières runs projects treating HIV and TB patients in Kachin, Shan and Rakhine states, as well as in Yangon and in Dawei in Tanintharyi region.

In Rakhine State, more than 100,000 people remain displaced, living in appalling conditions almost entirely cut off from healthcare and other basic services including clean water. Working closely with local communities, Médecins Sans Frontières offered basic healthcare, obstetric services, mental healthcare, treatment for HIV/AIDS and TB, and supported emergency referrals. Staff worked in 10 townships, in fixed and mobile clinics in 24 camps for displaced people and in a number of isolated villages.

# NIGER

**Médecins Sans Frontières' activities in Niger focus on reducing the mortality and morbidity caused by malaria and malnutrition, particularly among children.**

**PROJECT LOCATIONS:**
Abala, Madarounfa

**KEY ACTIVITIES:**
Emergency response, malaria, malnutrition, maternal healthcare

**FUNDING:**
$200,000

**FIELD STAFF:**
1,879

Between harvests, there is a period known as the 'hunger gap', during which there is a steep rise in the number of children suffering from acute malnutrition. Malaria also increases during this period because it coincides with the rainy season. This presents a dual threat to young children: malnutrition weakens their immune system, which inhibits their ability to cope with the malaria, while malaria causes anaemia, diarrhoea and vomiting that leads to, or complicates, malnutrition. The combination of malaria and malnutrition is often fatal.

In Madarounfa district, Maradi region, Médecins Sans Frontières provides paediatric care in conjunction with the Nigerian organisation FORSANI (Forum Santé Niger). The project aims to reduce child mortality by treating and preventing malnutrition and other diseases in children under five, and to respond to emergencies. The project provides both inpatient and outpatient nutrition care to malnuourished children. In three of the five health areas in the district, the team ran a preventive health programme for children under two, providing nutritional supplements, mosquito nets, and routine immunisations.

Mothers wait with their children to receive seasonal malaria chemoprevention medication in July 2013. © Narcisse Wega/MSF

## "The combination of malaria and malnutrition is often fatal."

During the peak malaria season, from July to November, Médecins Sans Frontières implemented seasonal malaria chemoprevention. This is a new preventive strategy that has proven effective in Chad and Mali, and was used in Niger for the first time in 2013. As part of this approach, more than 20,000 children aged three months to five years received a course of antimalarial medicine in two health areas in Madarounfa district. Médecins Sans Frontières also provided early treatment for uncomplicated cases of malaria, as well as establishing a 50-bed inpatient unit for children with severe malaria in Dan Issa. In total in Madarounfa district in 2013, Médecins Sans Frontières provided 52,945 outpatient consultations, including 32,641 for malaria. Following these consultations, 4,100 children were hospitalised, including 2,784 for malaria.

In July, heavy rains destroyed homes and crops in Madarounfa district. Médecins Sans Frontières distributed emergency relief kits with mosquito nets, water cans, soap and blankets to 6,630 people.

Since April 2012, Médecins Sans Frontières has also provided healthcare to refugees fleeing armed conflict in neighbouring Mali. In the Abala camp, about 250 kilometres north of Niamey, Niger's capital, Médecins Sans Frontières provided basic and specialist care to 14,000 Malian refugees and 33,000 local residents. This care included maternity, outpatient visits, hospitalisations, immunisations and nutritional support. Obstetric and surgical emergencies were referred to the district hospital.

**PROJECT LOCATIONS:**
Borno, Jahun, Katsina

**KEY ACTIVITIES:**
Maternal healthcare, obstetric fistulas, response to epidemics

**FUNDING:**
$1,200,000

**FIELD STAFF:**
649

# NIGERIA

**In 2013 Médecins Sans Frontières continued to deliver specialist obstetric care and responded to emergencies.**

Pregnant women in Jigawa state have limited access to maternity services, and maternal mortality rates are among the highest in the country. Médecins Sans Frontières' programme in Jahun Hospital, Jigawa state, provides emergency obstetric care and surgical repair of fistulas. It is estimated that between 400,000 and one million Nigerian women live with obstetric fistula, an injury to the birth canal that causes not only pain but incontinence, which often results in social stigma. This year, 370 women benefitted from the fistula surgery programme at Jahun Hospital, which provides surgical repair of fistulas as well as rehabilitation. More than 8,000 women were admitted to the women's health unit, and 5,700 babies were delivered.

Due to growing insecurity in the north of the country, including a series of kidnappings of foreigners in February 2013, Médecins Sans Frontières' international staff were evacuated from Jahun. A reduced team has since returned.

The ongoing violence in northeast Nigeria also caused substantial population displacement and insecurity. Médecins Sans Frontières launched an emergency intervention, providing medical care to 3,670 people in Baga and Chibok, Borno state. More than half of these consultations were for children under five, many of whom were suffering from malnutrition. The intervention lasted 10 weeks, but ended in October due to insecurity.

"This year, 370 women benefitted from the fistula surgery programme at Jahun Hospital, which provides surgical repair of fistulas as well as rehabilitation."

A measles outbreak spread through Katsina state, northeast Nigeria, in early 2013, which prompted an emergency response. Médecins Sans Frontières vaccinated more than 217,000 children under five years of age during a four week period. The teams also donated 15,000 measles treatment kits to local clinics.

## Hopes and dreams for the new year

These posters, called "Hopes and Dreams for 2013", were made by obstetric fistula patients along with Médecins Sans Frontières staff on New Year's Day 2013. The patients were given art supplies and asked to imagine good things in the coming year. Most patients do not write, but many are avid drawers. The group discussed their drawings, what they mean and what it means to have hope. They talked about goals, and about how each patient now has the knowledge to be a powerful advocate within their own community, to share important messages about good health, and preventing fistula.

© Benjamin Ajah /MSF

# PAKISTAN

**Médecins Sans Frontières works with local and displaced populations and refugees in the province of Khyber Pakhtunkhwa and the Federally Administered Tribal Areas.**

**PROJECT LOCATIONS:**
Khyber Pakhtunkhwa, Kurram, Peshawar

**KEY ACTIVITIES:**
Emergency healthcare, maternal healthcare, paediatrics, primary healthcare, surgery

**FUNDING:**
$1,500,000

**FIELD STAFF:**
1,528

Hangu district, Khyber Pakhtunkhwa Province, borders three tribal agencies, North Waziristan, Orakzai and Kurram. These areas are among those most exposed to violence since the government launched military operations in response to an aggressive campaign by the Pakistani Taliban, which started in 2007. There are also sporadic clashes between the Sunni and Shia communities in the district. At the Hangu Tehsil Headquarters hospital, Médecins Sans Frontières manages the emergency department and the operating theatre. In 2013 more than 25,000 patients were admitted to the emergency room and 1,400 underwent surgery. Médecins Sans Frontières midwives support Ministry of Health staff in the maternity unit, assisting with complicated deliveries and providing training. Teams responded to 13 mass casualty events in Hangu in 2013, as a result of terrorist attacks, shootings or serious accidents. In addition, nearly 1,300 people were treated for cholera during the seasonal epidemic peak.

Since 2011 Médecins Sans Frontières has run a 32-bed private women's hospital in Peshawar, Khyber Pakhtunkhwa, offering emergency obstetric care, including surgery. Each week Médecins Sans Frontières attended an average of 62 deliveries, double the number in 2012. A referral network has been developed among the district's rural health centres, communities and camps for displaced people or refugees, and is expanding to neighbouring tribal agencies. A third of the 3,700 admissions in 2013 were for displaced or refugee women. A five-bed newborn unit opened this year, and a further 10 beds will be added in 2014.

Conflict in Kurram Agency, in the Federally Administered Tribal Areas, has led to the isolation of local communities, closure of supply routes and the near-collapse of the state healthcare system. Médecins Sans Frontières international staff have very limited access to the area. In the Sadda district hospital in Kurram, Médecins Sans Frontières provided consultations to nearly 25,000 children, and 2,800 children were hospitalised in 2013. Teams also provide treatment for cutaneous leishmaniasis, a skin disease that can cause serious disability and social stigma. In 2013, a military offensive led to the displacement of thousands in and around New Durrani camp in Sadda. Médecins Sans Frontières installed a temporary primary health centre in October where about 2,000 patients were seen over five weeks. In Alizai, also in Kurram, Médecins Sans Frontières manages the outpatient department for children under 12 years, where more than a hundred children were seen each week, 60 per cent of whom were aged under five.

"Teams responded to 13 mass casualty events in Hangu in 2013, as a result of terrorist attacks, shootings or serious accidents."

A Médecins Sans Frontières anaesthetist attends to a young burns patient at Hangu Tehsil Headquarters hospital. © Utako Kanasugi/MSF

**PROJECT LOCATIONS:**
Tacloban, Talosa, Tanauan

**KEY ACTIVITIES:**
Natural disaster response

**FUNDING:**
$133,513

**FIELD STAFF:**
89

# PHILIPPINES

**The strongest typhoon ever recorded at landfall struck the storm-prone Philippines on 8 November, killing over 6,000 people and displacing more than four million.**

Typhoon Haiyan destroyed hospitals and clinics and disrupted the public health system. A massive local response had already begun as international aid flowed into the country, including a team from Médecins Sans Frontières who arrived in Cebu on 9 November. Initially most aid activity was centred around the city of Tacloban on Leyte island in the hard-hit Eastern Visayas. Damaged and blocked roads, fuel shortages and congested airports in the country posed logistical constraints and there were delays in getting supplies to people in need, particularly during the first 10 days.

Médecins Sans Frontières set up a 60-bed inflatable hospital in Tacloban with surgical capacity. The hospital had an emergency room, maternity unit, neonatal unit, operating theatre and outpatient department. By the end of 2013, more than 7,000 outpatient consultations had been held and 260 people had undergone surgery at the hospital. Many people lost homes or loved ones in the typhoon and there was substantial need for psychological support. More than 1,900 people received mental health assistance through Médecins Sans Frontières' Tacloban project.

Teams also provided ante- and post-natal care, family planning and tetanus vaccinations. Mobile clinics were held around the city to reach people who could not visit the health centre.

South of Tacloban in the town of Tanauan, Médecins Sans Frontières established a 25-bed tent hospital with an emergency room, maternity unit and inpatient unit. As local health services recovered the hospital was closed in January 2014, however outpatient consultations were ongoing. Médecins Sans Frontières also responded in Talosa, another town south of Tacloban, distributing essential relief items to 3,000 families and running outpatient consultations and mobile clinics.

