

# THE PULSE

BRINGING MEDICAL HUMANITARIAN ACTION TO YOU



MEDECINS SANS FRONTIERES  
DOCTORS WITHOUT BORDERS

MAY 2021

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## ETHIOPIA

PEOPLE SHARE STORIES  
FROM TIGRAY'S CRISIS

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## MALNUTRITION

CARE FOR CHILDREN IN  
CONFLICT-AFFECTED YEMEN



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EPILEPSY  
SUPPORT IN  
EMBU COUNTY



© Robin Meldrum/MSF

Médecins Sans Frontières staff perform emergency surgery in the sterile environment of an inflatable operating theatre, erected inside a converted chicken farm in northern Syria, 2012.

### ABOUT MÉDECINS SANS FRONTIÈRES

Médecins Sans Frontières is an international, independent, medical humanitarian organisation that was founded in France in 1971. The organisation delivers emergency medical aid to people affected by armed conflict, epidemics, exclusion from healthcare and natural disasters. Assistance is provided based on need and irrespective of race, religion, gender or political affiliation.

When Médecins Sans Frontières witnesses serious acts of violence, neglected crises, or obstructions to its activities, the organisation may speak out about this.

Today, Médecins Sans Frontières is a worldwide movement of 24 associations, including one in Australia. In 2020, 107 field positions were filled by Australians and New Zealanders.

### Front cover:

Aster (right, not her real name) attends a Médecins Sans Frontières health clinic at a primary school site for displaced people in Shire, Tigray, Ethiopia. She is eight months pregnant. © Claudia Blume/MSF

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TREATING  
CHILDREN FOR  
MALNUTRITION  
IN YEMEN



TIGRAY:  
"I CAN'T GO  
BACK HOME"



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BY JENNIFER TIERNEY

EDITORIAL

# Papua New Guinea outbreak highlights pandemic inequity



**The best way for the world to win against COVID-19 is to ensure no one is left behind.**

In early March, alarm bells were ringing in Papua New Guinea (PNG) as cases of COVID-19 started to drastically increase. In a few weeks, the number of people diagnosed with the virus had tripled and many healthcare staff had tested positive. The country's confirmed cases stand at more than 8,800 at the time of writing, with around 70 deaths: numbers that Médecins Sans Frontières staff in PNG believe are only a fraction of the real figures due to low testing rates.

Health workers have borne the brunt of the infections, as well as incarcerated people and people working in closed settings like mines. Médecins Sans Frontières tested all our staff working in our existing programs in PNG recently, and almost 40 per cent of local staff tested positive. This is cause for major concern, and threatens our ability to tackle the outbreak and continue care for people with tuberculosis.

Our teams were already supporting the COVID-19 response in PNG in 2020, providing infection prevention and control training and technical advice and boosting testing capacity. Now, we've launched assistance for testing and treatment in Port Moresby, managing the Rita Flynn makeshift COVID-19 facility with 43 beds to treat moderately and severely ill patients.

As we all know, COVID-19 moves fast. In a country like PNG with an already fragile health system, the outbreak is adding an incredible strain. Health facilities are becoming too stretched to provide regular primary healthcare, and medical providers worry COVID-19 will severely disrupt tuberculosis treatment, urgent maternity care and more.

Australia's nearest neighbour has been left behind in the global scramble for COVID-19 vaccines. This is unsurprising given the highly inequitable approach to vaccine distribution. While wealthy countries have pre-purchased millions of doses, low-income nations like PNG have been forced to wait for second-hand donations to protect their health workers and other high-risk groups. Meanwhile, some rich nations started vaccinating their low-risk groups before other countries like PNG had seen a single dose, even as outbreaks flared. A January study by the Economist Intelligence Unit found that more than 85 low- and middle-income countries (including PNG) won't have widespread access to vaccines before 2023.

Although Australia's vaccination rollout has faced hurdles, most of our health workers have been vaccinated and the virus is largely under control. Across the Torres Strait, PNG is facing an active outbreak with uncontrolled community transmission and an overwhelmed health workforce that was unvaccinated even as cases soared. The Australian government initially delivered 8,480 AstraZeneca vaccines to PNG and requested one million vaccines be re-routed there from Europe, and has since committed to share at least 10,000 doses per week. Donating some of our locally produced vaccines is a good step, but it is minuscule on the scale of what's needed. It is too late to contain the current outbreak, but we need to do more, and faster, to stand a chance against future ones in PNG and other Pacific nations.

The best way to protect all of us is to vaccinate health workers and other high-risk groups first, regardless of where they live—this is the call from the World Health Organization (WHO) under its Equitable Allocation Framework. COVAX (a WHO

initiative aimed at distributing vaccines to countries equitably) will go some way towards getting vaccines to countries like PNG, but the deliveries won't be fast enough.

It's not only vaccines that low- and middle-income countries urgently need. They also require other tools for detection, prevention and treatment of the virus, including tests, personal protective equipment (PPE) and oxygen, and training and logistics support for health workers administering vaccines and treatments.

That's why Médecins Sans Frontières is asking the Australian government to throw its support behind an intellectual property waiver that would remove monopolies and barriers to production and distribution of vaccines and treatments. India and South Africa proposed the temporary waiver to the World Trade Organization last year to be applied to all COVID-19 medical tools until we achieve global herd immunity. It's supported by more than 100 countries, but blocked by 10 others, including Australia.

The waiver would contribute to greater supplies of COVID-19 medical tools, as well as allow more affordable options, so that countries like PNG can access what they need before it's too late.

