

THE PULSE

BRINGING MEDICAL HUMANITARIAN ACTION TO YOU



DECEMBER 2016

SYRIA: CAUGHT WITH NO CHANCE OF ESCAPE

REMOTE MEDICAL SUPPORT
VITAL FOR SURVIVAL

Yemen: Civilians feel the full impact of war

LACK OF EMERGENCY
MEDICINE AFFECTS MILLIONS



- 3 EDITORIAL: IMPOSSIBLE CHOICES
- 4 NEWS IN BRIEF
- 6 FEATURE: CAUGHT IN THE CROSSFIRE
- 8 PHOTO ESSAY: CHAD
- 10 LETTER FROM YEMEN
- 11 SUPPORTER PROFILE
- 12 FEATURE: EMERGENCY OBSTETRICS
- 14 FIELD WORKER: LOGISTICIAN
- 15 CURRENTLY IN THE FIELD



CHILDREN
CAUGHT IN THE
CROSSFIRE

6



FIGHTING
MALNUTRITION
IN CHAD

8



LETTER
FROM
YEMEN

10

BY PAUL MCPHUN



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Food distribution in the internally displaced persons site of Goni Kachallari in Maiduguri north-east of Nigeria. 340 families received one month food rations including five litres of oil, five kilograms of beans and 25 kilograms of millet.

ABOUT MÉDECINS SANS FRONTIÈRES

Médecins Sans Frontières is an international, independent, medical humanitarian organisation that was founded in France in 1971. The organisation delivers emergency medical aid to people affected by armed conflict, epidemics, exclusion from healthcare and natural disasters. Assistance is provided based on need and irrespective of race, religion, gender or political affiliation. When Médecins Sans Frontières witnesses serious acts of violence, neglected crises, or obstructions to its activities, the organisation may speak out about this.

Today, Médecins Sans Frontières is a worldwide movement of 24 associations, including one in Australia. In 2015, 204 field positions were filled by Australians and New Zealanders.

Front cover: Mocktar, 38, stepped on a landmine in Karesh, Yemen, six months ago. He was hospitalised at Médecins Sans Frontières' Emergency Surgical Hospital in Aden where he was treated and provided with a prosthetic leg. © Malak Shaher/MSF

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131,432
arrived in Italy via
the Mediterranean
between Jan-Sep 2016.

EIGHT OUT OF 10
DADAAB REFUGEES
SAY THEY DO NOT
WANT TO RETURN
TO SOMALIA



175,000 PEOPLE
DISPLACED AND
MORE THAN 546
PEOPLE REPORTED
DEAD, AFTER
HURRICANE
MATTHEW
DEVASTATES HAITI

JOIN OUR TEAM

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

INFORMATION EVENINGS

Tues 7 Feb *Live Webinar*
Tues 14 Mar *Melbourne*
Tues 28 Mar *Auckland*

PAST WEBINARS ARE ALSO
AVAILABLE ONLINE TO
WATCH ON DEMAND.
Visit msf.org.au for details on
all our recruitment events.



MESSAGE OF SUPPORT

“You put your lives on the line, your courage and compassion is inspirational. Thank-you is not enough.”

— DONOR, MESSAGE OF SUPPORT TO OUR DEDICATED FIELD WORKERS.
READ MORE ABOUT THE WORK OF FIELD WORKERS ON PAGE 14.



Destruction in Al Shaar neighbourhood, near M11 hospital, eastern Aleppo.

1 SYRIA
Medical Care in Tatters

BACKGROUND:

Airstrikes by Syrian and Russian forces hit four hospitals in besieged east Aleppo in mid-October, causing huge damage to one of them and injuring at least two doctors. The bombings also destroyed an ambulance and killed its driver. The latest destruction comes amidst an intensification of the bombing campaign on the besieged northern Syrian city, where at least 62 people died and 467 people, including 98 children, were wounded between 11–13 October, according to reports obtained from the Directorate of Health and the forensic centre of east Aleppo. The true figure may be higher as many families have been burying dead relatives themselves rather than bringing their bodies to hospitals.

