

# THE PULSE

BRINGING MEDICAL HUMANITARIAN ACTION TO YOU

 **MEDECINS SANS FRONTIERES**  
DOCTORS WITHOUT BORDERS

FEBRUARY 2015

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## BORN INTO CRISIS

PREGNANCY AND BIRTH  
DURING UNREST

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## Ukraine conflict

VAST MEDICAL NEEDS



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BY DR TANE LUNA



© Emilie Regnier

A teenager waits to give birth in Médecins Sans Frontières' maternity area in Leogane, Haiti.

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 23 associations, including one in Australia. In 2014, 191 field positions were filled by Australians and New Zealanders.

Front Cover:  
A woman who has fled the Central African Republic waits to be transferred to a transit camp in Cameroon.  
© Laurence Hoening/MSF

EDITORIAL

The difficult teen years

Adolescent women are often overlooked, but they have specific health needs.



As you receive this issue of *The Pulse*, Médecins Sans Frontières is preparing to mark International Women's Day on 8 March. As a medical humanitarian organisation, we value the day as an opportunity to reflect on the medical needs facing women in the countries where we work. The day is also particularly significant for the Sydney office because Médecins Sans Frontières' key women's health advisors are located here. The Sydney Medical Unit comprises four paediatricians, two midwives, and me as an obstetrician, all with considerable field experience. Together we provide advice and direction on women's and children's health to projects worldwide.

For International Women's Day 2015 we have decided to draw attention specifically to the medical needs of our adolescent patients. Adolescent girls, who fall into the age range of 10 to 19 years, are generally an overlooked group within the maternal and child health sector. Yet as they become sexually active, they face a higher risk than adults of complications related to pregnancy and childbirth, and of sexually transmitted infections including HIV.

In Australia, the teenage years are often described as a 'difficult' phase, as young people negotiate their identity, their place in society and their physical development. Adolescents in the countries where we work, whether it's Haiti, Nigeria or Papua New Guinea, face a whole other level of difficulties in addition to these challenges. They often miss out on basic sexual and reproductive health education, and face considerable barriers to accessing health care. Gender roles can mean that women in general lack power when it comes to making decisions about their healthcare, but this is exacerbated for adolescent women, who may also lack the financial power to access the healthcare they need.

When it comes to family planning, younger women may lack the partner, parental and social support to participate. In many places, family planning is not offered for adolescents because it is perceived to encourage sexual

activity that "shouldn't be" occurring. Perhaps not surprisingly, in countries where family planning coverage remains low, early pregnancy is extremely common—and unsafe. Worldwide, 95 per cent of births to adolescents occur in developing countries. These pregnancies can be particularly dangerous. In fact, maternal causes are the second highest killer of 15–19 year olds, according to the World Health Organization.

How their health needs are met is crucial to their future wellbeing—and their survival.

I worked as a field obstetrician in Jahun in northern Nigeria in October last year, and saw first hand the serious consequences of early pregnancy. In this region, it is traditional for girls to marry before their first menses. By the age of 15, many have fallen pregnant. I saw many of these young women suffer from prolonged labour, likely because their pelvis and birth canal were not yet fully developed. This often resulted in devastating outcomes such as the baby becoming stuck and dying, or the development of an obstetric fistula (a hole between the vagina and bladder, resulting in incontinence). The worst-case scenario is a teenage girl suffering prolonged labour, resulting in the baby's death, fistula in the mother, and consequent rejection by her husband and community – all this before her 16th or 17th birthday. Sadly, this was quite a typical situation.

Another problem is that young women in this part of Nigeria typically marry much older men, which sets up an unequal power relationship which can make them more vulnerable to intimate partner violence. A child of 11 or 12 usually does not have the confidence to negotiate their sexual activity.

In general, young women are at greater risk of rape than older women. Without appropriate care, as for any woman exposed to sexual violence, this can lead to a sexually

transmitted infection, such as HIV, an unwanted pregnancy, or psychological concerns (see story on page 6, about our work with young survivors of sexual violence in Kenya). The consequences are often far worse for younger women because they may lack the confidence or even the language to explain what happened. Sexual activity is viewed differently when it involves adolescents rather than adults, and young women may fear judgement. Unfortunately, this fear is often quite justified, because it is still common for young women to be blamed for being the victim of rape or other sexual violence.

While this litany of health concerns may make depressing reading, with your support Médecins Sans Frontières is able to provide crucial medical care to women during their adolescent years. All Médecins Sans Frontières medical services are free and confidential, overcoming some of the barriers that prevent young women from seeking care. Médecins Sans Frontières provides information and counselling to young women and couples who want to plan their pregnancies, and a range of contraceptive options. Most importantly, we provide emergency obstetric care to treat life-threatening complications that arise during pregnancy, delivery, or the postpartum period. We also provide many other health services such as antenatal care, postnatal care, and prevention of mother-to-child transmission of HIV. In some programmes, including in northern Nigeria, we provide specialist obstetric fistula repair surgery—a complicated procedure involving months of treatment. We also provide psychological support and medical care to women who have been victims of sexual violence.

