THE PULSE

BRINGING MEDICAL HUMANITARIAN ACTION TO YOU

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

SEPTEMBER 2023

RESPONDING TO MALNUTRITION:
Why MSF is raising the alarm

THE ROHINGYA:
Action needed for an assured future

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Cover: Rabi Auwali and her 10-month-old daughter Baraka at the MSF-supported outpatient therapeutic feeding centre in Kebbi, northwest Nigeria. © MSF

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.

Today Médecins Sans Frontières is a worldwide movement of 24 associations, including one in Australia. In 2022, 130 field positions were filled by Australians and New Zealanders.

Médecins Sans Frontières Australia acknowledges the Gadigal peoples of the Eora nation, the traditional owners of the land on which our office is located. We recognise their ongoing custodianship of land, waters and culture. We pay our respects to Elders past and present.

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We must come together for the Rohingya

Six years since their mass expulsion from Myanmar, the situation for Rohingya refugees in the Cox's Bazar camps, Bangladesh, has passed tipping point. In August, executive director Jennifer Tierney visited Cox's Bazar to meet with MSF staff and community members. Aman Solim Ullah* is a Rohingya man and MSF staff member living in the camps.

Jennifer:

On the day we visited the camps, there were torrential rains. We waded through deep water as we passed people's shelters that were completely flooded. We heard a landslide had killed a woman and child. It was shocking, but a 'normal' rainy season occurrence for this community of at least one million people living behind barbed wire, in shelters of bamboo and tarpaulin.

One woman invited us into her home, grabbing the opportunity to show somebody, anybody, what she was suffering through. I'd like to share what she said with you. She was a single mother with eight children living in one dark room with a dirt floor and a leaking ceiling, as no repair kit had been provided to her for two years. Her anger in response to this was palpable.

Her food rations had been cut to US$8 per month. As a result, she and her children were living on rice, oil and salt alone, and she had to use some of that money to pay someone to fix the latrine and water point which were unusable after they'd been flooded with garbage. As the Rohingya are not allowed to work, the ration was her only resource.

She and other women we met described the lack of transportation inside the camps, including instances of women and children dying during childbirth either at home or while trying to reach a health facility. This woman's story is not unique. After seeing the camps, and talking with colleagues such as Aman, it is clear to me that disease and living conditions have truly reached a level that is unacceptable and inhumane.

"We are like a floating people."

Right now, 40 per cent of people in the camps have scabies, a skin disease caused by mites that can be devastating on quality of life. The prevalence in some of the camps is as high as 70 or even 90 per cent. MSF teams have been treating huge numbers of patients with the disease, but it's also essential to wash clothing and bedding at the same time—something almost impossible in the current conditions.

Our medical teams have seen an increase in severe malnutrition in the last 18 months among Rohingya patients over five years old. Alongside ration cuts, this is extremely concerning. The health posts inside the camp are often unstaffed, or not stocked with the medicines people need. This means they are driven to seek basic healthcare with MSF, when we should be focusing our energy and resources on our core activity, emergency care.

▲ Aman Solim Ullah looks over the Cox's Bazar camps towards Myanmar. © Victor Caringal/MSF

▲ Jennifer Tierney visits MSF's Kutupalong hospital in Cox's Bazar. © Eloise Liddy/MSF

MSF is providing 40 per cent of the medical care in the camps, but we are reaching capacity. We're witnessing the crunch as donor funding is reduced in the camps, under the assumption that the situation is stable after six years. But this is far from the truth.

Governments and agencies need to shore up basic healthcare in the camps, and we must come together to tackle the conditions so that people can have some sort of basic dignity and survival. But beyond that, we need to urgently work towards a future where the Rohingya are not contained in camps.

Aman:

In my role with MSF, I am working with community members to support MSF's work in the camps and ensure their voices are heard in designing our activities.

As Rohingya, we compare our situation to the proverb about water off a taro leaf. No matter how the water falls down the leaf, it will leave no trace. We have been living in Myanmar since hundreds of years back; when we were driven away, no mark remains. Like the water off the taro, we are like a floating people.