The emergency response to Typhoon Haiyan was not the first of the year in the Philippines. In early 2013, Médecins Sans Frontières continued to provide mobile clinics in Mindanoa province to those affected by Typhoon Bopha, which hit the region in December 2012. Around 3,500 consultations were held, with a focus on children, pregnant women and the elderly.

© Aurélie Baumel/MSF

## A patient's story: Norma

Twenty-six-year-old Norma, left, was heavily pregnant when her house was swept away by the storm surge that accompanied Typhoon Haiyan. Tragically, she also lost her youngest daughter to the typhoon. Norma had already gone into labour when she was transferred to Médecins Sans Frontières' inflatable hospital in Tacloban. It was a breech delivery, with the baby coming out feet-first.

"We could see the baby's feet, and it was too late to do a caesarean," says Médecins Sans Frontières paediatrician Daniel Martinez Garcia, who is part of the Sydney Medical Unit (see page 11). "This kind of delivery is very complicated. But we'd only been working in the hospital for a few days – there was still no electricity, no water, and we didn't have all the equipment we needed."

As Norma's labour progressed, the baby's head got stuck, putting it in danger of asphyxiation and cardiac and respiratory arrest. "After a long resuscitation, the baby regained consciousness. Fortunately, today she's fine – she is active and healthy."

Norma, a radiant smile on her face, admires her new baby. "She looks a lot like her big sister – the child we lost," she says. "Now she is the only daughter of the family. I will call her Hope – Kriziah Hope – because she survived the typhoon."

# SOMALIA

**In August, Médecins Sans Frontières closed all of its projects in Somalia after 22 years of continuous operations.**

**PROJECT LOCATIONS:**
Daynile, Mogadishu

**KEY ACTIVITIES:**
Emergency healthcare, maternal healthcare, nutrition, paediatrics, response to epidemics, surgery

**FUNDING:**
$1,990,000

**FIELD STAFF:**
1,188

Leaving Somalia was an extremely difficult decision to make. A series of violent attacks on Médecins Sans Frontières personnel took place with the tacit acceptance — or active complicity — of armed groups and civilian authorities. The minimal conditions necessary for operations were not respected, hence Médecins Sans Frontières ceased supporting health facilities in Somalia by mid-September 2013, handing them over to government entities and humanitarian organisations where possible.

Although the humanitarian situation has improved since the nutritional crisis of 2011, the ongoing conflict in the south-central regions, together with natural disasters and seasonal outbreaks of disease, put huge strains on the weak healthcare system. In many parts of Somalia, access to healthcare is extremely limited and mortality rates for pregnant women and young children are among the highest in the world. Hundreds of thousands of Somalis remain displaced inside the country and in refugee camps across Somalia's borders, living a precarious existence exposed to many forms of violence and extortion. Médecins Sans Frontières did not want to leave Somalia but was left with little choice, and continues to support Somali refugees in other countries (for example Kenya, see page 29).

In 2013 in Dayniile, Médecins Sans Frontières supported a 60-bed hospital with an emergency room, operating theatre, intensive care unit, paediatric unit, feeding centre and maternity facilities. The team performed around 650 surgical procedures and 8,270 consultations in 2013.

> "Médecins Sans Frontières did not want to leave Somalia but was left with little choice, and continues to support Somali refugees in other countries."

Médecins Sans Frontières' 40-bed hospital in the Jaziira district of Mogadishu, which mostly catered to displaced populations, carried out some 25,700 consultations and 2,200 hospital admissions in 2013, and treated over 330 severely malnourished children. The teams managed maternity services and referred complicated obstetric cases to other hospitals as needed.

Médecins Sans Frontières also responded to outbreaks of disease. In March, Médecins Sans Frontières conducted a measles vaccination campaign in Rajo camp in Mogadishu among children aged 6 months to 15 years. In May, teams set up a 20-bed cholera treatment unit in Jaziira, where more than 1,000 cholera patients received treatment.

To improve access to quality basic and specialist healthcare for children, Médecins Sans Frontières ran the only paediatric hospital in Mogadishu, in Hamar Weyne. During the first half of 2013, more than 3,000 children were treated under the outpatient nutrition programme, and 820 severely malnourished children had to be hospitalised. An additional 740 children received treatment in hospital for illnesses such as measles and acute diarrhoea.

A Somali refugee holds her sick child, being treated in Médecins Sans Frontières' Dagahaley hospital in Dadaab refugee camp, Kenya. © Tom Maruko

**PROJECT LOCATIONS:**
Aweil, Yida

**KEY ACTIVITIES:**
Malaria, maternal health, paediatrics, response to epidemics

**FUNDING:**
$3,740,000

**FIELD STAFF:**
2,854

# SOUTH SUDAN

## Two years after its independence, South Sudan continues to experience ethnic tensions and ongoing conflict.

Médecins Sans Frontières has intervened in the province of Northern Bahr-El-Ghazal since 2008, initially following clashes between the Dinka and Misseriya people. Médecins Sans Frontières now provides healthcare to mothers and children at the Aweil civil hospital. In 2013, the emphasis was on reducing infant and maternal mortality, with particular attention given to babies younger than 28 days. More than 4,600 children were admitted to the hospital in 2013, and staff assisted more than 6,100 births. Teams also ran mobile clinics during the peak malaria season. In September, Médecins Sans Frontières organised a six-week training course for nursing students.

Yida is the largest refugee camp in Unity State. Near the border with Sudan, it has hosted people fleeing the conflict in the Sudanese province of South Kordofan since mid-2011. Médecins Sans Frontières provided basic and specialist healthcare, ran nutrition centres, and helped ensure adequate water and sanitation for 70,000 Sudanese refugees. In 2013, Médecins Sans Frontières provided 122,200 consultations in Yida and hospitalised 2,474 patients. In an attempt to reduce illness among younger children during the next rainy season, Médecins Sans Frontières conducted a vaccination campaign against pneumococcal, diphtheria, tetanus, pertussis, hepatitis B and Haemophilus influenza type B for approximately 9,000 children under age two. These vaccines have also been introduced into the routine immunisation programme at the health centres.

**PROJECT LOCATIONS:**
Shiselweni

**KEY ACTIVITIES:**
HIV/ AIDS, tuberculosis

**FUNDING:**
$1,200,000

**FIELD STAFF:**
439

# SWAZILAND

## The decentralisation of medical services in Swaziland is helping people with HIV/ AIDS and tuberculosis (TB) access the treatment they need.

Public health in Swaziland improved during the 1980s, in line with economic growth in the country. Sadly, this trend has been largely reversed by the HIV/ AIDS and tuberculosis (TB) epidemics, which have reduced average life expectancy for Swazis.

Médecins Sans Frontières has worked in the Shiselweni region since 2007, and has decentralised treatment for HIV/AIDS and TB from cities to the most remote villages. Médecins Sans Frontières provides treatment and psychosocial support for HIV and TB patients in 22 basic health clinics and three specialist facilities. Teams also work to prevent opportunistic infections and improve treatment adherence. More than 17,200 HIV/AIDS patients received first-line antiretroviral treatment in 2013.

There was a strong focus on improving access to diagnosis and care for patients with drug-resistant TB in 2013. The rapid diagnostic GeneXpert machine was distributed throughout the region and 20 primary clinics now have their own mini-labs. This year Médecins Sans Frontières took on 850 TB patients, and 185 were admitted to the TB ward in Nhlangano. Patients who cannot come to their nearest facility for daily injections during the intensive treatment phase are now visited by community treatment supporters.

Médecins Sans Frontières has rolled out a preventive programme for mother-to-child transmission of HIV/AIDS (PMTCT), under which pregnant women are pro-actively tested and offered antiretroviral drugs early in their pregnancy (the so-called "Option B+" programme). More than 300 women underwent treatment following their antenatal consultations in 2013.

Preparing for a vaccination campaign in Yida refugee camp, South Sudan. © Yann Libessart

**PROJECT LOCATIONS:**
Aleppo, Idlib

**KEY ACTIVITIES:**
Immunisation, maternal healthcare, mental healthcare, paediatrics, surgery

**FUNDING:**
$2,619,487

**FIELD STAFF:**
621

# SYRIA

## Against a backdrop of relentless violence, the Syrian people endured food shortages, disrupted power and water supplies, and the collapse of the healthcare system in 2013.

The conflict in Syria has destroyed what was previously a well-functioning healthcare system. With regions of the country inaccessible to humanitarian organisations, the huge medical needs that are indirect consequences of the conflict remain largely unreported and unseen.

In Idlib governorate, Médecins Sans Frontières continued to run a trauma surgical unit set up in a house, where patients suffering from shrapnel wounds, bullet wounds and burns were treated. Physiotherapy and post-operative care were provided. Given the many people exhibiting psychological distress, mental health services were added in February.

More than 60,000 people have settled in displacement camps in the area around the hospital. Médecins Sans Frontières built 60 latrines and 40 showers to improve hygiene, and distributed supplies such as tents, blankets and plastic sheeting. The conflict has disrupted essential preventive care and between February and May, teams vaccinated children in the camps, immunising 3,137 against measles and more than 3,300 against polio. Routine childhood vaccinations started in November in partnership with two local NGOs, with an average of 1,000 children immunised per month. Seventy community health workers undertook outbreak surveillance and health education activities in the camps. Two outpatient clinics were also opened in November.

With needs steadily rising, Médecins Sans Frontières opened a hospital in Aleppo governorate in May. Services include surgery for trauma, including burns, and obstetric care. Consultations are provided for adult and paediatric outpatients and there is also an inpatient department. Between May and December, staff performed more than 1,300 surgical procedures and carried out 14,300 consultations.

Tens of thousands of displaced people live in camps in the Al Safira area and in October, Médecins Sans Frontières donated tents and medicines. When people fled north after violent attacks, a team supported Syrian volunteers treating displaced people at a health centre in Manbij. Médecins Sans Frontières also helped conduct a vaccination campaign and distributed winter tents and plastic sheeting to displaced people. Further support was provided to reopen the paediatric ward at Al-Bab hospital in Aleppo governorate.

Restrictions on access and concerns about security are major obstacles to delivering medical-humanitarian assistance in Syria. Where Médecins Sans Frontières cannot send its own teams because of insecurity or being denied access by the government, drugs, medical equipment, and technical advice and support are offered. Medical and non-medical material were donated to a network of five hospitals and 12 medical posts across seven governorates throughout the year.

