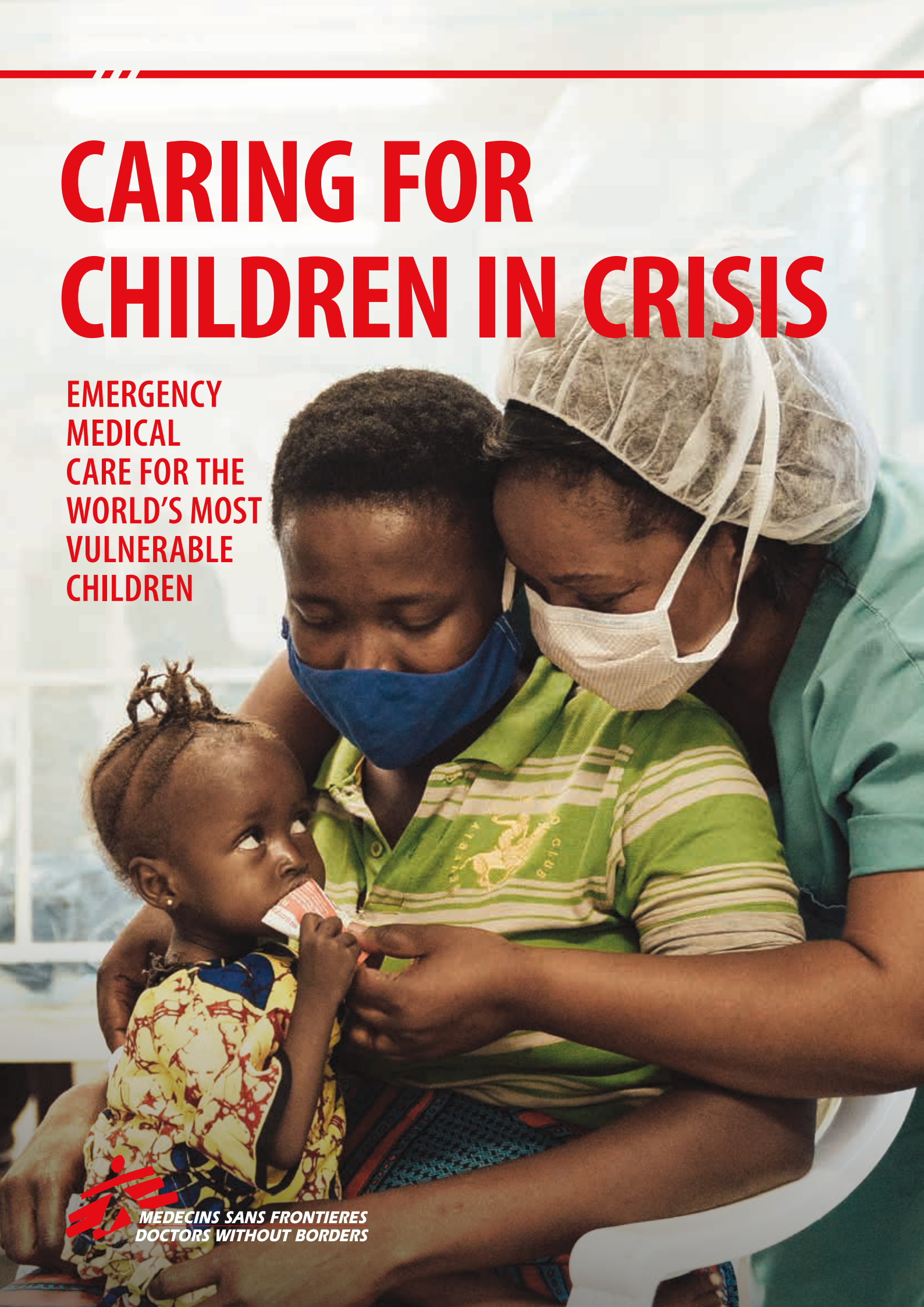
CARING FOR CHILDREN IN CRISIS

EMERGENCY MEDICAL CARE FOR THE WORLD'S MOST VULNERABLE CHILDREN



MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

“Having children and babies die in my hands is something I will never forget. But seeing others recover through our efforts was an indescribable feeling. They brightened the darker days and made our efforts seem worthwhile”

– Dr Madeleine Finney-Brown, Aweil, South Sudan.

Charles, nurse team supervisor at Hangha Hospital, Kenema, Sierra Leone: “To see what we are able to do for our patients, makes me really happy. That’s why I get the courage to be there for them.“ © Peter Bräunig/MSF, 2020

MEDICAL CARE FOR CHILDREN MOST IN NEED

Right now, children are facing multiple threats during this pandemic.

Though they are less affected by COVID-19 than people of other age groups, the knock-on effects of the virus, including lockdowns, restrictions and shortages, have disrupted essential care, putting millions of young lives at risk.

In all the contexts where Médecins Sans Frontières works, fragile health systems can quickly collapse under the pressure of an epidemic. With only limited health staff and weak infrastructure to support them, regular and essential services are at risk when they are needed the most. If healthcare falters, common childhood killers like measles, malaria, pneumonia and diarrhoea go untreated.

Providing effective and large-scale medical assistance is a complex task, especially in difficult situations caused by conflict, disaster and insecurity. However, it is vital to ensure children are not forgotten in this pandemic, explains Dr Nikola Morton, paediatric medical advisor in our Sydney Medical Unit:

"Children in the low income settings where we work will undoubtedly be among the hardest hit, as they live in places where the health system is already fractured, and where they already experience difficulties in accessing health care.

We must ensure the continuation of routine vaccination and nutrition programs, seasonal malaria prevention and treatment, and health promotion and education to encourage parents to seek timely medical care for their children."

The independent funds you provide ensure we have the most effective treatments and resources for children in our projects. Thanks to you and your ongoing and generous support, we can be where we are needed most, to ensure children are not left behind in this pandemic.

A PATIENT NAMED 'HOPE'

Paediatric advisor Inma Carreras advises on paediatric care in Médecins Sans Frontières' medical projects across the Democratic Republic of Congo (DRC), Guinea-Bissau, Niger, Mali, Nigeria and Liberia, as well as Lebanon. In this Q & A, she describes the challenges her colleagues face, especially amid the added pressures of COVID-19, and a memorable patient named Hope.

What are the major medical conditions that affect children in these projects?

Here in West Africa, we have two seasons: the low malaria season and the high malaria season. Normally the high season lasts for five or six months, depending on the rainy season that year. It starts around May, and then slowly, slowly goes up. You have a huge peak, around September-October, and then it drops back.

During the high peak, our hospitals are at double capacity. In Niger and Mali, a hospital that normally has 100 beds can almost reach 300 beds during the peak.