With your invaluable support, Médecins Sans Frontières will continue to work to address the gaps in testing, prevention and treatment of COVID-19. But we need urgent action by Australia and other governments to support the waiver and fast track vaccinations and other medical tools to countries that need them so we can have a chance at protection for everyone, not just those with money.

**Jennifer Tierney**  
Executive Director,  
Médecins Sans Frontières Australia



1 SREBRENICA

# New podcast out

Médecins Sans Frontières has released the *Speaking out: Srebrenica* podcast, the first in a collection based on the Speaking Out Case Studies series. When Bosnian Serb forces besieged the town of Srebrenica in 1993, Médecins Sans Frontières was the only non-governmental humanitarian organisation working in the UN-designated Muslim enclave, or 'safe area'. Around 8,000 people were killed in and around Srebrenica during the siege and the final seizure of the enclave in 1995. The crisis raised multiple challenges and dilemmas related to 'speaking out' for our teams, explored in the podcast through interviews with key Médecins Sans Frontières staff present at the time.



LISTEN AT  
**MSF.ORG/  
SPEAKINGOUT/PODCAST**

2 MYANMAR

# Sustaining care during crisis

Médecins Sans Frontières teams in Myanmar are providing medical care and working to maintain access to vulnerable groups after the military coup on 1 February sparked unrest across the country. Our teams are assessing the needs at protest sites and donating medical supplies to hospitals in Yangon and other locations. We have also treated people injured in confrontations, which have been increasingly violent. Teams are seeing an increasing number of HIV-positive patients from the National AIDS Programme returning to Médecins Sans Frontières clinics (where they were treated before we handed the program over to the Ministry of Health and Sports last year) to refill medicines and for general consultations. Many public hospitals are closed. Our staff are concerned about severe disruptions to healthcare, especially during COVID-19, and the harassment, intimidation and violence against medical staff and the wider community.



3 BANGLADESH



Fire destroyed thousands of shelters in the Cox's Bazar camps. © Pau Miranda/MSF

# Fire engulfs Rohingya camps

A large fire broke out in the Cox's Bazar refugee camps on 22 March, killing around 15 people, injuring 560 and displacing more than 45,000. Médecins Sans Frontières' Balukhali clinic was destroyed by the fire, but all patients and staff were evacuated and we were able to restart clinic activities four days later. Staff treated 11 people who were wounded in two of our other hospitals. The disaster is a major blow for the 900,000 Rohingya residing in the camps, who have faced a sharp deterioration in living conditions in the last year. COVID-19 has further

restricted their freedom of movement, healthcare and humanitarian services have been reduced, and the presence of police, military and armed groups has increased. Médecins Sans Frontières is also concerned about the relocation of about 14,000 Rohingya to Bhasan Char, an island in the Bay of Bengal, since December 2020, where we understand only very basic primary healthcare is available. We are exploring referral networks to ensure continued care and medication for our former patients with chronic illnesses on the island.



OUR ACTIVITIES IN COX'S BAZAR INCLUDE EMERGENCY AND INTENSIVE CARE, PAEDIATRICS, SEXUAL AND REPRODUCTIVE HEALTHCARE, TREATMENT FOR VICTIMS OF SEXUAL VIOLENCE AND CHRONIC DISEASE CARE.

#### 4 WOMEN'S HEALTH

## Empowering women through self-care

On International Women's Day, 8 March, Médecins Sans Frontières highlighted how self-care can improve healthcare access and quality for women and girls. Self-care is changing the face of healthcare, by focusing on equipping and entrusting people to take a central role in their own health. For women and girls in crisis-affected communities, self-care with guidance from a health provider can help them stay well and save lives.



Illustration of a woman performing an oral self-test for HIV. © Carrie Hawks/MSF

SEE OUR WEBSITE FOR STORIES FROM STAFF AND PATIENTS, INCLUDING THOKO, WHO TOOK UP HIV-SELF TESTING IN ESWATINI, AND MORE ON OUR PROGRAMS.

[MSF.ORG.AU/ISSUE/SELF-CARE](https://www.msf.org.au/issue/self-care)

#### 5 PALESTINE

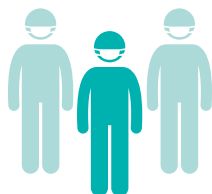


Dr Aysha Halahleh examines a patient in Masafer Yatta village, Hebron, where Médecins Sans Frontières runs a mobile clinic. © MSF

## COVID-19 overwhelms the West Bank

The West Bank is facing another heavy wave of COVID-19 infections. By the end of March, over 20,000 patients were being treated for the virus and medical staff were struggling to provide patients with adequate care as all hospitals reached full or near capacity. Cases had also begun to rise again in Gaza. Around 75 per cent of people with COVID-19 in Palestine have the highly transmissible B117 variant, first detected in the UK. Less than 2 per cent of people in the West Bank and Gaza have been

vaccinated against COVID-19, while around 50 per cent of Israel's population has had a first dose, and Médecins Sans Frontières is calling for urgent increased access to vaccines in Palestine. In Dura hospital in Hebron, West Bank, our teams are treating COVID-19 patients, training staff, providing counselling to patients and families and raising awareness of the virus in the community. We are also supporting hospitals in Nablus and Gaza.



**1 IN 3 COVID-19 PATIENTS** ADMITTED TO DURA HOSPITAL IN THE WEST BANK IS AGED BETWEEN 25 AND 64

### JOIN OUR TEAM

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



VISIT [MSF.ORG.AU/UPCOMING-EVENTS](https://www.msf.org.au/upcoming-events) TO VIEW UPCOMING DATES, REGISTER AND PARTICIPATE ONLINE.