# UGANDA

**The rate of HIV infection is on the rise again in Uganda, after decreasing for many years. The country has also hosted large numbers of refugees arriving from Democratic Republic of Congo (DRC) and South Sudan.**

**PROJECT LOCATIONS:**
Arua

**KEY ACTIVITIES:**
Emergency healthcare, HIV/AIDS, malaria, tuberculosis

**FUNDING:**
$1,000,000

**FIELD STAFF:**
358

After several years of progress in the fight against HIV, and large increases in the number of people being tested and treated for the virus, the rate of new infections has risen since 2010. Test kits are difficult to obtain in several areas and it is estimated that one-third of women and half of men with HIV are not aware of their status. Condoms are often difficult to obtain, while specialised care, such as prevention of mother-to-child transmission (PMTCT) and the combined treatment of tuberculosis (TB) and severe malnutrition, is often unavailable.

In West Nile region, the prevalence of HIV among adults aged 15 to 49 has almost doubled since 2005 and now stands at about five per cent. Médecins Sans Frontières has been working in the region to help improve access to care and reduce HIV-related mortality.

For several years, Médecins Sans Frontières teams have treated people with HIV and TB through a programme at the Arua regional referral hospital. Care is provided to people living in the district as well as to a significant number of patients from neighbouring DRC. Activities include PMTCT and ensuring people infected with both HIV and TB receive the necessary integrated care.

"Médecins Sans Frontières provided healthcare to the 33,000 people in Kyangwali camp from September to the end of November."

After a 12-year presence in Arua, Médecins Sans Frontières has started to hand over medical activities to local authorities and their partners, and will close the project in July 2014. This follows both an increase in the local ability to provide medical care for people with HIV and TB and a reorientation of Médecins Sans Frontières' work in the country.

The conflict in North Kivu province, DRC, caused between 40,000 and 50,000 refugees to cross into western Uganda between May and the end of July. An estimated 22,000 people reached the Bubukwanga transit camp, near Bundibugyo. Originally designed for 12,500 people, the camp lacked sufficient shelters, latrines and drinking water for the increased numbers. Médecins Sans Frontières began providing medical care in July. Patients were suffering mainly from respiratory infections, malaria and diarrhoea. Teams also built latrines and trucked in water. Some refugees have since been transferred by the Ugandan authorities to the Kyangwali camp to ease pressure on resources. Médecins Sans Frontières provided healthcare to the 33,000 people in Kyangwali camp from September to the end of November. A total of 25,000 consultations were conducted and 1,500 people were admitted to hospital.

Médecins Sans Frontières has provided drinking water at Bubukwanga transit camp. © Fulvio Bugani

# YEMEN

**There was a significant deterioration in living conditions in parts of Yemen in 2013, and insecurity towards the end of the year affected availability and accessibility of healthcare.**

**PROJECT LOCATIONS:**
Abyan, Aden, Amran

**KEY ACTIVITIES:**
Emergency healthcare, intensive care, maternal healthcare, paediatrics, primary healthcare, surgery

**FUNDING:**
$2,710,000

**FIELD STAFF:**
459

The rural communities of Amran governorate have very limited access to healthcare. At Al-Salam hospital, Khamir, Médecins Sans Frontières works in a variety of departments including emergency, surgery, maternity, paediatric, inpatient and intensive care, collaborating closely with the Ministry of Health to improve medical services. Support is also provided for the blood bank and laboratory. There was a dramatic rise in surgery patients towards the end of the year after violence intensified in the governorate. More than 1,940 surgical procedures were performed, and 4,080 people were admitted to hospital. Teams carried out 21,980 emergency consultations over the year.

Médecins Sans Frontières resumed its support of the Huth health centre in March, after six months' suspension for security reasons. A team provided emergency, maternity and inpatient care. In September, Huth became a stabilisation centre for managing large influxes of wounded people, providing emergency care and a referral system.

To assist the communities in remote areas of Amran, which have limited healthcare, teams ran mobile clinics in the Osman and Akhraf valleys, carrying out 5,350 consultations and treating 427 patients for malaria.

In Aden, in the south of the country, Médecins Sans Frontières' emergency surgical unit treated victims of violence from Aden and the nearby governorates of Lahj, Abyan, Shabwah and Ad Dhale. More than 2,500 surgeries were performed and 860 patients received post-surgery follow-up and physiotherapy. A weekly clinic was run for inmates at Aden central prison, with 80 patients seen each month.

Staff support and supplies were provided to hospitals in Lawdar and Jaar in Abyan governorate. Teams also trained emergency room staff and sterilisation technicians.

In addition, over 150 Yemeni patients were sent from Yemen to Médecins Sans Frontières' reconstructive surgery project in Amman, Jordan, which provides orthopaedic, maxillofacial and reconstructive plastic surgery (for more details, see Jordan page 28).

"At Al-Salam hospital, Khamir, Médecins Sans Frontières works in a variety of departments including emergency, surgery, maternity, paediatric, inpatient and intensive care,"

## A patient's story: Mohamed

My nephew was shot during gunfire in Shabwa. There was no hospital . . . nothing in the area. The only place we could bring him was here [Médecins Sans Frontières hospital in Aden]. We sincerely thank Médecins Sans Frontières for the unconditional medical care they offered to him and to everybody in this hospital.

Electrician-logistician Jim Cutts, from Victoria, provides training to a national staff member in Sierra Leone, in June 2013. © Jim Cutts


MÉDECINS
SANS FRONTIÈRES

# Médecins Sans Frontières Australia

ABN 74 068 758 654

Financial Report for the Financial Year

Ended 31 December 2013

# Médecins Sans Frontières Australia

## Financial report for the financial year ended 31 December 2013

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## Directors' report

The directors of Médecins Sans Frontières Australia submit herewith the annual financial report of the company for the financial year ended 31 December 2013. In order to comply with the provisions of the Corporations Act 2001, the directors' report as follows:

The names and particulars of the directors during or since the end of the financial year are:

| | |
|---|---|
| **Mr Matthew Cleary** | President Médecins Sans Frontières Australia from 29 August 2012. Elected 19 May 2012. Resident of Australia. Executive Officer, St Vincent de Paul Society NSW Support Services. Attended nine out of nine Directors' meetings.* |
| **Dr Nicholas Coatsworth** | Vice President Médecins Sans Frontières Australia from 29 August 2012. Re-elected 28 May 2011. Resident of Australia. Deputy Director, Disaster Preparedness and Response, National Critical Care and Trauma Response Centre. Attended six out of nine Directors' meetings.* |
| **Mr Hichem Demortier** | Treasurer Médecins Sans Frontières Australia from 20 May 2012. Elected 28 May 2011. Resident of Australia. Global and Tropical Health Programs Manager, Menzies School of Health Research. Attended nine out of nine Directors' meetings.* |
| **Ms Veronique Avril** | Re-elected 19 May 2012. Resident of France. Special Advisor (City of Paris). Attended two out of nine Directors' meetings. Attended all Médecins Sans Frontières France Directors' meetings as the Board Representative of Médecins Sans Frontières Australia. * |
| **Mr Constantinos Asproloupos** | Re-elected 28 May 2011 and 18 May 13. Resident of Australia. Senior Program Manager, Deakin University. Attended nine out of nine Directors' meetings. |
| **Dr Stewart Condon** | Elected 28 May 2011. Resident of Australia. Coordinating Doctor for International SOS. Attended nine out of nine Directors' meetings.* |
| **Ms Jane Coster** | Elected 22 May 2010. Resident of New Zealand. Registered Nurse/Midwife, Development Manager NZ Ministry of Foreign Affairs and Trade. Attended three out of three Directors' meetings. |
| **Ms Beth Hilton Thorp** | Elected 18 May 2013. Lawyer and consultant. Resident of Australia. Attended six out of six Directors' meetings.* |
| **Ms Katrina Penney** | Elected 18 May 2013. Registered Nurse and Midwife. Manager, Refugee Health Screeing Service, Auckland. Resident of New Zealand. Attended six out of six Directors' meetings.* |
| **Ms Susanne Weress** | Appointed to the Board 28 March 2012. Elected 28 May 2012. Resident of Australia. Consultant pharmacist/educator to the Western NSW Medicare Local. Attended eight out of nine Directors' meetings.* |
| **Dr Claire Rieux** | Appointed to the Board 15 June 2012. Member of the Board of Medecins Sans Frontières France. Resident of France. Hematologist, University Hospital of Creteil. Attended three out of nine Directors' meetings.* |

*The above named Directors held office during and since the end of the financial year except for:

Ms Jane Coster – resigned 18 May 13
Mr Constantinos Asproloupos – resigned 10 April 13 and re-elected 18 May 13
Ms Katrina Penney – elected 18 May 13
Ms Beth Hilton Thorp – elected 18 May 13

## Directors' report (continued)

### COMPANY SECRETARY

Mr P. McPhun, Executive Director of Médecins Sans Frontières Australia since 6 December 2010 and Company Secretary of Médecins Sans Frontières Australia from 11 December 2010 until 10 March 2013. Worked for Médecins Sans Frontières in various roles since 1997. Holds an MSc in Humanitarian and Development Practices from Oxford Brookes University.

Ms Melanie Triffitt, Head of Finance and Administration of Medecins sans Frontieres Australia since 15 August 2011 and Company Secretary of Medecins sans Frontieres since 10 March 2013.

### SHORT-AND LONG-TERM OBJECTIVE AND STRATEGY

The company's short-and long-term objective are to:

- Build medico-operational relevance;
- Build reputation and identity of the MSF brand; and
- Generate resources for activation of international humanitarian assistance.

The company's strategy for achieveing these objectives includes:

- Provide medico-operational input into MSF field operations with an emphasis on mother and child health and enhance MSF Australia's role as a relevant MSF office with medical expertise in the MSF movement;
- Market the organisations medical humanitarian action to all identified audiences, advocate on behalf of populations in crisis and contribute to improving the quality of medical and operational communication aims of the MSF movement;
- Recruit, prepare and provide professional skilled and motivated career staff prepared for the field and matched to meet needs within the MSF movement from Australia and New Zealand; and
- Encourage the Australian public to financially engage with MSF Australia with enthusiasm, conviction and commitment.

### PRINCIPAL ACTIVITIES

The principal activities of the company during the financial year to 31 December 2013 have been:

- Provision of medical expertise in mother and child health through direct visits to MSF medical humanitarian projects overseas, technical support and oversight, preparation of medical field staff, medical training, medico-operational research, medical communications and medical policy development.
- Operational participation in the field projects of the international movement of Médecins Sans Frontières, through financing field operations assignment of field staff humanitarian relief workers; participation as faculty in various Australian and international training courses for such field staff; and evaluation missions to field projects.
- Community education in the form of dissemination of public information on humanitarian and development issues; provision of materials and source people to journalists in the print and electronic media; publication of newsletters; participation in seminars; and guest lectureships at secondary schools and universities.