Most of the patients arrive not only with malaria, but different complications too, combined with the malnutrition that we normally see due to food insecurity.

These are the biggest killers: malnutrition and then seasonal diseases, like malaria. Altogether, these children are already in a very fragile state.

How do you treat a severely sick child with multiple complications?

We have protocols that in a systematic way cover everything we need to tackle, from A to B to C and so on. By covering all the needs in this way, you do not miss anything. Basically, you are treating everything at the same time.

How has COVID-19 impacted your projects?

At the beginning of the first wave, some activities were stopped. We had discussions about how this could impact this region, because no one really knew the situation. The first thing our teams suffered were delays in medical supplies. This was a very hard time for our patients and our projects. It was the same with our staff, both national and international, who could not be deployed to projects to continue their activities, and this had a huge impact.

During the first wave it was also clear that patient numbers were much lower than the year before. People were not coming to our hospitals for many different reasons, but not because we were not providing care. Our teams around the region tried not to stop any activities, but instead to reorganise them. For example, to avoid patients being all together in the waiting areas, we would refer them on if they were green, or non-critical. Our teams constantly tried to cover the same needs as ever. It was amazing, really, to see their efforts as they tried to continue supporting all our paediatric patients. However, children were coming in fewer numbers.

We saw this displaced child at a clinic in Koro, Mali, and conducted a rapid malaria test. © Mohamed Dayfour/MSF, 2020.

Did you understand why that was happening?

COVID-19 was one of the main factors, but this was not so much related to lockdowns. It was also related to misinformation coming through social media – misinformation that was in fact, very dangerous. In Nigeria, for example, it was said that you would get COVID-19 in the hospitals, and that outside organisations 'are bringing diseases to us'.

However, in Niger and Mali, it was more about food insecurity, and how rising prices were affecting families struggling to find enough money to buy food at the markets. Also, because people need to travel long distances to come to us. So there were many different factors.

What is your major concern about the secondary effects of COVID-19 on children?

It is still an unknown. We are very afraid that the economic crisis this region is already suffering will mainly hit people in the very poorest conditions, and make them more vulnerable. This means no healthcare, no water, it means malnutrition. It means no medicine, no money for transport if they need to go to hospital – all this, plus health systems that are not functioning. Most of all, we are afraid that malnutrition will increase due to food insecurity, and this will affect children the most. If you stop vaccinating for preventable disease like measles, it adds many more deaths that we are currently able to prevent each year. From there, it will take time to get back to an epidemiological environment that is safe for children.

We are also concerned about other activities being stopped. If women are not coming for prenatal care, there will be more stillbirths, more asphyxias. And children will be susceptible to diseases that their mothers are usually treated for. Normally we treat mothers for diseases like HIV and syphilis, but if we cannot test for and treat these diseases, mothers can pass them on.

What steps are you taking now to prepare for what might come?

Our teams have been working on new nutrition strategies, for example, with simplified protocols, to really try to reach more children, to tackle and decrease the number of sick children with severe acute and moderate acute malnutrition. We are starting to see this number really increasing, as anticipated. We are also ensuring that seasonal chemoprophylaxis for malaria is in place, to reinforce coverage for populations.

We helped build the Hangha hospital in Kenema, Sierra Leone in 2018. It now offers a full range of paediatric services including an emergency room, intensive care, a feeding centre, general and isolation wards, as well as a laboratory and blood bank. © Tom Casey/MSF, 2020.

What would you say to donors for their support?

I would really thank donors who make such an effort to help us to provide this care. Because the people that we are treating are the most vulnerable of all, and you are providing care for where it really is most needed. You can only imagine the conditions: in conflict zones, where there are zero vaccines, no water, no services at all, people are completely afraid, they have family members who have disappeared, they do not know what to do. These are the people you are helping.

Finally, are there any memorable patients that have stayed with you?

So many. But I do remember a little boy in DRC who had sickle cell disease. He lived very close to our hospital. He was three years old, with a big belly because he was malnourished, and also because of this chronic disease. He came to the hospital, sick, all the time. He was always on our minds because he was in such a critical situation from this disease for which there is no cure. And because his name, Espoir, means hope.

He came to the hospital every three weeks for transfusions, and the whole team knew his family by their first names. I think they were very grateful for this relationship, because it provided extra support.

Every day as we passed his house, we looked for him. And if he was not at his door, waving to us with his tiny hand, we would say, uh-oh. He must be at the hospital. He has gotten sick.

I do not know where he is now. But I often wonder if he is okay.

COMBATING THE SILENT KILLERS

Each year, diseases like measles, malaria and pneumonia, that are easily preventable and treatable, silently claim hundreds of thousands of children's lives.

Daliatima, aged three, rests on a bed in our paediatric inpatient ward in Ndu, DRC. Daliatima, who has sickle-cell disease, and her mother were forced to flee conflict in Bangassou, Central African Republic when she was only a baby, and managing her illness is a challenge. © Alexis Huguet, 2021.

"While children are less likely to be directly affected by COVID-19, they are certainly not spared from the consequences of the virus"

– Médecins Sans Frontières paediatric medical advisor Dr Nikola Morton.

Now is the time to vaccinate children against measles

Measles cases hit record numbers in 2019, as high as they have been since the mid-1990s. Worse still, measles vaccination campaigns have been prevented by the COVID-19 pandemic. According to the WHO, campaigns in 24 countries have been cancelled or postponed in the 12 months since March 2020. In some cases, catch-up programs have not been organised, which could have severe implications lasting for years.

When it comes to measles, young lives are at risk whenever preventative vaccination rates drop in a community. Around 380 people die of measles every day, most of them children. Reduced access to vaccinations will create dangerous immunity gaps. We fear that this highly contagious, vaccine-preventable disease will rise in the coming months, leading to many more deaths.

Launching a campaign before measles reaches an area dramatically reduces the chance of an epidemic. For this reason, part of Médecins Sans Frontières' response is to conduct mass vaccination campaigns in places where measles vaccine coverage is low, but the chance of an outbreak high. In 2019 alone, our teams vaccinated over 1.3 million children against measles.

"Children should not have to die of a preventable disease like measles," says Adelaide Ouabo, medical coordinator in DRC. "We have had a vaccine for measles for decades, and we need to make sure that as many children as possible have access to it."

"Each morning I hold my breath as I enter the paediatric intensive care unit, hoping the beds are still occupied by the same patients as the day before."

– Dr Madeleine Finney-Brown, Aweil, South Sudan.

Every two minutes, a child dies of malaria

We treat about two and a half million malaria patients in our projects every year, including young children, and carry out seasonal malaria chemoprevention to help protect babies and children under five.