Life in the camps is getting worse and worse. In terms of health issues, as well as diseases like scabies, there are chronic diseases like hepatitis C that are very difficult to manage here. Medication is expensive, and we cannot travel outside the camp—sometimes even leaving to go to the health facilities outside the camp is forbidden.

Transportation was banned in the camp last year. Sometimes, we find sick people lying down at home because they don't have people to carry them to the hospital, or they don't have the money to pay for this.

Our food rations were cut from US$12, to $10 and then $8. Can you imagine how a person survives on US$8 per month?

I worry about the young generation. A lot of young people are fleeing the camp, trying to reach Malaysia, Indonesia or other countries by boat. We don't get the opportunity to work here, and it is very hard for children to be educated—this makes people desperate to leave. Human traffickers are targeting young people; we hear of people being kidnapped for ransom. Many families are suffering this.

MSF's medical care in the camps is essential. But we are also doing other work to ensure we as Rohingya are not forgotten. Recently, MSF worked with Rohingya bamboo weavers, storytellers and children in the camps to create a story-panel for children and families who are being treated in MSF facilities. The story-panel was based on a *kyssa* (a Rohingya folktale). *Kyssa* is what we have been hearing from our grandfathers… it brings the new generation cultural awareness.

Leading up to the six-year anniversary, we brought children, families and MSF staff together for *kyssa* gatherings with storytellers and the story-panel, to share our stories and culture. The children made their own drawings to express their culture too.

This project will make us lighter of feeling, reminding us, and connecting us with our heart to the land. That connection is separating little by little, particularly for the young generation. I am really impressed with the children's involvement, because they are our future. After some years, we will move on, and the culture could disappear easily.

Even though we suffer for five decades, we are still resilient. Even though our land was confiscated, we are still strong enough to survive.

Jennifer Tierney
Executive Director,
MSF Australia

Aman Solim Ullah
MSF staff member
in Bangladesh

*Name has been changed.

SOUTH SUDAN

Football brings the community together in Abyei

A small idea – a multi-day football tournament – made a big difference to locals in Abyei town, Abyei Special Administrative Area, a contested area between South Sudan and Sudan.

The tournament featured 12 teams, including a newly formed MSF team, all playing on one field.

"We were surprised by the number of people from the community who came out to watch each match, especially when the MSF team was playing," says Abdulrahman Khaleel, MSF project coordinator in Abyei. "The final match was attended by a large audience including the head of local government in Abyei."

"This kind of activity brings us miles ahead with our efforts to approach the community and youths," he continues. "I won't forget the moment when a team member approached me and said: 'This was a great idea. People are now talking about the tournament, not the war and conflict.'"

MSF has provided medical care in Abyei Special Administrative Area since 1997. Following intercommunal violence in Agok in 2022, with some 70,000 people displaced from their homes, we moved our operations from Agok to Abyei town and Twic county to continue supporting the displaced community. Support that includes the benefits of communal football in 2023.

MSF team members watch the play on the football field in Abyei Special Administrative Area. © MSF

A 'tuk-tuk ambulance' donated by MSF to a volunteer paramedic group inside Jenin's refugee camp in July 2023. © Louis Baudoin-Laarman/MSF

PALESTINE

Turning golf carts into ambulances

Between 3–5 July, Israeli forces conducted a military raid in Jenin that left 12 dead and brought considerable damage to the city's refugee camp. MSF teams provided care at Khalil Suleiman hospital, treating over 159 patients of all ages, many with gunshot wounds.

Military bulldozers destroyed multiple roads, making it nearly impossible for ambulances to reach patients. Palestinian paramedics were forced to proceed on foot amid active gunfire and drone strikes.

"Raids on Jenin camp have started to follow a familiar pattern – ambulances are rammed by armoured cars and patients and healthcare staff are routinely denied entry and egress to the camp," says Jovana Arsenijevic, MSF operations coordinator in Jenin.

"What we see is that the hospital where we are treating patients has been struck by tear gas canisters. Medical structures, ambulances and patients must be respected."

To maintain access to healthcare, MSF has donated golf carts repurposed as tuk-tuk ambulances to a volunteer paramedic group inside the camp. These allow drivers to navigate the narrow camp alleys that regular ambulances cannot reach. During raids such as those in July, the group provides the only medical support inside the camp.