ACTION:

Médecins Sans Frontières supports eight hospitals in east Aleppo and more than 150 health centres and hospitals across the country, many of them in besieged areas. At the time of writing, Médecins Sans Frontières welcomes the announcement of a temporary ceasefire by the Syrian and Russian forces in east Aleppo. Every measure contributing to alleviate the suffering of a population that has been subjected to weeks of indiscriminate bombing can only be supported. However Médecins Sans Frontières believes that eight hours of ceasefire are not sufficient to ensure a safe evacuation of the seriously wounded and ill, nor does it give enough time to allow medical and humanitarian aid to enter the city.



2 KENYA

Somali refugees in Dadaab camp carry their sick and malnourished children to a new feeding centre run by Médecins Sans Frontières at the outskirts of the sprawling refugee camp.

Return of Somali refugees irresponsible

BACKGROUND:

The Dadaab refugee camps in north-eastern Kenya were established 25 years ago when the first Somalis began crossing the border to flee deadly conflict in their country. On 6 May, the Government of Kenya announced a decision to close the Dadaab refugee camps, putting some 325,000 refugees' lives at risk. Médecins Sans Frontières stated that more than eight out of 10 refugees surveyed in a recent report say they do not want to return, with their main concerns being the fear of forced recruitment into armed groups, sexual violence and the lack of available healthcare.

ACTION:

Médecins Sans Frontières is currently the only provider of medical care in Dagahaley camp, Dadaab, running a 100-bed hospital and two out-patient health posts. As the closure of Dadaab draws closer, and thousands began to return to war-ravaged Somalia, Médecins Sans Frontières has declared the move inhumane and irresponsible, and called for alternatives to be urgently considered by the Government of Kenya and the UNHCR, supported by donor countries. Médecins Sans Frontières reiterates that setting up Dadaab-style camps across the border is shifting responsibility and abandoning the protection of refugees. Other more durable solutions, such as smaller camps in Kenya, increased resettlement to third countries, or integration of refugees into Kenyan communities, should be considered. Additionally, Médecins Sans Frontières appeals to the international community to share the responsibility with the Government of Kenya.



3 MEDITERRANEAN

Emergency at sea

BACKGROUND:

According to UNHCR, 131,432 people arrived in Italy via the central Mediterranean between January–September 2016. It is estimated that 3,501 people died attempting the journey during that period, compared to 2,794 in all of 2015. In Greece and the Balkans, after the EU Turkey deal – a deal to return all asylum seekers arriving in Greece back to Turkey for processing and strictly capped resettlement, paid for by the EU – and the closure of borders, more than 60,000 people are stranded in inadequate conditions, trying to reach their final destinations in the hands of smugglers, and/or living in adequate conditions in camps and detention centres.

ACTION:

Médecins Sans Frontières' teams are on board three ships positioned north of Libya and actively searching for boats in distress in the central Mediterranean Sea. Many of those rescued are already in a poor condition before they set out, and require medical treatment after being rescued. Médecins Sans Frontières is providing lifesaving emergency care as well as treating dehydration, fuel burns, hypothermia and skin diseases. In addition, Médecins Sans Frontières is active in more than 20 different locations across Greece providing mental, sexual and reproductive health care and care to patients suffering from chronic diseases. In the first half of 2016, Médecins Sans Frontières provided more than 25,000 medical consultations in Greece.

A woman is helped aboard the Bourbon Argos as an inflatable raft carrying 67 people is rescued by Médecins Sans Frontières and the crew of the Bourbon Argos in the Mediterranean Sea.



4 HAITI

A trail of destruction

BACKGROUND:

Many communities along the coast in southern Haiti and inland areas have been very badly affected by hurricane Matthew that hit the country on 4 October. According to an evaluation by national authorities, 175,000 people have been displaced, over two million people are affected, and 1.4 million people are in need of aid. 546 people are reported dead, but the real number is very likely higher. Medical structures, already under-funded and under-resourced, were not spared: WHO reports that 23 health centres were damaged or partially destroyed.