We cannot fail children

In South Sudan, a region beset by conflict and displacement, children bear the brunt of widespread malaria and malnutrition. Australian paediatrician Dr Madeleine Finney-Brown arrived in our paediatric ward in Aweil at the start of last year's malaria season:

“A combination of factors, including ongoing conflict, climate change, and COVID-19 have all compounded to make South Sudan one of the most in-need countries.

Too much rain or not enough is a constant issue. Some parts of the country are flooding, whilst others lack the necessary rain for growing crops. Either way, there is food scarcity and hunger in many areas of the country.

My first patient is a three-year-old girl who arrives semi-conscious, with cerebral malaria. Cerebral malaria is a terrible condition, and affected children often present to us in various stages of coma. We treat them as best we can but have to just wait and hope the treatment works. We hope that they do not stop breathing or go into the prolonged or recurrent seizures of status epilepticus. We hope that they wake up.

This little girl has been brought in by her mother, who describes a short history of fever and lethargy, with a declining conscious state. We start the girl on antimalarials, antibiotics and fluids, and then we start the wait.

By the next morning, she is completely unconscious, and her breathing is more laboured. Her mother pleads with us to save her child, but we can only continue her treatment – and wait.

A two-year-old has been admitted overnight to the bed across from her. He also has cerebral malaria and is now on the resuscitation bed being manually ventilated with a bag and mask. He went into status epilepticus for several hours during the night, and was given multiple medications which seem to have finally stopped his seizures. But his level of consciousness is now very low and he repeatedly stops breathing. It does not look good.

Each morning I hold my breath as I enter the paediatric intensive care unit, hoping the beds are still occupied by the same patients as the day before. In my short time here thus far, I can already see that the national staff are incredible, and they do the best they can with the resources they have. But they know the challenges better than I: children come in very sick, some survive against the odds, and some do not.

A child is vaccinated in Nyatuat village in South Sudan. One week per month, we conduct routine vaccinations for children under five in the town and villages around our hospital at Old Fangak. © Tetiana Gaviuk/MSF, 2020

As I arrive on my third day, the three-year-old girl is not in her bed. She did not survive the night. Instead I see another child, equally as unwell.

Dejected, I turn, and am amazed to see the two-year-old boy sitting up, breastfeeding. He cries when he sees my gleeful face, and it is a beautiful sound. He will survive. For this we are all grateful.

My time in Aweil was one of the most heartbreaking and challenging experiences of my life. Having children and babies die in my hands is something I will never forget. But seeing others recover through our efforts was an indescribable feeling. They brightened the darker days and made our efforts seem worthwhile.”

Severe malnutrition on the rise in crisis zones

We admitted over 76,000 severely malnourished children to our nutrition programs in 2019.

The diet of young children has a profound impact on their physical and mental development. Malnourished children under the age of five have severely weakened immune systems and are less resistant to common childhood diseases. Of the more than five million deaths of children under five each year, malnutrition contributes to nearly half.

Last year, we worked with the ministry of health in Mali to vaccinate 95% of children between 6 months and 14 years old against measles. We helped reach out to children in rural areas, like this one in Bourem Inali, a town on the Niger River 20 kilometres southeast of Timbuktu.
© Mohamed Dayfour/MSF, 2020

"Malnutrition exposes children to a host of secondary diseases, which can be fatal if left untreated."

– Muriel Boursier, Médecins Sans Frontières Head of Mission, Yemen.

In conflict and crisis zones like Yemen and Afghanistan, Médecins Sans Frontières is running multiple projects for children and families where healthcare systems have collapsed.

Muriel Boursier, Médecins Sans Frontières head of mission in Yemen, explains the suffering that the conflict has inflicted on children like two-year-old Hamdi: born into crisis in the middle of a warzone, he is battling for his life against severe malnutrition and pneumonia – two conditions that are entirely preventable:

"This is already the second time Hamdi has been a patient at our Abs Hospital, in northern Yemen. The first time he was five months old. His eyelids are swollen, he has a constant cough and he has a hard time breathing. His family has lived in a country at war for the past six years. He has known war for his entire life.

Hamdi is one of more than a hundred children we have treated at the Abs Inpatient Therapeutic Feeding Centre

Mariam holds her son and his vaccination card after he has received measles vaccination in Arnassaye, an outlying village in Mali.
© Mohamed Dayfour/MSF, 2020

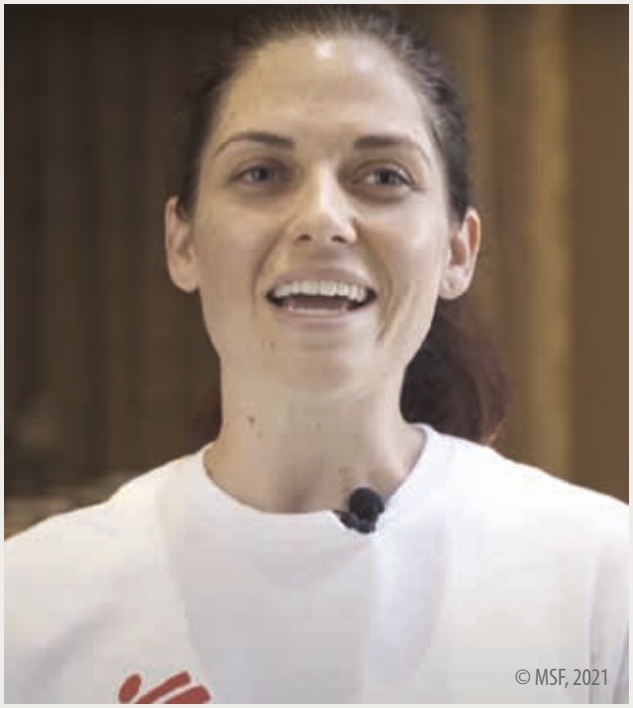
since the beginning of the year. Most of them are under five and all are suffering from severe malnutrition. We always see a spike in cases at this time of year, but these days it is worse: cases are up 41 per cent on the same six-month period last year. It hurts to look at the children we have admitted.

There are many reasons why we are seeing malnourished children in Abs, but most of them are connected to the brutal, six-year long conflict. The war has decimated the economy, destroying livelihoods so that people can no longer afford food to feed their families or fuel to travel to seek work or medical care. Prices are constantly rising: without humanitarian aid, many families would not eat at all.

Many malnutrition-related health complications could be avoided with the provision of basic services at the primary healthcare level. Médecins Sans Frontières has worked in Abs district for over five years, and the number of patients often exceeds the capacity of our ward.

The children we treat, who manage against all odds to overcome severe malnutrition, heart disease, pneumonia, and other serious illnesses, must not be failed by those who have the power to help."

TACKLING MALNUTRITION IN AFGHANISTAN



NAME: HANRI RUST

Occupation: Paediatric nurse supervisor
Project: Boost Hospital, Lashkar Gah
Country: Afghanistan

"I have just come back from a nine-month assignment in Helmand province, southern Afghanistan, as a paediatric nurse supervisor. Ours is quite a big hospital, with four paediatric departments.