MSF has worked in Palestine since 1989.
We have medical humanitarian operations in Jenin, Nablus, Hebron and Gaza.

AFGHANISTAN

MSF opens eight new health facilities in Bamyan

Access to healthcare in Afghanistan is challenged in every way. Forty years of conflict, disasters and epidemics, including COVID-19, have combined into a complex humanitarian crisis. Pressure has been steadily building on an already undersized, over-burdened public health system since the curtailment of foreign funding in 2021.

Rural areas lack primary medical infrastructure and patients must travel long distances for treatments. The cost is too high for many. Women experience even more barriers than men, with restrictions on their freedom of movement and on their ability to work and study. In Bamyan, a mountainous province in central Afghanistan where most people live in small, remote villages, more than 40 per cent of new mothers delivered their babies at home without professional assistance in 2022.

In response, MSF has opened eight new health facilities in Bamyan, we will extend our services in the region in the second half of 2023.

MSF TEAMS IN BAMYAN HAVE:

Provided 1,200 antenatal and postnatal consultations

Provided 400 paediatric consultations

Screened 2,000 children for malnutrition

Sakina is the first child born under the care of a midwife in the MSF-supported community health facility in Band-e-Amir in Yakawalang, a remote district in Bamyan Province, Afghanistan. © Nava Jamshidi

Children, families and MSF staff engage with storyteller Mohammed Rezuwan Khan during a *kyssa* gathering with the story-panel in the Kutupalong hospital. © Eloise Liddy/MSF

BANGLADESH

A co-designed story-panel for Rohingya patients

In June 2023, MSF and a social designer worked in collaboration with members of the Rohingya community in the Cox's Bazar refugee camps, including weavers, a storyteller and young artists, to create a story-panel for young Rohingya patients in MSF's care.

During a workshop, the young Rohingya artists listened to several *kyssa* (traditional Rohingya folktales) told by the storyteller, and selected one that would be illustrated by the story-panel.

The weavers, social designer and MSF staff then brought the panel to life, collaborating to create a new technique of bamboo weaving which created frames, which were then filled with paper panels painted in watercolours by the young artists.

At the start of August—in the lead up to the date marking six years since the mass exodus of Rohingya people from Myanmar—a group of young patients, their families and MSF staff gathered around the story panel for the first *kyssa* storytelling session in the MSF Kutupalong hospital. Through the process of the panel's making, and future storytelling sessions, MSF and the community intend to provide ongoing opportunities to practice and value Rohingya culture, bear witness to the Rohingya experience, and provide platforms for mental health discussions in the hospital.

Beyond hunger

MSF teams have been witnessing a concerning rise in malnutrition and other linked health crises in many of the places where we work. Patients and staff share their experiences.

▲ A mother with her twin daughters, who are being treated for malnutrition in the MSF-supported Gummi general hospital, Zamfara, northwest Nigeria. © Ehab Zawati/MSF

"By the time a child is admitted to our hospital with malnutrition, it's not something that food can fix," says Charity Kamau.

Charity is project coordinator for MSF at our hospital in Bentiu camp, South Sudan, where catastrophic floods covered the areas surrounding the camp earlier this year, cutting off road access and essentially making the camp an island. None of the 112,000 people living in the camp could leave, to grow crops, buy food or find work.

"If one small thing goes wrong for a family here, they won't have enough to eat. Mothers often resort to feeding their families on waterlilies," says Charity.

"Every day in our hospital, we see malnourished children in a critical condition. Usually they are admitted with malaria, or measles, or infections like pneumonia. Malnutrition makes children more likely to become sick with other diseases, and also means the disease is likely to be more severe and life-threatening."

In Bentiu, often families come to the hospital seeking care for several of their children. "Malnourished children [who are sick with another illness] need more care and more time to recover than children who are well-nourished, and they are more likely to get sick again."

