

# SURVIVAL, HEALING AND RECOVERY

EMERGENCY  
MEDICAL CARE  
FOR PEOPLE  
CAUGHT IN  
CONFLICT



# NEEDS AMPLIFIED: EMERGENCY RESPONSE AMID ESCALATING CONFLICT

**“Negotiating with all parties to a conflict enables our teams to deliver assistance where it is needed the most. Often that is in the midst of changes in power and control.”**

— Christopher Stokes and Jonathan Whittall,  
Médecins Sans Frontières

Médecins Sans Frontières health promoter Solomon speaks with a community leader, Gebraselaise, in a camp in east Sudan, hosting displaced people from the Tigray region of Ethiopia. He says “the first predicament of our community is how to survive here. Even though we escaped with our lives, we still face so many problems.”

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# 50 YEARS IN CONFLICT ZONES

## CONFLICT SHATTERS LIVES

As conflict and crisis take hold, medical needs skyrocket. Healthcare services collapse, women, children, the elderly, and people with chronic diseases are left particularly vulnerable, the cost of food and other items soars, while fear and loss cause psychological distress.

Thanks to the compassion and commitment of our independent supporters, Médecins Sans Frontières teams have worked for 50 years in some of the most volatile regions in the world, often going behind the frontlines to access people in danger of being cut off from care.

Right now, around one-quarter of the medical humanitarian assistance you so generously support is for communities living in areas of conflict, such as Afghanistan, Yemen, South Sudan, Central African Republic and Gaza, among many others.

Conflict affects every aspect of people's lives. As well as the death and injury it causes, conflict pushes families deeper into poverty, traps and traumatises whole communities, cuts people off from even the basic means to survive, or forces them to flee with nothing.

As we witness every day in our projects, conflict can rapidly destroy essential health infrastructure, disrupt the flow of medical supplies, and increase the risk of deadly disease.

This latest report takes you to the heart of our medical response, demonstrating how you help us deliver projects dedicated to helping ease the suffering, heal the wounds, and rebuild the lives of people who are bearing the brunt of conflict.

It takes you behind the scenes of volatile crises like Afghanistan, where conflict can escalate at any moment, looks at how we access people in the midst of mass displacement, and how we provide day-to-day care for patients who would otherwise be forgotten or neglected. You will also get an insight into the places where we strive to be, but at present cannot – but where the advocacy work you help support can also save lives.

Through it all, the continued fight against the COVID-19 pandemic only adds to the complexity of our response.

It is only with your support that we can remain independent, neutral and impartial – the key humanitarian principles that enable us to work in conflict settings, where other organisations may not.

**Whether we are setting up operating theatres, clinics, nutrition programs or vaccination campaigns, caring for mothers and newborns or victims of sexual violence, we can only continue to be there because of the generous support of our significant donors, like you. At this hugely challenging time, we are more grateful to you than ever.**

# REMAINING ON THE FRONTLINES IN AFGHANISTAN

**“Will we continue? Of course we will. We have absolutely no intention to leave the country.”**

– Prue Coakley, Médecins Sans Frontières head of programs, Afghanistan

As violence soared across Afghanistan this year, access to healthcare was dangerously limited. In the unfolding crisis, our teams worked around the clock amid the gunfire and explosions to deliver lifesaving medical care and keep hospitals open.

The surge in violence threatened to cut off people who were injured or seriously ill. The situation in Lashkar Gah, Helmand Province, where we jointly run Boost Hospital, became extremely tense during the fighting. At one point a rocket exploded inside the hospital compound. Fortunately, there were no casualties.

During the violence, our team was living in the basement of the hospital so that they could continue to provide emergency care. They worked amid the chaos to treat patients injured by shelling, mortar and rocket attacks, with airstrikes taking place extremely close by. In the weeks after the situation in Lashkar Gah calmed, many people who had held off seeking treatment during the fighting began arriving at the hospital. The emergency room has been full of patients suffering

from respiratory conditions, injured in road traffic accidents or with wounds related to the conflict. One of our emergency doctors in Boost Hospital reflected.

“The conflict leads people to think 10 times about whether they really want to make the journey. They delay until they cannot wait anymore.”

To address the changing needs, we are adapting our existing projects in Helmand, Herat, Kandahar, Khost and Kunduz as much as possible.

Of the estimated five million people internally displaced by the decades-long conflict, some have sought safety in urban areas and are living in informal settlements with little access to basics such as food, shelter and medical care. In response, our teams have set up temporary clinics to assist the most urgent needs. In Kunduz city, we opened a small clinic to provide outpatient consultations and were treating around 300 patients a day during the worst days of the conflict; in Kandahar city, we provided medical care to children under five in Haji informal settlement camp, treating respiratory illnesses, diarrhoea and anaemia. We have also been rehabilitating water points and ensuring access to toilets and showers.

## Core objective: keep our hospitals open

At time of writing, the conflict remains volatile, with violence flaring in different areas of the country. Prue Coakley, who was head of programs in Kabul at the height of the conflict, explained:

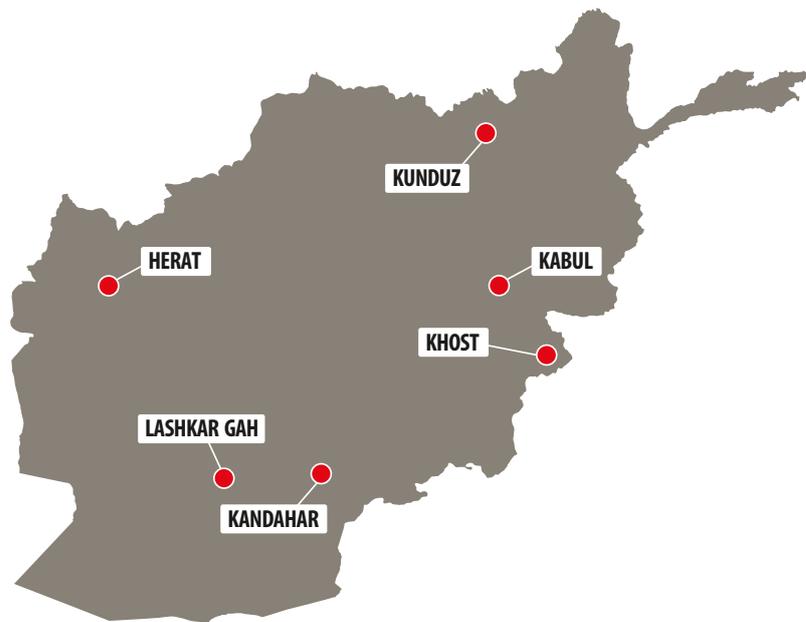
“Despite all the recent changes in the country, we have managed to maintain all our medical activities. It has not been without its challenges, but our core objective is to keep our hospitals open for our patients. It is a challenging moment. We are facing many issues related to lack of movement options around the country, and being able to ensure we have all the necessary medical items in our projects. But our teams are working very hard to put supplies in trucks and move them to projects, to find ways around all these obstacles. So far we have not had to interrupt or limit any of our medical activities.

The new challenge that we anticipate for the Afghan health system is that we are going to see more gaps in healthcare for the communities that we are in. We therefore anticipate that we will receive a lot of pressure to scale up our activities.

Will we continue? Of course we will. We have absolutely no intention to leave the country.”



After heavy fighting forced people from their homes in Kunduz, Afghanistan, our teams helped provide clean drinking water in informal settlements. © Prue Coakley/MSF, 2021.



## Here is a summary of our current programs in Afghanistan:

### KHOST

Since opening Khost maternity hospital in 2012 to provide free maternal and neonatal care, we have now expanded that care to eight comprehensive health centres in the province. They stay open 24/7, and can assist with non-complicated deliveries, enabling more women to give birth closer to home. Amid the conflict in July this year, we widened our admission criteria in the hospital to care for as many mothers as possible while other services were interrupted. We assisted in over 2,300 deliveries in July in the hospital and health centres.

### KUNDUZ

As conflict escalated around Kunduz city, our teams provided 12,000 litres of clean water a day for families forced to flee, and set up a temporary clinic to deliver primary healthcare. In the first 12 days alone they carried out over 3,400 consultations. We also transformed our office space into a 25-bed trauma unit to provide care to people injured by explosions, bullets and shrapnel. That temporary facility has been replaced by a purpose-built hospital, Kunduz Trauma Centre (KTC), that we have been constructing for more than a year, and our patients have been transferred there. On 8 October, there was a devastating explosion in a mosque in Kunduz, the deadliest attack since the regime change. The team at KTC received 99 wounded and 25 dead, performing more than 60 surgeries over two days.

### LASHKAR GAH

Boost Hospital in Lashkar Gah is the only referral hospital in Helmand Province and is now a lifeline for those living there. As well as the emergency room and surgical unit, we support other major units including the inpatient and maternity departments, paediatric department and inpatient therapeutic feeding centre. At the height

of the conflict this year, the hospital team treated over 800 patients a day in our emergency room, with all 300 inpatient beds full. Prue Coakley explained: "Since the end of the conflict Boost Hospital was completely overwhelmed with patients, because other health facilities were no longer functioning. It underlines the importance of the fact that we are still present."

### HERAT

As well as a 40-bed inpatient therapeutic feeding centre, we have run a clinic for internally displaced people and the community here since 2018, with activities including treatment for non-communicable diseases, and ante and post-natal consultations. Since the start of the pandemic, we have also triaged COVID-19 cases and established a treatment centre for patients with severe COVID-19 symptoms. After the fighting ended, we witnessed a significant increase in people coming to the clinic, as other healthcare in the area was suspended. We saw up to 400 patients per day in August, up from 300 per day in the month before.

### KANDAHAR

As violence increased, our teams rapidly adapted our drug-resistant tuberculosis project here by providing patients with remote consultations and buffer stocks of medication so they did not have to repeatedly cross frontlines to reach our clinic. In Kandahar city, where 5,000 displaced people are currently living, we also set up a temporary clinic providing medical care to children under five. In early September, we started running a mobile clinic and providing clean water for people living in informal settlements near the border with Pakistan.

# NOW MORE THAN EVER, INDEPENDENCE, IMPARTIALITY AND NEUTRALITY ARE KEY

**“People have hope but still little idea about what the future will bring.”**

– An Afghan medic, Herat



We built a temporary trauma centre in an office in Kunduz, Afghanistan, so that people injured could reach us despite the heavy fighting. This boy was injured in a bomb blast. © Stig Walravens/MSF, 2021

As the crisis in Afghanistan escalated this year, Médecins Sans Frontières was one of the few humanitarian agencies to maintain a presence and provide lifesaving assistance to the sick and wounded. How has this been possible? Christopher Stokes, senior humanitarian specialist, and Jonathan Whittall, analysis department director, explain:

“Médecins Sans Frontières has had successes and failures in Afghanistan, but the core of our approach has remained the same: we would only work if we had the explicit agreement of all parties to the conflict. Our principles of neutrality, independence and impartiality, that can at times seem abstract, were operationalised by talking to all sides, refusing funding from governments, clearly identifying ourselves so as not to be confused with other groups that may have other interests, and by making our hospitals weapon free zones. Whoever came to a privately funded Médecins Sans Frontières Hospital had to literally leave their gun at the door.

When working in Kunduz or Lashkar Gah Hospitals, we regularly explained that we would never turn away any patient. Our hospitals triaged based on needs alone. We worked according to medical ethics, not according to who was deemed a criminal, a terrorist, a soldier or a politician.

We were able to continue working to treat patients: the sick and the wounded were able to receive care in facilities which we adapted to cope with the intensity of the fighting. In Helmand, Kandahar, Kunduz, Herat and Khost our teams continued to work. Our health facilities are today full of patients.