I absolutely adore children, and there I saw children coming in very sick, very malnourished. Weeks later they leave, healthy, and happy to go home. That was a nice thing to see.

One of my favourite stories is about a baby boy who was brought to us by his grandmother, at three or four months old. He was very weak, tiny, too small for his age. He was continuously vomiting, could not drink any milk, did not want to breastfeed; he just kept on losing weight.

We admitted him, and then a couple of months later, just before I left, I was walking down the corridor and literally stopped in my tracks: I saw his grandmother standing there, a chubby and healthy looking child in her arms, and I asked, 'Is this the same baby?' She said yes. He had started feeding, growing, picking up weight, and he looked fantastic."

BORN IN A CONFLICT ZONE

"It is like working with your eyes closed. I am here to help this woman give birth, but I do not have all the information."

– Médecins Sans Frontières midwife Tamara Molina Montalvo, Yemen.

The humanitarian crisis in Yemen continues to shatter lives. After six years of conflict, our teams continue to work close to the frontlines to support the health system which has almost collapsed because of the violence, and now the pressures of COVID-19.

Under these dire conditions, babies continue to be born. In 2019, our teams assisted 5,900 births in the conflict-affected regions of Taiz, Hajjah and Ibb. However, with a shortage of antenatal care, a lot of pregnancy complications that could have been prevented are missed.

In our maternity ward in the battle-scarred city of Abs, many women arrive with serious conditions like obstructed labour, haemorrhage and eclampsia. UK-based Médecins Sans Frontières midwife Tamara Molina Montalvo describes the challenges of welcoming new life into this unstable world:

"In Abs we do not have cardiotocography monitoring. In London, a woman considered a high-risk pregnancy would be connected to that constantly to monitor the wellbeing of her baby.

So, instead, I am listening to the heartbeat of the baby with an audio device called a Sonicaid.

The heartbeat is 145 beats per minute, which is okay, but it does not give enough information to know if the baby is suffering from a lack of oxygen, or give me a full picture of its wellbeing.

It is like working with your eyes closed. I am here to help this woman give birth, but I do not have all the information about what is happening. You cannot see anything, so it is a surprise, whatever comes. You just have to be ready and treat every woman as a high-risk case.

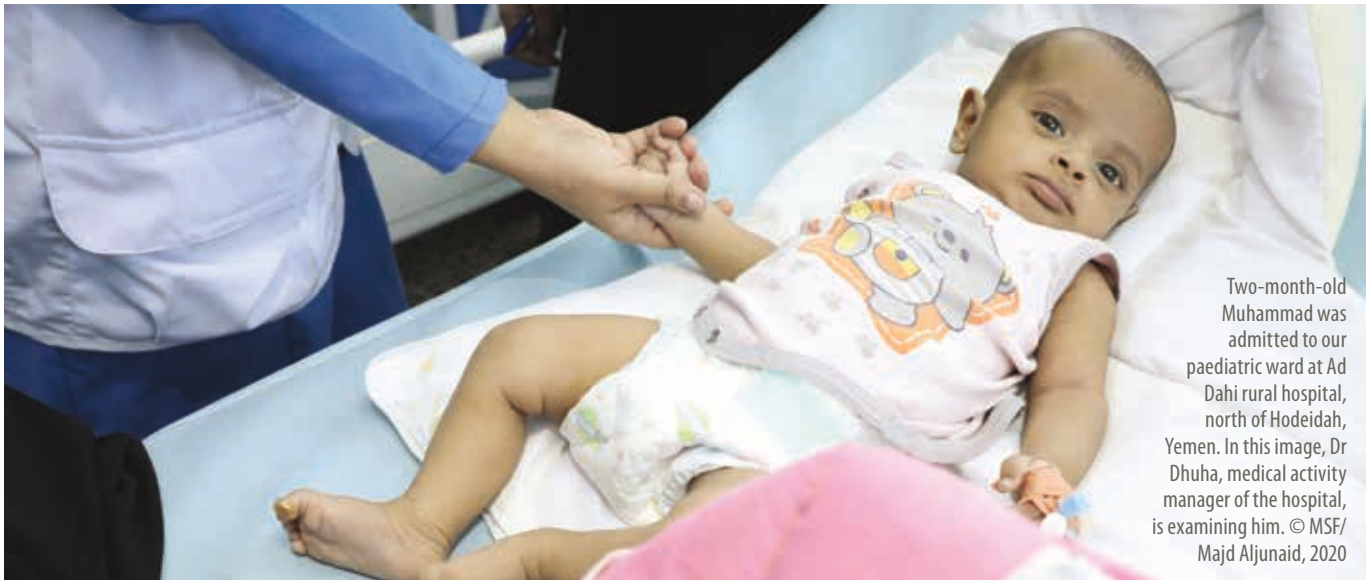
The conflict causes so many situations that I just do not normally have to imagine. People are struggling, their country is at war, they have medical conditions which they cannot get treated, and all of this is exacerbated in pregnancy.

I remember a woman who was readmitted to the hospital during my first week here. She had had a C-section and her scars had become infected. It can happen anywhere, but it is not that common in places like the UK.

We learned that the family just did not have the water to keep the wounds clean while they healed. They could not just go to the kitchen and turn on a tap.

On top of all of this, getting to and from the hospital is hard for people, because of situations caused by the conflict.

Despite these challenges, most of the women who arrived at the hospital did go home with healthy babies. In Abs, dealing with complications was a common event. I was so surprised at how well our midwife team managed and sent mothers and their new babies home together."



Two-month-old Muhammad was admitted to our paediatric ward at Ad Dahi rural hospital, north of Hodeidah, Yemen. In this image, Dr Dhuha, medical activity manager of the hospital, is examining him. © MSF/ Majd Aljunaid, 2020

PAYING THE HIGHEST PRICE IN CONFLICT

In Hodeidah governorate, families living near the frontlines are not only at direct risk from shelling or stray bullets, but roadblocks that make it difficult to reach medical care. Some rely on home-made medicinal treatment, which can further weaken their health. Médecins Sans Frontières continues to provide lifesaving treatment in Al Salakhanha hospital and Ad Dahi rural hospital.

"It was a difficult journey. Thankfully, his health is improving now."

– Yahya's aunt and caregiver.

Yahya, 4, suffers from meningitis and is being treated in our paediatric intensive care unit at Ad Dahi hospital.

"Shortages in vaccines and vaccination campaigns as well as poor health awareness can cause children to contract meningitis, which needs intensive medical treatment," explained Dr Dhuha, Médecins Sans Frontières medical activity manager in Ad Dahi.

"Now his health has improved and we are waiting for him to be discharged."