"Malnutrition isn't just about hunger. Once a child has become malnourished, their immune system is weakened and they can't fight off infectious diseases as they would normally. So it's not just about providing food. [Severely malnourished children with complications] need medical care and specialist expertise. They need to be stabilised, they [may] need antibiotics, they need fluids. On top of all this, they need vitamins, specially formulated therapeutic milk or food, and vaccinations to protect them against further infection. All of this is what MSF is able to provide." **MSF doctor, Jenna Broome**

Three key trends emerging

Malnutrition is one of the greatest threats to global public health. Nearly half of all deaths among children under five years are linked to undernutrition, according to the World Health Organization.

MSF teams are currently witnessing concerning malnutrition, and other linked health crises, in several of the places where we work. In 2022, our worldwide activities in response to malnutrition increased in volume by 50 per cent compared to 2021.

In Afghanistan, Nigeria, Somalia, South Sudan, Sudan and Yemen, MSF teams are witnessing that conflict and displacement, cuts to humanitarian assistance, the climate emergency and historically high food and energy prices are aggravating malnutrition.

Across these countries, we are seeing three key trends that are negatively affecting health and nutrition for communities: a lack of malnutrition detection and treatment; peak malnutrition seasons which begin earlier and last longer; and increasing outbreaks of infectious diseases such as measles and cholera.

Responding to hunger crises in Nigeria

In northwest Nigeria, in recent years, escalating levels of violence have helped turn an alarming malnutrition situation into a full-blown crisis. Armed groups regularly raid towns, loot property and kidnap local people for ransom. Many residents have fled their homes for safer areas. Others have stayed but are unable to access their farms or places of work due to the worsening insecurity. People in need of medical care face challenges reaching health centres and hospitals because of the risks of travelling on unsafe roads.

There are also earlier and longer malnutrition peak seasons. This year, in Kano and Zamfara states, where our teams usually begin admitting higher numbers of patients to inpatient therapeutic feeding centres in May, cases began to rise in February this year—before the start of the hunger gap (the annual period when food stocks from the previous harvest traditionally run out).

MSF staff working in northwest Nigeria say that children who recover from severe acute malnutrition often need to be readmitted to a feeding program later, as their families struggle to find enough food to keep them healthy at home and avoid their deterioration again. This means some children are stuck in a cycle of malnutrition from which it is difficult to escape.

Due to the insecurity and poverty, many children are not receiving all their vaccinations, and MSF staff have seen rising numbers of preventable diseases like measles which weaken children's immune systems further. MSF is working in 35 outpatient and 10 inpatient therapeutic feeding centres across Kano, Katsina, Kebbi, Sokoto and Zamfara states in northwest Nigeria.

▼ Nutrition support officer Safaratu Tambaya pours therapeutic milk into containers for patients at MSF's intensive therapeutic feeding centre in Maiyama General Hospital, Kebbi, Nigeria. © KC Nwakalor

“Witnessing my child’s recovery brings me happiness”

Murjanatu’s son Umar is being treated at an MSF inpatient therapeutic feeding centre in Katsina, Nigeria.

Umar was sick, suffering from vomiting and watery diarrhoea. I took him to a clinic in Yaddara and we were referred to this hospital for care. I must say that the medical staff took excellent care of him, and he has made a remarkable recovery. He’s eating well, moving around and getting the attention he needs.

Our household has eight children, including the seven children of my husband’s other wife, my husband and me. My husband works as a farmer and works all year round. I sell millet pap (a local dish) in the morning and cook and sell food in the evening.

Unfortunately, our village is plagued by insecurity. We were attacked once and lost our livestock, poultry, clothing, mattresses, and even food items. This has greatly affected our livelihoods. The medical staff who used to vaccinate Umar when he was younger have now left due to the insecurity.

We eat maize meal for our morning, afternoon, and evening meals. However, we were informed that Umar is suffering from malnutrition, likely because of the diet we’re following. We will need to purchase the food recommended by the medical staff here, including moringa, eggs, vegetables, and beans, which we don’t have at present.

[Here at the hospital] Umar is fed with milk, given his medications on time, and his mouth sores are being treated. The wounds on his body are constantly cleaned, and medication is applied to aid the healing process. We lack nothing here, and witnessing my child’s recovery brings me immense happiness.