Past webinars are also available to watch back on demand.

**THURS 8 July Recruitment webinar for obstetrician-gynaecologists, anaesthetists and surgeons**



PASS THE MIC  
KENYA



POPULATION:  
52.6 MILLION (APPROX.)

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



LOOK OUT FOR THE MICROPHONE ICON

Between August 2017 and February 2021, Médecins Sans Frontières-supported health facilities in Embu County enrolled **6,150 patients** with chronic conditions including **366 with epilepsy**



© Paul Odongo/MSF

Peter Gitonga (standing, right) speaks with other members of a support group, started by patients with epilepsy as a way to assist each other with their treatment and other challenges.

# Living with epilepsy

**Peter Gitonga is a shop owner in Kanja town, Kenya, who has epilepsy. He receives support from Médecins Sans Frontières' chronic conditions program in Embu County, and leads a support group for other people living with epilepsy.**

**M**y name is Peter Gitonga, I am 41 years old. I was born with epilepsy, though the first time it showed I was nine years old. I had a seizure while in class and had to be taken to the hospital in Kieni, where I was admitted for three weeks. I did not even sit for my grade three exams. I had to repeat the class.

My doctor then prescribed some medications for me, which kept my seizures in check. However, when they ran out, I would start getting seizures again. I didn't like taking the drugs; can you imagine forcing a kid to take drugs? They'd rather not.

I went back to school for two more years, but when the seizures became too much, I dropped out. They would

come mostly at night when I didn't have the drugs. When I fell sick, the seizures would be even worse. The doctor told me to never stop taking the drugs.

### "My wife left me because of this condition"

Since this organisation (Médecins Sans Frontières) came here, I haven't had a seizure. The only issue is that these drugs weigh you down so much that you can't work. You feel drowsy and can't concentrate. Luckily my dosage was changed, so that I take more at night when I'm supposed to be resting [to reduce drowsiness during the day].

My wife left me because of this condition. She found me in the bathroom one time after I'd had a seizure while taking a bath, and she said



© Paul Odongo/MSF

Peter Gitonga

she'd had enough—that living with a person who dies and resurrects every time was an embarrassment to her. When she left two years ago, we had one child who should be about three now. I decided not to marry again.



Epilepsy affects nearly **50 million people worldwide**, but in low-income countries 75% of people don't have access to treatment (World Health Organization)



DEATHS FROM CHRONIC CONDITIONS ARE ESTIMATED TO **INCREASE GLOBALLY BY 17% OVER THE NEXT 10 YEARS**. THE AFRICA REGION WILL LIKELY EXPERIENCE **A 27% INCREASE** (WORLD HEALTH ORGANIZATION)

I bought a motorbike to help me with my errands and the business, but I can't ride alone because I don't know when I might get an attack (seizure). I must go with someone. People also speak ill of me when we get some casual jobs to do, telling the employer that I am disabled and can't do the work. Even when I go to buy stock for my small shop, people talk about me in hushed tones.

### "I go on with my life"

People try so hard to demean and embarrass you, but I go on with my life without an issue. Without stress, you can do anything. When my wife left me, I got really stressed and never thought it would be easy to live without her, but I moved on.

The pills I take have protected me from seizures and now I can go about my business rearing cows and selling small wares in my shop up there to get a little income to sustain myself. I sold one of my cows and bought my motorbike. I also have another business selling ballast (a material used in vehicles and structures). I have employed some young people to work for the business, and we split the profits equally.

**"The pills I take have protected me from seizures and now I can go about my business."**

I've also helped form a support group with other patients who live with epilepsy. We encourage and support each other through the various challenges we face. We have regular meetings to see how everyone is doing, and also started table banking (sharing some money) to support each other financially, including buying medicines during the recent health workers' strikes when we could not access the drugs from the hospital.



© Paul Odongo/MSF

A community health volunteer accompanies a patient with epilepsy en route to her home in Embu County.

## SUPPORT FOR CHRONIC CONDITIONS IN EMBU

In Kenya's Embu County, as in many places around the world, people with epilepsy are ostracised and many people avoid them. "When patients with epilepsy come to the hospital, we laud and support them because it means they have managed to overcome the slurs, fear and humiliation thrown at them by members of the society," says Stephen Kimwaki, a clinician working with Médecins Sans Frontières in Embu.

Therapy can keep epileptic seizures in check, meaning people can live meaningful lives without the fear of experiencing incessant attacks. As well as medication, psychosocial support is an integral part of the treatment. It assists patients with epilepsy and other chronic conditions to stick with their often-lifelong treatment and receive better outcomes, while also helping them to manage other socio-economic challenges that they face.

Médecins Sans Frontières launched support for chronic conditions including epilepsy in Embu County in 2017, and has since focused on testing models of care for epilepsy, hypertension, diabetes, asthma and chronic obstructive pulmonary disease. Our staff work across 11 primary health facilities to provide screening, care and management, mentor Ministry of Health staff and share results with other organisations working with chronic conditions.

Before we started working in Embu, primary healthcare facilities lacked capacity to provide care for people with chronic conditions—meaning most patients had to be referred to facilities far from home. Now, the program's model of care has shown that equipping primary healthcare facilities and their staff with skills and supplies can reduce the huge time, distance and cost barriers faced by patients. People who once would have fallen through the cracks can now access support, but there is more investment needed in drugs and other tools for chronic conditions in Kenya so that patients can receive continuity of care.