ACTION:

Since hurricane Matthew, Médecins Sans Frontières has stepped up operations, with 84 international staff now working on the emergency. Staff are travelling via helicopter to isolated villages in the mountains to provide access to drinkable water and cholera treatment and tablets, and to provide mobile clinics to treat patients with gastritis, diarrhoea, open infected wounds, urinary infections and fractures. By 18 October, 1,614 consultations were carried out including 994 in Sud and Grand Anse and 620 in Nippes.

Médecins Sans Frontières doctor Alina Barbosa from Brazil treats a patient at an Médecins Sans Frontières clinic in Jérémie, Haiti.



5 WEST AFRICA

Closing the door on the Ebola Crisis

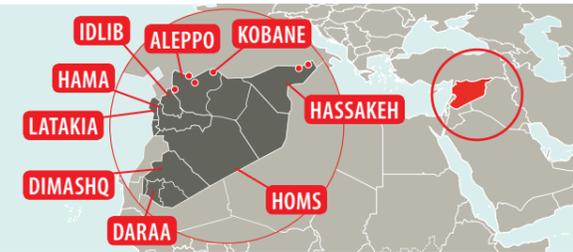
BACKGROUND:

Two and a half years ago an Ebola outbreak swept across West Africa infecting more than 28,700 people and killing more than 11,300 men, women and children. Whole families were ripped apart and communities were devastated by the disease, which saw schools close, economies grind to a halt and health systems collapse, leading to even greater loss of life. The shocking human toll of the outbreak was exacerbated by the painfully slow international response.

ACTION:

In late September, Médecins Sans Frontières ended its medical and mental health programs for survivors in Guinea and Sierra Leone, while in Liberia, post-Ebola activities will finish before the end of the year. Most medical conditions affecting survivors—such as eye and joint problems—have now been treated, and Médecins Sans Frontières has arranged for those who need ongoing mental health support to receive continuing care within their national health systems or from other organisations. Médecins Sans Frontières has positioned emergency supplies in the region to make sure that medical teams can respond quickly to a future outbreak of Ebola or other epidemic threats.

Dr Daouda Berete with 14-month-old Ebola survivor M'Bemba, in the Médecins Sans Frontières medical consultation room.



ONLY 35 DOCTORS REMAIN TO TREAT THE 250,000 BESIEGED PEOPLE LIVING IN EAST ALEPPO

AT LEAST 2,209 PEOPLE HAVE BEEN WOUNDED, INCLUDING AT LEAST 468 CHILDREN IN EAST ALEPPO IN OCTOBER ALONE

In 2016, **81 medical facilities** have been bombed in Azaz and Aleppo districts

SINCE THE CONFLICT BEGAN 4.3 MILLION HAVE FLED THE COUNTRY AND 6.6 MILLION HAVE BEEN INTERNALLY DISPLACED

Children caught in the crossfire



Nine-year-old Abdul Hadi is hugged by his older brother in a hospital ward in besieged east Aleppo. Abdul was injured by a bomb blast while playing outside his home.

It was just after lunch one day in late September. Nine-year-old Abdul Hadi was playing in front of his house in east Aleppo when a barrel bomb fell from the sky. Abdul Hadi was knocked unconscious and sustained injuries to his head. Days later, Syrian and Russian forces stepped up their bombing campaign on the besieged part of the city.

In hospital, Abdul Hadi was put straight on a ventilator. "He was almost dead by the time we reached the hospital but he made it," says Abdul's mother. However, "His mind has gone blank and he can't feel anything," she says.

Meanwhile, a brain scan is out of the question. There is no such equipment in besieged east Aleppo.

Before the siege was imposed last July, patients needing specialised treatment were referred to hospitals elsewhere in northern Syria or in Turkey. But for most of the past four months, all roads out of the city have been blocked.

Since the aerial bombardment was stepped up, at least 2,209 people have been wounded, including at least 468 children. The severity of many people's injuries makes the lack of specialist equipment all the more desperate.

Equally devastating is the shortage of specialist medical staff – out of the 35 doctors left in east Aleppo, only seven are surgeons with the skills to operate on the wounded. "We are under heavy bombing in east Aleppo, and we receive many patients with neurological and vascular injuries," says nurse Abu Yazan. "They need to be transferred out of Aleppo because there are no specialised doctors to treat them here."