Adolescence is a time when girls are making choices that will affect the kind of women they will become. How their health needs are met is crucial to their future wellbeing—and their survival.

Dr Tane Luna  
Women's Health Medical Advisor  
Médecins Sans Frontières Australia

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1/4 OF ALL EBOLA PATIENTS IN THE CURRENT OUTBREAK HAVE BEEN CARED FOR BY MÉDECINS SANS FRONTIÈRES



200,000 CHOLERA CASES TREATED BY MÉDECINS SANS FRONTIÈRES IN HAITI SINCE THE OUTBREAK BEGAN

IN 2013

MÉDECINS SANS FRONTIÈRES ASSISTED



32,800 BIRTHS IN AFGHANISTAN



1 in 10 PEOPLE IN MALAWI HAS HIV



1 AFGHANISTAN

New maternity ward for women at risk



The first baby born in Médecins Sans Frontières' new maternity unit in Kabul.

BACKGROUND

Afghanistan remains one of the riskiest places in the world to be a pregnant woman. Most families cannot afford to pay for medical consultations or to give birth in a hospital, and many medical facilities are ill-equipped to manage complicated deliveries. In these conditions, giving birth can often be fatal.

ACTION

In November, Médecins Sans Frontières opened a new maternity ward in the west of Kabul to focus on complicated births and save the lives of vulnerable women and babies. A team has upgraded a ward in an existing public hospital, outfitting it with brand new equipment and recruiting almost 50 specialist staff. The ward will be one of the only free maternal healthcare options for women facing complications. The team expects to see more than 130 complicated cases a month, out of an estimated 600 normal deliveries.

3 UKRAINE

“When my daughter hears an explosion, she asks, ‘is that a grad [rocket fire] or a shell?’. Is that normal for a five year old?”

-SVETLANA, A MOTHER IN UKRAINE. READ ABOUT OUR WORK IN THE UKRAINE ON PAGE 12.

2 WEST AFRICA



Staff at Médecins Sans Frontières' Ebola management centre in Monrovia, Liberia. Beds have been packed away as patient numbers decline.

Ebola cases decline, but outbreak continues

BACKGROUND

Since the Ebola outbreak was officially declared in Guinea in March 2014, more than 21,000 people have been infected and 8,600 have died. More than 99 per cent of cases have occurred in Guinea, Liberia and Sierra Leone. The number of new cases is declining, and there are now only 50 patients in Médecins Sans Frontières' Ebola centres. While this is encouraging, there are still serious weaknesses in the overall response that need to be addressed. Access to medical care for non-Ebola patients remains a huge issue due to the collapse of the public health system.

ACTION

Médecins Sans Frontières began responding to the outbreak in March 2014, and is now employing more than 4,000 staff to work at eight Ebola management centres across Guinea, Liberia and Sierra Leone. As new cases decline, Médecins Sans Frontières has been able to close some Ebola management centres, while others have recorded zero patients for the first time. However, some hotspots remain, particularly in Sierra Leone where Médecins Sans Frontières is caring for 30 patients. Additionally, the World Health Organization has reported that only about half of new cases in both Guinea and Liberia are from known Ebola contacts, while in Sierra Leone there is no data, showing that significant improvements are needed in contact tracing. “A single new case is enough to reignite an outbreak,” said Brice de la Vingne, Médecins Sans Frontières Director of Operations. “Until everyone who has come into contact with Ebola has been identified, we cannot rest easy.”

Médecins Sans Frontières is also involved in two clinical trials of experimental treatments for Ebola, in conjunction with Oxford University in Liberia and the French National Institute of Health and Medical Research in Guinea.

Médecins Sans Frontières is also taking steps to support the regular healthcare system. Médecins Sans Frontières is opening a 100-bed paediatric hospital in Monrovia, and has distributed hundreds of thousands of anti-malarial drugs in Freetown and Monrovia.

4 HAITI

Cholera persists in Haiti

BACKGROUND

The Haiti earthquake in January 2010 killed approximately 220,000 people and affected 3 million. Five years on, the country still lacks the resources to meet the medical needs of most Haitians. A cholera crisis that began in November 2010 still persists, with more than 700,000 people having been affected. The majority of the population is still exposed to cholera due to lack of access to clean drinking water and latrines.

ACTION

Médecins Sans Frontières continues to manage four hospitals in the earthquake-affected area of Haiti. These hospitals provide emergency trauma and obstetric care, neonatal emergency healthcare and treatment of severe burns. Médecins Sans Frontières also runs specialist cholera treatment centres, and treated more than 5,600 patients with symptoms of cholera last year. Since the earthquake, Médecins Sans Frontières has treated more than 204,000 cholera patients.



A father feeds his young daughter at a Médecins Sans Frontières cholera treatment centre.

5 MALAWI

Thousands cut off in worst floods for 30 years



People walk through the floodwaters between Blantyre and Nsanje.