# Syrian lives under threat for 10 years

May 2012: Syrians seek safety in Domeez refugee camp in Iraqi Kuridstan, one of the locations in neighbouring countries where Médecins Sans Frontières sets up activities to assist people fleeing. Our teams in Syria open four makeshift medical facilities in the country's north, and we deliver tons of medicines and medical supplies to health centres.

© Michael Goldfarb/MSF



January 2013: A young Syrian refugee looks over mountains near a town of Bekaa Valley, Lebanon, where his family is sheltering in a half-built mosque for fear of spies in town. By the end of 2013, about 1.5 million Syrians were refugees.

© Michael Goldfarb/MSF



© Diala Ghassan/MSF

September 2013: Doctors prepare a patient for surgery in our emergency trauma surgical program in Ramtha, northern Jordan, opened to treat people wounded in fighting in southern Syria. Medical staff inside Syria are exhausted: "Sleeping and resting were an impossible luxury," said Dr S, a young surgeon.



2015: In 12 months, Médecins Sans Frontières counts 94 airstrikes and rocket attacks on 63 health facilities it supports in Syria (only a fraction of the country's health facilities) with 81 Syrian medical staff in these facilities killed or wounded. © MSF



**In 2011, localised protests in Syria shifted into a full-scale war. Ten years on, the conflict continues and needs in the country are huge. Almost 12 million Syrians—half the pre-war population—have been displaced. Médecins Sans Frontières has provided medical humanitarian support throughout the decade, witnessing the impact of the conflict on Syrians struggling to survive.**



© Karam Almasri

April 2016: A hospital in besieged east Aleppo, northern Syria, patched with sandbags after it was hit by airstrikes. East Aleppo becomes the epitome of the Syrian conflict, with every atrocity committed in this one place: siege warfare, the destruction of hospitals, indiscriminate bombing of civilian areas and total disregard for the rules of war.



© Louise Annaud/MSF

April 2018: In northeast Syria, relative calm returns and displaced people begin returning home. In Hassakeh and Raqqqa provinces Médecins Sans Frontières treats hundreds of patients wounded by landmines, booby traps and explosive ordnances littered throughout cities and towns.



© Deilil Souleiman/AFP

October 2019: People flee heavy shelling over towns and villages along Syria's Turkish border after Turkey launches military operations in the north. Médecins Sans Frontières suspends most activities in northeast Syria due to the volatile situation and launches medical care across the border in Iraq to help meet the huge needs.

2021: In the increasingly unsafe environment of Al Hol camp, northeast Syria, 30 people including a Médecins Sans Frontières staff member are killed between January and March. COVID-19 and the economic crisis add further strain to the lives of Syrians.



© Ricardo Garcia Vilanova



# "People can no longer afford food"

Dr Duha Shamsaddin assesses the vital signs of Shakir, a child with severe acute malnutrition and medical complications, in the Médecins Sans Frontières Ad Dahi hospital.

## Malnutrition remains one of the major challenges in reducing child deaths, including in conflict-affected countries like Yemen.

The six year-long war in Yemen has had severe consequences for children. Most Yemenis rely on humanitarian aid to sustain themselves, but the humanitarian response in the country

lacks continuity and is insufficient and underfunded. Families are faced with a disastrous economic situation, and despite their efforts to find work and provide food, many children go hungry.



Ismail

### Road to recovery in Hodeidah

In Hodeidah, the war has disrupted people's access to care. Poverty, lack of transportation and a fuel crisis have increased the challenges for people who live in rural areas and need to attend a hospital. Many cannot reach one on time.

Abdo is a one-year-old child with malnutrition who was admitted to the intensive care unit of Ad Dahi rural hospital, which is run by Médecins Sans Frontières to provide services for people living in Hodeidah and the neighbouring areas. Abdo's father Ismail explains his son's situation.

"The child was sick. He was suffering from diarrhoea and weakness in the body. We [were] in the desert in the Moor Valley where we live, [and] we struggled a lot to reach the main road to bring him to this hospital where doctors treated him. We have been here for a week.

He was admitted to the intensive care unit and then to the inpatient ward. Now, thank God, his health has improved a little and we are waiting for him to fully improve. But we are tired of going home and back."

Dr Duha Shamsaddin is the Medical Activity Manager at Ad Dahi hospital. She describes the condition of paediatric patients as well as the challenges young mothers face.

"Meningitis, diarrhoea, and severe acute malnutrition with complications are still... the main morbidities (illnesses). Seven out of ten paediatric patients admitted to the hospital

are underweight and suffering from malnutrition with health complications.

Many of the mothers, they are less than 18 years old, they weigh less than 40 kilograms, they are malnourished, they lack antenatal care, and they deliver their babies at home. All of this is contributing to increase the pre-term labour and the mortality and morbidity for both mothers and children.”

### More children needing care in Abs

In Abs, Hajjah, Médecins Sans Frontières has seen an annual peak in malnutrition due to a number of factors, but this year’s is worse than previous years. In a six-month period, there has been a 41 per cent increase in cases of severe malnutrition compared to the same period a year ago.

Muriel Boursier is Médecins Sans Frontières Head of Mission in Yemen. She shares the story of Hamdi, one of the 100 children that our teams treated in our inpatient therapeutic feeding centre in Abs in January and February.