This is why we seek to negotiate with all parties to a conflict. It is to enable our teams to deliver assistance when needed the most. Often these moments are in the midst of changes in power and control. It is why we speak out loudly when our facilities and staff are harmed.

The future of Afghanistan is uncertain, and our activities will remain under pressure. The challenges we face will evolve and the security of our teams and patients remains a concern.

It also shows that our work can save the most lives when we are able to be as independent as possible.”

# HOPE, INSPIRATION – AND THE IMPORTANCE OF TRUST

We continue to run an inpatient therapeutic feeding centre (ITFC), a clinic for displaced people, and support a COVID-19 treatment centre in Herat. A Médecins Sans Frontières Afghan medic describes how we kept services running, and the new challenges they are facing today:

“When the fighting approached Herat there was quite a lot of fear, people were worried. So was I, not knowing what would happen in the future. I went to our ITFC to help support the staff. When I reached the hospital there were not many people there yet; people were not sure what the situation was like in the city or if we were still open. First of all, we gave medication to all our patients and then contacted our staff to let them know the city was open and it was safe for them to come to work. After a couple of hours, we had our full team together and carried on treating patients.

People are very happy when we are able to cure their children.

Earlier this year, we saw a two-year-old patient who came to us from Badghis, about 250km away. He needed a skin graft for a serious skin condition, but first we treated the malnutrition.

All the time the baby was with us his father was knocking on the door, asking how the child was

doing and questioning how he could still be sick after one and a half months. We convinced him to trust our treatment, procedures, and close follow-up of the patient.

He went back to look after his remaining children in Badghis while his wife stayed in the ITFC. When he came back two weeks later, he saw there was a big improvement in his baby. He and his wife were extremely happy. After another 10 days we could discharge the baby.

At least once a month since then, the father calls us to say hi to everybody, and tells us that he was inspired by the treatment we gave. When the fighting started in Herat, he was the one calling us asking if we were fine, and he did the same after the city was taken over.

Treating patients is our responsibility, that is how I think about it. Right now, we are the only international organisation working in Herat. There is more responsibility, more challenges. There is a lot of work on our shoulders.

It is an uncertain time so people are working very hard. People are tired but we hope it will calm down. People have hope but still little idea about what the future will bring.”



Samiullah, aged only 12, was shot in Helmand province, Afghanistan in May. He had to travel more than two hours to reach our hospital for treatment. © MSF/Tom Casey, 2021.

# TAIZ, YEMEN: A CITY SPLIT BY THE FRONTLINE

**“We remain committed to address the urgent healthcare needs of the people of Taiz. We work on both sides of the frontlines, providing free quality maternal and neonatal care which is one of the biggest needs in the area. We also provide training, working closely with the local people”**

– Emilio Albacete, project coordinator.

## Medical emergencies, births and chronic conditions do not stop during times of war.

Yemen’s seven-year-long conflict has destroyed the health system, leaving more than 22 million people in need of humanitarian assistance. Health facilities have been hit by bombs, grenades, and artillery fire. Where medical facilities remain open, most people can no longer afford the cost, or risk, of travel to reach them. We have scaled up medical activity in Yemen since the conflict began, providing support to more than 12 hospitals and health centres.

However, with no end to conflict in sight, conditions continue to deteriorate, and the risk to highly vulnerable patients, especially pregnant women, increases. They

generally receive no prenatal care and often arrive at our health facilities with life-threatening complications.

Taiz, Yemen’s third most populated city, is where we run one of our biggest projects, the Mother and Child Hospital. It is also one of Yemen’s most active conflict zones, with the city split in two by the frontline. Our staff provide comprehensive emergency obstetrics and neonatal care amid almost daily shelling, gunfire, rocket attacks and airstrikes. Emilio Albacete, Médecins Sans Frontières project coordinator, explained:

“We receive patients from far-flung areas. Women make difficult journeys for hours to reach Taiz to seek our services because they do not have them available close to their homes.”

Pregnant with her third child, Hanan made the seven-hour journey from Aden to Taiz to deliver at our hospital. She did not have a choice: her previous two deliveries were through caesarean section, so she knew that another surgery was inevitable. She explained:

“We heard that Médecins Sans Frontières helps people and gives them everything for free. So, I came to Taiz city to give birth. The war destroyed the houses. The educational institutes and hospitals collapsed. There was no electricity, food prices increased, and there were no salaries. Those who did not die of war died from hunger.”



Médecins Sans Frontières midwife Maimona holds a newborn baby in our maternity unit in Taiz, Yemen. © Nasir Ghafoor/MSF, 2021.



Midwife supervisor Taqwa helps a mother to walk. Her daughter was delivered by caesarean section in our facility in Taiz. © Nasir Ghafoor/MSF, 2021.

## VOICE FROM THE FRONTLINE: "GIVING BIRTH IN A WARZONE."

Dr Shroq Saeed, Médecins Sans Frontières medical activities manager, shares her experience of giving birth in a conflict zone, and the heartbreak and hope of mothers and staff in a city that has endured years of violence:

"With a heart full of dreams, I was a fresh graduate medical doctor back in 2015 in Yemen's beautiful region of Taiz. I had made all my life plans, starting with learning the English language, to going abroad for post-graduate education. Life had other ideas though.

On an afternoon of March 2015, we witnessed a sudden shift in Taiz. Fighters entered the city; the aerial bombing started; and the streets of Taiz city became a combat zone by the end of the day.

That evening, I spent the whole night screaming and crying as the doors and windows of my house had been blown through by the blasts. I was eight-months pregnant with my first baby at that time. We spent days on end hiding in our home. I reached my 10th month of pregnancy without going into labour. The doctors could not find any physical reason for the prolonged pregnancy except the fear, trauma and stress I was going through.

I finally gave birth to my baby through caesarean section after 44 weeks of pregnancy, during a time when there was a shortage of oxygen and medical supplies in the city due to the war. The doctors had fled the city, and many hospitals were already shut down.

