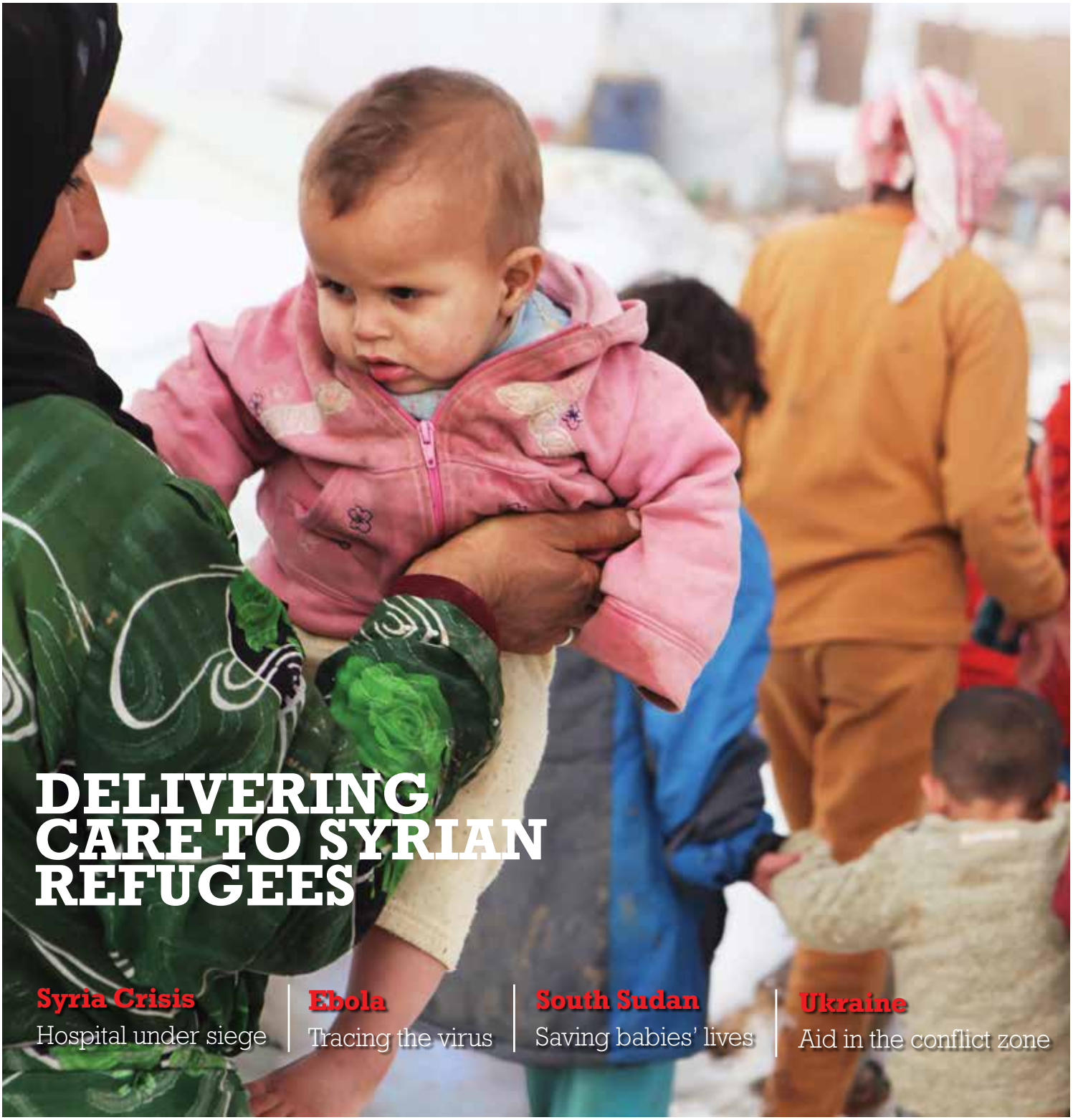
WITHOUT BORDERS

Issue 28 | April – June 2015

MEDECINS SANS FRONTIERES
أطبّاء بلا حدود

MEDICAL AID WHERE IT IS NEEDED MOST. INDEPENDENT. NEUTRAL. IMPARTIAL.



DELIVERING CARE TO SYRIAN REFUGEES

Syria Crisis
Hospital under siege

Ebola
Tracing the virus

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Saving babies' lives

Ukraine
Aid in the conflict zone

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WELCOME

This edition of Without Borders coincides with the fourth "anniversary" of the start of the conflict in Syria. Four years ago, it would have been impossible to imagine that 10 million Syrian people will be uprooted, 200,000 people will lose their lives, and countless adults and children will be seriously injured and psychologically traumatised.

Our teams are doing whatever they can to support medical facilities inside Syria, to treat the wounded arriving in Jordan, and to provide medical assistance to refugees in neighbouring countries. In this issue, we hear from a Syrian doctor in one of the hospitals MSF is supporting in northern Homs. He describes the harrowing conditions under which doctors are doing all they can to save lives. We also highlight the desperate situation of Syrian refugees struggling to survive in Lebanon. We share heart-wrenching accounts of families living in makeshift tents surrounded by snow, trying to keep warm by burning whatever cardboard and plastic rubbish they can find.

From the worst humanitarian disaster of our time in Syria, to the largest Ebola epidemic in history in west Africa, this edition of Without Borders also coincides with the passing of one year since the Ebola epidemic began tearing communities apart.

In that time MSF has helped more than 2,300 people recover from the disease. Our teams are still in west Africa, running Ebola centres and working to bring the epidemic to an end. An MSF epidemiologist explains why it is critical to trace every last Ebola contact as part of efforts to eliminate the disease from the affected countries and communities.

Meanwhile, our medical work continues around the world in places where people live in a continual crisis of poverty and lack of health care. We share an uplifting story from South Sudan, where we are assisting premature babies to make it through the dangerous first phase of their lives. It is a story of hope where with limited resources, we see positive results by adopting one of the simplest methods of care for premature babies, which is Kangaroo mother care.

When the scale of the humanitarian crises around us seems so overwhelming, it is such stories of hope that remind us that it is possible to help turn life around for one baby, one mother, one family at a time.

Thank you for your ongoing commitment, trust and support to help make sure that together, we reach as many people in need as we can. ■

Mohamed Bali
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Front cover photograph:
Syrian families with young children make their way through snow, sludge and mud in freezing temperatures in Lebanon. © Ghazal Sotoudeh

MSF has been in the UAE since 1992 under the patronage of His Excellency Sheikh Nahyan Bin Mubarak Al Nahyan.

TO DONATE

Images: MSF, Kaung Htet/MSF, Ikram N'gadi, Brian T Scott, Emily Clifton, Julien Lefèvre/MSF, Anna Surinyach/MSF

MSF: SITUATION UPDATES

Every day our teams around the world are providing emergency medical care to people affected by conflict, epidemics, disasters or exclusion from health care. Our work is funded mainly by donations from the public, which gives us the independence to provide quality medical care to those who need it most, regardless of race, religion or political affiliation. Here we bring you news updates from some of our projects around the world.