BACKGROUND

More than 600,000 people in Malawi have been affected by the worst floods in over 30 years. In the south of the country up to 20,000 people are cut off without access to food or healthcare. The major concerns are malaria—already endemic in the area—waterborne diseases and HIV/AIDS. Around 16 per cent of adults in the area are HIV-positive and have not had their daily medication for two weeks.

ACTION

Médecins Sans Frontières is the only organisation providing medical care in the hardest to reach areas. Médecins Sans Frontières has been setting up tents, distributing relief items, mosquito nets and water treatment kits, as well as building latrines to prevent the emergence of water-borne diseases. The organisation has had a presence in Malawi since 1986, and currently runs three HIV projects.

6 CAMEROON

“It confirmed my suspicions... that I have the best job in the world.”

-RACHEL MARSDEN, MÉDECINS SANS FRONTIÈRES FIELD COORDINATOR. READ RACHEL'S LETTER FROM CAMEROON ON PAGE 10.



JOIN OUR TEAM

Learn how you can become a Médecins Sans Frontières field worker at one of our upcoming recruitment information evenings.

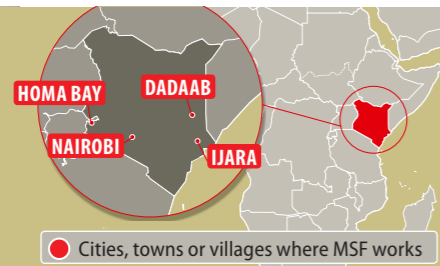
Tuesday 3 March Sydney

Tuesday 17 March Melbourne

Tuesday 14 April Live webinar

Additional information evenings are scheduled in other Australian and New Zealand cities throughout the year.

Past webinars are also available online to watch on demand. Visit msf.org.au for details on all our recruitment events.



**MÉDECINS SANS FRONTIÈRES' OTHER PROJECTS IN KENYA INCLUDE:**  
HIV & TB TREATMENT  
MEDICAL CARE FOR SOMALI REFUGEES

WORLDWIDE  
**MORE THAN 10,000**  
SURVIVORS OF SEXUAL VIOLENCE RECEIVE MEDICAL TREATMENT FROM **MÉDECINS SANS FRONTIÈRES EACH YEAR**



THE LAVENDER HOUSE PROVIDES **PROVIDES 24/7 TREATMENT** – THE ONLY CLINIC IN THE MATHARE SLUMS TO DO SO

MÉDECINS SANS FRONTIÈRES PROVIDED MORE THAN **400,000** OUTPATIENT CONSULTATIONS ACROSS KENYA IN 2013

# Surviving sexual violence in Nairobi



Clinical Officer Barbara Salano sees a patient at the Lavender House.

**In a disadvantaged area of Nairobi, Médecins Sans Frontières provides a round-the-clock sexual violence service where more than half the patients are children.**

Clinical Officer Barbara Salano has worked at Médecins Sans Frontières' Sexual and Gender Based Violence Clinic in Mathare, Nairobi, for four years. She recalls a young girl who was recently brought into the clinic.

"A 16-year-old girl was brought to us from a police station. She had been found abandoned in a sewer channel. Our counsellor saw her immediately and we learned that she was an orphan. She explained that a friend had taken her to a woman's house to help with the laundry. The woman introduced her to three men who sexually violated her and threw her into the ditch. So there she was, a minor with no parental care and no place to go, and the people she thought could help her had taken advantage of her," Barbara says.

"Because she also needed shelter, we liaised with the social workers for a place for her to stay. She continues to receive psychological support from our clinic and I'm happy to report that now she is faring well. She hopes

to continue with her education and become a teacher."

Barbara tells this story simultaneously outraged and comforted. These mixed emotions are common when working with young survivors of sexual violence in Mathare.

Mathare is a tightly packed slum in Eastlands, an area composed of poor suburbs and informal settlements. Much of Eastlands' population of roughly two million suffers dire poverty, extremely stressful living conditions, and woefully inadequate access to healthcare.

### Two decades of medical care

For almost two decades, Médecins Sans Frontières has provided free health services in Mathare, including services for HIV, tuberculosis (TB) and, since 2007, through the 'Lavender House', round the clock sexual and gender-based violence services.

"We take care of survivors of sexual violence and also people who have been physically abused at home. It cuts across children and

adults and affects predominantly girls and women," says Barbara.

"Over 50 per cent of our patients are below the age of 18. Victims come from all over Eastlands area. They can easily get lured and taken advantage of because of their poverty. Because they live in very small houses with toilets outside, they can also be attacked when they go to the toilet at night."

Single-parent families and orphans are not uncommon, leaving many children unsupervised and vulnerable.