I was admitted to hospital after the C-section, and while I was there bullets smashed through the windows of my room. My mother hid herself with my newborn baby in the toilet, when I was unable to move even an inch due to the pain of the surgery. When I opened my eyes, there

were bullet marks on the walls of the hospital room and I wondered if I had been hit. Fortunately, I had not.

It was May 2016 when I moved to Al-Houban area of Taiz where it was relatively safer. I started working there with Médecins Sans Frontières, trying to move on with my life. My child was with my mother in Taiz City and I used to visit him once every three months because the route from Taiz City to Al-Houban was very dangerous. I remember feeling helpless and miserable saying goodbye to my son. However, it was important for me to practise my medical studies and to earn money in order to travel abroad to pursue my postgraduate education.

Before, it was about a 10-minute drive from Taiz City to Al-Houban, but it now takes six hours driving through dangerous bumpy mountain roads to go to the other side. We can literally see the houses of our friends from our rooftop, but we cannot walk over there. The wall of landmines and snipers stops us.

I feel sorry for my two children that I cannot take them out for a walk, or to a park to play, as the insecurity in the area has held us hostage. I fear they would be kidnapped, or a stray bullet could hit them if I let them go out on the street.

The people of Taiz are paying a heavy price for a war that they have nothing to do with. They have had their mental health destroyed too. It is easy to guess causes of the worsening mental health of the people when they feel insecure all the time; when they have no economic opportunities and when they have no hope for a better future.

I feel determined and optimistic that I will succeed, and my children are going to have a better future. I am still pursuing my dreams, but I feel like I am pushing a door that won't budge."

# PLANETARY HEALTH IS A GROWING HUMANITARIAN ISSUE

While we continue to respond to the horror of conflict and its indirect consequences, another issue now looms large on our agenda: planetary health and its potential to fuel a growing humanitarian crisis. Sandra Smiley, advocacy officer, reflects on a severe malaria outbreak that has sounded the alarm for her:

“A few years ago, I was on assignment in the east of the Democratic Republic of Congo (DRC) – a region that has been at war with itself for decades.

We started receiving reports of unprecedented numbers of severe malaria cases in a remote, mountainous region of North Kivu. The health centre there was overwhelmed with very sick people so the emergency team gathered the necessary supplies, packed their bags, and headed out.

Typically in malaria outbreaks, the sickest patients are small children because their immune systems have not yet built up defences against the disease. In this one, medical staff were treating very ill teenagers, and even adults. What was making them so susceptible?

Could it have been the increased rainfall and higher temperatures that people spoke of in that year? Had warm, stagnant waters created the perfect conditions for mosquitoes to breed, in an area where they had previously been a rarity?

It was possible, but there were other potential explanations. Perhaps some had fled from high in the mountains, where the mosquitoes that transmit the disease cannot survive, to lower elevations where they can?

Or maybe that year, a different strain of the malaria parasite had gained a foothold in the region – one that people had not previously been exposed to? It was not clear why this outbreak was so widespread. But whatever the reasons, we had to act. In the end,



Médecins Sans Frontières provides drinking water for people displaced by conflict in the North Kivu region of Democratic Republic of Congo. In this town, Masisi, we bring water for around 2,500 households each day, helping protect them from waterborne diseases. © Pacom Bagula/MSF, 2021.

we treated thousands of people suffering from this deadly disease.

As in North Kivu, it is hard for us to say immediately whether the disasters that humanitarians are responding to are the direct result of a shifting climate.

However, like in so many other places, experts expect climate change to make a bad situation worse in DRC, bringing about more extreme weather and related crises: floods, landslides, drought and crop failure.

As resources become less and less available, a changing climate threatens to fan the flames of conflict.



A world in which greater resource scarcity and weather extremes are the norm will create more of a demand for humanitarian aid. And as we see these extremes manifest, the health of our planet is a humanitarian issue.

As the earth warms, aid organisations are giving shelter to people who have left their homes behind because drought and desertification have rendered them unliveable.

We are treating their children, who have fallen into malnutrition amid increasingly irregular rainfall and crop failure. We are watching as they weather

intense and frequent storms, disproportionately in the countries that are least prepared to deal with their consequences. From working inside their communities, we know that they will need assistance adapting to a world in flux.

It is enough to make us, as humanitarians, look critically at ourselves and on the impact we are having on the planet.

It is enough to drive us to improve our capacity to meet demands created by a changing Earth.

It is enough to justify speaking out for its victims, and challenging narratives that attempt to ignore them.”

# VIOLENCE IN SOUTH SUDAN

This year, South Sudan, the world’s youngest country, marks its 10th birthday.

For five of those years, the country has been in civil war, and the suffering is massive. Some 8.3 million people – more than two-thirds of the population – are estimated to be in dire need of humanitarian assistance.

Will Harper, former South Sudan head of mission, explains why Médecins Sans Frontières is committed to stay to help the people of South Sudan:

“It is hard to comprehend the scale of medical needs in South Sudan. It remains one of the most dangerous countries in the world to deliver a baby or to be a child under five. One of the real tragedies is that so many of the diseases we see are preventable, like malaria, cholera, respiratory tract infections. And the issue of

access to healthcare too, for children who arrive a day or an hour too late to our clinics.

After years of conflict there is a sense of fatigue in South Sudan. It is a priority for us to keep a focus on this country. We run 16 projects across South Sudan, from big hospitals to mobile clinics.

The needs drive our priorities and push us to where the people are. It is one of our biggest programs globally. Ninety per cent of our team are South Sudanese. Working with our colleagues to train and build capacity is always a priority. Despite what can feel like endless medical needs across the country and a humanitarian situation that does not show any sign of improving, South Sudanese staff are taking on more key leadership positions, passing on the training to the next generation of staff coming through and it does give me a sense of optimism for the future.”



Children have to walk and bathe in dirty water in the camp for displaced people in Bentiu, South Sudan. © Damaris Giuliana/MSF, 2021.