SUDAN

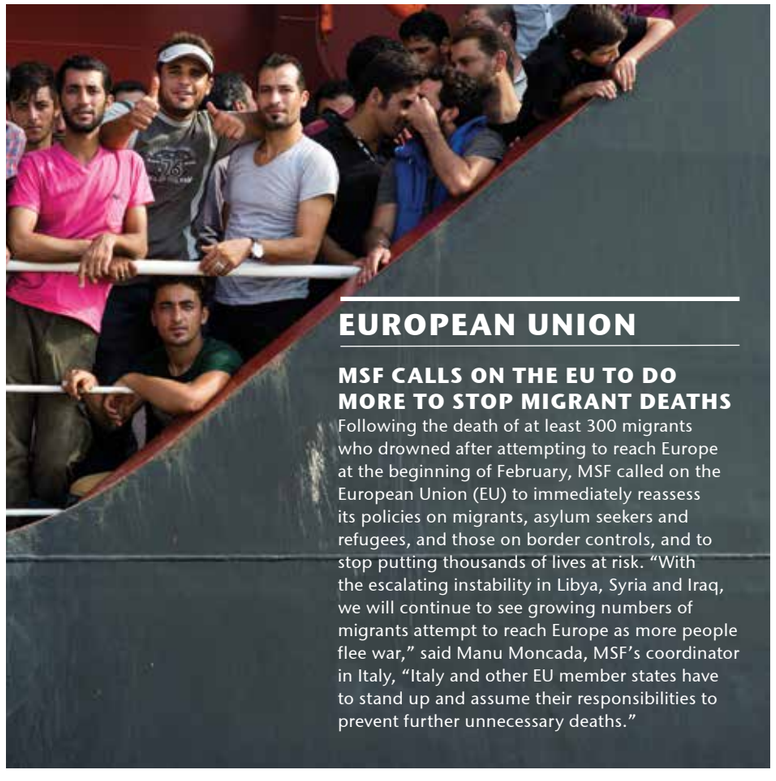
MSF HOSPITAL BOMBED IN FRANDALA VILLAGE

On January 20, Sudanese planes bombed a hospital operated by MSF in Frandala village in South Kordofan, Sudan, forcing MSF to suspend medical activities. Close to 150 patients and staff were present at the time of the bombing, and an MSF worker and a patient were wounded. The repeated and targeted air raids in the Nuba Mountains in South Kordofan, where Sudanese government forces are fighting rebel groups, make the provision of medical care difficult. In spite of these recent events, MSF is trying to find a way to continue providing assistance to the population in the area.

MYANMAR

MSF RESUMES MUCH NEEDED SERVICES IN RAKHINE STATE

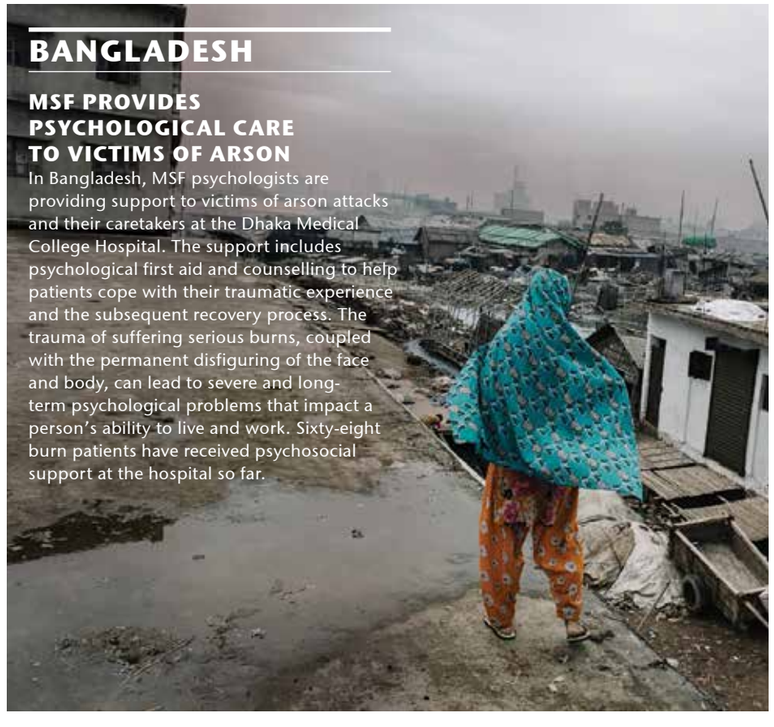
MSF has resumed its medical activities in Rakhine State in Myanmar, nine months after its activities were suspended by the authorities. The restarting of MSF primary health clinics means that tens of thousands of people in the state are able to access health services again. In the first four weeks of restarting the clinics, MSF teams provided nearly 3,500 outpatient consultations, mostly to patients with watery diarrhoea, respiratory infections, and chronic conditions. In this short period medical teams also provided 550 consultations to pregnant women.



EUROPEAN UNION

MSF CALLS ON THE EU TO DO MORE TO STOP MIGRANT DEATHS

Following the death of at least 300 migrants who drowned after attempting to reach Europe at the beginning of February, MSF called on the European Union (EU) to immediately reassess its policies on migrants, asylum seekers and refugees, and those on border controls, and to stop putting thousands of lives at risk. "With the escalating instability in Libya, Syria and Iraq, we will continue to see growing numbers of migrants attempt to reach Europe as more people flee war," said Manu Moncada, MSF's coordinator in Italy, "Italy and other EU member states have to stand up and assume their responsibilities to prevent further unnecessary deaths."



BANGLADESH

MSF PROVIDES PSYCHOLOGICAL CARE TO VICTIMS OF ARSON

In Bangladesh, MSF psychologists are providing support to victims of arson attacks and their caretakers at the Dhaka Medical College Hospital. The support includes psychological first aid and counselling to help patients cope with their traumatic experience and the subsequent recovery process. The trauma of suffering serious burns, coupled with the permanent disfiguring of the face and body, can lead to severe and long-term psychological problems that impact a person's ability to live and work. Sixty-eight burn patients have received psychosocial support at the hospital so far.