### Improving patient access

Patient numbers have continued to grow and the clinic now sees on average 220 new victims of sexual violence a month. It became obvious to the team that the violence was a chronic consequence of a difficult socio-economic situation, in a context where stigma and difficult access makes it hard for victims to come forward. Hence, working with other stakeholders such as public health facilities, the police and, protection organisations, Médecins Sans Frontières developed strategies to improve awareness and access. Women's Health Adviser, Dr Tane Luna explains: "The team quickly

scaled up and now the clinic operates 24/7, offering emergency medical treatment for sexual violence and other injury and trauma; counselling; a call centre; an ambulance service; and emergency hospital referral, all bolstered by a social mobilisation program to increase awareness of the service and encourage its take-up.

**"Over 50 per cent of our patients are below the age of 18."**

"We also offer temporary shelter, food and clothing, and referrals to organisations providing longer-term protection, although their capacity is limited. The persistent nature of the violence meant that we had to establish a set of services as well as building a network like this that was complete and holistic."

Yet, few other health facilities offer comprehensive services, so Médecins Sans Frontières plans to support the initiative of the County health authorities and the Ministry of Health in expanding the services into more public facilities in Nairobi.

### Priorities of response

There are two priorities in caring for someone who has experienced sexual violence: ensuring psychosocial support from the first moment of contact, and emergency medical care to treat injuries, prevent or treat infections, and manage unwanted pregnancy. "Most of the time patients call our hotline number and we respond by sending the ambulance with one of our community social assistance team, whose role is to give reassurance and support en route to the clinic," says Barbara.

"Other times patients walk in by themselves. After presenting at reception they see the counsellor. This is critical because the counsellor is able to alleviate their anxiety, help them through the process, and then when they come to the clinical officer for examination it's a little bit easier."

"In some cases however patients decline a medical exam. It is their right, we cannot force them, but we explain why it is important."

There are relatively narrow windows for the medical care: 72 hours for HIV prophylaxis to prevent transmission and five days for

emergency contraception to avoid unwanted pregnancy. Eighty per cent of Lavender House patients reach the clinic within three days.

### Legal assistance

Fear, shame, stigma and denial are common barriers to seeking care and to recovery, and must be overcome to restore a survivor's dignity and wellbeing. Within sexual violence services the most sustainable and effective approach incorporates access to legal services.

Thankfully, Kenya's legal system ensures that cases, if lodged, are heard in court. Médecins Sans Frontières provides a medical certificate, forensic evidence and expert testimony for the hearing. The organisation's professional and confidential approach has built substantial trust in the community and among health workers, police and the judiciary.

"It is extremely rewarding when the survivors have their cases heard, justice is done, and they come and say 'thank you, you were there to help me through'," says Barbara.

## HELPING THE YOUNGEST SURVIVORS

Thirty per cent of the clinic's cases are less than 12 years old and in 50 per cent of those cases, the perpetrator is in regular contact with the child. "We have seen quite a number of young children who have been sexually violated and it is always shocking when they are violated by someone close to them—people they trust like an uncle or father—someone who lives with them in the household," says Clinical Officer Barbara Salano. "The other day we saw a seven-year old, brought in by the uncle, and it was he who had sexually violated the child. Incest cases like this are devastating."

In 50 per cent of cases at Médecins Sans Frontières' clinic, the perpetrator belongs to the child's environment, so a rescue centre may be the best option. The counsellors employ specific interview and medical examination techniques to make the child feel as comfortable as possible.



Médecins Sans Frontières' Lavender House in Mathare.

# Born in a time of crisis

Pregnancy and birth do not stop during crises such as conflict or natural disasters. Médecins Sans Frontières assists with the delivery of more than 180,000 births each year.



A woman gives birth in the displaced person's camp at M'poko airport, Bangui, Central African Republic.

© Laurence Geai



© Saadia Khan

Women rush to collect a token for the antenatal clinic in Balochistan, Pakistan. Médecins Sans Frontières provides obstetric, neonatal, paediatric and gynaecological care.



A Médecins Sans Frontières midwife cares for a newborn who was born a few weeks after Typhoon Haiyan hit the Philippines in November 2013.

Médecins Sans Frontières runs a postnatal information session on HIV in Niger.



© Matteo Bianchi / Fajani

A Médecins Sans Frontières nurse helps a woman gives birth in an open field in Burundi.



© Matthias Steinbath

Teams travel on horseback as part of a mother and child health project in Sidama Zone, Ethiopia. The project has since been handed over to local authorities.



© Julie Remy



“The refugees are now arriving on foot – some walking for up to five months to reach the refugee camp.”



A refugee exits the consultation tent in Garoua-Boulai.

far removed from the patients. However, it has opened my eyes to a whole different role MSF plays in the communities that are affected by such situations. I realised this one day when one of my national staff members came to my office and asked to talk to me. What he told me, I will never forget...

**A national colleague's story**

He is a dedicated staff member here in Cameroon, and is himself a refugee from CAR. He has worked with MSF for a few years, originally in Bangui, the capital of CAR, where he was nurse in charge of the hospital.

He explained how one day he received a threat to his life from members of an armed rebel group. He became very scared and did not know what to do.

“I was overwhelmed by... the resilience of a man who had lost so much, yet who continued to give.”