Médecins Sans Frontières launched a response in the Bentiu camp after an alarming spike in hepatitis E cases in August 2021.  
© Damaris Giuliana/MSF, 2021.

## VOICE FROM SOUTH SUDAN: BULLET WOUNDS AND BUMPY ROADS

Dr Bethany Sampson describes a visit to Pieri in South Sudan, helping the medical team to prepare for mass casualty events:

“We are taking the first overnight visit of the year from our main hospital in Lankien to our primary healthcare centre in Pieri, 58 kilometres or a three-hour drive to the south.

The team in Pieri has been waiting for us. I will stay with the team to help develop their contingency plan for treating large numbers of injured patients, known as a ‘mass casualty’ plan.

In the dry season, fighting often flares up. Last year, the facility was so full of injured patients that some were sleeping outside on the ground. A helicopter was a common sight, travelling back and forth picking up severely-injured patients needing surgery.

The team here are extremely dedicated and hard-working. They see patients from the surrounding area and although they have quite limited resources available to them, they can provide care for a wide range of conditions.

As we are talking, a new patient is brought in, a two-year-old girl with severe malaria. She is unconscious and starting to have a seizure. The team quickly springs into action. Her mother holds her tightly as the team gets the treatment started around her.

Around midnight that night, the team calls for me – we are expecting patients from a nearby area where there has been fighting. There are two: one with a gunshot to his thigh and one with a gunshot to the abdomen. We quickly get their vitals and assess the injuries.

Thankfully both patients are relatively stable. The bullets have missed their most critical organs and we get them admitted and started on intravenous antibiotics and fluids.

In the morning, I join the clinical team to start the day’s work. The patients are doing well, although I am worried about the man with a gunshot injury to his abdomen. We arrange to urgently transport them by plane for surgery.

As we set off, I pass the child with malaria, sitting up munching happily on a biscuit. She is likely to make a full recovery.

Then we are on the road again, bumping and jolting our way back north, kicking up a trail of dust behind us.”



# THE LENGTHS MOTHERS MUST GO TO IN ORDER TO DELIVER THEIR BABIES

In South Sudan, the consequences of decades of violence are all around. Of the country’s 2,300 health facilities, over half are not functioning. Those that are can be hard to reach for many people.

South Sudanese grandmother Chacha tells the birth story of her granddaughter Maria and her mother Laito, an extraordinary journey with life-or-death stakes:

“We come from the village of Mallodin, many days walk from Pibor. Laito was pregnant with her first child. When her contractions began, I called our neighbour who is skilled with births. She came to our house and for three days we tried to help Laito to deliver. But still, the baby would not come.

The neighbour told me that in Gumuruk town there might be Médecins Sans Frontières midwives who can help. But it was many days walk from here. Before sunrise, we started walking.

The contractions were so bad that Laito could not walk alone so I had to support her. It is rainy season and the path was full of water so that sometimes we were wading up to our waist.

By now, we were very weak. For days we had no food. When Laito fainted, we would stop to rest in the shade of a tree. But we are no strangers to hunger.

Despite Laito’s weakness, I knew we had to keep walking. Eventually we reached a river too deep to walk across. I paid two men to help us cross. They had no boat – only a plastic cloth. The men placed the plastic on the water and swam it across.

It took us two days to walk to Gumuruk. A nurse at the Médecins Sans Frontières clinic said to us, ‘you have to go to Pibor where they have better facilities. It is possible she needs a C-section.’



In Gumuruk village, South Sudan, we operate a clinic to provide primary healthcare and referrals for people in the area. When Laito and Chacha arrived at the clinic, we were able to care for them and send them to Pibor to help Laito deliver her baby. © Ella Baron, 2021.



Laito and Chacha's village is remote, "many days walk" from Pibor. © Ella Baron, 2021.



On their journey to get the healthcare they needed, people cared for Laito and Chacha. © Ella Baron, 2021.

'But the path's flooded,' I said, 'we will never make it.'

'I'll message Médecins Sans Frontières Pibor – they will send a boat,' said the nurse.

All we could do was wait and hope. I worried to myself. Perhaps they will not come. Perhaps the baby is already dead. Perhaps I will lose Laito, too.

We waited two days and then Maria the midwife came by helicopter. Maria, incidentally, is who Laito named her baby after.

After the helicopter arrived, many things started to happen very fast. Then, when it seemed the contractions had lasted eight seasons instead of eight days, everything came to a standstill. Except for Laito and her baby. And she was the only thing that mattered."

**A community leader in South Sudan I met told me: "There are three things that we need, so we can go back and start our lives again: peace, education, and health.**

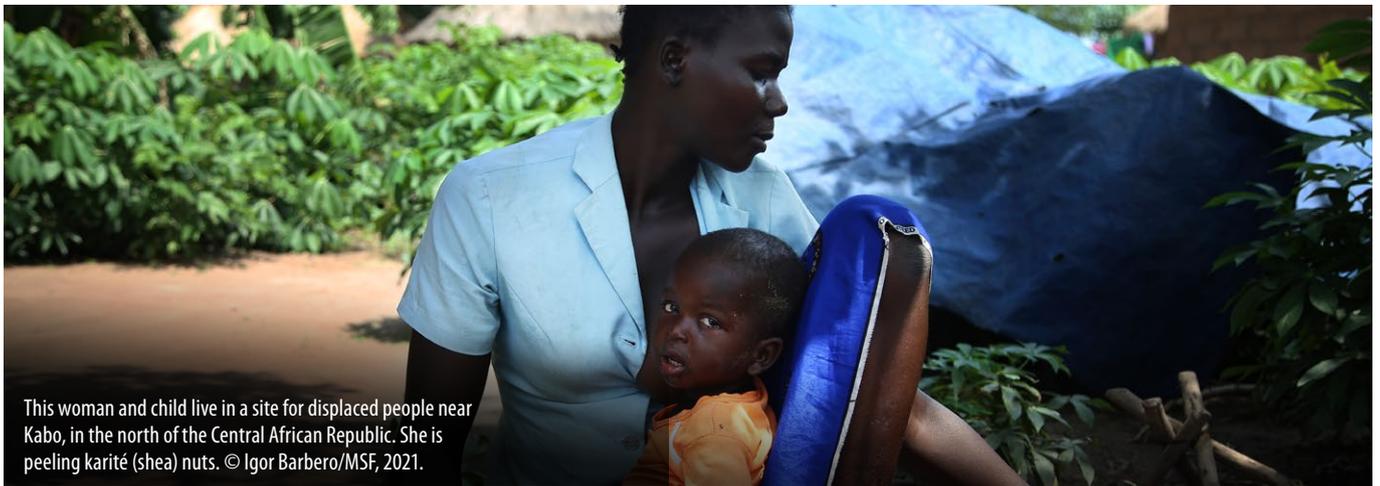
**I flew back to Juba with these words stuck in my mind. At the 10-year anniversary of the country's independence, there is nothing to celebrate but much to reflect on and a lot of work to be done. Work to bring peace, to invest in education, and to build capacity for an accessible and robust primary health system.**