## Directors' report (continued)

- Liaison with institutions and individuals in Australia and internationally, with a view to obtaining funding or other operational support for field projects, and for co-ordination with other organisations involved in overseas humanitarian relief.
- Fundraising from the general public in order to finance the field operations of Médecins Sans Frontières.

The nature of each of these activities has not changed significantly during the year. They are described in the Annual Review that will be available to the public from July 2014.

**PERFORMANCE MEASURES**

The company measures performance through the establishment and monitoring benchmarks:

- Operational demand for Sydney medical unit expertise in mother and child health continues;
- Field communications, awareness raising, lobby and advocacy furthered through intervention of the Sydney communications department;
- Australian and New Zealand recruitment and placement executed to meet resource needs identified within the MSF movement;
- Proportion of financial resource allocation between social mission and administrative costs within a range of 79-81% social mission and 19-21% administration costs; and
- 6 to 8% year on year growth achieved over a multi-year timeframe

The performance against these key performance indictors is as follows:

- 17 countries with 34 projects required and received technical oversight, field support and some degree of training in mother and child health;
- Media engagement conducted in response to all 2013 emergencies, 2013 awareness campaign conducted, advocacy furthered in response to MSF Access Campaign objectives, Syria, Central African Republic, Papua New Guinea and Myanmar field missions;
- 41 new recruitments and 184 field placements made during 2013 in accordance with identified needs;
- Financial resources allocated 80% social mission costs to 20% administration in 2013; and
- 12.7% private revenue growth achieved in 2013 (higher than expected revenue generated by the fundraising program, and from public response to the 2013 Philippines emergency]).

**REVIEW OF OPERATIONS**

The net operating surplus for the financial year to 31 December 2013 was $3,321,505 (2012: $2,451,955 deficit).

**CHANGES IN STATE OF AFFAIRS**

During the financial year there was no significant change in the state of affairs of the company, other than that referred to in the financial statements or notes thereto.

## Directors' report (continued)

Médecins Sans Frontières Australia continued the strategy of face to face fundraising whereby the organisation contracts a third party to approach members of the public, in public places, to recruit new field partners. The financial impact continues to be that a cost is created at the outset that is more than made up over subsequent years of income. Médecins Sans Frontières Australia continues to diversify its sources of funding, and to increase the proportion of funding that comes from regular field partner donations.

From January 2007, Médecins Sans Frontières Australia started contracting and paying field staff directly from Australia when they go to the field. Field staff are seconded to and managed by the Operational Centres running the project.

The financial impact of this is not significant as the salary cost incurred by Médecins Sans Frontières Australia is recharged to the relevant Operational Centres.

During 2013, Médecins Sans Frontières Australia commited to $32,053,000 (2012: $31,780,000) of funds to the field to Médecins Sans Frontières France, and $13,737,000 (2012: $13,620,000) to Médecins Sans Frontières Switzerland.

**DONATIONS IN KIND**

Over the course of the year the company has received donations in kind from a number of sources. These donations may be physical assets for use in the company, items to be sent to the field or services provided to Médecins Sans Frontières at reduced rates.

The value of donations in kind received during the year to 31 December 2013 to be $73,761 (2012: $131,327). This amount has been brought to account in the financial statements.

**VOLUNTARY ASSISTANCE AND FIELD STAFF**

In addition to donations in kind the company recruits a number of staff in the field for Médecins Sans Frontières Operational Centres. There are five Médecins Sans Frontières Operational Centres and they are located in Belgium, France, Holland, Spain and Switzerland. Many of the field staff are professional staff. The company estimates the total salaries forgone for the year ended 31 December 2013 by volunteer field staff to Médecins Sans Frontières Operational Centres to be approximately $2,597,153 (2012: $3,699,911).

The company estimates that the total salaries forgone by field staff to Médecins Sans Frontières Operational Centres who undertook missions of less than three months to be approximately $624,172 (2012: $845,974).

Médecins Sans Frontières Australia also have a number of volunteers who freely give their time in the Australia office to assist in office based activities. The estimated value of this is approximately $135,356 (2012: $101,058).

This time donated by office volunteers, and salaries which would have been paid to the volunteers sent to the field, are not brought to account in the financial statements since they cannot be reliably measured.

## Directors' report (continued)

### MONEY SPENT IN SOCIAL MISSION

The mission of Médecins Sans Frontières Australia is to provide humanitarian assistance to populations in danger and to increase awareness of the plight of these populations. The international Médecins Sans Frontières movement as a whole targets an '80/20 rule' whereby at least 80% of expenditure is directly devoted to this social mission. In 2013 Médecins Sans Frontières Australia spent $53,671,981 to the social mission therefore representing 80% of total expenditure (2012: $52,759,416 or 80%). A number of factors impact the ratio and will continue to be ongoing factors:

- Nil institutional funding in 2013 (2012: $Nil), which is expected to continue in 2014.
- Maintaining sufficient levels of cash reserves in subsequent years to preserve the safety of operational funding.
- Responding to the operational needs of the Operational Centres.

### SUBSEQUENT EVENTS

There has not been any matter or circumstance that has arisen since the end of the financial year that has significantly affected, or may significantly affect, the operations of the company, the results of those operations, or the state of affairs of the company in future financial years.

### FUTURE DEVELOPMENTS

It is likely that in future financial years the company will continue to provide operational, financial and human resource support to the field operations of Médecins Sans Frontières financed substantially by income from private fundraising. Where possible, subject to the availability of resources, the company intends to increase its level of support for the field operations of Médecins Sans Frontières.

### DIVIDENDS

Under the terms of the company's constitution, the company is not authorised to pay dividends.

### INDEMNIFICATION OF OFFICERS AND AUDITORS

During the financial year, the company paid a premium in respect of a contract insuring the directors of the company (as listed on page 3 of the financial report) against a liability incurred as such a director to the extent permitted by the Corporations Act 2001. The contract of insurance prohibits disclosure of the nature of the liability and the amount of the premium.

The company has not otherwise, during or since the financial year, except to the extent permitted by law, indemnified or agreed to indemnify an officer or auditor of the company or of any related body corporate against a liability incurred as such an officer or auditor.

### REMUNERATION OF DIRECTORS AND SENIOR MANAGEMENT

Information about the remuneration of directors and senior management is set out in note 5 of the financial report on page 27.

## Directors' report (continued)

### Auditor's Independence Declaration

The auditor's independence declaration is included on page 9 of the financial report.

Signed in accordance with a resolution of the directors made pursuant to s298(2) of the Corporations Act 2001.

On behalf of the Directors

Mr Matthew Cleary
Director

Sydney, 13 March 2014

Mr Hichem Demortier
Director

Sydney, 13 March 2014

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Building a better working world

# Auditor's Independence Declaration to the Directors of Médecins Sans Frontières Australia

In relation to our audit of the financial report of Médecins Sans Frontières Australia for the financial year ended 31 December 2013, to the best of my knowledge and belief, there have been no contraventions of the auditor independence requirements of the *Corporations Act 2001* or any applicable code of professional conduct.

Ernst & Young

Ernst & Young

Loretta Di Mento
Partner
Sydney
13 March 2014

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# Independent audit report to the members of Médecins Sans Frontières Australia

## Report on the financial report

We have audited the accompanying financial report of Médecins Sans Frontières Australia, which comprises the statement of financial position as at 31 December 2013, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

*Directors' responsibility for the financial report*

The directors of the company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the *Corporations Act 2001* and for such internal controls as the directors determine are necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error. In Note 2, the directors also state, in accordance with Accounting Standard AASB 101 *Presentation of Financial Statements*, that the financial statements comply with *Australian Accounting Standards*.

*Auditor's responsibility*

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation of the financial report that gives a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

*Independence*

In conducting our audit we have complied with the independence requirements of the *Corporations Act 2001*. We have given to the directors of the company a written Auditor's Independence Declaration, a copy of which is included in the financial report.

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*Opinion*

In our opinion, the financial report of Company is in accordance with the *Corporations Act 2001*, including:

i giving a true and fair view of the company's financial position as at 31 December 2013 and of its performance for the year ended on that date; and

ii complying with Australian Accounting Standards and the *Corporations Regulations 2001*.

## Report on the requirements of the NSW Charitable Fundraising Act 1991 and the NSW Charitable Fundraising Regulations 2008 and the requirements of the WA Charitable Collections Act (1946) and the WA Charitable Collections Regulations (1947)

We have audited the financial report as required by Section 24(2) of the *NSW Charitable Fundraising Act 1991* and the *WA Charitable Collections Act (1946)*. Our procedures included obtaining an understanding of the internal control structure for fundraising appeal activities and examination, on a test basis, of evidence supporting compliance with the accounting and associated record keeping requirements for fundraising appeal activities pursuant to the *NSW Charitable Fundraising Act 1991* and the *NSW Charitable Fundraising Regulations 2008* and the *WA Charitable Collections Act (1946)* and the *WA Charitable Collections Regulations (1947)* (collectively referred as "*Charitable Fundraising Acts*").

Because of the inherent limitations of any assurance engagement, it is possible that fraud, error or non compliance may occur and not be detected. An audit is not designed to detect all instances of non compliance with the requirements described in the above-mentioned Acts and Regulations as an audit is not performed continuously throughout the period and the audit procedures performed in respect of compliance with these requirements are undertaken on a test basis. The audit opinion expressed in this report has been formed on the above basis.

*Opinion*

In our opinion:

a) the financial report of the Company has been properly drawn up and associated records have been properly kept during the financial year ended 31 December 2013, in all material respects, in accordance with:

i. sections 20(1), 22(1-2), 24(1-3) of the *NSW Charitable Fundraising Act 1991*;

ii. sections 9(6) and 10 of the *NSW Charitable Fundraising Regulations 2008*;

iii. the *WA Charitable Collections Act (1946)*; and

iv. the *WA Charitable Collections Regulations (1947)*.

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b) the money received as a result of fundraising appeals conducted by the company during the financial year ended 31 December 2013 has been properly accounted for and applied, in all material respects, in accordance with the above mentioned Acts and Regulations.

Ernst & Young

Ernst & Young

Loretta Di Mento
Partner
Sydney
13 March 2014

## Directors' declaration

The directors' declare that:

(a) in the directors' opinion, there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable;

(b) In the directors' opinion, the attached financial statements and notes thereto are in accordance with the Corporations Act 2001, including compliance with accounting standards and giving a true and fair view of the financial position and performance of the company.