He ran through the night, hiding behind buildings as he went, hearing the cars of the rebels on the street. When he finally got home he was greeted by two of his neighbours, who begged him not to go inside. He pushed them aside and as he opened the door he saw the bodies of his wife and three young children slain on the lounge room floor. He knew who was responsible. Just then they heard the sound of an approaching car. Fearing for their friend, his neighbours pushed him into a cupboard and told him to be quiet. From inside the cupboard he could hear the rebels enter and ask where he was. When the neighbours said they didn't know, the rebels shot them and left. Scared for his life, he fled to Cameroon. He left on a plane, knowing he could never return.

**Overwhelmed with emotions**

When he finished his story he explained that he wasn't asking for anything, he didn't want sympathy, he just wanted to say thank you, to MSF. He said if he didn't have his job to wake up to every morning, something to invest his energy into, he doesn't know what he would do.

As I sat there, frozen, tears in my eyes, unable to think of anything to say that could remotely empathise with his situation, I was overwhelmed by a number of different emotions. Firstly, the resilience of a man who had lost so much, yet who continued to give; I was humbled that he had chosen to share his incredible story with me, but most of all I was proud, prouder than I have ever been to work for MSF. To be involved in an organisation that not only heals the sick, but also provides jobs, hope and a future for people affected by crisis.

It also confirmed my suspicions... that I have the best job in the world.

SUPPORTER PROFILE



NAME: Cassie Kanaley  
HOME: Canberra, ACT  
OCCUPATION: Lawyer

Cassie Kanaley is a lawyer from Canberra who has recently started donating to Médecins Sans Frontières.

I have a strong interest in humanitarian aid and have attended a number of presentations by Médecins Sans Frontières field staff which have exposed me to the amazing work that they do. Médecins Sans Frontières stands out for me as an organisation with an excellent reputation that is at the forefront of helping those who are suffering and in need.

I am particularly interested in Médecins Sans Frontières' work in conflict settings, assisting refugees/internally displaced persons, emergency response and women's health. I am also concerned with Médecins Sans Frontières' work in the Middle East, Africa and Southeast Asia.

I have travelled in numerous developing countries, including countries where Médecins Sans Frontières works, but have not viewed projects directly.

Médecins Sans Frontières does an amazing job helping those in need and I would urge people to support their work. Everyone has a role to play in assisting those in need in order to make our world a better place for all.

For more information on becoming a Field Partner, please visit [www.msf.org.au/donate](http://www.msf.org.au/donate)

Sydney nurse, Rachel Marsden, is on her ninth field placement with Médecins Sans Frontières, as field coordinator in Garoua-Boulai, Cameroon.



Rachel, right, with colleagues on a previous Médecins Sans Frontières field placement.

The Central African Republic (CAR) descended into an extremely violent conflict following the overthrow of the President in early 2013. As a result, neighbouring Cameroon received around 135,000 refugees from CAR during 2013–2014, including more than 30,000 in Garoua-Boulai. Rachel wrote this letter about the height of the emergency, in August 2014.

“It's been six weeks now that I have been here in Garoua-Boulai and after I finish briefing the newly arrived doctor, I realise I have finally got my head around it all. It's a very large project, with 255 national staff, 14 international staff and three different medical intervention sites – much larger than anything I have been in charge of before.

But I am proud of what we are doing here. We have two outpatient departments serving the 27,000 refugees – one in the Gado refugee camp, and one in the

town. The main medical conditions are respiratory infections, malaria, diarrhoea and malnutrition and we average 3,000 consultations a week between the two sites. We have mental health services, prenatal care and referral capacity to secondary health structures, an ambulatory malnutrition centre that treats 800 patients a week, an inpatient facility of 80 beds (all full), and a therapeutic feeding centre with 100 beds (also full)... so it's a big machine!

“I am proud of what we are doing here. We have two outpatient departments serving the 27,000 refugees.”

**The long walk across the border**

One thing we have seen here, which is striking, is the amount of severely malnourished children. Normally there are far more moderately malnourished children

than severe, however we have 500 severe cases versus 300 moderate. This may be because the refugees are now arriving on foot – some walking for up to five months to reach the refugee camp. We believe the children have already passed the moderately malnourished stage and become severely malnourished before they even reach our treatment centre.

As coordinator I have a lot of responsibility, which at times can be overwhelming. My days are spent collaborating with my teams to ensure the continuation of the activities, briefing new staff, overseeing the budget, dealing with the media, managing the human resources, attending meetings with other organisations, collaborating with the Ministry of Health, but most importantly ensuring my team's security and our humanitarian space.