– Dr Christos Christou, International President of Médecins Sans Frontières, who recently worked in South Sudan.

# WHEN VIOLENCE CAUSES FAMILIES TO FLEE



Patients wait in the outpatient department waiting area at our hospital in Kabo, Central African Republic. © Igor Barbero/MSF, 2021.



This woman and child live in a site for displaced people near Kabo, in the north of the Central African Republic. She is peeling karité (shea) nuts. © Igor Barbero/MSF, 2021.

When people are forced from their homes, the risks to their health rapidly multiply. Children go unvaccinated, women lose access to maternity care, elderly people and those with chronic conditions miss out on vital medications, and deadly diseases like malaria or cholera kick in.

Over the past year in Central African Republic (CAR), the security and humanitarian situation has deteriorated amid clashes between armed groups and government. In recent months alone, hundreds of thousands more people have been displaced, making a total of around 1.4 million now living in hardship, deprived of care.

In a country already hard-hit by years of civil war and facing a chronic health crisis, this latest cycle of violence is escalating people's vulnerability.

We have worked in CAR since 1997, and are currently running regular projects for local and displaced

communities in eight provinces and in the capital, Bangui. We provide primary and emergency care, maternal and paediatric services, trauma surgery and treatment for malaria, HIV and tuberculosis.

However, as violence surges throughout the country, we have launched emergency projects in the worst-affected areas, to help safeguard communities, treat conflict-related trauma and remove the barriers to medical care.

Insecurity and fear of attacks have forced many to flee towards larger towns. Our hospitals are seeing an increase in patients in urgent need of treatment as more displaced people arrive.

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**“Active fighting has caused a very volatile situation, which constrains access to healthcare for a population already struggling to get the basics.”**

— Rhian Gastineau, head of mission, CAR

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## VOICES OF THE DISPLACED IN CAR: “WE LOST EVERYTHING, BUT AT LEAST I AM ALIVE”

One of the places our teams have seen an increase in patients is Kabo, northern CAR, close to the border with Chad. Newly uprooted communities, exhausted and traumatised, have been pouring in there since April. In this town of over 60,000 people, one fifth have been displaced, amid growing need and despair.

One of them is Naodia, 25, from Beltounou, a village on the outskirts of Kabo. She was at home, lying in bed next to her two-year-old daughter when shooting started, and a bullet struck her in the abdomen. The attackers then set her house on fire. Naodia fled with her husband and two other children and hid in the forest:

“I could barely walk. I had pain throughout my body, not only because of the gunshot wound, but also because I was four months pregnant. My husband got hold of some bicycles and we started the journey to Kabo in the middle of the night.”

It took them three hours to reach Kabo, along a dirt road littered with water-logged potholes. She added:

“My husband carried the children and one of my brothers carried me. It was very difficult and we suffered a lot.”

At our hospital in Kabo, Naodia had surgery for her gunshot wound and is now recovering. As she said:

“At least I am alive, but we lost everything we had. I do not even have my own clothes now.”

Tanguina, 25, was also recently forced to flee to Kabo with her husband and three children. The family left everything behind, and now live in one of the settlements for displaced people, site B. Tragically, being displaced is nothing new to her, as she explained:

“Since I was seven years old, the same story always repeats itself. I have been on the move a long time due to the war. I have lost my belongings, my farmland, everything. I have children, but I do not even know how I will feed them.”

Hawa has been living in site C, a neighbouring settlement, since 2013, after violence engulfed her neighbourhood in the CAR capital, Bangui. She said:

“At that time, I lost a lot of my family: my dad, brother, several nephews. Before, we earned a good living as merchants. We even used to go to Ndjamena, in Chad, to buy clothes, carpets, perfume and sell them in Bangui. But now I barely have anything. I try to do small jobs, like cleaning people’s houses or selling firewood, to survive. I feel pain seeing my children grow up uneducated, without having the chance to go to school. This is no future at all.”

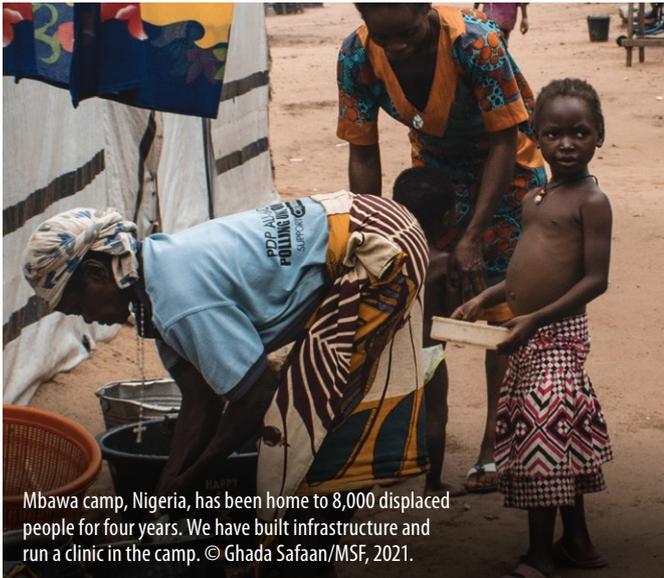


A staff member checks a child's condition in the paediatric ward in Kabo. © Igor Barbero/MSF, 2021.