“Hamdi is not yet two years old, but this is already his second time as a patient at the Médecins Sans Frontières Abs hospital, in northern Yemen. The first time he was five months old. Now, just over a year later, he is suffering from severe malnutrition with pneumonia. His eyelids are swollen, he has a constant cough and he has a hard time breathing.

Most [of the children here] are under five years old and all are suffering from severe malnutrition. We always see a spike in cases in the hospital around this time of year, but these days it’s worse.

There are many reasons why we are seeing malnourished children in Abs, but most of them are connected to the brutal, six-year long conflict that has plagued



Dr Duha Shamsaddin

## CHILD MALNUTRITION

Malnutrition is the underlying contributing factor in nearly half the deaths of children under five years of age globally. Children with malnutrition experience a weakened immune system, making them more susceptible to illnesses like measles and respiratory infections. Médecins Sans Frontières’ malnutrition work involves:

- **PREVENTION:** In situations where malnutrition could become severe, and to reduce the effects of seasonal food scarcity, our teams distribute nutrition supplements to at-risk children and ensure other disease prevention initiatives like vaccinations and malaria chemoprophylaxis are implemented.
- **SCREENING:** We assess children for malnutrition by comparing their weight-for-height ratio to international World Health Organization standards, and/or by measuring a child’s mid-upper-arm circumference (MUAC).
- **TREATMENT:** Our staff provide children with ready-to-use therapeutic food, which can usually be given to children by their family at home with follow-up appointments at a health clinic. Children with more severe forms of acute malnutrition or with complications must be treated in a hospital.

Yemen since 2015. The war has decimated the economy, destroying livelihoods so that people can no longer afford food to feed their families or fuel to travel to seek work or medical care. Many public sector staff, including medical workers, haven’t been paid in years. Prices are constantly rising; without humanitarian aid, many families would not eat at all.”

*In 2019, Médecins Sans Frontières treated 7,330 children for malnutrition in inpatient feeding programs in Hajjah, Sa’ada, Amran, Ibb and Taiz governorates. There is an urgent need for greater humanitarian assistance in Yemen, to provide families with food and essential services including medical care. Lasting nutritional support programs and improved water access would also help reduce the number of children facing malnutrition.*



## SUPPORTER PROFILE



Jill Dixon : Melbourne, VIC

**Jill has been a generous donor since 2010 and currently does volunteer work with refugees in Australia.**

I have donated regularly to a number of organisations over the years, but Médecins Sans Frontières is my absolute favourite. The contribution their field workers make by providing medical humanitarian aid in countries where conditions must be so difficult at times, and the inspiration their stories generate, is huge.

I am particularly concerned about conflict and the subsequent displacement of people, either within their country or to neighbouring countries and beyond. I do volunteer work with refugees who are either currently in detention or have been recently released. We help to link them up with other agencies and also provide them with direct assistance to find accommodation and employment, meet visa requirements and generally navigate their way around the community.

I am very aware that millions of people have become refugees because of conflict in their home country, with little prospect of returning home or being resettled elsewhere. They all had hopes and dreams that were disrupted due to circumstances beyond their control. I’m glad that Médecins Sans Frontières provides health and medical support to these people, to prevent their situation from deteriorating even further. I am motivated to see the work they do to assist refugees and displaced people all around the world, including in Bangladesh and Syria.

Many countries don’t have access to healthcare of the quality that wealthier countries can supply, but Médecins Sans Frontières can be counted on to turn up and do what they can to help communities. There is no ambiguity about the purpose of Médecins Sans Frontières, and never a shadow of doubt that they are doing so much good.



For more information about becoming a Field Partner, visit [msf.org.au/donation/monthly-donation](https://msf.org.au/donation/monthly-donation)

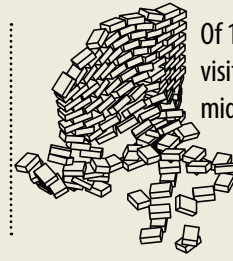


**ETHIOPIA/  
SUDAN**

**POPULATION (APPROX.):**  
ETHIOPIA - 112.1 MILLION  
SUDAN - 42.8 MILLION



**An estimated  
1.3 MILLION PEOPLE  
ARE IN NEED OF ASSISTANCE AS  
A RESULT OF THE TIGRAY CRISIS**  
(United Nations Office for the Coordination of  
Humanitarian Affairs)



Of 106 Tigray health facilities  
visited by our teams between  
mid-December and early March,  
**73% HAD BEEN DAMAGED  
OR LOOTED AND 65%  
WERE NON-FUNCTIONAL**



Bayesh with one of her children, sheltering in a school in Axum, Tigray after fleeing the violence.

# Critical humanitarian crisis in Tigray

© Igor Barbero/MSF

**People who have been displaced by the conflict in Tigray are reporting widespread violence in the region, as well as their need for more assistance.**

“I’ve been here for 42 days now,” says Bayesh. “We haven’t really had a chance to wash ourselves since we arrived. My baby gets sick because of the harsh conditions in which we sleep.” Bayesh is 25 and a mother of two young children. She is also one of more than 77,000 displaced people currently living in informal sites across the city of Axum, in Ethiopia’s Tigray region, having fled the conflict that broke out in Tigray in November 2020.

Bayesh is sheltering in the Basin school. The family has received some food assistance but she’s concerned that their supplies are thinning. “At the beginning I got five litres of cooking oil, 30 kg of flour and 50 kg of wheat. These are all about to run out... I try to share whatever I have with other newcomers, particularly pregnant women.” She adds that the little water they get is mostly used for drinking.