This is a far cry from my role as nurse with MSF, which I did for five years, but I am loving the experience and the new challenges – to say 'there is never a dull day' would be an understatement! One thing I was afraid of was whether I would feel too

BY RACHEL MARSDEN



SCAN to read more letters from the field on [msf.org.au](http://msf.org.au)



MÉDECINS SANS FRONTIÈRES TEAMS HAVE PROVIDED MEDICAL SUPPLIES TO 59 MEDICAL FACILITIES IN DONETSK AND LUHANSK, ENOUGH TO TREAT 10,250 WOUNDED PEOPLE

SINCE AUGUST, MÉDECINS SANS FRONTIÈRES TEAMS HAVE PROVIDED: 764 INDIVIDUAL AND 60 GROUP MENTAL HEALTH CONSULTATIONS TO PEOPLE AFFECTED BY THE CONFLICT

MÉDECINS SANS FRONTIÈRES HAS RUN A DRUG-RESISTANT TB PROGRAMME IN THE PRISON SYSTEM IN DONETSK, UKRAINE, SINCE 2011

15,000 BLANKETS HAVE BEEN DISTRIBUTED IN THE DONETSK AND LUHANSK REGIONS

# “I’m too afraid to go back. Where would I go? There is still shelling.”



Svetlana and her daughter at a Médecins Sans Frontières’ counselling session.

As Ukrainians shiver through another freezing winter, the ongoing violence in the east of the country is causing vast medical and humanitarian needs.

Svetlana is from Debaltsevo, a city in eastern Ukraine that hugs the frontline of the ongoing conflict between Ukrainian and rebel forces. Two months ago she was with her husband in their yard when they were hit by artillery shelling.

“We had heard shelling before, but never this close. My husband was very badly wounded. I called for an ambulance, but they said it was too dangerous. My husband was a firefighter so I called the fire brigade. We waited two hours and eventually they arrived. But it was too late for my husband, he died in the yard.”

Svetlana’s husband became one of more than 4,000 people killed by this conflict, including the 298 people killed on flight MH-17. In addition, more than 10,000 people have been injured. The conflict has also caused the displacement of more than

1 million people, around half of whom are seeking refuge in neighbouring countries, according to United Nations figures.

### Conflict continues despite ceasefire

Although a ceasefire was signed on 5 September, fighting has continued on the outskirts of Debaltsevo and in many other cities and towns in eastern Ukraine. Shelling is an almost daily occurrence in some areas. After more than six months of conflict, hospitals are buckling under the weight of dealing with thousands of wounded and displaced. Banks have closed and most people have no access to cash. Elderly and disabled people are particularly vulnerable (see box, right).

Médecins Sans Frontières is also concerned that the humanitarian needs may be further exacerbated by the Ukrainian Government’s

announcement in mid-November that it would withdraw social services from the rebel-controlled areas, including stopping all pension payments. State employees including doctors, nurses and social workers have been told to evacuate, and state support will also be cut to hospitals in the region.

“When my daughter hears an explosion, she asks, ‘is that a grad [rocket fire] or a shell?’. Is that normal for a five year old?”

To help people get through the severe winter, when temperatures rarely climb above zero, Médecins Sans Frontières has distributed 15,000 warm blankets to hospitals and people living in precarious conditions in the Donetsk and Luhansk regions. Teams

have also provided more than 1,800 hygiene kits including soap, dental supplies, towels, blankets, baby food and nappies to displaced people who have taken shelter near the conflict zone.

### Medical supplies disrupted

Medical supply lines have been severely disrupted by the conflict, which particularly affects patients with chronic diseases including diabetes, hypertension, tuberculosis and HIV/AIDS. Even when drugs are available, many people do not have access to cash to purchase them. Médecins Sans Frontières teams have identified significant gaps in general health services such as dialysis and maternal healthcare.

Since May, Médecins Sans Frontières teams have provided urgently needed medical supplies to 59 medical facilities on both sides of the frontline in Donetsk and Luhansk, enough to treat more than 10,250 wounded people. We have also provided x-ray film, insulin, generators and surgical instruments to hospitals.

### Psychological support

Médecins Sans Frontières psychologists are providing mental health support to those affected by the conflict, including individual and group counselling sessions to help people cope with extreme fear, anxiety and nightmares. Teams are also running training sessions for local psychologists, social workers and medical staff to improve their skills and avoid burn-out.

After months of shelling, Svetlana says she now hears explosions even when there aren’t any. She was hit by shrapnel during the incident that killed her husband, and still has metal lodged in her chest. She is now receiving counselling from a Médecins Sans Frontières psychologist.

“I’ve been staying at this hospital in Svitlodarsk for two months with my five-year-old daughter because we have nowhere else to go. I’m too afraid to go back to Debaltsevo. Where would I go? There is still shelling. The houses have no windows.”

“When my daughter hears an explosion, she asks, ‘is that a grad [rocket fire] or a shell?’. Is that normal for a five year old?”



Médecins Sans Frontières teams deliver medical supplies to a hospital in Luhansk region, eastern Ukraine.



### SEEKING REFUGE

Andrey left his home in Donetsk four months ago, along with his wife and son Ilya, age 14, who has cerebral palsy. They have taken refuge at a sanatorium 150 km away. He’s receiving counselling from a Médecins Sans Frontières psychologist once a week.

“We decided not to sit and wait in Donetsk until the fighting became too ‘hot’. Ilya is in a wheelchair so we couldn’t take him down to the basement if there was shelling. We had no other option than to come here. The main reason for staying here is my son. But I never considered going back to Donetsk because as a man, I could be expected to fight. I don’t see any sense to be on either side.

