WITHOUT BORDERS

Issue 37 | October – December 2017

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

MEDECINS SANS FRONTIERES
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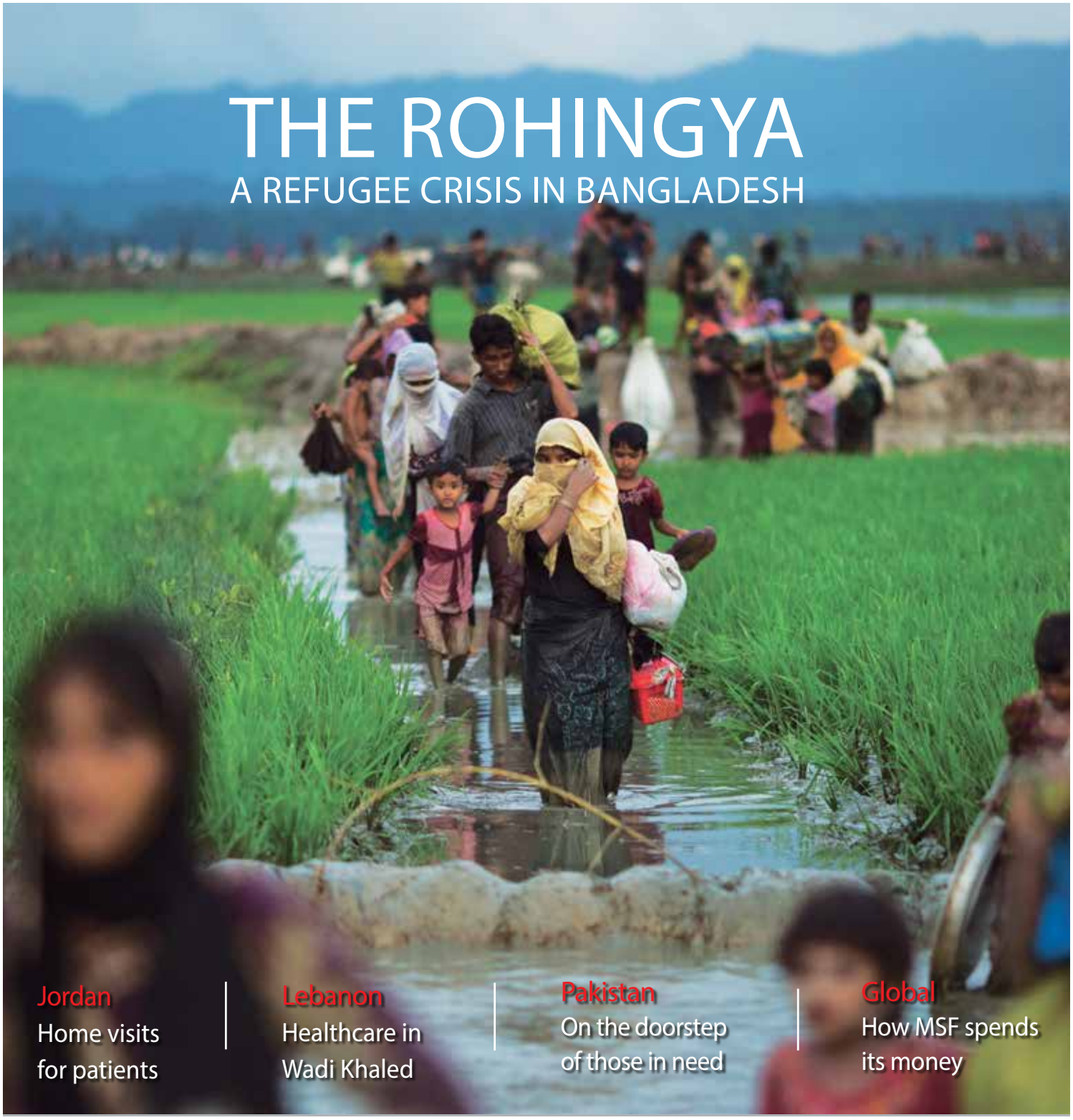

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MEDECINS SANS FRONTIERES
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Since 25 August, more than half a million people have fled Myanmar for refuge in Bangladesh. MSF is urgently scaling up operations in response to this situation, but more needs to be done. Visit www.msf-me.org/rohingya-crisis to find out more about our operations in Bangladesh.

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WELCOME

The flight of the Rohingya has caught the world’s attention. Since 25 August, more than half a million men, women and children fled from one country to another in search of safety and respite.

The conditions of those now living in Bangladesh, having crossed from Myanmar, are dire. Many have arrived with just the clothes they happened to be wearing; they arrive scarred, wounded, traumatised.

We may never fully comprehend the experiences of those fleeing – they are too many, their stories too intense. However, there are accounts, fragments we can piece together, which reveal the depths of suffering endured and, perhaps more strikingly, the remarkable compassion people extend to one another in times of crisis simply because they too, are human – they too are suffering.