Signed in accordance with a resolution of the directors made pursuant to s.295(5) of the Corporations Act 2001.

On behalf of the Directors

Mr Matthew Cleary
Director

Sydney, 13 March 2014

Mr Hichem Demortier
Director

Sydney, 13 March 2014

## Declaration by a Principal Officer in respect of fundraising appeals

I, Hichem Demortier, director of Médecins Sans Frontières Australia declare that in my opinion:

(a) the financial statements and notes thereto give a true and fair view of all income and expenditure of Médecins Sans Frontières Australia with respect to fundraising appeals conducted by the organisation;

(b) the Statement of Financial Position as at 31 December 2013 gives a true and fair view of the state of affairs with respect to fundraising appeals conducted by the organisation;

(c) the provisions of the Charitable Fundraising Act 1991 and the Charitable Collections Act 1946 and the regulations under these Acts and the conditions attached to the authorities have been complied with by the organisation; and

(d) the internal controls exercised by Médecins Sans Frontières Australia are appropriate and effective in accounting for all income received and applied by the organisation from any of its fundraising appeals.

Mr Hichem Demortier
Director

Sydney, 13 June 2014

## Statement of Comprehensive Income
## for the financial year ended 31 December 2013

| | Note | 2013 | 2012 |
|---|---|---|---|
| | | $ | $ |
| Revenue | 4(a) | 70,190,954 | 63,031,251 |
| *Social mission costs* | | | |
| Field costs | | (49,722,209) | (49,326,332) |
| Other project costs | | (2,469,332) | (2,185,015) |
| Community education expenses | | (1,480,440) | (1,248,069) |
| *Total social mission costs* | | (53,671,981) | (52,759,416) |
| *Administration costs* | | | |
| Fundraising costs | | (9,956,454) | (9,475,020) |
| Administration expenses | | (3,241,014) | (3,248,770) |
| *Total fundraising and administration costs* | | (13,197,468) | (12,723,790) |
| **Surplus/(Deficit) before tax** | 4(b) | 3,321,505 | (2,451,955) |
| Income tax expense | | - | - |
| **Surplus/(Deficit) for the year from continuing operations (ii)** | | 3,321,505 | (2,451,955) |
| *Other comprehensive income* | | - | - |
| **Total comprehensive surplus (deficit) for the year** | | 3,321,505 | (2,451,955) |

A full year income statement which complies with the requirements of the Charitable Fundraising Act 1991 is set out in Note 22 of the financial report on page 38.

Notes to the financial statements are included on pages 19 to 43.

# Statement of Financial Position as at 31 December 2013

| | Note | 2013 $ | 2012 $ |
|---|---|---|---|
| **Current assets** | | | |
| Cash and cash equivalents | 20(a) | 11,196,760 | 8,421,199 |
| Trade and other receivables | 8 | 536,114 | 618,061 |
| Other | 9 | 78,726 | 135,129 |
| **Total current assets** | | 11,811,600 | 9,174,389 |
| **Non-current assets** | | | |
| Plant and equipment | 7 | 735,339 | 891,013 |
| Other | 10 | 208,519 | 208,519 |
| **Total non-current assets** | | 943,858 | 1,099,532 |
| **Total assets** | | 12,755,458 | 10,273,921 |
| **Current liabilities** | | | |
| Trade and other payables | 11 | 1,286,406 | 2,229,147 |
| Provisions | 12 | 289,566 | 226,768 |
| **Total current liabilities** | | 1,575,972 | 2,455,915 |
| **Non-current liabilities** | | | |
| Provisions | 13 | 442,907 | 402,932 |
| **Total non-current liabilities** | | 442,907 | 402,932 |
| **Total liabilities** | | 2,018,879 | 2,858,846 |
| **Net assets** | | 10,736,579 | 7,415,074 |
| **Equity** | | | |
| Retained Surplus | 15 | 10,736,579 | 7,415,074 |
| **Total equity** | | 10,736,579 | 7,415,074 |

Notes to the financial statements are included on pages 19 to 43.

## Statement of Changes in Equity
## for the financial year ended 31 December 2013

| | Note | Retained Surplus $ | Total $ |
|---|---|---|---|
| **Balance at 1 January 2012** | | 9,867,029 | 9,867,029 |
| Deficit for the year | | (2,451,955) | (2,451,955) |
| Other comprehensive income for the year | | - | - |
| Total comprehensive loss for the year | | (2,451,955) | (2,451,955) |
| **Balance at 31 December 2012** | | 7,415,074 | 7,415,074 |
| Surplus for the year | | 3,321,505 | 3,321,505 |
| Other comprehensive income for the year | | - | - |
| Total comprehensive income for the year | | 10,736,579 | 10,736,579 |
| **Balance at 31 December 2013** | 15 | 10,736,579 | 10,736,579 |

Notes to the financial statements are included on pages 19 to 43.

## Statement of Cash Flows
## for the financial year ended 31 December 2013

| | Note | 2013 $ | 2012 $ |
|---|---|---|---|
| **Cash flows from operating activities** | | | |
| Receipts from donors/supporters | | 69,809,524 | 62,545,542 |
| Payments to field | | (46,417,008) | (50,796,229) |
| Payments to suppliers and employees | | (21,047,555) | (19,128,791) |
| Interest received | | 463,377 | 701,694 |
| Net cash provided by/(used in) operating activities | 20 (b) | 2,808,338 | (6,677,786) |
| **Cash flows from investing activities** | | | |
| Payments for plant and equipment | | (32,777) | (639,040) |
| Net cash used in investing activities | | (32,777) | (639,040) |
| **Net increase/(decrease) in cash and cash equivalents** | | 2,775,561 | (7,316,826) |
| **Cash and cash equivalents at the beginning of the financial year** | | 8,421,199 | 15,738,025 |
| **Cash and cash equivalents at the end of the financial year** | 20(a) | 11,196,760 | 8,421,199 |

Notes to the financial statements are included on pages 19 to 43.

# Notes to the financial statements for the financial year ended 31 December 2013

## 1. GENERAL INFORMATION

Médecins Sans Frontières Australia is a public company limited by guarantee, incorporated and operating in Australia.

Principal registered office and principal place of business:

Level 4
1-9 Glebe Point Road
Glebe, NSW 2037

Tel: (02) 8570 2600

## 2. SIGNIFICANT ACCOUNTING POLICIES

### Statement of Compliance

The financial report is a general purpose financial report, which has been prepared in accordance with the Corporations Act 2001, Australian Accounting Standards and Interpretations and complies with other requirements of the law.

### Basis of Preparation

The financial report has been prepared on the basis of historical cost. Cost is based on the fair values of the consideration given in exchange for assets. All amounts are presented in Australian dollars, unless otherwise noted.

### Standards and Interpretations affecting amounts reported in the current period

Standards and Interpretations adopted with no effect on financial statements

In the current year the company has adopted all of the new and revised Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that are relevant to its operations and effective for the current annual reporting period. The adoption of these new and revised Standards and Interpretations has had no significant financial effect on these financial statements.

## Notes to the financial statements for the financial year ended 31 December 2013

### 2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Standards and Interpretations in issue not yet adopted

At the date of authorisation of the financial statements, the Standards and Interpretations listed below were in issue but not yet effective:

| Standard/Interpretation | Effective for annual reporting periods beginning on or after | Expected to be initiall applied in the financial year ending |
|---|---|---|
| • AASB 1053 *Application of Tiers of Australia Accounting Standards* | Applies on a modified retrospective basis to annual periods beginning on or after 1 January 2014 | 31 December 2014 |
| • AASB 9 *Financial Instruments (December 2010),* AASB 2010-7 *Amendments to Australian Accounting Standards arising from* AASB 9 *(December 2010),* AASB 2012-6 *Amendments to Australian Accounting Standards – Mandatory Effective Date of* AASB 9 *and Transition Disclosures* | Applies on a modified retrospective basis to annual periods beginning on or after 1 January 2015 | 31 December 2015 |

The directors anticipate that the adoption of the Standards and Interpretations in future periods will have no material financial impact on the financial statements of the company.

**Significant accounting policies**

The following significant accounting policies have been adopted in the preparation and presentation of the financial report.

(a) Cash and cash equivalents

Cash comprises cash on hand and demand deposits. Cash equivalents are short-term, highly liquid investments that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

## Notes to the financial statements for the financial year ended 31 December 2013

### 2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(b) Donations in kind and voluntary assistance

Over the course of the year the company has received donations in kind from a number of sources. These donations may be items to be sent to the field or services provided at reduced rates. Donations in kind of plant and equipment are recorded at fair value. Items to be sent to the field and services provided for no consideration are also brought to account in the financial statements at the fair value of the items or services received.

In addition to donations in kind, both office volunteers and field staff sent to the field donate their time to Médecins Sans Frontières Australia. This time donated by office volunteers and salaries foregone by volunteers sent to the field are not brought to account in the financial statements since they cannot be reliably measured.

(c) Employee benefits

A liability is recognised for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave when it is probable that settlement will be required and they are capable of being measured reliably.

Liabilities recognised in respect of employee benefits expected to be settled within 12 months, are measured at their nominal values using the remuneration rate expected to apply at the time of settlement.

Liabilities recognised in respect of employee benefits which are not expected to be settled within 12 months are measured as the present value of the estimated future cash outflows to be made by the company in respect of services provided by employees up to reporting date.

Defined contribution plans

Contributions to defined contribution superannuation plans are expensed when incurred.

(d) Fundraising expenses

Fundraising expenses include those costs, which are directly attributable to fundraising, such as function expenses, promotions, printing and mailing and employee expenses. These expenses are brought to account in the period in which they are incurred.

## Notes to the financial statements for the financial year ended 31 December 2013

### 2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(e) Trade and other receivables

Trade and other receivables, which comprise amounts due from Médecins Sans Frontières Internatioal entities, GST recoverable and others, are recognised and carried at original invoice amount. The carrying amount of the receivable is deemed to reflect fair vaue. These receivables are non-interest bearing.

An allowance for doubtful debts is made when where is objective evidence that the company will not be able to collect the debts. Bad debts are written of when identified.

(f) Goods and services tax

Revenues, expenses and assets are recognised net of the amount of goods and services tax (GST), except:

i. where the amount of GST incurred is not recoverable from the taxation authority, it is recognised as part of the cost of acquisition of an asset or as part of an item of expense; or
ii. for receivables and payables which are recognised inclusive of GST.