NIGERIA

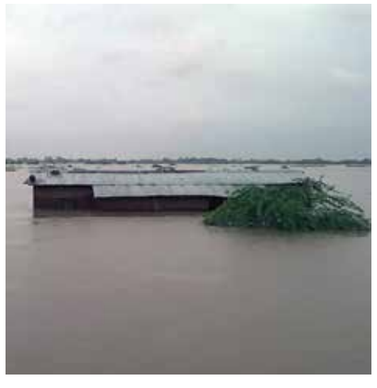
MSF ASSISTS PEOPLE FLEEING THE VIOLENCE

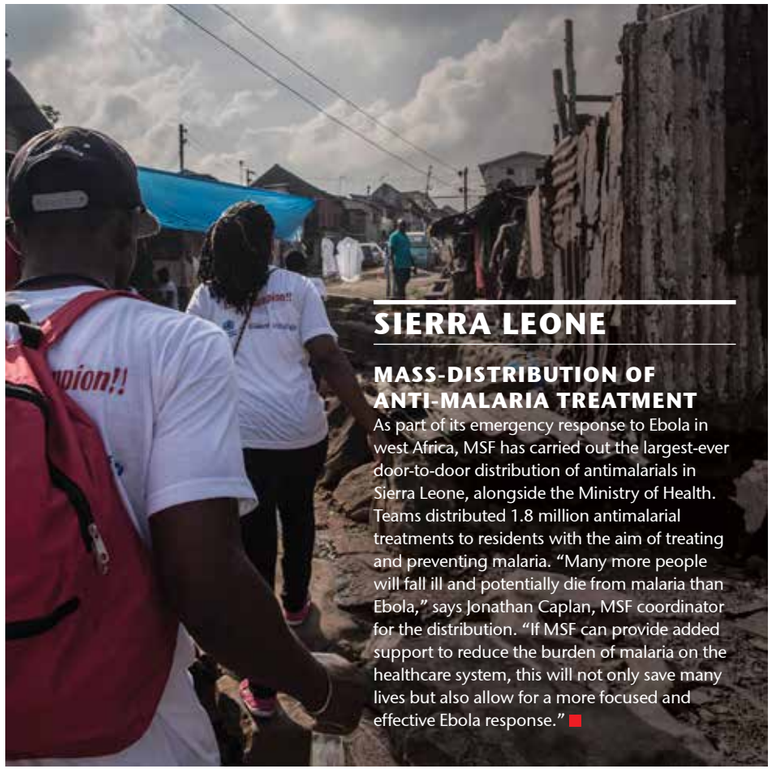
As the threat and frequency of violence has increased in north east Nigeria, thousands of people are leaving their homes in search of safety. In Maiduguri, the state capital of Borno State, MSF has been working in the three most populated camps where displaced people have gathered. In all three camps MSF has set up clinics, outpatient activities, and a system for transferring the most serious cases to hospitals. MSF teams conducted nearly 10,000 medical consultations in just two months. Our teams are also working in neighbouring Niger where refugees continue to arrive.

MALAWI

AID FOR FLOOD VICTIMS

Torrential rains in early January caused catastrophic flooding in southern Malawi, leaving up to 20,000 people cut off from the rest of the country, without food, clean water and medical supplies. MSF teams responded by running fixed and mobile clinics to provide medical care to stranded people, distributing mosquito nets and clean water kits, as well as building latrines and monitoring the situation for epidemics like malaria and measles. MSF scoured the region by helicopter to reach people who were cut off from the rest of the country by the floods.



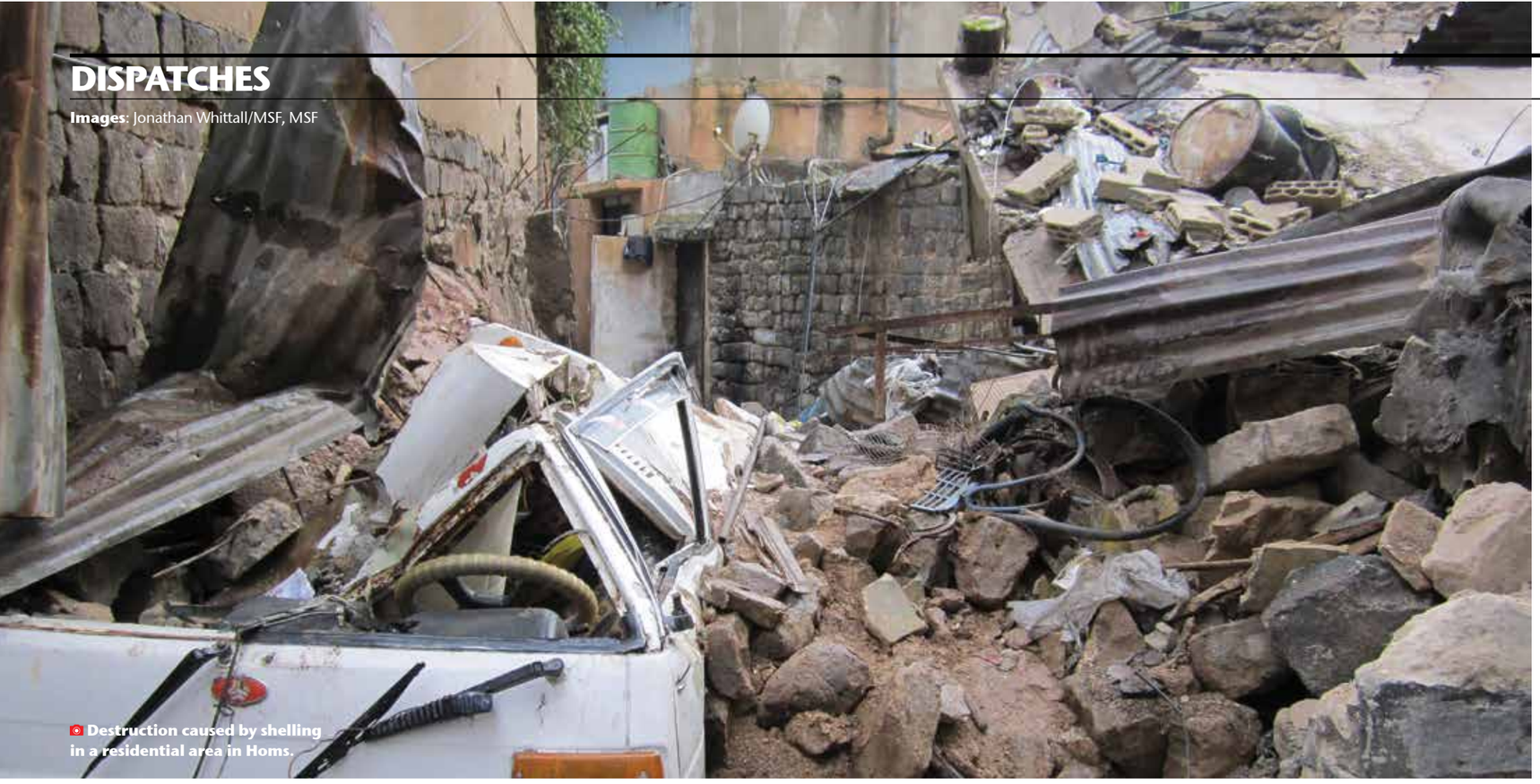


SIERRA LEONE

MASS-DISTRIBUTION OF ANTI-MALARIA TREATMENT

As part of its emergency response to Ebola in west Africa, MSF has carried out the largest-ever door-to-door distribution of antimalarials in Sierra Leone, alongside the Ministry of Health. Teams distributed 1.8 million antimalarial treatments to residents with the aim of treating and preventing malaria. "Many more people will fall ill and potentially die from malaria than Ebola," says Jonathan Caplan, MSF coordinator for the distribution. "If MSF can provide added support to reduce the burden of malaria on the healthcare system, this will not only save many lives but also allow for a more focused and effective Ebola response." ■

Images: Jonathan Whittall/MSF, MSF



Destruction caused by shelling in a residential area in Homs.