– Abdo's father, Ismail.

Not yet two, Abdo was suffering from diarrhoea and was extremely weak. His family struggled to get from their desert home to Ad Dahi hospital, where he is being treated for malnutrition.

"Seven out of ten paediatric patients admitted to the hospital are underweight and suffering from malnutrition with health complications," said Dr Dhuha.

"We were playing in the street when a mortar fell on us."

– Rayan, 18.

The mortar attack killed four people, including two of Rayan's family members, and wounded 18. Rayan received emergency surgery on his leg in Al Salakhanah hospital, and is now recovering.

"We receive all kinds of emergency cases, from gun shots, to accidental trauma and shrapnel wounds," explained Dr Mohammed Al Emad, medical activity manager.

MIRACLES AND DREAMS AMID DISASTER

"At no point did we move an inch from his stretcher. Our confidence grew – he just had to make it."
– Médecins Sans Frontières paediatrician Dr Annette Werner.

As heavy rains caused severe flooding in northern Yemen, it added another layer of pressure to our medical response in the region, explains Dr Annette Werner, a paediatrician:

"Seven months in Yemen left a deep mark on me, but my last weeks in Khamer, a small village in northern Yemen, were more demanding and touching than anything before.

The flooding had caused a dyke to burst. Suddenly there was a huge commotion. The emergency room door flew open, and an eight-year-old boy was carried in by his father, who had found him drowning in the floods.

With a body temperature of only 32 degrees, he was severely hypothermic, unconscious and had persistent seizures due to the lack of oxygen he had suffered. There was a large amount of water in his stomach, but his lungs sounded largely free and well-ventilated. That gave us hope.

His heart rate and oxygen saturation were steady and that also gave us courage. It took us two hours to stabilise him. At no point did we move

Gaeza and her cousin fetch water for cooking in a camp near Marib. © Nuha Haider/MSF, 2021

Hafsa, a nurse at our mobile clinic in Marib, measures a child's arm circumference to diagnose malnutrition. We operate a therapeutic feeding program through this clinic. © Nuha Haider /MSF, 2021

an inch from his stretcher. As the evening progressed, the more our confidence grew – he just had to make it.

After we had stabilised him, we sent him by ambulance to the hospital in Sana'a, two hours away, in case he still needed mechanical ventilation. However, he was already so stable that he was only admitted to the monitoring ward. He was released four days later, walking, talking, laughing – healthy. My colleague and I were so happy. He did it!

"The children's wards were so overcrowded"

Due to the heavy flooding, the difficult routes from the rural areas to our hospital were made even harder.

More and more acutely malnourished children came to us, with serious infections that we usually found difficult to get under control. Often children came so late that this led to multiple organ failure.

We lost a lot of children during these weeks, and the situation tested our whole team. The children's wards were so overcrowded that you had to find your way through the additional mattresses on the floor during rounds.

There were always new emergencies, high-risk and premature births and complex cases that required our full attention and the support of telemedicine. There were many resuscitations, dying children in the intensive care unit, and constant tension. The huge responsibility seemed as heavy as a stone on some days.

One evening a Yemeni paediatrician said to me that he wanted to cry. Sometimes we were so exhausted in the evening that we lay down, unable to do anything. During these hours I became very aware of how different living conditions are in our world, how different the chances of survival, how different the demands on our daily existence.

We do not have to worry about how to feed our children or where to get medical help. All of this is simply there, it is taken for granted – and yet for many people it is not. I believe that it is important to be aware of this again and again and to be grateful for it, because it directs the focus back to the important things: family, friends, health, freedom, the ability to make decisions and put the future into our own hands.

When life and death come so close together, as in Yemen, you learn that it is not the material things that make us happy. What we will remember are human encounters, experiences – life itself. Room for miracles and dreams.

As a paediatrician, I have learned that it is possible to shoot pain into the sky as a make-believe rocket and blow away clouds. You can, and you should, believe in miracles amid harsh reality. We often had to admit defeat in Yemen. But as difficult as it sometimes was, we also lived through our little miracles."

Children play in the sand and push for space in front of the camera at a camp for marginalised people in Marib governorate. © Nuha Haider/MSF, 2021

During six years of war in Yemen, many people have sought refuge in Marib governorate. Fighting, however, has now reached the area and is displacing people once more and putting them at risk. © Nuha Haider/MSF, 2021

THIS NIGHTMARE MUST STOP

Among the most dangerous and overcrowded of the camps in Syria is Al-Hol, in the northeast. An estimated 65,000 people live there, unable to leave the closed camp. More than two-thirds of the inhabitants are children. There has been a rise in violence in Al-Hol in 2021, with more than 30 killings in the first two months of the year. © Ricardo Garcia Vilanova/MSF, 2020

"Life is tragic here, especially in winter – the tent can't keep us safe from the cold and the water. The situation is bad, and it is only getting worse."

– Chahine, resident of a displacement camp in Idlib governorate, Syria.