Women and a baby enter an MSF-supported community health facility in Bamyan, Afghanistan, where MSF provides malnutrition screening alongside basic maternal and paediatric care. © Nava Jamshidi

Testimonies of difficulty in Afghanistan

In a survey of more than 200 patients, caretakers, MSF staff and Ministry of Public Health staff in five provinces of Afghanistan in 2022, MSF heard that economic challenges are at the heart of the humanitarian crisis in the country and are contributing greatly to the difficulties people face in accessing healthcare.

"It's difficult. We are between fire and water," says one male MSF staff member about the current situation. "Before we had the security problem, but now we face the economic problems. It's more difficult to access food. The real problems are the lack of jobs and food is more expensive."

A total 95 per cent of survey respondents reported facing difficulties in affording food over the past 12 months.

MSF has seen soaring numbers of severe malnutrition cases, including in admissions to our inpatient therapeutic feeding centres in Boost hospital, Helmand, and in Herat. The rises are likely due to several factors including a broken economy, climate shocks such as drought and floods, and insufficient availability of medical assistance for health conditions that can exacerbate malnutrition, such as measles.

Women and girls appear to be disproportionally affected by the general impacts of malnutrition. Some accounts from the survey suggested that when there is not enough food for everyone in a household, women and girls may be deprioritised.

"Sometimes mothers are so malnourished they can't produce milk for their children. We see them putting tea in bottles to give to newborn babies of only seven or eight days, which can be very dangerous," says Hadia*, an MSF medical staff member in Herat Regional Hospital.

MSF is continuing to work in seven provinces in Afghanistan. Last year, we admitted 9,170 severely malnourished children with complications to inpatient feeding centres and 6,430 of those without complications to ambulatory therapeutic feeding centres in the country.

What are the solutions?

In light of the three key trends we are witnessing, MSF teams continue to work to strengthen surveillance, screening and treatment of malnutrition as well as diseases such as measles and malaria, including through community-level approaches.

The earlier we can identify and treat acutely malnourished children and address their other health needs, the more we can reduce the likelihood that they will develop life-threatening complications. At the same time, as the numbers of severely malnourished children with medical complications continue to grow, we are scaling up our inpatient activities.

Lifesaving malnutrition treatment supported by primary healthcare, routine vaccinations, community-level health education efforts, food assistance and water and sanitation services are needed to address this crisis. Action can help avoid more children being set back on their early development, and prevent their risk of dying or suffering.

Malnutrition in numbers

In 2022, MSF treated over **half a million children** for acute malnutrition

MSF provides free screening, treatment and holistic care for malnutrition in **more than 70 projects globally**

How does MSF respond to malnutrition?

Strengthening nutrition security surveillance approaches

Routine screening to identify malnutrition early

Programs to treat uncomplicated cases of acute malnutrition at home, with checks at health centre or community-level

Inpatient care for severely malnourished patients with medical complications

A walk through Cox's Bazar

▲ Rohingya people walk back to their shelters carrying supplies from a distribution point. Access to healthcare is also primarily by foot, with limited access to emergency vehicles. The refugee site, housing at least one million people, spans to the far distance. Myanmar's mountains can be seen in the background, reminding the Rohingya of home.

Six years ago, 700,000 Rohingya people were expelled from Myanmar during a violent, targeted military campaign. Many thought they would return home for a few months, but years later they are waiting on solutions, as the situation in the Cox's Bazar camps has passed tipping point.

All photos © Victor Caringal/MSF

▶ Children running through the camps. Many young children have only known camp life. With the forced closure of community-led schools since early 2023, the youngest generation are losing their connection to Myanmar.

▼ Arunn Jegan, MSF head of mission in Bangladesh, walks with Tasman Munro, a community partner, through the camps. MSF's advocacy and outreach teams regularly meet with Rohingya community members and mahji (community leaders) to better understand the healthcare needs and concerns. Currently, many people report struggling with the rations cuts which allocate only US$8 per person, per month for food.

▲ Noyum and son in their family shelter in the camps. The Rohingya rely on bamboo and tarpaulin as the only materials they can use for their shelters.

▲ A camp junction of multiple camp zones. Security incidents such as gang violence often occur at night, during a curfew where international NGOs are absent from the camps. Increasingly, incidents are happening in daylight hours.