# TREATING MALNUTRITION IN NIGERIA

**“When I see people who have been in anguish getting medical help, it makes them smile, and I feel like I am being given the whole world.”**

– Mohammed, assistant field coordinator, Maiduguri



Mbawa camp, Nigeria, has been home to 8,000 displaced people for four years. We have built infrastructure and run a clinic in the camp. © Ghada Safaan/MSF, 2021.

In north-eastern Nigeria, desperate living conditions, malnutrition and widespread displacement show the devastating impact of the ongoing conflict.

Hundreds of thousands of people have fled the violence, many to Maiduguri, the capital of Borno State, and are now living in multiple displacement camps around the city. Leaving behind their homes and livelihoods means many now live in extremely tough conditions, reliant on outside aid for food, shelter or clean water.

We run a mobile clinic that visits five camps, and a malnutrition project providing both inpatient and outpatient treatment for children. We have around 70 beds for the most severe cases, and they are all full.

## I Could See The Joy On The Parents’ Faces:

Mohammed Dikko Abdullahi, Médecins Sans Frontières assistant field coordinator, shares the story of a young family and the medical care that saves lives in his home town of Maiduguri:

“I came across a man near my house here in the city. He said that his child had been sick for about three weeks and he could not get help. He was told that he

should look for me, that I would know what to do. He explained that he did not have money to pay for treatment, but I reassured him that it would be free.

On Monday morning, the man with his wife and child were the first people I found standing at the gate. The child was admitted as an inpatient, severely malnourished.

The father explained that they had to leave their home because of the conflict, and that he had just come to Maiduguri recently. He does not have a job, nobody is supporting them, and that meant it was hard to get enough food. This is a common story.

Lots of people in this area are subsistence farmers: they cultivate, they sell some of the crops they produce, and they keep some to feed their families.

The violence means that many people have had to leave their farms to find safety. Lots of families have lost their breadwinners. Even for people who have farmland close to Maiduguri, the security situation now does not allow people to cultivate as it is not safe to travel outside of the city.

So, people are just using little portions of land around the city to cultivate crops, which is not enough to feed the entire state.

I am part of the management team, with a particular responsibility for security monitoring. But I always go around the beds to say ‘good morning, how are you doing, how are you feeling?’

Just this morning I went to visit the children on the malnutrition ward, and I saw the man and his family. The child is about nine months old, and after two or three days at the feeding centre is already improving. I could see the joy on the parents’ faces. I derive a lot of pleasure and satisfaction from knowing we are making an impact.

I used to be a radio producer, which paid better, but I have passion for what I am doing now. It is not the money that matters but what goes down into my soul. When I see people who have been in anguish getting medical help, it makes them smile, and honestly, I feel like I am being given the whole world.”



Médecins Sans Frontières treats survivors of sexual violence in countries all around the world. We helped care for this woman at our Tongolo centre (meaning 'star') in the Central African Republic.  
© Adrienne Surprenant/Collectif Item for MSF, 2020

# SEXUAL VIOLENCE: A DAILY HORROR IN DEMOCRATIC REPUBLIC OF CONGO

Sexual violence is a major emergency throughout the Democratic Republic of Congo (DRC). In 2020, our teams there treated an average of 30 survivors of sexual violence per day.

Now, escalating conflict has triggered massive movements of people. Sometimes, rape is used by attackers to subdue a community, but despite the clear link between conflict and sexual assault, our teams have also observed that sexual violence is increasing in areas considered more stable. As Juliette Seguin, head of mission in DRC, detailed:

“While troop movements and fighting clearly increase the number of sexual assaults, these are also perpetrated by people not bearing arms, and their victims are equally in need of care, support and protection.”

Given the magnitude of the problem and its consequences, we are calling on national and international organisations, as well as donors, for more emergency and long-term support programs in DRC, to accompany survivors until they have made a full medical, psychological and socioeconomic recovery.

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**“A victim of sexual violence is an emergency. She needs to receive treatment immediately.”**

– Yvette Kanyere Kivuya, Médecins Sans Frontières social worker, Masisi, DRC

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While women and girls are the most vulnerable to sexual violence, boys and men are not spared. Social worker Yvette Kanyere Kivuya commented:

“In our consultations we see children not even five years old, we see mothers, under-18s. Most of the times these rapes occur on the road as people go about their business or to the market. Most of the people in the area are farmers.”

Ideally, sexual violence survivors should receive treatment within 72 hours to prevent pregnancy, HIV or other sexually transmitted diseases. In response to this growing crisis, we provide emergency medical care for both physical and psychological trauma in the areas most affected, including North and South Kivu, Kasai, Ituri and Tanganyika.

# TIGRAY: AN ESTIMATED 5.2 MILLION PEOPLE IN NEED OF ASSISTANCE



Tens of thousands of displaced people sought shelter in the city of Shire in the Tigray region. We supported the hospital and distributed water, sanitation and relief items. © Claudia Blume/MSF, 2021.

Over a million people have been forced from their homes in the Tigray region of northern Ethiopia since conflict broke out in early November 2020. Many are finding shelter where they can in host communities, while at least 70,000 have sought safety in Sudan. Our teams have been providing medical care in Tigray since mid-December, as well as at the border crossings for refugees arriving in transit centres in Hamdayet and Hashaba village. We have also established clinics in the camps at Um Rakuba and Al Tanedeba, Sudan. An estimated 5.2 million people are now in need of assistance in total.