I try to speak with my parents every day, as long as the phone network works. They live very close to the frontline. It’s one thing to see the shelling on TV, but when you know these people...

Ilya needs to take medicine regularly and Médecins Sans Frontières helped us by providing it. We need special equipment, but we had to leave everything at home, including the walking frame. I lost my job in May because of the conflict so the only income we have is Ilya’s disability benefit.

We won’t go back to Donetsk until they stop shelling, until the end of the conflict. But eventually we want to return because our home is there.”



**Field Role: Field Administrator**

"The role of Field Administrator is to oversee the HR, finance and administrative tasks in the field. The administrator works with their team of national staff in the project, and also with a finance and HR coordination team in the capital. The work is wide ranging and includes activities from payroll to disciplinary issues and from managing finances to negotiating and overseeing contracts."

**NAME:** Emma Campbell

**HOME:** Sydney, NSW

**MÉDECINS SANS FRONTIÈRES EXPERIENCE:**

- 2011-2012: Field Administrator Swaziland
- 2014: Field Administrator Sierra Leone

**AFGHANISTAN**

**Sam Templeman**  
Nurse  
Sydney, NSW

**CAMBODIA**

**Elizabeth Campbell**  
Nurse  
Burleigh Heads, QLD

**CAMEROON**

**Rachel Marsden**  
Field Coordinator  
Hornsby Heights, NSW

**CENTRAL AFRICAN REPUBLIC**

**Annekathrin Muller**  
Nurse  
Midland, WA

**CHAD**

**Rachel Creek**  
General Logician  
Millswood, SA

**DEMOCRATIC REPUBLIC OF CONGO**

**Brian Willett**  
Field Coordinator  
Gisborne, VIC

**Alan Hughes**  
Obstetrician-Gynaecologist  
Grange, SA

**ETHIOPIA**

**Philippa Cox**  
Midwife  
Maroochydore, QLD

**Veronique De Clerck**  
Medical Coordinator  
Macarthur, VIC

**Declan Overton**  
Logician  
Coordinator  
Wynn Vale, SA

**HAITI**

**Melissa Hozjan**  
Nurse  
Herston, QLD

**INDIA**

**Tambri Housen**  
Epidemiologist  
Ascot, WA

**Simon Janes**  
Medical Coordinator  
Ascot, WA

**IRAQ**

**Sita Cacioppe**  
Medical Team Leader  
Naremburn, NSW

**Jeff Fischer**  
General Logician  
Healesville, VIC

**Jessica Lovel**  
Nurse  
Coonamble, NSW

**Natalie Schulz**  
Admin-Finance  
Coordinator  
Varsity Lakes, QLD

**JORDAN**

**Gillian Deakin**  
Medical Doctor  
Bronte, NSW

**Virginia Lee**  
Counsellor  
Lindfield, NSW

**Danielle Moss**  
Admin-Finance  
Coordinator  
Gymea, NSW

**Sebastian Rubinsztein-Dunlop**  
Medical Doctor  
Kenmore, QLD

**KENYA**

**Janthimala Price**  
Field Coordinator  
Perth, NSW

**LEBANON**

**Bethan McDonald**  
Project Medical Referent  
Willoughby East, NSW

**LIBERIA\***

**Medical Coordinator**

**Medical Doctor**

**Nurse**

**Nurse**

**Psychologist**

**MALAWI**

**Nicolette Jackson**  
Head of Mission  
Assistant  
Mullumbimby, NSW

**Ellen Kamara**

**Admin-Finance  
Coordinator  
QLD**

**Monica Muturi**  
Nurse  
Alawa, NT

**MYANMAR**

**Hannah Jensen**  
Psychologist  
West Leederville, WA

**NIGERIA**

**Helmut Schoengen**  
Anaesthetist  
Teneriffe, QLD

**PAKISTAN**

**Annie Chesson**  
Midwife  
Mt Lawley, WA

**Siry Ibrahim**  
General Logician  
Wellington, NZ

**William Johnson**  
Electrician-Logician  
Padstow Heights, NSW

**Corrinne Kong**  
Admin-Finance  
Coordinator  
Southbank, VIC

**Catherine Moody**  
Head of Mission  
Mt Pleasant, NSW

**Nikola Morton**  
Medical Doctor  
Chatswood, NSW

**Helle Poulsen-Dobyns**  
Field Coordinator  
Birchgrove, NSW

**Miho Saito**  
Midwife  
Glengowrie, SA

**Thomas Volkman**  
Medical Doctor  
Perth, WA

**Shelagh Woods**  
Head of Mission  
Rose Park, SA

**PALESTINE**

**Eileen Goersdorf**  
Theatre Nurse  
Wanguri, NT

**PAPUA NEW GUINEA**

**Carmel Morsi**  
Nurse  
Nuriootpa, SA

**SIERRA LEONE\***

**Epidemiologist**

**General Logician**

**HR Administrator**

**Medical Coordinator**

**Nurse**

**Psychologist**

**Water-Sanitation  
Logician**

**SOUTH SUDAN**

**Mee Moi Edgar**  
Admin-Finance  
Coordinator  
West Melbourne, VIC

**David McGuinness**  
Nurse  
Redcliffe, QLD

**Jessica Paterson**  
Admin-Finance  
Coordinator  
Ararat, VIC

**Rebecca Walley**  
Nurse  
Coolbellup, WA

**SWAZILAND**

**Karen Chung**  
Medical Doctor  
Auckland, NZ

**Rachel Sun**  
Pharmacist  
Helensvale, QLD

**SYRIA**

**Michael Hering**  
Logician  
Coordinator  
North Melbourne, VIC

**UGANDA**

**Angela Park**  
Nurse  
Badgingarra, WA

**UZBEKISTAN**

**Catherine Berry**  
Medical Doctor  
Carlton, NSW

**ZIMBABWE**

**Linda Pearson**  
Field Coordinator  
Auckland, NZ

**“Knowing that I am directly involved in making a small improvement to the world gives me great satisfaction.”**



**Why did you decide to work with Médecins Sans Frontières?**

The first reason is the influence of my parents who have always emphasised the importance of public service. I was brought up with the belief that those of us lucky enough to be born healthy into relative wealth and security have an obligation to do something for those without these advantages.