FROM THE FRONTLINE: SYRIA

SUPPORTING DOCTORS IN BESIEGED AREAS

In the north of Homs, Syria's third city, approximately 350,000 people have been trapped under siege for more than one year. Médecins Sans Frontières (MSF) has been supporting all of the medical facilities in the area, a total of eight field hospitals and three medical points, by getting as many medical supplies to them as possible. Here Doctor A, the director of one of the key field hospitals MSF is supporting, shares his experience of running a hospital in the beseiged area of El Houleh. His account gives a sense of the difficulties, and the astonishing determination to keep saving lives even under desperate conditions.

"We called it a massacre in May 2012 when one hundred people, most of them children and women, were killed in a single afternoon. That was a terrible day, but it is only getting worse in Al Houleh. On the news they call it 'intermittent shelling,' but it doesn't stop—we just differentiate between the sound of heavy and light artillery.

We have set up this field hospital from scratch. We provide emergency care and also a range of services including primary health care and surgery. We have only a few beds, and they are always fully occupied.

In January we counted fifty barrel bombs in one week. The field hospitals in the area struggle to deal with the high numbers of wounded, doing what they can with limited supplies and few medical staff. In the villages everyone knows everyone, but it was still hard to recognise people from their splintered body parts. We had many surgeries, too many amputations.

Today we only have one general surgeon and one orthopaedic surgeon in all of Al Houleh, for more than 90,000 people.

With the limited resources that we have, our top priority is to try to secure the medicine and material we need for surgery and emergency care. Often we struggle to get basics like gauze as well as more difficult items like anaesthetics. At the same time, we have many patients with chronic diseases, children with respiratory infections, and pregnant mothers who need follow-up. Nobody has any money to see a doctor or buy medicine; people are really poor now.

SURROUNDED BY CHECKPOINTS

Al Houleh is surrounded. The checkpoints don't let anything in, sometimes not even a loaf of bread.

The situation is impossible. Al Houleh is in a valley surrounded by mountains and it is under an even more intense siege within the general siege on northern Homs.

It's been three years since this area has been reachable by cars on regular roads. Whether it is for food, medicine, or fuel, we can only go through a muddy and difficult path accessible only by foot, donkey, or with small boats across Lake Houleh. We only have one path for supplies, but we call it the 'death path' because there are snipers; whatever reaches us is covered in the blood of people who risked their lives to get it here.

With MSF support we can at least count on some medicine; it covers more than half of our needs, but we still face stock ruptures. It is impossible for us to store medicine and we are permanently in daily consumption mode. When we can only get hold of one box at a time, how much medicine can we stock for 90,000 people?

People are drinking contaminated water and coming to the hospital with infections. Al Houleh used to be known for its crops and agricultural produce. Now it's too dangerous to go out into the fields and harvest the land. The basic food supplies that are available in the market are too expensive for the majority. People come to the hospital sick from bad water and poor nutrition.

We have days with two hours of electricity, and weeks without any at all. Our hospital is run by generators. It has the only two neonatal beds in the entire area, and sometimes we are forced to put two babies in one bed. Medically this is unacceptable, but we don't have any other option.

AIRSTRIKES TARGET THE HOSPITAL

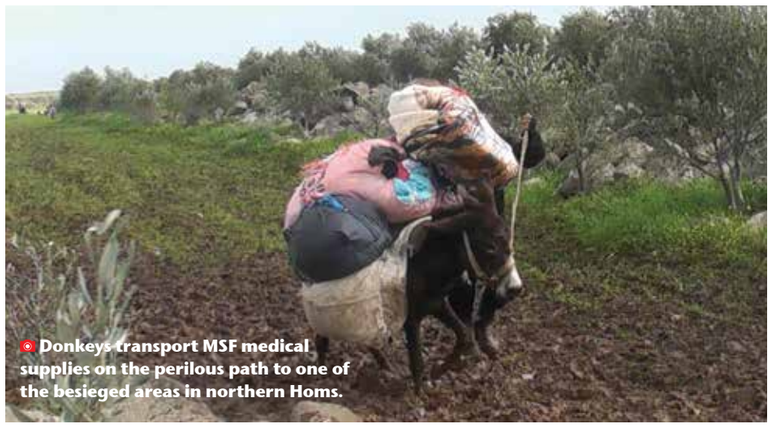
The hospital I'm working in has been bombed three times. The last time was seven months ago. The war planes were flying low, and the airstrikes intended for the hospital hit the building next door and two people died. That is why our medical departments are spread out across different buildings, in order to avoid losing everything in a few minutes.

We see patients all morning and all night. The days are very long, and the idea of having time for anything other than work is a distant dream, but when I can I spend time with friends and family.

I try to remember that we had good times once, and that it will happen again. It gives me the strength to continue.

The stories are many, and they are all heartbreaking. I will never forget a 60-year-old man whose heart had stopped. We used the most basic material to resuscitate him and help him breathe. Our equipment is very old. He was in a coma for 2.5 days and the medical team took shifts, overnight, trying to keep him breathing through a simple manually operated device that involves squeezing a bag to get air into his lungs.

I couldn't believe it when he opened his eyes and asked for his wife. I couldn't believe that he woke up and his brain was still functional. This patient is still alive in Al Houleh, and I try to remember stories like this one. Maybe after this war is over, some doctors will leave medicine. We've seen so much, it's hard to accept; hard to process." ■



Donkeys transport MSF medical supplies on the perilous path to one of the besieged areas in northern Homs.

Images: Ghazal Sotoudeh/MSF

SYRIAN REFUGEES: LEBANON

THIS CRISIS CANNOT BE FORGOTTEN

For the Syrian refugees living in tents in Lebanon, the winter has been brutal. Heavy rains and snow storms flooded settlements, collapsed tents and left families shivering in the cold and more vulnerable to illnesses. Now the winter has just passed, but the refugees are still struggling to survive in the deplorable conditions they have endured for years.

If it is winter the refugees must contend with freezing nights and heavy snowfall that often collapse their flimsy tents. In summer, they are exposed to extreme, arid heat. Rains at any time bring floods and mud as well. Regardless of the month, they have little access to the sort of health care so many of them urgently need.

'DESPICABLE CONDITIONS'

When the weather gets particularly harsh Médecins Sans Frontières (MSF) teams at the four clinics MSF runs in the Bekaa Valley regularly see patient numbers rise.