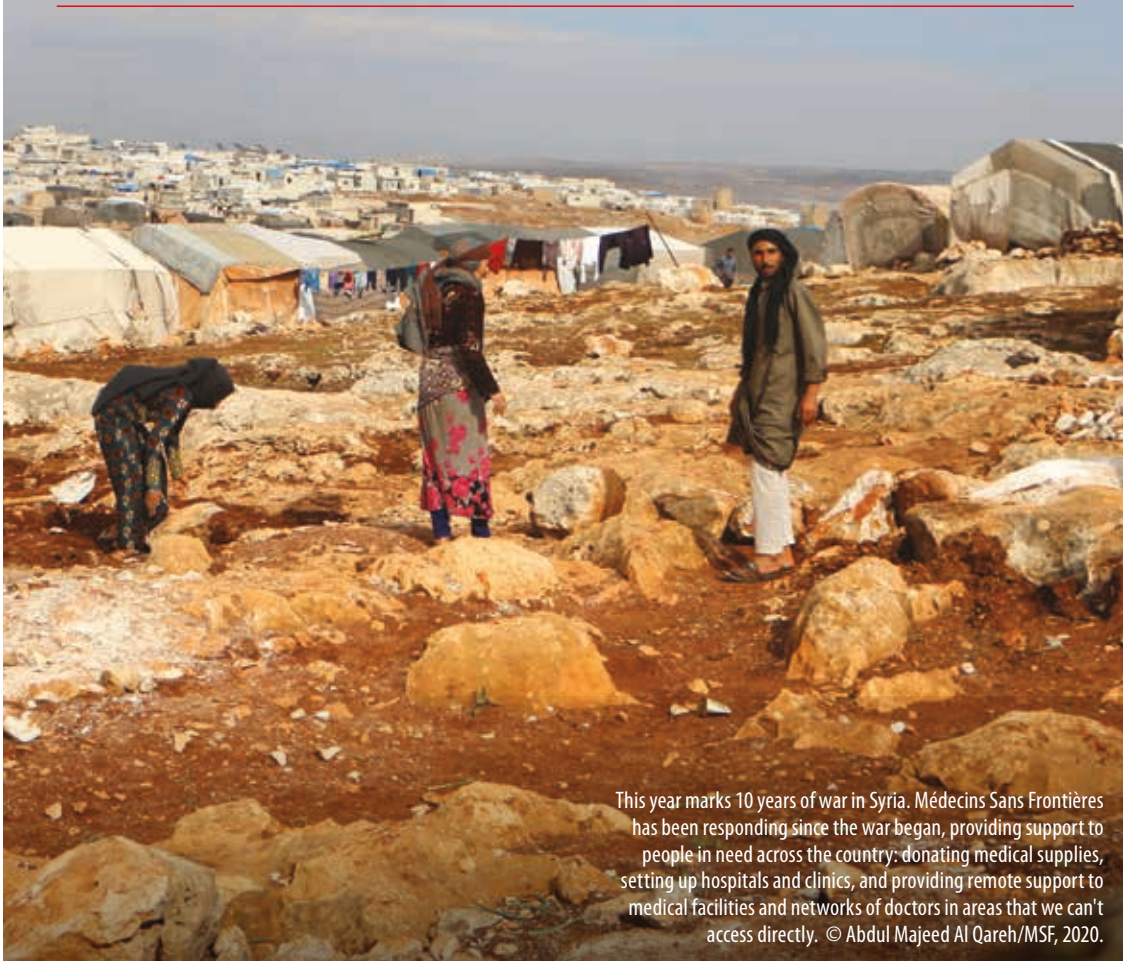
Chahine and his family fled his hometown in 2016 under heavy shelling. They have lived in various camps in northwest Syria ever since, settling in Fan Al-Shemali camp two years ago. © Abdul Majeed Al Qareh/ MSF, 2020

Nurses check on a patient in the Médecins Sans Frontières-supported COVID-19 treatment centre in Idlib city. The centre has an 11-bed ward for patients with suspected COVID-19 and a 19-bed ward for patients with confirmed COVID-19. We treated nearly 450 patients here in October and November 2020. © Abdul Majeed Al Qareh/MSF, 2020

Ten years after the first shots were fired, people continue to suffer. 5.6 million Syrians are scattered around the world, most in Turkey, Lebanon, Jordan, Iraq and Egypt. 6.2 million more are displaced within Syria, most living lives of precarity, with some in horrific conditions in camps. © Ricardo Garcia Vilanova/MSF, 2020

"People are being killed, often in the tents where they live. Many of those killed leave behind children who have no one else to take care of them. This is not a safe environment and certainly not a suitable place for children to grow up in. This nightmare must stop."

– Will Turner, Médecins Sans Frontières emergency manager in Syria.



This year marks 10 years of war in Syria. Médecins Sans Frontières has been responding since the war began, providing support to people in need across the country: donating medical supplies, setting up hospitals and clinics, and providing remote support to medical facilities and networks of doctors in areas that we can't access directly. © Abdul Majeed Al Qareh/MSF, 2020.

GUNSHOTS AND STAB WOUNDS

Against the back drop of COVID-19, crisis and instability persist in Haiti. Médecins Sans Frontières is witnessing the devastating effects on the people there, many of them young people caught in gang violence.

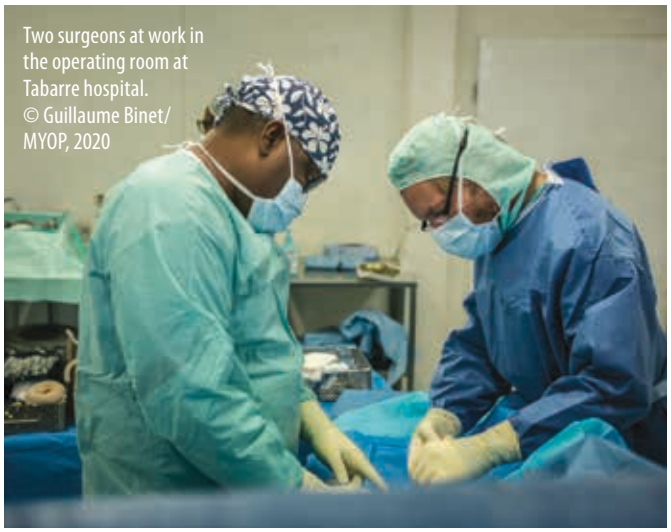
Patients wait for consultations in the Ambulatory Care Unit at Tabarre Hospital, Port-au-Prince, Haiti. © Guillaume Binet/MYOP, 2020

Disruptions caused by COVID-19 have also impacted the hospital, creating staffing and supply shortages. Despite this, it has remained open, admitting nearly 150 patients per month on average.

Médecins Sans Frontières surgeon Francesco Virdis shares his story of two patients who touched him deeply during his recent time in Tabarre.

Emmanuel was 19 years old, and arrived at the trauma centre on Friday night with gunshot wounds to his chest and abdomen:

"Emmanuel is in shock and he has already been transferred to the operating theatre. His lung is severely injured, but we manage to stop the bleeding. We open Emmanuel's abdomen, and do a procedure called "damage control" to allow the anaesthetic team to continue to infuse blood and drugs to stabilise him.



Two surgeons at work in the operating room at Tabarre hospital. © Guillaume Binet/ MYOP, 2020

It is 1 am and the surgery itself technically went as it was supposed to, achieving the goal of stopping the bleeding.

He lost almost four litres of blood between his chest and abdomen and our available resources could not have sustained him more than they did. Emmanuel will die at 9 am, at the age of 19.

We did everything we could, I say to myself. And that is it: there was nothing else we could have done. No one is at fault except whoever pulled the trigger.

Emmanuel's mum, sister and cousin arrive at the emergency room. They do not know anything. I explain what happened.

We are so sorry. Unfortunately, there was nothing more we could do.

The desperation of the mother is the final blow to that wall inside me that had probably already started to crumble a few weeks earlier.

I cannot even imagine how much pain something like that can cause, but now I know what it means to be a parent, and I face the terror of being on the other side.

We also offer physiotherapy in Haiti to help patients recover from their injuries. © Guillaume Binet/MYOP, 2020

A woman walks toward the main entrance to Tabarre hospital. © Guillaume Binet/MYOP, 2020

In my short time here, I have had numerous conversations about the violence people face here, and the fear caused by gangs. People have explained that in Tabarre, on every corner of the street, you can be kidnapped, robbed or murdered.

There is a real need to raise and spread awareness of what people here are living through.

This assignment has also brought so much joy and satisfaction for all the severely wounded who made it, for all the patients who thanked us when they left the hospital.