◀ Inadequate access to safe water and poor sanitation conditions compound health risks in the overcrowded camps, enabling outbreaks like scabies. Since March 2022, MSF has conducted around 135,000 scabies-related consultations.

A chronicle of survival in West Darfur

El Geneina translates to "the garden", but it's a name that doesn't align with the recent reality. In mid-2023, people in El Geneina, the capital of West Darfur in Sudan, were facing a tidal wave of violence and insecurity, as the country-wide conflict escalated. Sudanese logistics supervisor, Moussa Ibrahim, shared an eye-witness account about the situation.

Since July 2021, I have held the position of logistics supervisor with MSF and have been living in El Geneina. A few days ago, I crossed into Adré, Chad. My trip was necessitated by the communications blackout that we have been experiencing due to internet and communications disruptions. It also aimed to closely establish coordination with the MSF teams based in Adré, which have been on standby and ready to intervene and support local initiatives wherever possible.

The path from El Geneina to Chad is riddled with dangers, as armed groups often patrol and can stop you on your route. There is no guarantee of security. The consequences of the escalating conflict are devastating, with attacks on humanitarian organisations, police headquarters where weapons were stolen, and civilian locations like the local market and the main university.

In these harrowing circumstances, the hospital MSF supported was also looted. All the medical materials were taken, and parts of the hospital were destroyed.

As a humanitarian logistician, it's heartbreaking to witness our efforts developed over the years now shattered. For years, MSF provided medical assistance to all communities in West Darfur, who, due to frequent violent disturbances, would otherwise have no access to healthcare.

In El Geneina Teaching Hospital (the main health facility in West Darfur), MSF managed the paediatric and nutrition inpatient departments, infection prevention control measures, and water and sanitation services. Over the years we witnessed a steady stream of patients coming not just from El Geneina city and the nearest camps for displaced families, but from all over West Darfur.

As a humanitarian logistician, it's heartbreaking to witness our efforts developed over the years now shattered.

Movement in the city is currently limited to proximity around one's house due to the risk of random shootings, snipers and carjackings. Access to basics like water is burdened with danger, and the task of retrieving the bodies of people who have died on the streets has become impossible. During the first days of the fighting, the Red Crescent was able to collect bodies from the streets. However, as the situation worsened, it became impossible to continue this.

Five days ago, access was finally gained but by that point the bodies had decomposed to the extent that they couldn't be removed. Now, the best that can be done is to gather the bodies in a single location.

A university campus where people sought refuge in El Geneina, April 2023.

This situation is unbearable and requires urgent intervention. The negotiations between community leaders and all warring parties must be ensured to bring an end to this horrific situation. Most NGOs have left, but in order to facilitate humanitarian operations by those who have managed to remain in different parts of Sudan, including our teams, who are committed to providing much-needed healthcare to the people, sparing the civilian lives and ensuring the safety of medical personnel and health facilities are an absolute humanitarian imperative.

Due to the extent of the violence in El Geneina, thousands of people have fled the city. Many took refuge in Adré, Chad, where MSF assessed their medical needs and started activities providing medical care, including for many people with gunshot wounds. Many others were stranded in El Geneina, including critically injured people lacking access to healthcare.

Since breaking out in April, the violence in Sudan has killed and injured thousands of people, particularly in Khartoum and Darfur. Millions of people have been displaced within Sudan and to neighbouring countries, and people continue to be uprooted each day. In some areas, camps are overcrowded and the humanitarian and health situation is dire. The overcrowded conditions increase the risk of outbreaks of diseases, such as in White Nile state, where MSF is treating many children with suspected measles complications.

The conflict has made it harder for people within Sudan to access healthcare, with the danger of travelling, shortages of medicines and supplies, and the closure of health facilities.

MSF is working in 10 states in Sudan, running activities including trauma care, maternal and paediatric care and treatment for malnutrition.

▼ MSF teams at Adré hospital in eastern Chad treat Sudanese refugees injured in the fighting. © MSF/Mohammad Ghannam

PASS THE MIC
As part of our commitment to greater diversity and inclusion of voices within *The Pulse*, each issue we are 'passing the mic' to a staff member locally hired in the countries in which we work.