Medical Care in tatters

Syrians have suffered immeasurably over nearly six years of war. Amidst the brutality of the Syrian conflict, violence against medical facilities, staff and patients has become horrifyingly routine. In 2016 alone, 81 medical facilities have been damaged or destroyed in Azaz and Aleppo districts – some repeatedly. This follows 94 attacks on Médecins Sans Frontières-supported facilities in 2015, which killed 81 healthcare staff.

This ever-present threat of attacks, not only deny the population access to medical facilities, but also affect the scope and effectiveness of the medical care that can be provided.

Syrians must weigh up the risks to their own safety when making everyday choices, including the choice to seek healthcare. Time spent in a medical facility in a context where such locations are targeted is one such risk.

Spaces which should offer refuge for those in need have instead become spaces to be feared.

Médecins Sans Frontières has made repeated pleas to all parties involved in the conflict to stop indiscriminate bombing of hospitals and medical facilities in accordance with the UN Security Council's resolution 2286*, and to allow a safe passage of evacuation for the sick and wounded or those wanting to flee east Aleppo. Humanitarian organisations should also be allowed to play an active role in the independent delivery of assistance to those in need, including health facilities lacking lifesaving medical supplies.

Médecins Sans Frontières continues to support eight hospitals in east Aleppo. It runs six medical facilities across northern Syria and supports more than 150 health centres and hospitals across the country, many of them in besieged areas.

*The United Nations Security Council resolution 2286 was passed in May 2016, for the protection of civilians and healthcare in conflict zones.



The exterior of the M10 hospital, the main trauma centre, which is supported by Médecins Sans Frontières damaged in aerial bombing in early October.

Logistician Declan Overton supports Médecins Sans Frontières' work in Syria



Australian Logistician Declan Overton working remotely in Gaziantep, Turkey to support Médecins Sans Frontières' work in Syria.

With no end in sight to the conflict, Médecins Sans Frontières continues to pursue decentralised care to deliver medical aid. Australian logistician Declan Overton is currently working in Gaziantep, Turkey, to support Syria remotely.

"Prior to working with Médecins Sans Frontières, I was travelling and working as a commercial/ industrial refrigeration mechanic in different parts of the world. Being a refrigeration mechanic provided good grounding for becoming a Médecins Sans Frontières logistician as it is quite a multi-skilled trade; having a strong electrical component, elements of plumbing and drainage, and welding and gas fitting.

I am based in Gaziantep in Turkey not far from the Syrian border and I work as the Logistic Coordinator for the Syria projects. The Logistic Coordinator's role is to define and implement all technical and logistics strategies within the mission. This means ensuring logistics strategies are coherent and relevant, adequate logistical support is being provided to the field and Médecins Sans Frontières compliance standards are being adhered to. I'm here to help optimise the impact of our medical projects and make sure the medics have everything they need to carry out the critical work that they do.

A typical day for me might involve the provision of technical support to field staff to overcome the daily obstacles we come across, such as the breakdown of energy supply or lab equipment. I regularly meet with other members of the country management team to discuss strategy and project objectives, and I spend a lot of time on ethical and transparent procurement management.

Current security limitations mean the country management team is unable to enter into Syria to physically follow up on activities. We need to rely on internet video systems meaning that issues that could be resolved very quickly with a field visit can take much longer.

The worst part of the job is the daily news about conflict affected and displaced people and being so close to the conflict itself. But the best part is being part of a team of Syrian, Turkish and international staff that are deeply committed to the values of the organisation and passionate about delivering life-saving services to the victims of the conflict in Syria. Our teams are constantly pushing the boundaries of what can be done to deliver aid under fire and it is truly inspirational."

Search www.msf.org.au/16-trades if you're interested in becoming a logistician with Médecins Sans Frontières

Fighting malnutrition in Chad

Malnutrition is endemic in Bokoro, and many other areas of Chad. Almost half of child deaths in the country are associated with the condition. Across the Bokoro region, Médecins Sans Frontières' is running 15 mobile outpatient clinics for malnourished children between the age of six months and five years old. In Bokoro town, it is running an inpatient therapeutic feeding centre with an intensive care unit where the sickest children are referred.