Regrettably, the circumstances are as dire as they are predictable. "Four years have passed since the beginning of the conflict in Syria," says Thierry Coppens, MSF country representative in Lebanon. "Families are living in despicable conditions in informal tented settlements spread all over the country"—settlements hastily set up in vacant lots, abandoned buildings, garages, and sheds on farmlands. "Support and assistance to this vulnerable population should remain constant," Coppens adds, "This crisis cannot be forgotten."

MSF TREATS PATIENTS SUFFERING FROM THE HARSH ENVIRONMENT

Of particular concern is the lack of access to free, high-quality health care. In December 2014 alone, MSF teams in the Bekaa provided some 5,000 consultations.

"Respiratory infections are on the rise among Syrian refugees," said Dr. Bilal Kassem, an MSF doctor in Baalbek. "It's a direct consequence of the harsh winter combined with extremely poor living conditions. People living in these settings suffer from very limited access to water and hygiene, so the risks of communicable diseases are very high as well. And that's not even mentioning the struggle they face to find food, which also leads to health complications."

MSF staff not only receive patients in their clinics but also go out into the settlements to find people who need assistance. One MSF social worker, Khaled Osman, visited Khoder Hawash, where eight Syrian families were huddled together in one of the smallest and most isolated settlements in the Bekaa.

"Did you see how it snowed last week?" asked an 8-year-old girl named Asma. "Now the snow is melting and we are living in mud. I feel cold."

A pregnant woman peers out from her tent as freezing fog surrounds the makeshift refugee settlement.

She was sharing a blanket with her cousin Sara, staying as close as they could to a burning stove that will keep them warm for no more than an hour. "The worst is at night," Asma continued. "Sometimes I do not feel my feet and I am scared. Blankets are damp and we do not have wood to light a fire."

REFUGEES VULNERABLE TO ILLNESS AND INJURY

Both Sara and Asma, who were struggling with respiratory issues and recurrent fevers, were treated at MSF's clinic in Baalbek. Even as temperatures rise in the Valley, however, they will still be vulnerable to the illnesses so many refugees regularly contract, and the threat of burns that come with having stoves in such cramped quarters.

"I wonder how they cope with this level of misery," Khaled said later. His job is to visit the most vulnerable families and refer patients to the MSF clinics. "People boil snow to make drinking water and they use cardboard or plastic garbage to keep warm. Most of them have a stove but no wood or proper fuel. It is freezing inside their tents and they barely have enough blankets for the whole family. The situation is unbearable and the most vulnerable are children and the elderly, who we see in high numbers in our facilities."

Further north, MSF teams distributed urgently needed winter essentials to Syrian refugees in the Akkar district, where few aid groups are active and there is widespread fear of being deported back to Syria. The distribution focused on mountain villages where temperatures were bitterly cold this winter. Around 900 families, 4,700 people in all, received stoves, fuel, and blankets. ■

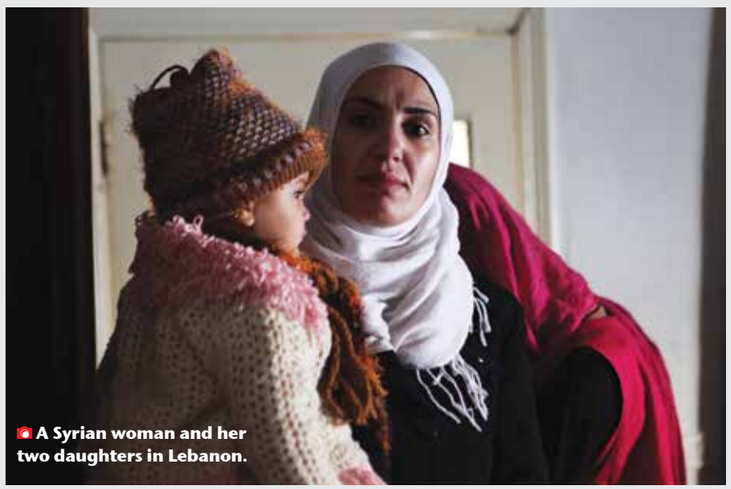
MSF IN LEBANON

In Lebanon, MSF is assisting refugees including Syrians and Palestinians, as well as vulnerable host communities including Lebanese returnees from Syria.

MSF teams are providing primary health care such as treatment of acute and chronic diseases, immunisation, reproductive health care and mental health care, as well as distributing relief items.

In 2014, MSF medical teams in Lebanon provided more than 260,000 primary health care consultations to Lebanese, Syrian and Palestinian patients.

"I am cold. Sometimes I do not feel my feet and I am scared. Blankets are damp."



A Syrian woman and her two daughters in Lebanon.

STRUGGLING TO SURVIVE

"We fled the war in Syria and now we live in a miserable cold garage. My 15-year-old daughter suffers from anorexia and still has serious nightmares from the bombings in our village. My husband lost his hearing and without support and international aid, we would be starving. My mother-in-law also lives with us. She is old and suffers from diabetes. She is being taken care of at the MSF clinic here in Baalbek, but the problem is the lack of food and I don't know what to do about that. I don't know how to continue or if she will survive."

Image: Fabio Basone/MSF

EBOLA: WEST AFRICA

WHAT WILL IT TAKE TO GET TO ZERO?

An MSF water and sanitation team visits the quarantined homes of suspected Ebola patients and disinfects their houses to reduce the risk of cross contamination.

The number of Ebola patients may be going down, but the number of new cases weekly is still higher than in any previous outbreak. Success in reducing the number of cases in one location can be swiftly ruined by an unexpected flair-up in an unforseen area. Epidemiologist Amanda Tiffany, who works for Epicentre, the research arm of Médecins Sans Frontières (MSF), explains why every last contact needs to be traced to reach zero cases and bring the epidemic to an end.

"The Ebola epidemic started with only a few cases in Guéckédou, Guinea. In a small, isolated area, outbreaks of Ebola are normally very limited in scope. But though it may have started small, this outbreak occurred at the crossroads of three countries, where people move around a lot, from one village to another and one country to another.

At the beginning, in Guinea, when we asked about contacts of those who had died from Ebola, people would say, 'oh, he went to Sierra Leone', or 'he's in Liberia.'

Here in Freetown, we still don't know how more than half of our Ebola patients got infected. And while we may know which households had cases of Ebola, we don't necessarily know where the infection originated.

TRACING INFECTION

To reach zero cases, every person who had a high-risk contact with someone with Ebola needs to be identified. It's not as easy as going into a house where someone has been sick and asking who has been exposed. It's about gaining the trust of families, spending time with them, so that they understand that the people they have been in contact with are not going to be punished.

If a good contact tracing system had been in place from the start of the outbreak, there would be no reason to put people in quarantine. In Guinea, the government has never quarantined households. In overcrowded Freetown, where Ebola was spreading out of control, and where the response was under-resourced, the government may have seen quarantine as the only available option.