Allan and Noele

Home: VIC

"MSF is one of the charities that my wife and I both feel quite strongly about," says Allan, a retired paediatric psychiatrist and grandfather of two. "It's doing something few other organisations get anywhere near."

"It's taking things to a whole new level when you have an international organisation willing to go anywhere and do anything," says Allan. "And when the immediate crisis has abated, they're still there for the population, in war zones and disaster zones, epidemics and all sorts of things. That's really worthy of support."

For Allan, ensuring that MSF remains always independent, always ready to respond is the most important reason he's chosen to leave a gift in his Will.

"I think if people realise that you're independent and not taking sides, you're just there to help, they are more inclined to allow you to do your work. MSF is for the public, for the ordinary people that are suffering. It's a great humanitarian organisation."

After working in the caring professions for decades, in both frontline and senior teaching and leadership roles, Allan is certain a gift in his Will to MSF is one of the most practical ways he can contribute to the future good of humanity.

"You give it to the people you think will have the biggest impact on the ground."

▶ For more information about leaving a gift in your Will, please visit **msf.org.au/leave-a-legacy**

CLAIRE MANERA

Project Coordinator

Home: Perth, WA (Whadjuk Nyoongar Land)

MSF experience:
Emergency team in Somaliland, Democratic Republic of Congo, Uganda and Haiti.

▾ A patient is transferred to MSF's trauma centre in Turgeau, Port-au-Prince, Haiti. © MSF/Johnson Sabin

Why did you join MSF?

I spent years working with other international non-government organisations and always admired MSF, because they'd go to the places no one else would go. They would get there before anyone else and they wouldn't leave when the going got tough. They're the ones that would stay.

What does it take to be a project coordinator?

You need to believe that you can get through any situation, because everyone looks to you for reassurance. You need to be positive for your team and be prepared to figure it out, even if you don't know what you're doing! When cholera came to Yemen in 2017, we all froze in panic. Especially as there was already a war going on and the country was really suffering.

The Yemeni staff set up the cholera treatment centre within 48 hours by following the MSF guidebook. They did an amazing job. At the start there were 100 patients a day coming through and by the time I left there were none. It was an incredible achievement for the team.

What are the best parts of the project coordinator role?

As a project coordinator, because you are on the ground with the team, you meet people who are really at the core of the project and you are there beside them. A big part of the role is sitting with people and listening to them, because that's the way you get to know what's really going on. Talking to the local commander talking about football is the best way to find out where the fighting is, or hanging out with women in their fields is when they'll tell you what they really need. You meet the bravest people that way and hear their inspiring stories.

How does working on an emergency team compare with working in an ongoing project?

It's exciting and terrifying to work on an emergency team. You always have to be ready to go at short notice and often you don't know what you'll be doing. But MSF has so many experienced people, which means everyone brings amazing ideas to the table. In regular projects, it is more building on what's already there. When we had to open a trauma hospital in Haiti, the population was rioting. Everything was set on fire in the streets, but they would move everything aside to let us through. That's because they knew MSF already from being there for so many years, and they knew we did high quality work.

You have just returned from Kayna, Democratic Republic of Congo. What work are you most proud of from this assignment?

The medical team trained mothers to do nutrition screening themselves with MUAC (mid-upper arm circumference) tapes. It meant that women could monitor malnutrition and would know when to get to the hospital for treatment. We would give children that we admitted to the hospital a kit that included things like a bucket, soap and a blanket to take home. This was something we could offer that was also motivation to come and get treatment. But many mothers were still having to make difficult choices: 'Do I stay where I am and feed my other children or do I walk three hours to seek treatment at the health centre?', often risking their lives to walk alone and very often, facing sexual violence. They don't have money to pay for treatment so it's good that MSF was there to provide this for free.

What keeps you coming back to work with MSF?

There's nothing I would rather be doing than this job and I feel lucky to be able to do it. I sometimes feel more at home when I'm away on assignment, because with MSF, you are all working together to help as many people as you can. And being around all of these amazing people, who have so many different experiences and stories, inspires me to keep doing it.