Epidemiologist Suzanne Moja, measures the middle upper arm circumference of a child as part of a survey to determine the impact of Médecins Sans Frontières' work to tackle malnutrition in Chad.



A young child is weighed during screening for malnutrition by Médecins Sans Frontières' staff at the Ambulatory Therapeutic Feeding Centre in Gambir, a village near the regional main town of Bokoro.



Children between 6 and 23 months of age are screened for malnutrition at Gambir, Chad.



10-months-old Afisa, is fed a dose of therapeutic peanut paste by her mother at the Ambulatory Therapeutic Feeding Centre in Gambir, about 20 minutes by road from the town of Bokoro in Chad.



Mothers from the village of Abourda and surrounding areas, who have young children at risk of malnutrition, receive a short education lesson from Médecins Sans Frontières' staff.



Wounds of war



© Jessica Chua



© Jessica Chua

Australia Doctor Jessica Chua and her colleagues resuscitating a critically ill patient in the emergency room, Ibb Governorate, Yemen.

Australian doctor Jessica Chua examines a patient with chest injuries at the intensive care unit, Ibb Governorate, Yemen.

SUPPORTER PROFILE



NAME: **Judy Rogers**
HOME: **Adelaide, South Australia**
OCCUPATION: **Manager of The Red Geranium Op Shop**

Field Partner, Judy Rogers (right) manages The Red Geranium Op Shop in Adelaide's inner south-west. Alongside former nurse, Val Maslen, they have operated the shop for nearly eight years. They donate their monthly profits to Médecins Sans Frontières.

Val Maslen, a recently retired nurse had the idea to open the shop as she was and still is passionate about the wonderful field work Médecins Sans Frontières does in countries around the world. Val established the op shop with her own funds working tirelessly to acquire second-hand clothing and bric-a-brac to sell in the early stages. Val is still involved with the store, alongside 37 volunteers working three hourly shifts, seven days a week.

“Several of our volunteers at The Red Geranium are retired nurses and we all feel strongly about the mission of Médecins Sans Frontières. This organisation saves many lives daily through their persistent endeavours, irrespective of the patient's political affiliation. Médecins Sans Frontières works in many diverse parts of the world. Their emergency response projects are particularly impressive.

When people tell me that they feel powerless when confronted with devastation and war in the media, I tell them to consider supporting Médecins Sans Frontières. Giving to Médecins Sans Frontières is a way to make a small difference and even save lives.”

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

After 18 months of conflict, Yemen remains a full-blown humanitarian emergency. Despite a short reduction in fighting due to peace negotiations, airstrikes and ground fighting have fully resumed, with devastating consequences for the civilians. All armed actors involved in the conflict, including the Saudi-led Coalition and the Houthis, are conducting this war and carrying out indiscriminate attacks without any respect for civilians or civilian infrastructure such as hospitals.



© Jessica Chua

Australian Doctor Jessica Chua at work in Yemen.

Médecins Sans Frontières health facilities alone were hit four times. The UN reports that over 600 health facilities in the country have stopped functioning due to damages or lack of staff and supplies, affecting the access to healthcare of millions of people.

Wollongong based doctor, Jessica Chua, has been working in Yemen as a Medical Activities Manager for the past five months.

Since March this year, I've been working at the hospital in Ibb Governorate where Médecins Sans Frontières runs a surgical project which is shared with the Ministry of Health. We operate an emergency room (ER), operating theatre and in-patient department with 50 beds.

The emergency department receives patients locally as well as referrals from nearby Taiz.

The ER has capabilities to perform advanced life-saving measures, with the spectrum of cases seen ranging from trauma due to road traffic accidents, gunshot wounds, acute surgical conditions, to maternal and neonatal care.