Reports of violence remain common, but there are also stories of strangers taking care of lost children, of people whose only thought is to bring their family to safety.

There is much more to be done in Bangladesh and, if possible, in Myanmar. MSF is scaling up on the ground to provide better sanitation, supplies and healthcare where possible. But this situation has once again higlighted the plight of refugees worldwide against a backdrop of international lethargy.

The Rohingya now face the full glare of the media, but we must not forget those in Libya, in the Mediterranean Sea, in Europe, and the tens of millions of people displaced in their own countries.

They too, are deserving of healthcare, of dignity. However, I remain confident that providing medical care, supplies, and a voice for refugees will affect positive change, however small that change may be. I am also grateful to you, our supporters. Without you, we would be powerless to act in this crisis and so many others around the world.

Thank you for your support,

Yours sincerely,

Mohamed Bali
Executive Director
Médecins Sans Frontières UAE

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Printed by Al Ghurair Printing and Publishing LLC

Front cover photograph:
Myanmar’s Rohingya ethnic minority members walk through rice fields after crossing over to the Bangladesh side of the border near Cox’s Bazar’s Teknaf area, Friday, Sept. 1, 2017. (AP Photo/Bernat Armangue)

Images: Awad Abdulsebur/MSF, Florian Seriex/MSF, Sarah Pierre/MSF, Marko Drobnjakovic, Andrew McConnell/Panos Pictures, Jordi Ruiz Cirera

MSF: SITUATION UPDATES

Every day our teams around the world are providing emergency medical care to people affected by conflict, epidemics, disasters or lack of access to health care. Our work is funded mainly by donations from the public. This 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 updates from some of our projects around the world.

NIGER

MSF MISSION EXPANDS TO TREAT MALNUTRITION AND MALARIA

During the annual peak of malnutrition and malaria, MSF is expanding its teams in the Zinder, Tahoua and Maradi regions, in southern Niger. This year MSF has more than 1,430 staff in health structures and villages to prevent, detect and treat the diseases that affect children under five. The focus is on prevention, and strategies to treat children quickly and as close to their communities as possible.

In Niger, the lean season before the harvest is when the malnutrition caseload peaks, and it coincides with the arrival of the rains and an increase in malaria-transmitting mosquitoes. A lethal combination for young children if they do not receive treatment in time.

YEMEN

SAVING LIVES WITHOUT SALARIES

In a report, titled Saving Lives Without Salaries, MSF has warned of the widespread, critical problems faced by Yemen's health service, due in part to the fact that most Ministry of Public Health and Population staff received their last regular salary a year ago. MSF is calling for financial support for government health staff without delay in order to avoid a further deterioration of life-saving medical services in Yemen.

Over two and half years of war, bombs, fighting, mass displacement and the spread of diseases have devastated Yemeni families. For the past year, most of the estimated 1.2 million Yemeni civil servants have received little to no salary, including tens of thousands of public sector health workers across the country.

THE BALKANS

CONTINUING VIOLENCE AGAINST YOUNG ASYLUM SEEKERS

MSF has exposed the violence that continues to be perpetrated on children and young people by European Union Member State border authorities and police on Serbia's borders with Hungary, Bulgaria and Croatia in a new report titled Games of Violence. The report uses medical and mental health data and the testimonies of our young patients in detailing the violence.

"For the children and young people trying to leave Serbia today, violence is a constant and the overwhelming majority is perpetrated by EU Member State border police," said Stephane Moissaing, MSF's Head of Mission in Serbia. "For more than a year our doctors and nurses have continued to hear the same, repetitive story of young people being beaten, humiliated, and attacked with dogs."

ETHIOPIA

MALNUTRITION CRISIS EXACERBATED BY DROUGHT

Three rainy seasons in a row without substantial rains have led to a humanitarian crisis in Ethiopia. Crops have failed, cattle have died and millions of people across the country are facing food and water shortages. People in the Somali region are particularly affected by an acute malnutrition crisis and disease outbreaks.

In the Somali region's Doolo zone, MSF is witnessing the highest numbers of young children with severe acute malnutrition it has registered since it started working there 10 years ago. The crisis is further burdening a population that has been affected by acute watery diarrhoea and outbreaks of other diseases such as measles.

MSF is running inpatient and outpatient nutritional therapeutic centres to help address the nutrition crisis. So far in 2017, teams have treated 12,284 children under five with severe malnutrition in MSF's emergency project in the Somali region.

MEXICO

MEXICO STRUCK BY 7.1 MAGNITUDE EARTHQUAKE

MSF activated its emergency response following the 7.1 magnitude earthquake in Mexico, with its epicentre in Axochiapan Morelos state. The quake struck Mexico City, Puebla, Cuernavaca and several other municipalities in the centre of Mexico.