When the sadness flares up, I look at the photo taken with Delphine the day before she was discharged.

Delphine is 16 years old and a bullet pierced her aorta – the main artery that carries blood from your heart. To remove that bullet without causing uncontrolled bleeding, Delphine needed major surgery.

But this time we saved her.

Remembering her smile as she left the hospital brings up my human frailty once more, but this time to make room for happiness and pride.

Yet, here in Haiti, it is only a matter of a few more days before the next drama."

The outpatient department at Tabarre takes in approximately 80 patients a day for follow-up consultations, often for wound care and physiotherapy. © Guillaume Binet/MYOP, 2020

LIVING WITH CHRONIC DISEASE

Making a long-term difference in children's lives.

For children escaping violence or conflict, reaching safety does not necessarily mean their lives are out of danger. Those living with a chronic disease face serious complications, even death, if they lose access to lifesaving medication.

"I was confronted by the challenges they face," said Médecins Sans Frontières nurse Joyce Bakker, who worked with refugees in Greece.

"I am thinking about a seven-year-old boy who was living with type 1 diabetes, a serious health condition that requires regular monitoring and treatment.

He and his family had made the dangerous trip from Afghanistan all the way to the Greek island of Lesbos. I was impressed that he had survived the journey.

He had been diagnosed four years prior and luckily, he and his parents were familiar with the disease, trying to manage it the best they could.

In refugee camp settings, I have met people who have found themselves running out of insulin or without the means to measure their glucose levels.

I was confronted by the additional challenges they face. Imagine knowing insulin should be stored at cool, stable temperatures while living in a tent that can reach 50 degrees Celsius or drop below zero in winter?

Insulin injections should be timed with food intake, but often we found people were depending on food distributions in camps, which meant they did not have regular, consistent meals. This was not in their control.

Katrin, mental health activity supervisor, plays with children at our clinic on Lesbos. © Dora Vangi/MSF, 2021

A mother waits with her newborn child for a consultation at our clinic on the Greek island of Lesbos. More than 7,000 people, including 2,500 children, continue to live in tents, exposed to the harsh winter in the camp of Kara Tepe. © Dora Vangi/MSF, 2021

Sometimes I also saw that patients had not been given enough information on diabetes management. We saw patients who were taking two doses of medication at once, rather than separately in the morning and evening. This can have serious consequences, causing cardiovascular disease, nerve damage, kidney failure or blindness.

This boy was living in a container he shared with 30 other people. He would come to our clinic for medical consultations with a paediatrician. They would measure his glucose levels, adjust the insulin dose and prescribe treatment.

We managed to help the family transfer to another camp with better living conditions. There, we supported the boy with a glucometer and regular follow-up consultations.

It was not the kind of medical action I had anticipated when I joined Médecins Sans Frontières, but it has the same importance as emergency care. Through support and treatment, we made a difference in this young boy's and his family's lives, directly and in the long-term.

This little boy is now nine years old – I wonder where he is, and hope he is in good health."

SPECIALISED CARE: MONROVIA, LIBERIA

Two civil wars and an Ebola outbreak that killed many of its medical staff have had a disastrous effect on Liberia's health system.

Médecins Sans Frontières opened Bardnesville Junction Hospital (BJH) in Monrovia in 2015 to provide specialised care for children when the health system was strained during the West African Ebola outbreak. It is one of the few places in the country that provides specialised paediatric care and the only hospital with a dedicated paediatric surgery team.

Paediatrician Josie Goodyer spent her first assignment with Médecins Sans Frontières as the paediatric doctor in BJH, arriving shortly after COVID-19 reached Liberia. It was the beginning of many firsts, as she describes:

"The clinical medicine and acuity at the hospital was challenging, rewarding and career-changing. I ran simultaneous resuscitations in ICU on my first day.

A young patient named Surprise taught me to clinically diagnose severe hypokalaemia in children with severe acute malnutrition, children who were so floppy that in Australia your top differential diagnosis would have been a primary congenital neurological diagnosis.

One-month-old Success presented with a temperature of 33.3 degrees and a respiratory rate of 10, but we recognised her clinical severity and managed it early, resulting in complete recovery within 48 hours.

Promise had severe hypoxia from numerous causes, managed well with our consistent, reliable supply of oxygen and bubble CPAP – Continuous Positive Airway Pressure – to keep the airways open.

Blessing presented with hypovolaemic shock secondary to severe anaemia, with significantly low haemoglobin levels. Like almost all children who were admitted to the ICU, Blessing's condition resulted from acute illness in addition to complex co-morbidities including malaria, E. Coli sepsis and severe acute malnutrition. Blessing made a complete recovery following blood transfusion and early antibiotics – managed and initiated by the local emergency room staff.