The net amount of GST recoverable from, or payable to, the taxation authority is included as part of receivable as payables.

Cash flows are included in the cash flow statement on a gross basis. The GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

(g) Income tax

Section 50-5 of the Income Tax Assessment Act provides that certain bodies will be exempt from income tax. The company is exempt from income tax in accordance with the Act; accordingly no provision for income tax has been recorded.

(h) Leased assets

Leases are classified as finance leases when the terms of the lease transfer substantially all the risks and rewards incidental to ownership of the leased asset to the lessee. All other leases are classified as operating leases.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term, except where another systematic basis is more representative of the time pattern in which economic benefits from the leased asset are consumed. Contingent rentals arising under operating leases are recognised as an expense in a manner consistent with the basis on which they are determined

## Notes to the financial statements for the financial year ended 31 December 2013

### 2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(h) Leased assets (continued)

Lease incentives

Lease incentives are received to enter into operating leases, such incentives are recognised as a liability. The aggregate benefits of incentives are recognised as a reduction of rental expense on a straight-line basis, except where another systematic basis is more representative of the time pattern in which economic benefits from the leased asset are consumed.

(i) Payables

Trade payables and other accounts payable are recognised when the company becomes obliged to make future payments resulting from the purchase of goods and services.

(j) Plant and equipment

Plant and equipment and leasehold improvements are stated at cost less accumulated depreciation and impairment. Cost includes expenditure that is directly attributable to the acquisition of the item.

Depreciation is provided on plant and equipment and is calculated on a straight-line basis so as to write off the net cost of each asset over its expected useful life to its residual value. Leasehold improvements are depreciated over the period of the lease or estimated useful life, whichever is the shorter, using the straight-line method. The estimated useful lives, residual values and depreciation method are reviewed at the end of each annual reporting period, with the effect of any changes recognised on a prospective basis.

Impairment

The carrying values of plant and equipment are reviewed for impairment at each reporting date, with recoverable amount being estimated when events or changes in circumstances indicate that the carrying value may be impaired

The recoverable amount of property, plant and equipment is the higher of fair value less costs of disposal and value in use. Depreciated replacement cost is used to determine value in use where the assets are not held principally for cash generating purpose and would be replaced if the company was deprived of it. Depreciated replacement cost is the current replacement cost of an item of plant and equipment less, where applicable, accumulated depreciation to date, calculated on the basis of such cost. Value in use for all other assets is a discounted cash flow calculation

An impairment loss exists when the carrying value of an asset exceeds its estimated recoverable amount. The asset is then written down to its recoverable amount.

## 2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(j) Plant and equipment (continued)

For plant and equipment, impairment losses are recognised in the statement of comprehensive income.

Derecongition and disposal
An item of plant and equipment is derecognised upon disposal, when the item is no longer used in the operations of the company or when it has no sale value. Any gain or loss arising on derecognition of the asset (calculated as the difference between the net disposal proceeds and the carrying amount of the asset) is included in profit or loss in the year the asset is derecognised.

(k) Provisions

Provisions are recognised when the company has a present obligation (legal or constructive) as a result of a past event, it is probable that the company will be required to settle the obligation, and a reliable estimate can be made of the amount of provision.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation. Where a provision is measured using the cash flows estimated to settle the present obligation, its carrying amount is the present value of those cash flows.

(m) Revenue recognition

Revenue is measured at the fair value of consideration received or receivable. Revenue is recognised net of the amounts of goods and services tax (GST) payable to the Australia Taxation Office.

1) Revenue from fundraising

*Donations*
Donations collected, including cash and goods for resale, are recognised as revenue when the company gains control, economic benefits are probable and the amount of the donation can be measured reliably.

*Legacies & Bequests*
Legacies & bequests are recognised when the company is received.

## Notes to the financial statements for the financial year ended 31 December 2013

### 2. SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

2) Investment income

Investment income mainly represents the interest income. Interest income is recognised as it accrues, using the effective interest method.

3) Asset sales

The gain or loss on disposal of all non-current assets is determined as the difference between the carrying amount of the asset at the time of disposal and the net proceeds on disposal.

### 3. CRITICAL ACCOUNTING JUDGEMENTS AND KEY SOURCES OF ESTIMATION UNCERTAINTY

The application of Australian Accounting Standards requires to make judgments, estimates and assumptions to be made about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstance, the results of which form the basis of making the judgments. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

The following are the critical judgements that management has made that have the most significant effect on the amounts recognised in the financial statements:

i. Provisions for employee entitlements – management judgement is applied in determining the future increase in wages and salaries, future on cost rates and experience of employee departures and expected period of service. Refer to note 14 for further details.

ii. Make good provisions - Provisions for future costs to return certain leased premises to their original condition are based on the company's past experience with similar premises and estimates of likely restoration costs. These estimates may vary from the actual costs incurred as a result of conditions existing at the date the premises are vacated.

iii. Estimation of the useful lives of assets - The estimation of the useful lives of assets has been based on historical experience. In addition, the condition of the assets is assessed where necessary and considered against the remaining useful life. Adjustments to useful lives are also made when considered necessary.

## Notes to the financial statements for the financial year ended 31 December 2013

### 4. REVENUE

| | 2013 $ | 2012 $ |
|---|---|---|
| **(a) Revenue** | | |
| Revenue from operations consisted of the following items: | | |
| Fundraising revenue: | | |
| Donations | 66,191,647 | 58,751,194 |
| Interest revenue: | | |
| Bank deposits | 463,377 | 701,694 |
| Sales revenue: | | |
| Sales of merchandise | - | 194 |
| Other revenue: | | |
| Recharge for services to Médecins Sans Frontières International entities | 3,375,547 | 3,402,097 |
| Other income | 86,622 | 44,745 |
| Non-monetary income (donations-in-kind) | 73,761 | 131,327 |
| | 70,190,954 | 63,031,251 |
| **(b) Surplus/(Deficit) before income tax** | | |
| Surplus/(Deficit) before income tax has been arrived at after crediting/ (charging) the following gains and losses: | | |
| Net (loss) from sale of plant and equipment | (2,288) | (3,904) |
| Net gain/(loss) from foreign exchange rate movement | 23,246 | (21,422) |
| Surplus/(Deficit) before income tax has been arrived at after charging the following expenses: | | |
| Funds to the field to Médecins Sans Frontières International entities | 45,810,000 | 45,400,000 |
| Depreciation of non-current assets | 186,163 | 131,120 |
| Employee benefits, including superannuation benefits | 6,990,820 | 6,315,569 |
| Payments to superannuation funds | 519,079 | 503,439 |
| Operating lease rental expenses: | | |
| Minimum lease payments | 389,738 | 321,491 |

## Notes to the financial statements for the financial year ended 31 December 2013

### 5. KEY MANAGEMENT PERSONNEL REMUNERATION

The directors and other members of key management personnel of Médecins Sans Frontières Australia during the year were

- Mr Matthew Cleary (President, non-executive)
- Dr Nicholas Coatsworth (Vice President, non-executive)
- Mr Hichem Demortier (Treasurer, non-executive)
- Ms Veronique Avril (non-executive)
- Mr Constantinos Asproloupos (non-executive), elected 18 May 2013
- Dr Stewart Condon (non-executive)
- Ms Jane Coster (non-executive), resigned on 18 May 2013
- Ms Beth Hilton Thorp (non- executive), elected 18 May 2013
- Ms Katrina Penney (non- executive), elected 18 May 2013
- Ms Susanne Weress (non-exective)
- Dr Claire Rieux (non-exective)
- Mr Paul McPhun (Executive Director and Company Secretary until 10 March 2013)
- Mr John Burns (Head of Fundraising)
- Dr Myrto Schaefer (Head of Project Unit)
- Mr James Nichols (Head of Communications)
- Mr Robin Sands (Head of Field Human Resources)
- Ms Melanie Triffitt (Head of Finance & Administration and Company Secretary from 10 March 2013)

The directors provide their services on a voluntary basis. During the couse of their duties, business expenses incurred by the directors were reimbursed (note 17). The aggregate compensation of the key executive management personnel of the company is set out below:

| | 2013<br>$ | 2012<br>$ |
|---|---|---|
| Short term employee benefits | 909,457 | 838,844 |

### 6. REMUNERATION OF AUDITORS

| | | |
|---|---|---|
| Audit of the financial report | 48,350 | 52,500 |
| Other non-audit services – taxation advice (other audit firm) | 5,880 | 4,940 |
| | 54,230 | 57,440 |

## 7. PLANT AND EQUIPMENT

| | Office equipment at cost $ | Furniture and fittings at cost $ | Total $ |
|---|---|---|---|
| **Gross carrying amount** | | | |
| **Balance at 1 January 2012** | **543,506** | **365,466** | **908,972** |
| Additions | 67,475 | 851,565 | 919,040 |
| Disposals | (91,258) | (265,735) | (356,993) |
| **Balance at 1 January 2013** | **519,723** | **951,296** | **1,471,019** |
| Additions | 27,652 | 5,125 | 32,777 |
| Disposals | (31,880) | - | (31,880) |
| **Balance at 31 December 2013** | **515,495** | **956,421** | **1,471,916** |
| **Accumulated depreciation and impairment** | | | |
| **Balance at 1 January 2012** | **(490,866)** | **(311,109)** | **(801,975)** |
| Depreciation expense | (38,604) | (92,516) | (131,120) |
| Disposals | 90,494 | 262,595 | 353,089 |
| **Balance at 1 January 2013** | **(438,977)** | **(141,029)** | **(580,006)** |
| Depreciation expense | (45,974) | (140,189) | (186,163) |
| Disposals | 29,592 | - | 29,592 |
| **Balance at 31 December 2013** | **(455,359)** | **(281,218)** | **(736,577)** |
| **Net book value** | | | |
| As at 31 December 2012 | 80,746 | 810,267 | 891,013 |
| As at 31 December 2013 | 60,136 | 675,202 | 735,339 |

## Notes to the financial statements for the financial year ended 31 December 2013

### 7. PLANT AND EQUIPMENT (CONTINUED)

The following estimated useful lives are used in the calculation of depreciation:

- Office and equipment — 3 years
- Furniture and fittings (i) — 5 years or over the term of the lease

(i) Leasehold improvements have been included into the category of Furniture and fittings above.