The medical needs are great. Aside from the life-saving emergency surgery, there is a growing need for maternal and neonatal care in this community. This includes antenatal care and monitoring, vaccinations against preventable diseases, newborn care, postnatal support and education. Unfortunately we are seeing an increase in the number of sick newborns presenting to the ER from complications relating to poor antenatal care, unhygienic birthing conditions both at home and in other hospitals, and difficult home births. These special populations are a particularly vulnerable group as the health education level of the women here is low but they are the main caregivers in the community.

One patient I treated was a newborn girl who was brought to the ER by her father after he noticed a yellowing of her skin and a high fever. She had neonatal jaundice due to omphalitis, which is an infection of the umbilical stump, as well as severe tetanus.

She was unable to go to neonatal unit and the father was too poor to pay for hospital care. If Médecins Sans Frontières could not do anything, he was going to take the baby home to die. She was born at home to a poor family. The mother could not access antenatal care, and did not receive routine antenatal vaccinations. The toxin from the tetanus bacteria caused painful, uncontrollable muscle spasms. These muscles spasms were so severe that the baby's breathing muscles seized up and she was unable to breathe.

We administered the necessary medications and antibiotics to counter the effects of this tetanus toxin, and kept the baby in the Intensive Care Unit. It was heart breaking to watch her have constant painful spasms in all her muscles, so much so that she would stop breathing. She had to be resuscitated multiple times. Despite the dedicated efforts from the medical and nursing teams, this child succumbed to the disease after three days. Sadly this condition would have been preventable if her mother had access to antenatal care and vaccinations – all of which is less accessible due to the ongoing conflict.

Fortunately it's not all sad stories. We had one eight-year-old boy who came in with multiple injuries from a bomb blast in Taiz.

He had unimaginable wounds – with an open fracture on his left femur, leg and jaw – and must have been in excruciating pain. We ended up amputating his right leg, and doing a laparotomy for a liver injury, and chest drain for haemothorax (blood in the space between the lungs and the ribcage) from a piece of shrapnel, which had pierced his lung. Yet despite all these injuries, I got to see him recover. Every day he would sit with his elder brother, who never left his side since the day his of his admission. Both of them would work quietly on colouring in letters and numbers from a workbook. Later they had a visitor, another child from the next ward. Both of them were chatting together and this boy was actually encouraging his visitor to be strong and recover.

Médecins Sans Frontières initiated medical and humanitarian operations in Ibb Governorate in mid-2015, with the aim of providing good quality emergency health care and lifesaving surgeries as well as in-patient hospitalisation for the most severe medical conditions caused by the country's violent frontlines. It is one of the most densely populated regions in the country with the catchment population estimated to be five hundred thousand inhabitants.

BY JESSICA CHUA

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



MÉDECINS SANS FRONTIÈRES HAS 190 NATIONAL STAFF AND 14 INTERNATIONAL STAFF IN JAHUN



1,395 NEWBORNS WERE ADMITTED FOR CARE

IN 2015 MEDECINS SANS FRONTIERES CONDUCTED:



x250 GREATER MATERNAL MORTALITY RATES THAN IN AUSTRALIA

MATERNAL MORTALITY RATES ARE ESTIMATED AT 1,500 PER 100,000 LIVE BIRTHS IN NORTHWEST NIGERIA, DOUBLE THE NATIONAL AVERAGE. MATERNAL MORTALITY IN AUSTRALIA IS 6 PER 100,000 LIVE BIRTHS

Dr Carlos Pilasi and Dr Yukiko Bono perform emergency obstetric surgery in Jahun, Nigeria.



Emergency obstetrics in the field

A mother and her newborn child in the MSF run maternity ward at Jahun Hospital, northern Nigeria.



Rural northwest Nigeria has the poorest maternal and newborn health indicators in the country¹. Yet the provision of emergency obstetric care to women can save their lives—as well as the lives of their newborns. Without skilled attendance at the time of delivery, mother and child also face a higher risk of illness or life-long disability: for example, vesico-vaginal fistula in the mother or cognitive impairment in the baby.

In the small town of Jahun in northern Nigeria, Médecins Sans Frontières has been running a comprehensive emergency obstetrics and newborn care hospital since 2008. Care is provided for free, year-round. Médecins Sans Frontières National Staff share stories from Jahun Hospital, Nigeria.