The healthcare system in the region has completely collapsed, and many hospitals and centres were looted, ransacked and unable to function. We made rehabilitating health facilities and providing them with drugs and other medical supplies an initial priority, and provided medical support in emergency rooms, maternity wards and outpatient departments.

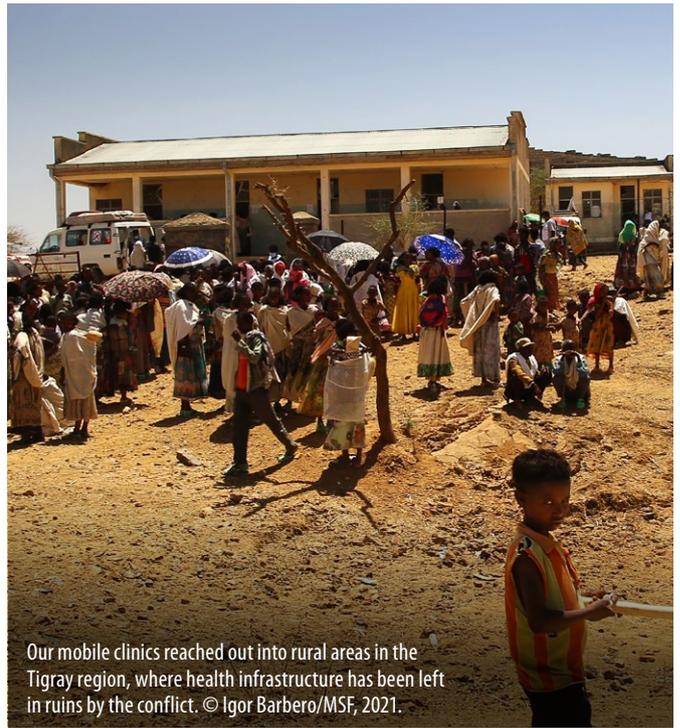
The situation remains extremely precarious and volatile for people and teams attempting to provide lifesaving assistance. Several of our programs have been interrupted by violence, but we continue to run medical and humanitarian services in Addis Ababa, Guji, Southern Nations, Nationalities and People's Region, and southeast Tigray, as well as supporting people who have fled the conflict in search of safety, including large communities in east Sudan.

## “THESE PEOPLE ARE SAD”

Karline Kleijer, emergency department head, gives this moving account of the devastating consequences for people forced to flee the Tigray conflict into Sudan:

“Before the fighting, at least five million people were living in Tigray. Since the conflict started we know that 50,000 people fled and they are now in Sudan as refugees. We also know that a large part of the population in Tigray are still in areas where there has been hardly any humanitarian assistance provided.

In the early days of the fighting, refugees started to arrive in Sudan – most from the west Tigray area. But lately we are also seeing people coming all the way from Mekelle or from Shire areas. We are working in the border crossings, in Hashaba and Hamdayet villages. From the transit camps the refugees are then moved to permanent camps such as Um Rakuba and Al Tanideba, established camps where people can stay for a longer time.”



Our mobile clinics reached out into rural areas in the Tigray region, where health infrastructure has been left in ruins by the conflict. © Igor Barbero/MSF, 2021.

## BUILDING A TOWN FOR 50,000 PEOPLE

“In all those locations we are providing medical care and assisting with water services, to help to meet their basic needs. The situation is still precarious, because 50,000 people in a very short time, in an area which is not very accessible, means that a lot needs to happen to take care of these people. The fact is we need to build a town for 50,000 people.

The initial refugees who crossed the border were still quite healthy because they fled early on in the fighting. The refugees who are arriving today are often not in such good health, because they have travelled for much longer in this area of fighting and unrest. There have been longer periods where they have had difficulties accessing food.

We have heard a lot of stories of people being directly exposed to violence or being witness to violence. A lot of these refugees had to leave behind their houses, their farms and shops, or the schools where they were teaching. They arrive in a new country and they are a bit lost. These people are sad. Some are missing their family members. A lot of the refugees in Sudan are not feeling very good. We consider mental health as one of the biggest needs in Sudan.”



A member of our water and sanitation team walks towards the water treatment facility where Médecins Sans Frontières cleans and treats river water for the people in Al Tanideba refugee camp, east Sudan. © MSF/Dalila Mahdawi, 2021.

# AMID THE HORROR, WITNESSING THE BEST OF HUMANITY

A Médecins Sans Frontières staff member wrote these words recently after the conflict escalated around the hospital we support in Herat, Afghanistan:

“During the fighting, a lot of injured people were brought to Herat Regional Hospital. When people heard about casualties or bombs they would get on their bicycles and go to the hospital to donate blood. So many people donated that the hospital announced that they had enough supplies and would call people if they needed more. I find it inspiring that during the fighting there were people running towards the hospital to help. It shows incredible spirit.”

All around the world, the Médecins Sans Frontières movement exists because of this spirit, the drive to help people in need. With your help, we are working amidst dozens of conflicts around the world, helping the people that are most in need, in line with the humanitarian values of independence, impartiality and neutrality.

Everything that we do is because of the support of people like you. Thank you for your spirit.





Médecins Sans Frontières staff perform surgery in one of three operating theatres at Boost Hospital, Lashkar Gah, Afghanistan. Our team lived in the basement of the hospital during fighting so that they could continue to provide urgent care. We provided 3,698 consultations in our emergency room in the days of intense fighting between 15 and 21 August. © Tom Casey/MSF, 2021.



**MEDECINS SANS FRONTIERES**  
**DOCTORS WITHOUT BORDERS**

**Médecins Sans Frontières Australia Ltd**

ABN 74 068 758 654

PO Box 847 Broadway NSW 2007 Australia

Email [executive.director@sydney.msf.org](mailto:executive.director@sydney.msf.org)

[msf.org.au](http://msf.org.au)

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Jeannette, the medical supervisor of a Médecins Sans Frontières outreach team, calls back to base while on the road near Bangassou, Central African Republic. © MSF, 2021