### 8. TRADE AND OTHER RECEIVABLES

| | 2013 $ | 2012 $ |
|---|---|---|
| Amounts due from Médecins Sans Frontières International entities | 444,943 | 455,332 |
| Goods and services tax (GST) recoverable | 52,503 | 73,901 |
| Other | 38,668 | 88,828 |
| | 536,114 | 618,061 |

### 9. OTHER

| | 2013 $ | 2012 $ |
|---|---|---|
| Insurance prepayment | 74,696 | 130,836 |
| Inventories | 4,030 | 4,293 |
| | 78,726 | 135,129 |

### 10. OTHER NON-CURRENT ASSET

| | 2013 $ | 2012 $ |
|---|---|---|
| Rental bond | 208,519 | 208,519 |

## Notes to the financial statements for the financial year ended 31 December 2013

### 11. TRADE AND OTHER PAYABLES

| | 2013 $ | 2012 $ |
|---|---|---|
| Trade payables | 477,125 | 738,968 |
| Amounts due to Médecins Sans Frontières International entities | - | 718,472 |
| Accruals | 809,281 | 771,707 |
| | 1,286,406 | 2,229,147 |

### 12. CURRENT PROVISIONS

| | | |
|---|---|---|
| Employee benefits (note 14) | 289,566 | 226,768 |
| | 289,566 | 226,768 |

### 13. NON-CURRENT PROVISIONS

| | | |
|---|---|---|
| Employee benefits (note 14) | 162,907 | 122,932 |
| Make good provision (note 14) | 280,000 | 280,000 |
| | 442,907 | 402,932 |

### 14. PROVISIONS

| | Employee benefits $ | Make Good Provision $ |
|---|---|---|
| Balance at 1 January 2013 | 349,700 | 280,000 |
| Additional provisions recognised | 159,933 | - |
| Provisions utilised/released | (57,159) | - |
| Balance at 31 December 2013 | 452,473 | 280,000 |

The provision for make good represents the present value of the expenditure required to settle the make good obligation at the reporting date.

## Notes to the financial statements for the financial year ended 31 December 2013

### 15. RETAINED SURPLUS

| | 2013 $ | 2012 $ |
|---|---|---|
| Balance at the beginning of the financial year | 7,415,074 | 9,867,029 |
| Net surplus/(deficit) | 3,321,505 | (2,451,955) |
| Balance at end of financial year | 10,736,579 | 7,415,074 |

### 16. MEMBERS GUARANTEE

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the Constitution states that each member is required to contribute a maximum of $10 each towards meeting any outstanding obligations of the company. At 31 December 2013, the number of members was 275 (2012: 289).

### 17. RELATED PARTY DISCLOSURES

Médecins Sans Frontières Australia provides services to and receives services from Médecins Sans Frontières International entities.
The Board of Médecins Sans Frontières Australia approved the reimbursement of the following business expenses incurred by the directors of the company in the course of their duties as a Director during the year. This information is also available on the Médecins Sans Frontières Australia website.

| | $ | | $ |
|---|---|---|---|
| Mr Dino Asproloupos | 681 | Mr Hichem Demortier | 780 |
| Ms Jane Coster | 151 | Ms Beth Hilton-Thorp | 255 |
| Mr Stewart Condon | 472 | Ms Katrina Penney | 3,896 |
| Ms Susanne Weress | 4,327 | Mr Matt Cleary | 2,591 |

### 18. SUBSEQUENT EVENTS

There has not been any other matter or circumstance, that has arisen since the end of the financial year that has significantly affected, or may significantly affect, the operation of the company, the results of those operations, or the state of affairs of the company in future financial years.

## 19. COMMITMENTS

### Operating leases

Leasing arrangements

The company has entered into commercial leases of office facilities and office equipment. The lease of office facilities is with a 5 years term and provided the company with a right of renewal. This operating lease contract contains rent increases per year equivalent to the minimum of 2.5% and CPI. The lease terms of office equipment range from 4 to 5 years. These lease contracts do not have an option to renew the lease nor the option to purchase the leased asset at the expiry of the lease period

| | 2013<br>$ | 2012<br>$ |
|---|---|---|
| Non-cancellable operating lease payments | | |
| Not longer than 1 year | 402,106 | 389,897 |
| Longer than 1 year and not longer than 5 years | 1,024,657 | 1,415,102 |
| Longer than 5 years | - | - |
| | 1,426,763 | 1,804,999 |

In respect of non-cancellable operating leases, the following liabilities have been recognised:

| Non-current liability: | 2013<br>$ | 2012<br>$ |
|---|---|---|
| Make good provision (note 13) | 280,000 | 280,000 |

## 20. NOTES TO THE STATEMENT OF CASH FLOWS

### (a) Reconciliation of cash and cash equivalents

For the purposes of the statement of cash flows, cash includes cash on hand and in banks and investments in money market instruments, net of outstanding bank overdrafts. Cash at the end of the financial period as shown in the statement of cash flows is reconciled to the related items in the statement of financial position as follows:

| | 2013<br>$ | 2012<br>$ |
|---|---|---|
| Cash and cash equivalents | 11,196,760 | 8,421,199 |

### (b) Reconciliation of deficit for the period to net cash flows from operating activities

| | | |
|---|---|---|
| Surplus/(Deficit) for the year | 3,321,505 | (2,451,955) |
| Depreciation | 186,163 | 131,120 |
| Loss on disposal on assets | 2,288 | 3,904 |
| Changes in net assets and liabilities: | | |
| Increase/(Decrease) in assets: | | |
| Current receivables | 81,947 | 215,984 |
| Other current assets | 56,403 | (12,337) |
| Non-current assets | - | 57,749 |
| Increase/(Decrease) in liabilities: | | |
| Current payables | (942,741) | (4,485,339) |
| Current provisions | 62,798 | (162,919) |
| Non-current provisions | 39,975 | 26,007 |
| Net cash from operating activities | (2,808,338) | (6,677,786) |

## 21. FINANCIAL INSTRUMENTS

### (a) Capital Risk Management

The capital structure of the company includes cash and cash equivalents and retained earnings.

## 21. FINANCIAL INSTRUMENTS (CONTINUED)

### (b) Categories of Financial Instruments

| | 2013<br>$ | 2012<br>$ |
|---|---|---|
| Financial assets | | |
| Trade and other receivables | 536,114 | 618,061 |
| Cash and cash equivalents | 11,196,760 | 8,421,199 |
| | 11,732,874 | 9,039,260 |
| Financial liabilities | | |
| Trade and other payables | 1,286,406 | 2,229,147 |

The carrying amount reflected above represents the company's maximum exposure to credit risk for such loans and receivables.

### (c) Financial risk management objectives

The company's financial instrutmens comprise cash and cash equivalents, trade and other receivables and trade and other payables. The main risks arising from the company's financial instruments are market risk, liquidity risk,interest rate risk and credit risk The company does not use derivative instruments to manage risks associated with its financial instruments.

The directors have overall responsibility for risk management, including risks associated with financial instruments. Risk management policies are established to identify and analyse the risks associated with the company's financial instruments, to set appropriate risk limits and controls and to monitor the risks and adherence to limits. The Finance, Audit and Risk Committee is responsible for monitoring the effectiveness of the company's risk management policies and processes and to regularly review risk management policies and systems, taking into account changes in market conditions and the company's activities. The committee is also responsible for developing and monitoring investment policies.

This note presents information about the company's exposure to liquidity, credit and market risk and its objectives, policies and processes for measuring and managing risk. Further quantitative disclosures are included throughout these financial statements.

### (d) Market Risk

Market risk is the risk that change in market prices will affect the company's income or the balue of its holdings of financial instruments.

The company's exposure to market risk is the effect of changes in interest rates and foreign exchange rates which would affect the interest received and payments to related companies in foreign currencies.

## 21. FINANCIAL INSTRUMENTS (CONTINUED)

### (e) Liquidity Risk

Liquidity risk is the risk tht the company will not able to fund its obligation as they fall due.

The ultimate responsibility for liquidity risk management rests with the board of directors. The company manages liquidity risk by maintaining adequate cash balances and monitoring forecasts and actual cash flow.

The table below summarises the maturity profile of the company's financial liabilities based on contractual undisclounted payments:

| Financial Liabilities | On Demand ($) | Less than 3 months ($) | 3 to 12 months ($) | 1 to 5 years ($) | Total ($) |
|---|---|---|---|---|---|
| **2013** | | | | | |
| Non interest bearing | | | | | |
| Trade and other payables | - | 1,286,406 | - | - | 1,286,406 |
| **2012** | | | | | |
| Non interest bearing | | | | | |
| Trade and other payables | - | 2,229,147 | - | - | 2,229,147 |

### (f) Interest rate risk management

Interest rate risk refers to the risk that the value of financial instruments or cash flow associated with the instruments will fluctuate due to the changes in market interest rate.

The company is exposed to interest rate fluctuations on its cash at bank and time deposits as it invests its surplus funds in variable rate instruments. The company actively monitor interest rates for cash at bacnk and time deposit to maximise interest income..

## Notes to the financial statements for the financial year ended 31 December 2013

### 21. FINANCIAL INSTRUMENTS (CONTINUED)

**(f) Interest rate risk management (continued)**

Maturity profile of financial instruments

The following table details the company's exposure to interest rate risk as at 31 December 2013:

| | Weighted Average Effective Interest rate % | Less than 1 month $ | 1-3 months $ | 3 months to 1 year $ | Greater than 1 year $ | Total |
|---|---|---|---|---|---|---|
| **Financial Assets 2013** | | | | | | |
| Non interest bearing | - | - | - | - | - | - |
| Variable interest rate instruments | 1.76% | 4,629,449 | - | - | - | 4,629,449 |
| Fixed interest rate instruments | 3.76% | - | - | 6,500,000 | 228,569 | 6,728,569 |
| Total | | 4,629,449 | - | 6,500,000 | 228,569 | 11,358,018 |

| | Weighted Average Effective Interest rate % | Less than 1 month $ | 1-3 months $ | 3 months to 1 year $ | Greater than 1 year $ | Total |
|---|---|---|---|---|---|---|
| **Financial Assets 2012** | | | | | | |
| Non interest bearing | - | - | - | - | - | - |
| Variable interest rate instruments | 3.23% | 5,870,392 | - | - | - | 5,870,392 |
| Fixed interest rate instruments | 4.67% | - | 2,500,000 | - | 227,614 | 2,727,614 |
| Total | | 5,870,392 | 2,500,000 | - | 227,614 | 8,598,006 |

## 21. FINANCIAL INSTRUMENTS (CONTINUED)

### (f) Interest rate risk management (continued)

**Interest rate sensitivity analysis**

The sensitivity analysis below has been determined based on the exposure to interest rates for the company's financial instruments at the reporting date and the stipulated change taking place at the beginning of the financial year and held constant throughout the reporting period. At reporting date, if interest rates had been 50 basis points higher or lower and all other variables were held constant, the company's:

- net surplus would increase by approximately $8,715 and decrease by approximately $8,715 (2012: increase by approximately $1,700 and decrease by approximately $1,700). This is mainly attributable to the company's exposure to interest rates on its variable rate instruments.