Personally I don't agree with this, but I can see why the Sierra Leonean government is doing it – to stop people moving around and spreading the disease any further. The mobility of the population is one of the main reasons the epidemic spread as fast as it did.

"People are really tired and they want Ebola to be gone from their communities."

REALITIES OF LIFE IN QUARANTINE

However, from what we have seen during visits to some families under quarantine, they aren't being systematically provided with appropriate support – including food, clean water or medical care.

Yesterday I visited a quarantined household. We had already admitted five people from the family to our Ebola management centre in Freetown when a four-year-old girl fell sick. They called the national Ebola hotline and an ambulance came to pick up the child.

Although the family asked for her to be taken to the MSF centre, where she already had family, the ambulance team had been told to take her to another centre. Yesterday the family had heard nothing about the little girl, and they were very concerned.

They were also concerned about what it would mean for them. They told me: "If the little girl is confirmed with Ebola, we will have to start another 21 days of quarantine. If her mother gets sick 10 days later, then the 21 days will start all over again. It will be difficult for us to continue being compliant."

The houses in Freetown are so close together, particularly in the densely populated 'slum' areas, and it is easy enough to disappear down a side alley – it is very easy to evade the quarantine.

However, in some neighbourhoods there is a lot of pressure from the community on people who are quarantined, since everyone knows who they are. Sometimes people decide to self-quarantine.

RESPONSE MUST BE QUICKER IN THE FUTURE

Of course it's good news that Liberia, Guinea and Sierra Leone are all seeing fewer new Ebola cases. People's behaviour has changed. People are really tired and they want Ebola to be gone from their communities. There are also many organisations now running Ebola management centres, doing infection control, outreach activities, and operating ambulance services.

But the reason the epidemic is still going on is that we – the international community – didn't act fast enough at the time. If another outbreak occurs, what should be done differently is increasing the speed of the response. But this time, it won't take these countries by surprise.

People have been trained, centres have been built, ambulance systems have been reinforced and triage practices are being improved. I hope that, because of the lessons learned from the current situation, the next Ebola outbreak will never have the chance to get so out of control." ■

MSF'S EBOLA RESPONSE

MSF's Ebola response in west Africa started in March 2014 and includes activities in Guinea, Liberia, Mali and Sierra Leone.

We are currently running seven Ebola centres providing approximately 230 beds in isolation.

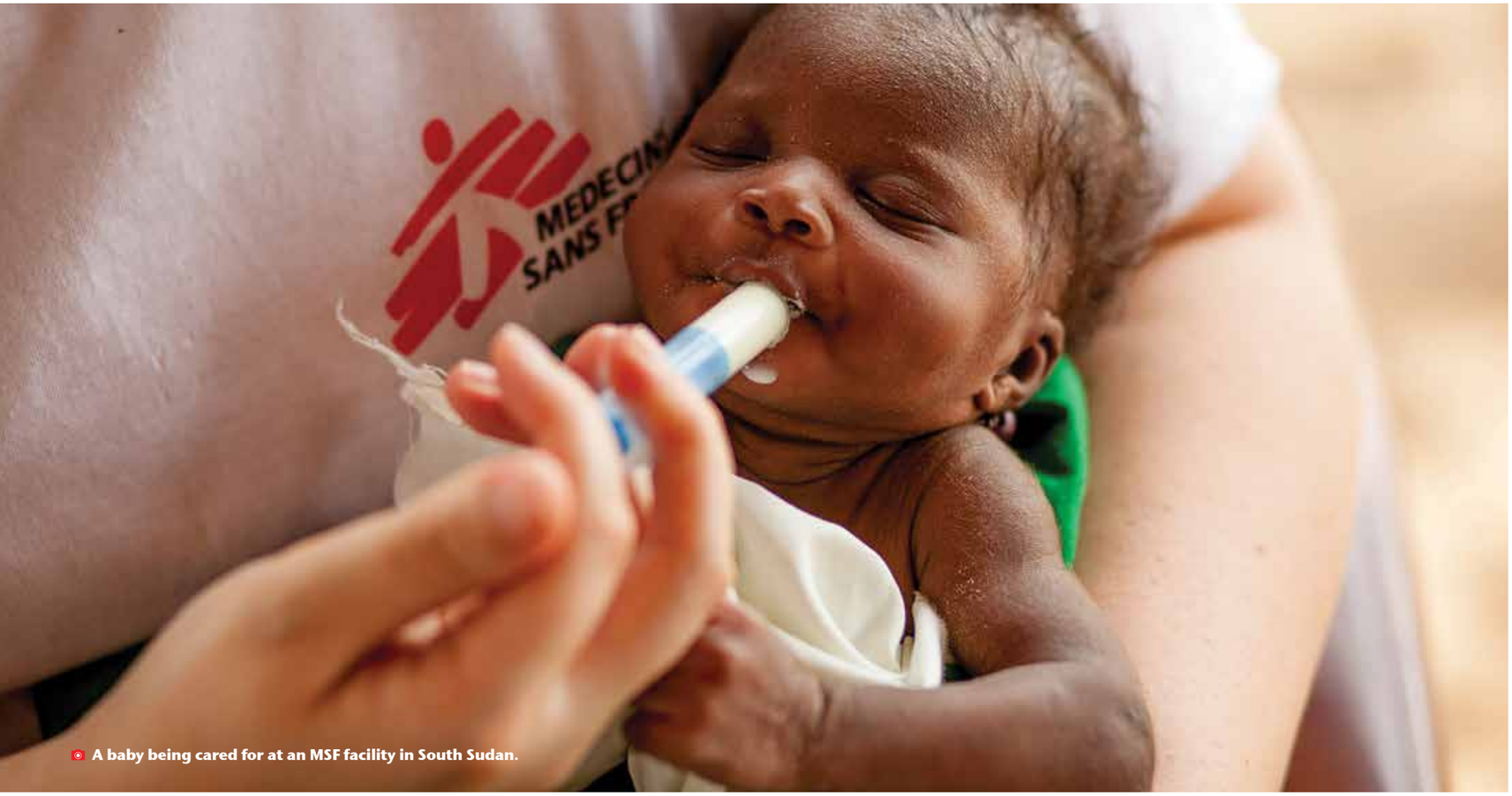
Since the outbreak began, we have cared for almost 5,000 patients, approximately 25 percent of all declared cases.

2,329 patients recovered from Ebola in our centres (as of 23 March 2015).

We currently have 225 international and 2,560 locally hired staff in the region.

More than 1,400 tonnes of supplies have been shipped to the affected countries since March 2014.

Images: Isabel Corthier, Emilie Régnier



A baby being cared for at an MSF facility in South Sudan.

NEONATAL CARE: SOUTH SUDAN

THE TINIEST OF MIRACLES

Kelly Hilderbrand is a paediatrician who recently cared for premature babies at a Médecins Sans Frontières (MSF) hospital in Aweil, South Sudan. In an extract from her blog, she describes the many challenges of running a neonatal care unit in one of the poorest countries in the world, and how, with a little helping hand, babies are surviving against the odds.