Like many other women here, Bayesh doesn’t know the whereabouts of her

husband and hasn’t had any contact with him for months. It’s possible he is of the 61,000 plus refugees from Tigray who have sought safety across the border in Sudan.

### Urgent need for more aid

In Tigray, primary and secondary schools like Basin school are the current epicentre of a huge displacement crisis caused by the conflict. An estimated hundreds of thousands of people have been forced to leave their homes. Many are now moving into cities like Axum, Shire and Adwa in search of safety and humanitarian assistance as resources become depleted in host communities and remote rural areas, where they were previously sheltering. At the end of March, Médecins Sans Frontières teams were seeing larger influxes of people than in previous months.

The schools and other empty buildings in which people are staying provide a temporary safety net, but there isn’t

capacity for so many people, and the sites lack basic services. “It is an extremely concerning situation because we are not seeing an adequate response from the humanitarian community to address people’s need for water, sanitation, food or medical services,” says Esperanza Santos, Emergency Coordinator with Médecins Sans Frontières in Tigray.

**“I try to share whatever I have with other newcomers, particularly pregnant women.”**

Tigray’s health system, one of Ethiopia’s best prior to the conflict, has almost completely collapsed. Pregnant women are unable to get antenatal or postnatal care, children are unvaccinated, survivors of sexual violence aren’t able to access treatment and people with psychiatric conditions, as well as chronic diseases such as diabetes, hypertension and HIV, are going without the medication they need.

**IN FEBRUARY, 14% OF PREGNANT AND LACTATING WOMEN MEDICALLY SCREENED BY MÉDECINS SANS FRONTIÈRES IN HAMDAYET (ACROSS THE BORDER IN SUDAN) WERE MALNOURISHED**



MÉDECINS SANS FRONTIÈRES  
FIRST WORKED IN  
**ETHIOPIA**  
in 1984

Médecins Sans Frontières teams are rehabilitating health facilities and providing them with drugs and medical supplies, delivering medical support in emergency rooms, maternity wards and outpatient departments, running mobile clinics in rural towns and sites for displaced people, and providing water and sanitation. There are still rural areas in Tigray that neither our teams nor other organisations have been able to access.

We are also providing medical care and water and sanitation at several crossing points and camps in Sudan (see box). Stephen Cornish, Médecins Sans Frontières General Director, recently visited the camps. “[Tigrayans] wanted me to know of the indiscriminate violence, killings, detention and climate of fear reigning in their homeland.”

### Surviving in limbo

Back in Adwa, the roof of the five-storey Tsegay Berhe school is open to the sky, having been hit by rockets early in the conflict.

Ken, a metal welder from the central Tigrayan town of Edaga Arbi (about 50 km southeast of Adwa), arrived at the school with his wife and four children in mid-March. When their town was attacked by Eritrean soldiers in November 2020 they were forced to flee, taking nothing but their clothes. “We fetched water from the river to drink,” says Ken. “Some days we ate nothing. One girl who was displaced with us gave birth, with no doctor around. We had just a bedsheet to offer them, so we made a fire to warm up the baby.”

They attempted to return to their destroyed home, but the feeling of insecurity deterred them from staying there. “Now I have no plans, no idea what my immediate future looks like,” says Ken. “I can’t go back home—how could I go back without guarantees? I feel safer here surrounded by other people.”



To read more stories from patients and staff, please visit: [msf.org.au/stories-news](https://msf.org.au/stories-news)

## SUPPORTING THE FIRST REFUGEES IN SUDAN

**Australian Kiera Sargeant was Medical Coordinator with Médecins Sans Frontières in Sudan until January, and part of the team that responded as people started to flee over the border from Tigray, Ethiopia, in November 2020.**

“We knew from media reports that things were heating up in Tigray. When we heard of the first people arriving across the border, some of our team went to the river crossing point in Hamdayet, Kassala, while the Head of Mission and I went to Um Rakuba, Gedaref, where there were already about 3,000 displaced people forming a camp. We arrived after dark and slept out in the open, as most of the people were, and awoke surrounded by Tigrayans going, ‘What are you doing here?’ We wanted to show solidarity and support them the best we could. Our priority was healthcare and water and sanitation, so over two days we worked with some other Médecins Sans Frontières staff, contractors and labourers to set up a clinic and construct latrines.

On the way to assist in Hamdayet, we stopped by a village makeshift health clinic run by medical staff who had fled a hospital in Tigray, driving an ambulance into Sudan in early November. We provided some initial support and then handed over to another Médecins Sans Frontières team. Once meeting our colleagues in Hamdayet we started a medical screening point on the riverbed crossing point, with a newly-formed team of community health workers and nurses who oriented people as they arrived and assessed them for malnutrition, vaccination status, trauma and wounds requiring emergency treatment.

As the river crossing was two kilometres away from the official reception point, many people were crossing and seeking shelter in the nearby marketplace. We started support for a Ministry of Health primary health clinic there to provide general consultations, maternal healthcare, non-communicable disease care, basic psychological first aid and care for survivors of sexual violence, for both Tigrayans and the Sudanese community who had provided them with water, food, shelter and safety.

The stories we heard from Tigrayans were quite horrific – people seeing friends and neighbours shot and killed in front of them, for example. It was very traumatic for them and they needed to share their burden.”



People shelter in Um Rakuba camp in Sudan, November 2020, where Médecins Sans Frontières runs a health clinic and is constructing a field hospital.