### (g) Fair value

The carrying amount of the financial assets and financial liabilities represents a reasonable approximation of fair value.

### (h) Credit risk

Credit risk refers to the risk that a counter party will default on its contractual obligations resulting in financial loss to the company. The company has adopted a policy of only dealing with credit worthy counterparties as a means of mitigating the risk of financial loss from defaults.

The company does not have any significant credit risk exposure to any single counterparty or any group of counterparties having similar characteristics.

## Notes to the financial statements for the financial year ended 31 December 2013

### 22. DETAILED INCOME STATEMENT FOR THE YEAR ENDED 31 DECEMBER 2013

The following disclosure has been made to satisfy the requirements of the Charitable Fundraising Act 1991. Non monetary income and expenses are disclosed separately, unlike the Income Statement where they are included in the relevant income or cost line.

| | 2013 | 2012 |
|---|---|---|
| **Revenue:** | $ | $ |
| Donations and gifts | | |
| Monetary | 62,304,078 | 56,896,197 |
| Non-monetary (in-kind) | 73,761 | 131,327 |
| Legacies and bequests | 3,887,569 | 1,854,997 |
| Investment income | 463,377 | 701,694 |
| Other income | 3,462,169 | 3,447,036 |
| **Total revenue** | 70,190,954 | 63,031,251 |
| | | |
| **Expenses:** | | |
| **International Aid and Development Programs Expenditure** | | |
| International programs | | |
| Funds to international programs | 49,722,209 | 49,326,332 |
| Program support costs | 2,468,632 | 2,174,588 |
| Community education | 1,475,940 | 1,240,069 |
| Fundraising costs | | |
| Public | 9,922,981 | 9,474,533 |
| Accountability and administration | 3,206,326 | 3,136,357 |
| Non-monetary expenditure (in kind) | 73,361 | 131,327 |
| **Total International Aid and Development Programs Expenditure** | 66,869,449 | 65,483,206 |
| | | |
| Excess/(Shortfall) of revenue over expenses | 3,321,505 | (2,451,955) |

## Notes to the financial statements for the financial year ended 31 December 2013

### 23. DETAILED BALANCE SHEET FOR THE YEAR ENDED 31 DECEMBER 2013

| | 2013 | 2012 |
|---|---|---|
| | $ | $ |
| **Assets** | | |
| Current assets | | |
| Cash and cash equivalents | 11,196,760 | 8,421,199 |
| Trade and other receivables | 536,114 | 618,061 |
| Inventories | 4,030 | 4,294 |
| Other financial assets | 74,696 | 130,836 |
| Total Current Assets | 11,811,600 | 9,174,389 |
| Non Current Assets | | |
| Other financial assets | 208,519 | 208,519 |
| Property, plant and equipment | 735,339 | 891,013 |
| Total Non Current Assets | 943,858 | 1,099,532 |
| **Total Assets** | 12,755,458 | 10,273,921 |
| **Liabilities** | | |
| Current liabilities | | |
| Trade and other payables | 1,151,088 | 2,127,747 |
| Current tax liabilities | 135,318 | 101,400 |
| Provisions | 289,566 | 226,768 |
| Total current liabilities | 1,575,972 | 2,455,915 |
| Non current liabilities | | |
| Provisions | 442,907 | 402,932 |
| Total Non Current Liabilities | 442,907 | 402,932 |
| **Total Liabilities** | 2,018,879 | 2,858,847 |
| **Net Assets** | 10,736,579 | 7,415,074 |
| **Equity** | | |
| Retained Surplus | 10,736,579 | 7,415,074 |
| **Total Equity** | 10,736,579 | 7,415,074 |

## Notes to the financial statements for the financial year ended 31 December 2013

### 24. DETAILED STATEMENT OF CHANGES IN EQUITY FOR THE YEAR ENDED 31 DECEMBER 2013

| | Retained Earnings $ | Reserves $ | Total $ |
|---|---|---|---|
| **Balance at 1 January 2012** | 9,867,029 | | 9,867,029 |
| Deficit of revenue over expenses | (2,451,955) | - | (2,451,955) |
| Amounts transferred to reserves | - | - | - |
| Other comprehensive income | - | - | - |
| **Balance at 31 December 2012** | 7,415,054 | - | 7,415,054 |
| Deficit surplus of revenue over expenses | 3,321,505 | - | 3,321,505 |
| Amounts transferred to reserves | - | - | - |
| Other comprehensive income | - | - | - |
| **Balance at 31 December 2013** | 10,736,579 | - | 10,736,579 |

## Notes to the financial statements for the financial year ended 31 December 2013

### 25. DETAILS OF FUNDRAISING APPEALS

| | 2013 $ | 2012 $ |
|---|---|---|
| Details of aggregate gross income and total expenses of fundraising appeals (i): | | |
| Newspaper, magazine advertisements & inserts | 1,146,295 | 1,236,492 |
| Acquisition | 2,610,335 | 2,623,380 |
| Bequest | 3,887,569 | 1,854,997 |
| Newsletters/appeals | 10,930,981 | 10,598,504 |
| Other general campaign | 2,028,565 | 2,855,583 |
| Events | 750,866 | 661,777 |
| Field partners | 25,768,291 | 23,540,041 |
| On line | 8,673,874 | 7,541,850 |
| Miscellaneous income | 349,083 | 414,005 |
| Unsolicited income | 7,169,115 | 4,851,916 |
| Telemarketing | 2,876,673 | 2,572,649 |
| | 66,191,647 | 58,751,194 |
| Less: total direct costs of fund raising appeals | | |
| Newspaper, magazine advertisement & inserts | 72,767 | 84,640 |
| Acquisitions | 467,191 | 569,597 |
| Bequest | 94,727 | 43,326 |
| Newsletters/appeals | 1,303,747 | 993,384 |
| Other general campaigns | 425,030 | 468,118 |
| Events | 25,835 | 25,259 |
| Field Partners | 4,874,241 | 4,455,751 |
| On line | 68,193 | 39,812 |
| Telemarketing | 1,213,581 | 1,509,128 |
| | 8,545,313 | 8,189,015 |
| Net surplus obtained from fundraising appeals | 57,646,334 | 50,562,179 |

(i) The Charitable Fundraising Act 1991 defines income from fundraising appeals as excluding bequests and unsolicited donations. The total income shown above includes both bequests and unsolicited donations, shown as separate items. Income excluding these amounts was $59,427,404 in 2013 (2012: $52,044,281). Net surplus excluding these amounts was $50,882,091 in 2013 (2012: $43,855,266).

Income is reported against the original donation source, in order to reflect the full income generated by appeals.

## Notes to the financial statements for the financial year ended 31 December 2013

### 26. FUNDS RECEIVED FROM THE GENERAL PUBLIC APPLIED IN CHARITABLE PURPOSES

| | 2013 $ | 2012 $ |
|---|---|---|
| Net surplus obtained from fundraising appeals (i) | 57,646,334 | 50,562,179 |
| This was applied to the charitable purposes in the following manner: | | |
| Funds to overseas projects | (49,722,209) | (49,326,332) |
| Administration expenses (ii) | (3,225,295) | (3,184,220) |
| Balance/(Deficit) applied to operational support at Médecins Sans Frontières Australia | 4,698,830 | (1,948,373) |
| | | |
| Funds to overseas projects were expended by the following parties on behalf of Médecins Sans Frontières Australia: | | |
| Médecins Sans Frontières International | 607,008 | 599,108 |
| Médecins Sans Frontières Holland | 20,000 | - |
| Médecins Sans Frontières Switzerland | 13,737,000 | 13,620,000 |
| Médecins Sans Frontières France | 32,053,000 | 31,780,000 |
| | | |
| Total funds expended | 46,417,008 | 45,999,108 |
| | | |
| Field staff costs (ii) | 3,303,999 | 3,275,843 |
| Emergency response | 1,202 | 51,381 |
| | | |
| Total funds to overseas projects | 49,722,209 | 49,326,332 |

(i) This number is the net surplus from all fundraising appeals, excluding indirect costs of fundraising.

(ii) This number is different than that in the Income Statement due to the fact that non monetary expense has not been included into this balance as it is not funds received from the general public.

## Notes to the financial statements for the financial year ended 31 December 2013

### 27. COMPARISONS OF CERTAIN MONETARY FIGURES & PERCENTAGES

**Gross comparisons including fundraising income and costs not covered by the Charitable Fundraising Act 1991**

| | 2013 $ | 2012 $ | 2013 % | 2012 % |
|---|---|---|---|---|
| Total cost of fundraising/ Gross income from fundraising | 9,956,454 66,191,647 | 9,475,020 58,751,194 | 15 | 16 |
| Net surplus from fundraising/ Gross income from fundraising | 56,235,193 66,191,647 | 49,276,174 58,751,194 | 85 | 84 |
| Total cost of services/ Total expenditure (excluding costs of fundraising) | 53,671,981 56,912,995 | 52,759,416 56,008,186 | 94 | 94 |
| Total cost of services/ Total income received (net of fundraising costs) | 53,671,981 60,234,500 | 52,759,416 53,556,232 | 89 | 99 |

**Comparisons of fundraising income and costs as classified by the Charitable Fundraising Act**

| | | | | |
|---|---|---|---|---|
| Cost of fundraising appeals/ Gross income from fundraising appeals | 9,956,454 59,427,404 | 9,475,020 52,044,281 | 17 | 18 |
| Net surplus from fundraising appeals/ Gross income from fundraising appeals | 49,470,950 59,427,404 | 42,569,261 52,044,281 | 83 | 82 |

### 28. LIST OF TYPES OF FUNDRAISING APPEALS CONDUCTED DURING THE FINANCIAL PERIOD

Newspaper and Magazine Advertisements and Inserts
Direct and Unaddressed Mail Donor Acquisition
Field Partner (Regular Giving) Acquisition and Retention
Trusts and Foundations
Bequest Program
Major Donor Program
Telefundraising Program
Workplace Giving
Online

No single appeal within the types listed above, or other form of fundraising for a designated purpose, generated 10% or more of total income for the period under review.

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