"I found out recently that the mums in the neonatal intensive care unit call me "the mother." They have put so much trust in me to care for their little ones.

I get to know many of the mums, as they can be admitted for several months at a time depending on how preterm and how many complications their child develops.

The babies in this room are so tiny and delicate, the majority weighing less than three pounds (1.4 kg) at birth.

I have had some of my hardest days in this room, and some of the greatest joys have come from this room too.

Before coming here, if someone told me I was going to have a room full of premature infants with very few resources and we were going to get a majority of them home, I would have said that's impossible. I have been amazed over and over at the ability of these babies to not only survive but to thrive.

My "neonatal unit" is an interior room of the hospital. It has nine beds but most days there have been 11 to 13 babies in the room.

"I have had some of my hardest days and greatest joys in this room."

At home in the USA each baby less than 21 days old would have its own incubator (costing more than most cars) to control the temperature and humidity. In South Sudan we control temperature by keeping all the windows to the room closed and wrapping the babies in blankets. I spend my mornings dripping in sweat while I do my rounds. If a baby gets too cold we put them in kangaroo care; skin-to-skin on mum.

At home, we have unlimited labs to check how the baby is doing, here I can check a blood sugar level and haemoglobin for anaemia.

At home, we have monitors to let me know respiratory rates, heart rates, temperature. Here we have mum who says, "Baby is not breathing or baby is breathing fast".

At home, we have ultrasound, echo, X-ray and MRI for imaging when something goes wrong; here I have nothing.

At home we can feed by IV or central line. We have specialised formulas when babies are ready to eat and we have milk fortifiers and additives. We have nurses that calculate exactly how much the child feeds. Here, I have one term infant formula and breast milk, if mum makes enough, and I have to rely on how much mum tells me she feeds the baby.

At home we have different devices such as ventilators to help babies breathe; here I have a nasal cannula.

The list like this goes on and on, but amazingly these babies are making it. There are days babies get really sick and stop breathing and have to be helped. I hope for the miracle that the baby will continue to remember to breathe once we stabilise the child.

There are babies dependent on oxygen with heart murmurs and trouble gaining weight. It is congenital heart disease and I know it cannot be treated in South Sudan. There are days we lose a child and it is tough on the whole ward, as many of the mums have become friends.

Most days here are good days though, and while the weight gain is slow and the complications reoccur, I have been amazed at how many of the babies are making it home!" ■

Read more MSF staff and patient blogs at *blogs.msf.org*.

SAVING BABIES WITH KANGAROO MOTHER CARE

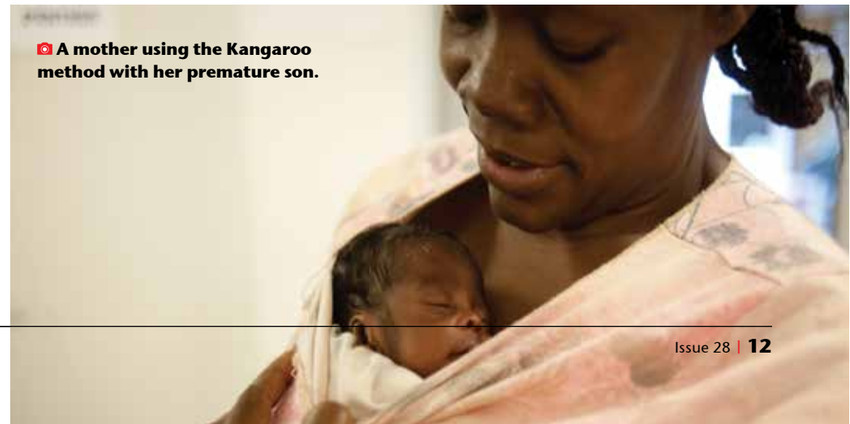
One of the most effective lifesaving techniques for babies born prematurely is one of the simplest.

Known as Kangaroo mother care, it gives 'at-risk' newborns - babies who aren't sick, but were born prematurely or weighing less than 2 kg the extra care they need by providing close and constant contact with their caregiver.

Continuous skin-to-skin contact with the mother or caregiver provides babies with warmth and promotes regular breast-feeding.

This method is highly effective in countries where health facilities are under-resourced, and has been shown to reduce the number of newborn deaths by 50 per cent compared to standard care in these settings.

Because Kangaroo mother care requires little more than training, a comfortable chair or bed, and a fabric wrap, it's ideal for the challenging settings in which MSF works.



A mother using the Kangaroo method with her premature son.

Images: Manu Brabo, Julie Remy, Amnon Gutman

FROM THE FRONTLINE: UKRAINE

UKRAINE: REACHING THE VULNERABLE

Although fighting in eastern Ukraine has reduced since a ceasefire came into effect on 15 February, shelling continues in some areas and medical needs remain urgent on both sides of the frontline. People are living in extremely precarious conditions, many medical facilities have been damaged or destroyed and there are critical shortages of medicines and medical supplies. MSF has been responding to the urgent medical needs in the hardest hit areas.