From conducting needs assessments to managing teams of hundreds of staff, MSF project coordinators plan, manage and develop our projects, ensuring that all the departments work together to provide high quality care. Their responsibilities include implementation of project activities, management of the team including security, and representing MSF on project issues towards local communities, authorities, UN agencies and other non-governmental organisations.

MSF together with a social designer collaborated with Rohingya storytellers, young artists and bamboo weavers in the Cox's Bazar camps in June to create a story-panel sharing Rohingya culture with young patients, families and staff in MSF's health facilities.
© Victor Caringal/MSF

ON ASSIGNMENT

Staff from Australia and New Zealand currently on assignment with MSF.

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

Afghanistan
Finance/HR Manager	ACT, AU
Head of Mission	NSW, AU
Nursing Activity Manager	SA, AU
Head Nurse	NZ
HR Coordinator	NZ
Logistics Manager	QLD, AU

Bangladesh
Head of Mission	NSW, AU
Mental Health Activity Manager	WA, AU
Nursing Activity Manager	NSW, AU
Hospital Director	WA, AU
Paediatrician	NSW, AU
Paediatrician	NSW, AU

Belarus
Medical Advisor	NZ

Central African Republic
Project Coordinator	NSW, AU

Democratic Republic of Congo
Project Coordinator	NSW, AU
Project Finance/HR Manager	NZ

Ethiopia
Project Coordinator	VIC, AU
Head Nurse	QLD, AU
Epidemiology Activity Manager	NSW, AU
Finance HR Manager	NSW, AU
Mental Health Activity Manager	NZ

Haiti
Sexual Violence Program Activity Manager	TAS, AU

India
Project Coordinator	WA, AU
Mental Health Activity Manager	VIC, AU

Iran
Nursing Activity Manager	WA, AU

Iraq
Electricity Manager	QLD, AU
Mental Health Activity Manager	NSW, AU

Kiribati
Project Coordinator	NSW, AU
Paediatrician	NSW, AU
Nurse Specialist Supervisor	NT, AU

Lebanon
Midwife Activity Manager	NT, AU

Liberia
Psychologist	VIC, AU

Libya
Logistics Coordinator	NSW, AU

Malawi
Logistics Manager	QLD, AU

Mozambique
Epidemiology Activity Manager	QLD, AU

Niger
Nurse	VIC, AU
ER Doctor	VIC, AU

Nigeria
Supply Chain Coordinator	NSW, AU
Epidemiology Activity Manager	QLD, AU

Pakistan
Project Coordinator	QLD, AU

Palestine
Psychiatrist	QLD, AU
Nursing Activity Manager	VIC, AU
Medical Doctor	TAS, AU
Personnel Administration Manager	SA, AU
Psychologist	NZ

The Philippines
Deputy Medical Coordinator	NSW, AU
Medical Coordinator	NZ

Sierra Leone
Logistics Team Leader	VIC, AU
Midwife Supervisor	VIC, AU
Finance Manager	VIC, AU

South Sudan
Mobile Implemenation Officer	VIC, AU
Information, Education, Communication and Health Promotion Manager	SA, AU
Epidemiologist Operational Researcher	NSW, AU
Doctor	QLD, AU

Syria
Deputy Head of Mission	QLD, AU
Project Coordinator	WA, AU

Tanzania
Doctor	NSW, AU
Assistant Deputy Coordinator Supply Chain	QLD, AU

Ukraine
Mental Health Activity Manager	SA, AU
Project Coordinator	ACT, AU
Logistics Team Leader	QLD, AU

Yemen
Medical Coordinator	NSW, AU
Deputy Head of Mission	NSW, AU
Orthopaedic Surgeon	NSW, AU
Nursing Activity Manager	VIC, AU
HR Coordinator	VIC, AU
Medical Activity Manager	VIC, AU
Hospital Nursing Manager	NSW, AU
Laboratory Manager	NSW, AU
Medical Doctor	QLD, AU
Nursing Team Supervisor	QLD, AU
Paediatrician	NSW, AU

Various/Other
Regional Medical Advisor	VIC, AU
Logistics Coordinator	VIC, AU
Project Medical Advisor	QLD, AU