1. National Population Commission 2014



Samuel Uduma Operating Theatre (OT) Supervisor

“Every day I wake up and feel so happy that I work for Médecins Sans Frontières,” said Samuel Uduma.

“I started as an OT nurse. After less than one year, when my supervisor was on leave, I was asked to act in his place. When he came back he resigned, the position was open, so I applied and at the end of the day I was the successful person to become the OT supervisor.”

Samuel’s department consists of the Operating Theatre and the Sterilisation Unit. His team includes the OT nurses, the sterilising technicians, nurse anaesthetists, and the hygiene officers.

“Women don’t have access to good health care. When they are pregnant or go into labour, they don’t have access to health care where they can be helped in case they are not able to deliver on their own. So, they’re going in to labour for so long a time and having prolonged labour, obstruction of labour and this leads to fistula,” Samuel said.

Understandably, the project’s reputation has spread widely and now receives approximately 1,000 maternal admissions every month. Women come from as far away as the capital Abuja to the south, or cross over from conflict-ridden Borno state to the east, Kano state to the west or from neighbouring countries like Niger to the north. The reasons are simple: “They know here they can get, first, free health care. Second, they trust our management; they know that Médecins Sans Frontières adheres to international standards,” Samuel said.

The quality of care has given Samuel a deep satisfaction in his role.

“Every day I wake up and come to work, I feel so fulfilled. I’m able to help people every day. I’m able to put smiles on people’s faces, able to give hope to people who are hopeless.”

“It gives me a lot of joy to work with Médecins Sans Frontières.”



Unity Sylvester Vesico-Vaginal Fistula (VVF) Nurse Supervisor

“Once you have VVF you’re isolated from the community,” said Unity Sylvester.

VVF, or vesicovaginal fistula, is a devastating injury usually caused by obstructed labour. As the baby’s head presses against the birth canal, the surrounding tissue eventually dies, creating a hole between the vagina and the bladder or rectum, through which urine or stool leaks continuously.

“You don’t go out. Nobody wants to associate with you. You’re just isolated in the house; your friends don’t visit you anymore. Your husband can even divorce you,” Unity said.

The fistula will never heal naturally and, more often than not, the baby will be stillborn, adding yet more suffering for the mother.

“In this part of the country many of the women don’t go to antenatal clinics and in these northern parts—they’re mostly rural areas—they get married early. Girls get married at 12, 13...it’s a risk factor for VVF,” Unity said, referring to how at that age girls are still growing and their pelvis and birth canal may be too narrow to deliver a baby easily.

Women travel from neighbouring states – and even neighbouring countries – to reach what is known as ‘Jahun Paradise’.

“Most of them are not very much well-to-do,” Unity said, understating the poverty of the region.

“That’s a source of attraction. Many who leave here give testimonies: ‘You can go there, they attend to you for free and you can get maximum care, more than you can get from other facilities in the country,’” she said.

“So instead of going to nearby hospitals where they pay money and get less attention, they prefer to take transportation down here with the money they have. It’s free and you get quality care.”



Dr Uche Daniel National Maternity Medical Doctor

“Jahun, Jahun, Jahun...they call it Jahun Paradise,” said Dr Uche Daniel excitedly.

At 32 Uche is a young doctor, but with the sheer number of obstetric admissions Jahun receives, his experience level is high, varied and growing rapidly.

Uche cites his training and upbringing as creating an interest in helping others, and a desire to work for an organisation that would “help people’s life, to save people’s life and provide help when needed to those who really need it”.

“I actually felt like I would be pleased someday to be part of Médecins Sans Frontières,” Uche said. For the past 16 months, he very much has been.

“Getting to see that humanitarian experience from Médecins Sans Frontières; selflessness, providing help to those who need it, those less privileged who don’t have anybody to provide for them. I must tell you what Médecins Sans Frontières is doing, the communities that are receiving the services, they really appreciate it. Médecins Sans Frontières is doing good,” he said.