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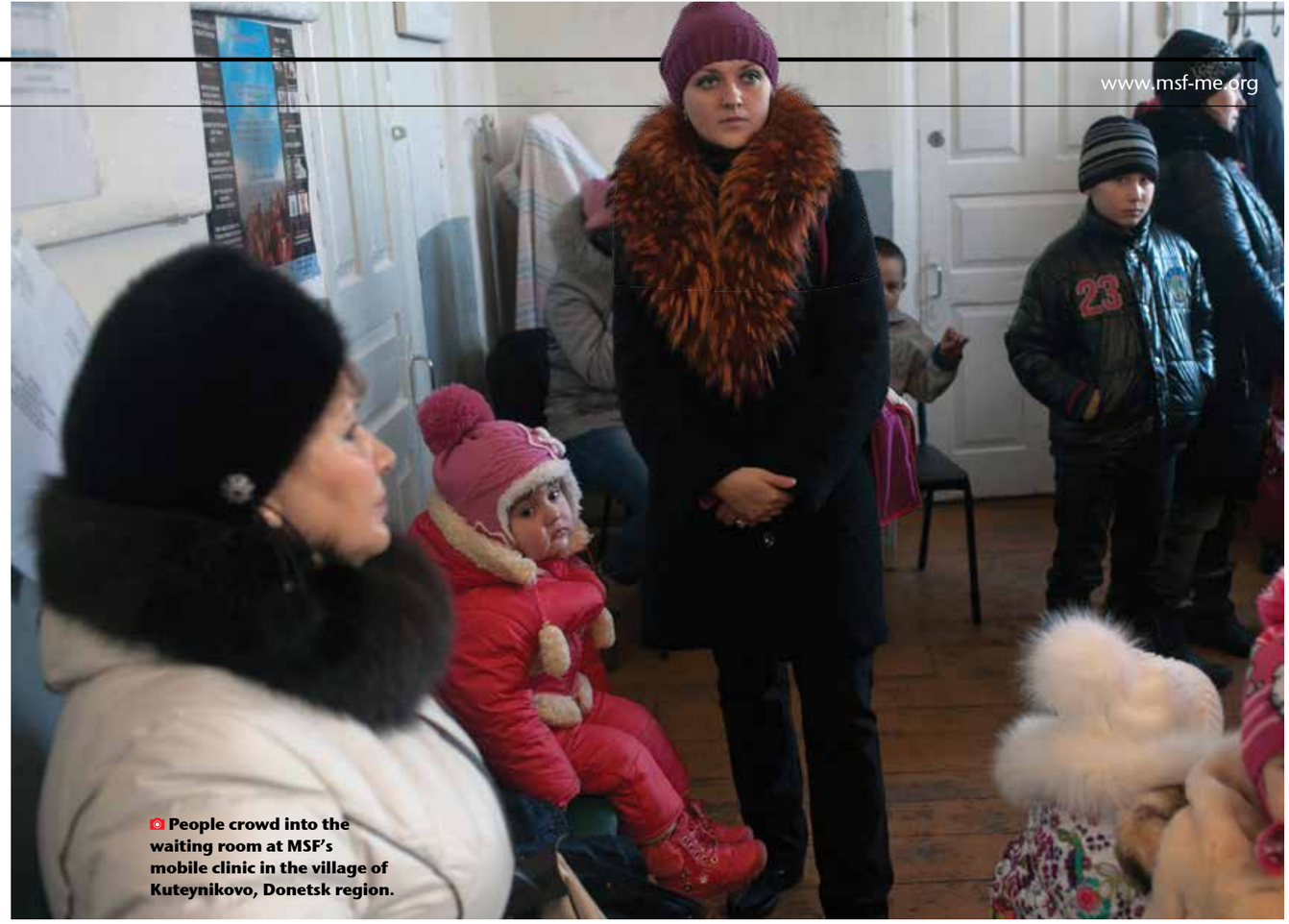
MSF has provided medical supplies to treat more than 15,000 wounded patients, 1,600 pregnant women and 4,000 patients with chronic diseases.

PHOTO GALLERY

Images: Manu Brabo, Julie Remy, Amnon Gutman

MSF teams have been providing training in psychological first aid and stress management for health workers, psychologists and social workers throughout the affected regions.



People crowd into the waiting room at MSF's mobile clinic in the village of Kuteynikovo, Donetsk region.

In response to the increasingly dire humanitarian situation after 10 months of conflict in Eastern Ukraine, MSF has rapidly expanded its medical activities in the conflict zone.

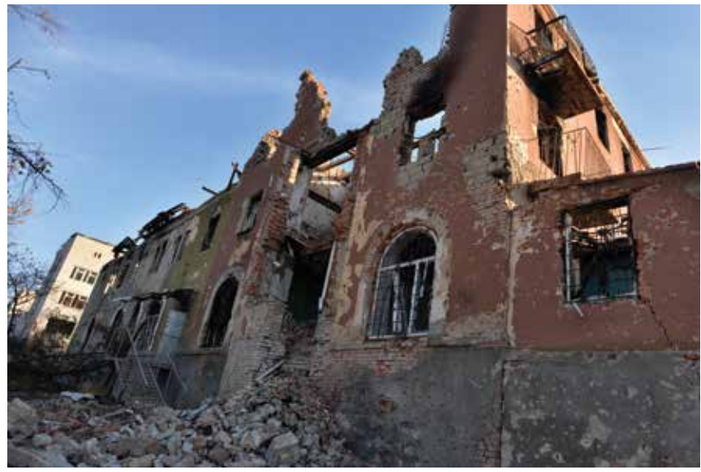
MSF has teams based on both sides of the frontline, covering Donetsk and Luhansk regions. They are mobile, moving to different towns and cities each day delivering medicines and relief materials, as well running a psychological support programme.

Since the beginning of the conflict MSF has provided medical supplies to around 100 medical facilities. MSF medical teams are also providing free basic healthcare and medicines through mobile clinics in 25 locations.

MSF has also expanded its psychological support programme, providing counselling to both individuals and groups affected by the violence in 30 locations. So far MSF psychologists have provided around 2,500 counselling sessions.

MSF teams are also running a training programme for local psychologists, social workers and medical staff working throughout the affected region. ■

Svetlana and her five year old daughter in a session with an MSF psychologist. Svetlana was wounded when a shell landed near their home in Debaltsevo, Donetsk region. Her husband died in the incident.



The destroyed psychiatric hospital in Semenovka, Donetsk region.

Image: Martina Bacigalupo

الصورة: مارتينا باشيغلويا

INFOGRAPHIC: MATERNAL HEALTH

بالأرقام: صحة الأمهات

SAFE DELIVERY

الولادة الآمنة

Far too many women in developing countries are still dying of causes related to pregnancy and childbirth. Yet we know from our work that simple lifesaving solutions exist to prevent 90 per cent of these deaths. Learn more about the scale of the problem and what MSF is doing to help save women's lives.

يفارق العديد من نساء البلدان النامية الحياة جراء أسباب تتعلق بالحمل والولادة. لكننا نعلم من خلال عملنا بوجود حلول بسيطة من شأنها إنقاذ الحياة وتجنب 90 بالمئة من هذه الوفيات. يمكنكم الاطلاع على المزيد حول مدى هذه المشكلة وجهود أطباء بلا حدود لمساعدة النساء في وضع حملهن بأمان.

عدد النساء حول العالم اللواتي يفارقن الحياة كل يوم جراء أسباب تتعلق بالحمل والولادة

800

women around the world die each day of causes related to pregnancy and childbirth.

نسبة وفيات الأمهات التي يمكن تجنبها

90%

of maternal deaths can be prevented.

عدد مشاريع أطباء بلا حدود التي تضم خدمات إسعاف نسائية متخصصة

131

The number of projects MSF runs with dedicated emergency obstetric services.

معدل انخفاض وفيات الأمهات حين أنشأت أطباء بلا حدود نظاماً لرعاية الأمهات والإسعاف في كابيزي، بوروندي

74%

The drop in deaths among mothers when MSF established free 24-hour, skilled maternal care and an ambulance system in Kabezi, Burundi.

حصة البلدان النامية من وفيات الأمهات

99%

of maternal deaths occur in developing countries.

عدد النساء اللواتي ساعدتهن المنظمة على الولادة الآمنة في سنة 2013

182,200

The number of women MSF assisted in safely delivering their babies in 2013.

Visit *womenshealth.msf.org* to see first-hand stories about saving women's lives in developing countries: the challenges, the successes, and what still needs to be done.

تفضلوا بزيارة *womenshealth.msf.org* للاطلاع على قصص عن إنقاذ حياة النساء في الدول النامية: التحديات والنجاحات ومكامن التقصير.