NAME: **Judy Forbes**

HOME: **Christchurch, NZ**



**Field role: Anaesthetist**

In addition to in-theatre work, anaesthetists are responsible for pre-operative assessment and resuscitation, post-operative care including pain management, and for the supervision and training of locally hired staff. They work with patients ranging from people with trauma wounds to women requiring emergency caesareans.

**Médecins Sans Frontières Experience:**

10 FIELD PLACEMENTS, INCLUDING—  
 2009 – Jaffna, Sri Lanka  
 2011 – Peshawar, Pakistan  
 2015 – Tari, Papua New Guinea  
 2017 – Khost, Afghanistan  
 2018 and 2019 – Gaza, Palestine  
 2019-2020 – Mamfe, Cameroon

# “Nothing much fazes me anymore”

**What’s your background, and how did you come to join Médecins Sans Frontières?**

I’m originally from the US, where I did all my professional training, and I’ve lived in New Zealand for nearly 40 years with my husband, children and now grandchildren. I’ve worked for 10 international aid organisations over the years in over 40 countries, everywhere from South America to the Middle East, Africa, Central Asia and the South Pacific. My first assignment with Médecins Sans Frontières was in Sri Lanka in 2009 during the civil war, working in a local hospital providing surgical and other care for refugees and others affected by the violence.

**Could you share a highlight from one of your assignments?**

If you ask me what my favourite job has been, it’s always the last one I’ve had! But Gaza in 2018-19 was a very special experience. Our work in Gaza has a focus on reconstructive surgery for mostly young men with gunshot wounds to their legs, many with resulting fractures and massive soft tissue trauma requiring multiple complex procedures. The equipment in the hospital there was basic but adequate. Despite the violence and occupation in Gaza, life there was busy and vibrant: most nights were noisy with multiple wedding processions, and everyone in the street greeted foreigners with, “You are welcome in Gaza.”

My job was to oversee the local anaesthetist staff members who were technically very competent. The doctors, nurses and anaesthetists there are the most gracious, welcoming people you will ever meet. If you have to do a 16-hour day, there’s no better place!



© Simon Rolin

I’ve been lucky to work with many locally hired colleagues and get to know about their lives and what it’s like to be a health professional in their countries. It’s unbelievable the conditions many have to cope with. In South-West Cameroon in 2019, the situation was so dangerous that none of our Cameroonian colleagues’ families could live in the area. They went for months without seeing them.

**How have you grown personally and professionally throughout your career?**

When I started with Médecins Sans Frontières, my role (as an internationally hired anaesthetist) was to provide the hands-on care. This has changed over the years: now there is a big emphasis on teaching, training and building local capacity. I’ve really enjoyed that evolution. You’re learning at the same time as sharing your skills with someone else; it goes both ways. I’ve also learnt how much you can do with very little supplies, equipment and personnel. Once during an operation in a Christchurch hospital, the whole anaesthetic machine cut out. My heart rate didn’t even go up! With my field experience, I could pick up some old-fashioned equipment to

An anaesthetist (right) and nurse treat a patient with an old bullet wound in Gaza, 2019.

carry on. Nothing much fazes me anymore.

**Do you have any advice for anaesthetists wanting to work with us?**

I don’t know why you wouldn’t! It’s an incredible education to the world. We are in such a tiny microcosm in NZ, and we get little exposure to how most people live. It’s a privilege to work where Médecins Sans Frontières does and to do that alongside communities. I’d also say to fully inform yourself on the context before you go. One of the things I love about Médecins Sans Frontières is that they’ll share all the information you need, and the emphasis on security is very strong.

**What’s next for you?**

I’m in my early seventies, and I’m very energetic, so I’m hoping to get back out soon and do another couple of assignments. Age doesn’t worry me—one of the surgeons I worked with in South Sudan was 75, and he’s the best surgeon I’ve worked with. I hope more people get out of their comfort zone and try a job like this.