A second central experience was a two year posting to India with my previous employer, a major international airline. The extreme poverty that I witnessed had a deep impact on me. It forced me to reconsider how I might make a more direct contribution to ending the injustice faced by too many people. Médecins Sans Frontières seemed to be the perfect organisation through which to make a small, but tangible, difference to lives of others.

**You've recently returned from two months in Sierra Leone. What did your role as Field Administrator involve?**

My recent field placement took me to Bo, Sierra Leone's second city, to work at Médecins Sans Frontières' Ebola Case Management Centre. The basic focus for the admin team includes recruiting and paying staff on the HR side, and on the finance side, ensuring that we have enough money available to run the project, with enough checks and balances to safeguard donors' money. It is extremely fast-paced and you have to be willing to be 'hands on' – from

counting out cash salaries to crowd control when daily workers come to get their pay.

I also played a role in supporting other international staff. Staff were in the field for as little as four weeks because of the intense nature of the work and this required careful organisation to ensure new arrivals were able to work effectively as soon as they arrived.

A particularly difficult element was arranging the return home for some international staff whose families were fearful of their return. Seeing the stigmatisation in the media and the reaction of family members to returning expats was sometimes very distressing.

**Why are administrators so important to Médecins Sans Frontières' work?**

Medicine will always be the driving force for Médecins Sans Frontières' work. However, it is essential that strong financial safeguards are in place to protect the funds so generously given by our donors.

Managing and supporting national staff is also essential. The vast majority of our staff are driven by a strong humanitarian motivation. However, Médecins Sans Frontières is their employer and they have the same demands and frustrations with their job like all of us! The administrator plays an important role in communicating with staff and in ensuring transparency and fairness, even if we can't always meet their demands.

There is also an unofficial, but crucial role, of the administrator – that of social secretary!

Traditionally the administrator is the instigator of parties and get-togethers, which are important for maintaining morale. This is an area where I particularly excel!

**What have been some of the unexpected aspects of working with Médecins Sans Frontières?**

I have been overwhelmed by how much medical staff appreciate the administrator's role. I imagined that the administrator may be considered peripheral to the project. On the contrary, the medical team recognise that good administration can help them achieve their goals, and also protect the reputation and operations of Médecins Sans Frontières. There is also a surprising amount of humour even in the darkest times. It is hard to imagine that you could laugh much in an Ebola context, but it was humour that very often kept us going.

**Has working with Médecins Sans Frontières affected your approach to life?**

I have always been interested in world politics and the many examples of injustice and tragedy often left me feeling angry and despondent. I was worried that my experiences with Médecins Sans Frontières would make me more cynical. In fact, knowing that I am directly involved in making a small improvement to the world gives me great satisfaction – and has even tempered my cynicism!

Seeing the capacity of people in the countries where I have worked gives me confidence that with the right opportunity and environment, populations in developing countries have the potential to develop and succeed.

**What attributes are important for people considering admin work with Médecins Sans Frontières?**

Perhaps the most important attribute is a willingness and capacity to work very hard. Of course there are some technically challenging HR and finance issues, but it is often just about hard graft as there is no end to the work of an administrator. There is always something more to do to help the medics carry out their functions more efficiently and effectively and ensure that Médecins Sans Frontières' patients get the best care possible in often challenging circumstances.

\* Note: We have implemented stricter privacy protocols for staff working in West Africa, so we have listed their field roles but not their names. 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 programmes worldwide but are not listed here because they joined the organisation directly overseas.



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Parents bond with their newborn in Yambio, South Sudan, where Médecins Sans Frontières runs a mother and child health project.