But working in Jahun is not without its challenges even for national staff working within Nigeria.

“Most of us are not from this part of the country, we’re from the southeast and south,” Uche explained.

“Coming to an environment that’s not your environment, getting to know the people, trying to learn the language to interact with the patients, and find what to eat is somehow difficult. But because of the determination to care, we are happy with the job we do with Médecins Sans Frontières and are enjoying the environment.”

Meanwhile, the positives are simple for Uche. “The good thing is Médecins Sans Frontières” he said. “That’s the good story about it!”



Field Role: Construction Supervisor

Our logisticians are engineers, construction managers, architects, farm managers, water and sanitation experts, project managers and more. They manage teams and interact with local suppliers, authorities and other organisations.

NAME: Christopher Lee

HOME: Sydney, NSW

Médecins Sans Frontières Field Experience

• Oct 2015 - March 2016
Monrovia, Liberia (first mission)

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

“The most challenging and personally rewarding experience of my career”



Christopher Lee at work as a logistician in Monrovia, Liberia.



The finished fire escape.

Why did you think your skills would be useful to Médecins Sans Frontières?

My background is in civil engineering; I studied that at university and later worked as a construction engineer for about 10 years. From my early days as a construction engineer, I remember having to deal with a lot of different people and practical situations and turning my hand to basically anything to solve problems and get the work done. I had technical skills and also organisational and problem-solving skills, and I thought that sounded like the sort of thing Médecins Sans Frontières was looking for in a logistics person.

How were your skills used within the field?

I expected to be given a more general logistics role in a place like South Sudan, helping with water or electricity supplies, but Médecins Sans Frontières had a particular engineering problem for me to solve – constructing a steel stairway. This stairway was a fire escape for a new children’s hospital in Monrovia, the capital of Liberia. The hospital had been converted from a block of units and had inadequate access and escape options, so they requested a second set of stairs on the side of the building. There was not really anybody else around at the time that had the skills to do it, so I was pleased to find a role that particularly matched my skills.

How challenging did you find the project?

Initially it sounded like a simple job from Sydney – ‘just build a fire escape’, but it was in fact a significant project. It is three storeys high, contains six tonnes of steel and has a total design loaded weight of 30 tonnes. In addition to the build there were also contract documents to prepare and a tender process to go through. I found it professionally very challenging. I hadn’t done any engineering design for years, so I had to go back to basics to my civil engineering training experience which was great. And with google these days it is amazing how you have access to good practical information.

Are there any anecdotes from your time making the stairs?

There was one interesting little aspect of this construction job. The stairway itself was put up on the outside of the hospital and to do this we had to provide safety lines and some lifting equipment from the top of the building. The only way we could do this was through the window of one of the wards. So regularly we would be walking in and out of this little ward past a mum and her baby putting ropes in and out of the window. By the end they were very much involved, and watching the work going on through the window and asking if the ropes were strong enough and checking everything was okay.

So it was that contact with the patients which I enjoyed very much.

Would you encourage others to consider a fieldworker role with Médecins Sans Frontières?

I would really encourage people who believe they have these sorts of skills to give it a try with Médecins Sans Frontières. It has been the most satisfying, challenging and personally rewarding experience of my career. You learn from the people that you work with and the local people have been an enormous help. The thing that I enjoyed most about my logistics work was supporting the medical professionals to deliver the service to their patients. It is incredibly satisfying to be able to solve practical problems and provide good infrastructure and good support, especially when you can see other professionals delivering a great service and having their life made easier.

Would you go back again?

I hope I will do another mission with Médecins Sans Frontières. Whether it involves technical engineering or something else, I’d be happy to do whatever is needed and fits my skill set. I think one of the great things about logistics and other support personnel is that you are supporting other people who are delivering a really important service.

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WE ARE RECRUITING LOGISTICIANS

Interested? **MSF yes!**

msf.org.au/yes

MEDECINS SANS FRONTIERES DOCTORS WITHOUT BORDERS



MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

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A baby from Libya is rescued from a wooden boat by Médecins Sans Frontières and the Bourbon Argos in the Central Mediterranean.