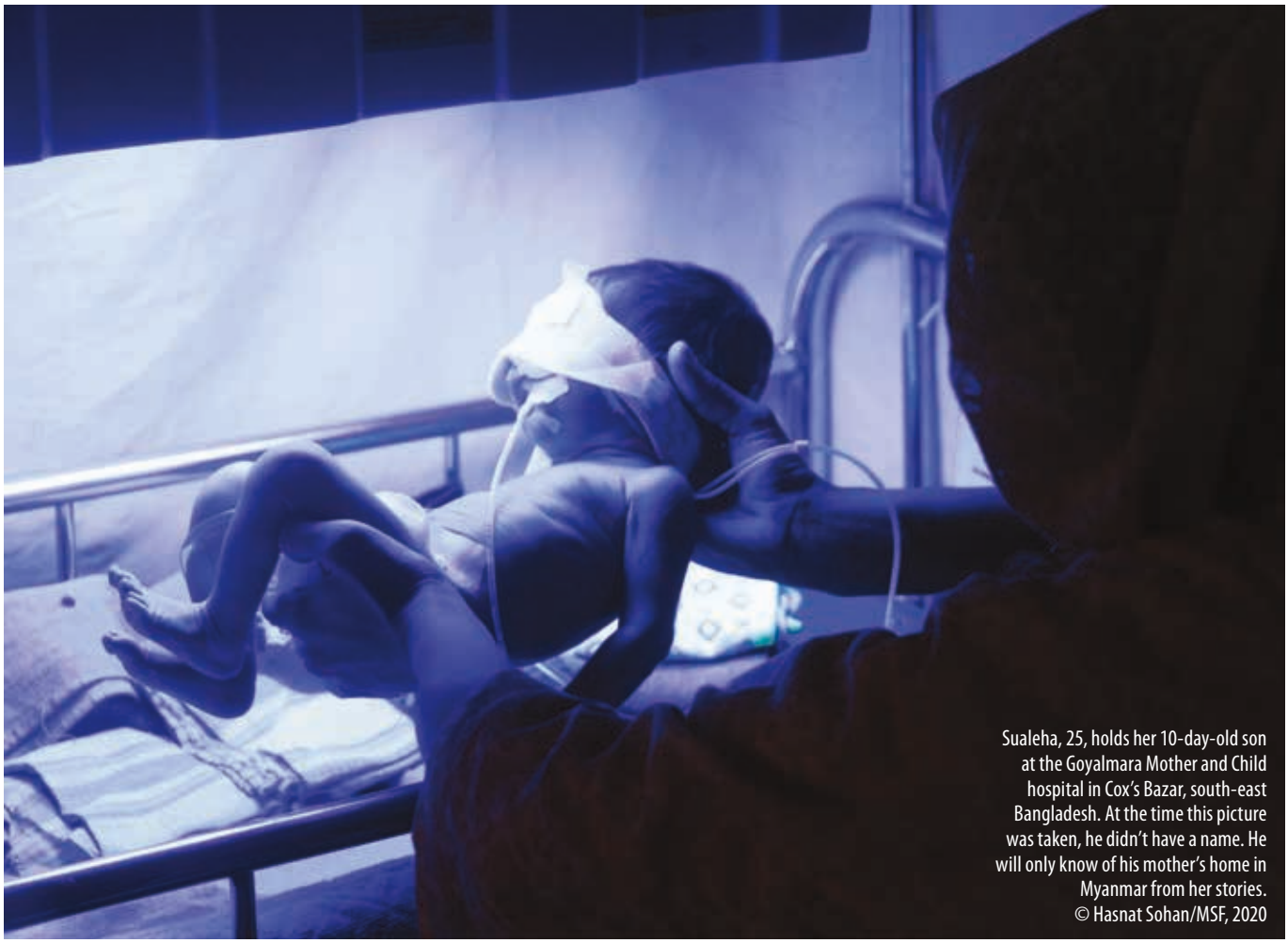
I was briefed before arriving that the mortality rate was unusually high, even for a Médecins Sans Frontières hospital in a low-resource setting. This is mainly because many children come very late due to lack of access. I had read a blog from a paediatrician who worked at BJH, which said, 'you will never get used to the screaming [of grieving parents]', and you do not.

Initially, I was worried that I would not be able to contribute more than what Médecins Sans Frontières, the hospital and Liberian staff would teach me. I experienced so many firsts and I am thankful to have done so in a setting with such a legacy – and most certainly did not expect to do so in the midst of a global pandemic! I am most thankful to the children of Liberia, the patients and their families, and their humour."

This article uses excerpts from a blog written by Dr Goodyer and published online at https://dontforgetthebubbles.com/

Backarie, aged 4, was admitted to our therapeutic feeding centre in Kenema, Sierra Leone. His mother and sister can be seen the background. © Peter Bräunig, 2020

SAVING LIVES THAT HAVE JUST BEGUN: GOYALMARA, BANGLADESH



Sualeha, 25, holds her 10-day-old son at the Goyalmara Mother and Child hospital in Cox's Bazar, south-east Bangladesh. At the time this picture was taken, he didn't have a name. He will only know of his mother's home in Myanmar from her stories.
© Hasnat Sohan/MSF, 2020

Médecins Sans Frontières continues to respond to the medical and humanitarian needs of the Rohingya people, living in the world's largest refugee camp in Cox's Bazar, Bangladesh. Over three years since they were driven out of Myanmar's Rakhine State, over 800,000 Rohingya remain.

Living in harsh and overcrowded conditions, the Rohingya people are under constant threat from outbreaks of water-borne and vaccine-preventable diseases, such as measles, acute watery diarrhoea and diphtheria.

Our teams focus on improving their access to healthcare, and building trust in our services.

A simple artwork, started at our Goyalmara hospital to celebrate children being discharged from intensive care, has become a beacon of hope to Médecins Sans Frontières water and sanitation engineer Paul Jawor:

"In all my 25 years of humanitarian work, never had I seen such a clear indication, an innocent representation, of the success and difference we can make to the lives of sick children in a challenging situation. Each footprint represents a healthy child leaving our neonatal intensive care ward in Goyalmara.

Our projects around the world have walked the line between responding to COVID-19 and the more usual conditions and health challenges people face – such as cholera, malaria and countless neglected diseases, conflict, and insecurity.

The positive impact our teams can have in the lives of people affected by these crises is often lost in the fog of COVID-19. So I wanted to bring attention to one of the overshadowed success stories.

There are now hundreds of tiny feet showing the success of the maternity ward. The memory of children who have overcome their first hurdle in life. It shows to everyone who comes here that we cherish the survivors.

It is just a child's foot, dipped in paint and placed on the wall as they leave the intensive care unit, now healthy. What could be more innocent and yet more powerful? I am not naïve. I know that we did not manage to save every child in the ward, unfortunately.

Every child was treated with the same devotion, care and professionalism. However, some were beyond our reach and passed in a dignified and poignant way. This is a sad admission of our limitations, but also a realisation that we tried our best and gave care and dignity in a place where those values were sometimes missing.

This is not about any country, politics, finances, or environment, this is only to recognise the great work we do – enabling a sick child's recovery and helping them take their first step into their new world.

With every new footprint on the wall, they bring a little bit of hope and happiness to a world where these emotions are drained.

Even in the shadow of COVID-19, new life can be celebrated."

Our doctors and nurses tend to a baby at Goyalmara hospital.
© Hasnat Sohan/MSF, 2020

The mural at Goyalmara. Each footprint has been made by a baby discharged from the intensive care unit.
© Hasnat Sohan/MSF, 2020

A doctor checks on two-month-old Zubair in his mother Rozia's arms in the ward at Goyalmara.
© Pablo Tosco/Angular, 2018

Sheku, aged 2, was admitted to the Médecins Sans Frontières Hangha hospital in Kenema, Sierra Leone, with malaria, pneumonia and suffering from malnutrition. In this image, he has recovered sufficiently to play with one of our staff and some improvised toys. © Peter Bräunig, 2020

ALL CHILDREN HAVE A RIGHT TO MEDICAL CARE

They have the right to grow up in a healthy environment where they can reach their full potential.

Your support and commitment gives us extraordinary strength. It helps us to have an impact in millions of ways every year. Some of the furthest-reaching, most lasting consequences are our youngest patients, who have their whole lives ahead of them. We are deeply grateful.

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Cover: Médecins Sans Frontières nurse Christiana and mother Mariama give ready-to-use therapeutic food to 18-month-old Alice in our hospital in Kenema, Sierra Leone. Before feeding sessions, the mothers dance and sing songs with the nurses, helping them remember information about how to take care of their sick children and themselves.

"I'm doing my job with a smile. I'm caring for our patients with all my heart," says Christiana.

50 YEARS OF HUMANITY