## CURRENTLY IN THE FIELD

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

### AFGHANISTAN

**Prue Coakley**  
Project Coordinator  
Enmore, NSW

**Brian Moller**  
Head of Mission  
Rothwell, QLD

**Natacha Maher**  
Nursing Activity  
Manager  
Christchurch, NZ

**Jeffrey Fischer**  
Technical Project  
Coordinator  
Healesville, VIC

### BANGLADESH

**Natasha Allan**  
Nursing Activity  
Manager  
Wairarapa, NZ

**Matthew Gosney**  
Project Finance/HR  
Manager  
Brisbane, QLD

**Isaac Chesters**  
Project Finance/HR  
Manager  
Greenwich, NSW

### DEMOCRATIC REPUBLIC OF CONGO

**Stella Smith**  
Project Coordinator  
Christchurch, NZ

**Rodolphe Brauner**  
Project Coordinator  
Mt Coolool, QLD

**Kaheba Clement Honda**  
Nursing Activity  
Manager  
Guildford, NSW

### ETHIOPIA

**Jeni Flavell**  
Nursing Activity  
Manager  
Kendenup, WA

**Rebecca Smith**  
Nursing Activity  
Manager  
Braitling, NT

### GREECE

**Aiesha Ali**  
Mission Pharmacy  
Manager  
Hassall Grove, NSW

### IRAQ

**Catherine Moody**  
Head of Mission  
Wollongong, NSW

### LEBANON

**Anita Williams**  
Mission Specialised  
Activity Manager  
Narre Warren South,  
VIC

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

**Charlotte Ogilvy**  
Doctor  
Toorak, VIC

**Christopher Binks**  
Nurse Specialist  
Supervisor  
Howard Springs, NT

### LIBYA

**Steven Purbrick**  
Project Coordinator  
Jeeralang Junction,  
VIC

**Chloe Basford**  
Nursing Activity  
Manager  
Woodside, SA

**Kitrina Norrish**  
Laboratory Manager  
Palmerston North, NZ

**Sally Thomas**  
Project Coordinator  
Rozelle, NSW

**Madeleine Anne Habib**  
Logistics Team Leader  
South Hobart, TAS

### MALAWI

**Adam Pettigrew**  
Electricity Manager  
Rockdale, NSW

### MYANMAR

**Sophie Alpen**  
Medical Activity  
Manager  
Island bay,  
Wellington, NZ

**Hannah Rice**  
Sexual Violence  
Program Activity  
Manager  
Mile End, SA

### NIGERIA

**Tanya Coombes**  
Project HR Manager  
Te Puke, NZ

**Chloe Simpson**  
Information,  
Education,  
Communication and  
Health Promotion  
Manager  
Woolahra, NSW

**Kartika Sari Henry**  
Laboratory Manager  
Preston, VIC

### PAKISTAN

**Andrea Atkinson**  
Obstetrician  
Gynaecologist  
Shelley, WA

**Alyson Penny**  
Midwife  
Greenslopes, QLD

### PALESTINE

**Natalie Thurtell**  
Medical Coordinator  
Arncliffe, NSW

**Amal Ibrahim**  
Psychologist  
Glenroy, VIC

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

**Michael Hoey**  
Project Finance  
Manager  
Melbourne, VIC

**Thomas Schaefer**  
Orthopaedic Surgeon  
Lower King, WA

**Rachel Robertson**  
Medical Activity  
Manager  
Queenstown, NZ

**Scarlett Wong**  
Mental Health  
Supervisor  
Cremorne Point, NSW

**Elaine Clark**  
Anaesthetist  
Timaru, NZ

### PAPUA NEW GUINEA

**Kate Neary**  
Project Finance/HR  
Manager  
Gordon, NSW

**Lindsay Croghan**  
Logistics Manager  
Nerang, QLD

**Rebecca King**  
Logistics Manager  
Cleveland, QLD

**Amiee Groundwater**  
Construction Manager  
Northcote, VIC

### PHILIPPINES

**William Johnson**  
Regional Technical  
Advisor  
Padstow Heights,  
NSW

### SIERRA LEONE

**Jeanne Vidal**  
Water/Sanitation  
Team Leader  
Caroline Springs, VIC

### SOMALIA AND SOMALILAND

**Zoe Murray**  
Nursing Activity  
Manager  
Southbank, VIC

**Luke Brouwer**  
Technical Advisor  
Ringwood North, VIC

**Adam Mangal**  
Electricity Manager  
Drewvale, QLD

### SOUTH AFRICA

**Rachel Tullet**  
Project Medical  
Responsible  
Christchurch, NZ

### SOUTH SUDAN

**Rodney Miller**  
Project Coordinator  
Elsternwick, VIC

**Maia Blenkinsop**  
Infection Prevention  
and Control Manager  
Queenstown, NZ

**Joanne Clarke**  
Paediatrician  
Randwick, NSW

**Anne Dessagne**  
Project HR Manager  
Ponsonby, Auckland,  
NZ

### SUDAN

**Georgina Woolveridge**  
Medical Activity  
Manager  
Midway Point, TAS

**Anna-Sofia Lehner**  
Mental Health Activity  
Manager  
Tauranga, NZ

**Natalie Park**  
Nurse  
Rapid Creek, NT

**Tanyth De Gooyer**  
Epidemiology Activity  
Manager  
South Yarra, VIC

**Francoise Pierre**  
Midwife Supervisor  
Blackheath, NSW

### SYRIA

**Sam Templeman**  
Medical Coordinator  
Eastwood, NSW

**Catherine Flanigan**  
Mission Specialised  
Activity Manager  
Wellington, NZ

**Malaika El Amrani**  
Nursing Activity  
Manager  
Napier South, NZ

### TURKEY

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

### UKRAINE

**Thomas Hing**  
Deputy Coordinator  
In Charge of Supply  
Chain  
Chatswood, NSW

### UNITED ARAB EMIRATES

**Adina Dessauer**  
Mission Specialised  
Activity Manager  
Elsternwick, VIC

### VENEZUELA

**Sumitra Mahendran**  
Project Finance/HR  
Manager  
Rose Bay, NSW

### YEMEN

**Susan Bucknell**  
Project Coordinator  
Sutherland, NSW

**Louisa Cormack**  
Head of Mission  
Apsley, VIC

**Heidi Woods Lehnen**  
Medical Advisor  
Taroona, TAS

**Rose Wilson**  
Nursing Activity  
Manager  
Angelsea, VIC

**Allen Murphy**  
Project Coordinator  
Morningside, QLD

### VARIOUS/OTHER

**Jessa Pontevedra**  
Medical Coordinator  
Hamilton, NZ

**Meghan Graham**  
Finance Coordinator  
Lightsview, SA

WE URGENTLY  
NEED  
ANAESTHETISTS,  
SURGEONS AND  
OBSTETRICIAN-  
GYNAECOLOGISTS.



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Interested? 'MSF yes' [msf.org.au/yes](https://msf.org.au/yes)



MEDECINS SANS FRONTIERES  
DOCTORS WITHOUT BORDERS



The waiting area of a Médecins Sans Frontières health clinic in a primary school-based site for displaced people, in Shire town, Tigray, Ethiopia. © Claudia Blume/MSF