In the first 24 hours after the earthquake, MSF teams began providing psychosocial support to people in areas where structures had collapsed. MSF has deployed four teams – made up of psychologists and social workers – at several points where rescue efforts are still underway. MSF teams are helping the families to cope with and overcome the disaster.

MEDITERRANEAN

MSF PRUDENCE CEASES OPERATIONS

As a consequence of a drop in the number of boats reaching international waters in the Mediterranean Sea, MSF has decided to reduce its activities at sea and to end the search and rescue operations of its boat, Prudence. MSF will continue to be present in the Mediterranean with the ship Aquarius, run in coordination with SOS MEDITERRANEE, and continue to care for refugees, asylum seekers and migrants in projects in Libya and Italy.

MSF continues to express concern for the people trapped, intercepted or returned to Libya where they are at risk of abuse and violence, and will reassess the situation regularly in this volatile and uncertain context. ■

Images: Antonio Faccilongo

People being held at a border observation point.

MEDICAL EMERGENCY: BANGLADESH

THE ROHINGYA REFUGEE CRISIS

Kate White is a nurse and MSF Emergency Coordinator. As part of the team responding to the ongoing crisis in Bangladesh, she has spoken out about the conditions refugees are enduring.

Right now, there are hundreds of thousands of people crammed along a narrow peninsula trying to find what shelter they can. It's essentially a massive rural slum – and one of the worst slums imaginable.

There are hardly any latrines, so people have tried to rig up their own plastic sheeting around bamboo poles, but there's nowhere for their waste to go except into the stream below. That's the same stream that just 10 metres away, others are using to collect drinking water. This has all the makings of a public health emergency.

Some people are using clothes that they've strung together to provide shelter from the elements. But after two days of torrential rain and tropical thunderstorms, the shelter and belongings of some have completely washed away. It's a horrific situation and you see the devastation and the absolute lack of comfort.

I can only imagine how terrible it must have been in their home villages if this is what they chose. If this is the better option, the other must have been a living hell.

"THEY'RE SO TRAUMATISED THEY CAN'T COMMUNICATE"

I've heard the most horrific stories from women who have lost their husbands just trying to get here. They spend days walking with their young children, along crowded roads with cars coming in either direction. Some children have been struck and killed by cars. In an instant, that secure future they were trying to build for their family vanishes. That's a tragedy at an individual level. Multiply stories like that by 500,000 and you start to understand how harrowing this situation is.

Right now, we have a baby on our ward who is dehydrated and so severely malnourished that we're not quite sure how old she is. She was brought to us by a woman who found her left behind at one of the border crossing points. This child has no family that we know of. She's getting medical treatment, and thankfully improving every day, but where is she meant to go from here?

I have also heard really horrific cases from people experiencing violence along the way. Some cases of violence are so extreme that these people now have complex mental health issues. I'm talking about patients that aren't able to verbalise; they're so traumatised that they can't communicate with the outside world. They've retreated into themselves to cope. Let me be clear, these are young people who have their whole lives ahead of them and shouldn't have to endure this.

"PATIENTS DON'T WANT TO LEAVE"

Our top two medical diseases right now are diarrhoeal diseases of varying kinds and the severe dehydration that comes with that. We know when there are this many people with both diarrhoea and dehydration that there is a significant correlation to hygiene, water and sanitation conditions.

We're also seeing more than 100 outpatients a day needing wound care – and it's not all violence related. People are injuring themselves living in this precarious environment, and the lack of hygiene means their wounds get infected.

People have been gradually fleeing into Bangladesh for a long time. The last large group was only in October last year and the Cox's Bazar community was still coping with that. That was a fraction of the size of what we're seeing today. We thought we were stretched back then, but now we routinely have around 115 patients in a 70-bed facility.

Most patients don't want to leave once they've been discharged. The overcrowded hospital offers a much better living environment than what's out there. As a medical professional, it's so hard to send vulnerable patients out into what you know is a precarious situation. People know what they are meant to be doing but they have no means to do it; they can't go and wash their hands because there is no clean water to do that.

"WE NEED TO ACT FAST"

To have decent coverage we need to act fast. During this emergency phase, just to achieve relatively decent sanitation, we need 8,000 latrines built – that's a ratio of one latrine to 50 people. The longer we delay that, the greater the risk of an outbreak of a waterborne disease. We need to supply two million litres of water per day just to provide five litres of water per person, per day in one camp. We need huge amounts of food and emergency relief supplies to avoid widespread malnutrition.

The numbers are massive and to top it off there are enormous logistical challenges because there are no access roads, which means everything must be brought in on foot. You carry everything you can on your back through narrow paths and hilly terrain, up and down slippery, muddy hills to get to your destination. It is supremely difficult.

The optimist in me likes to think that it's at least humanly possible to put some very basic measures in place to try and curb the situation. The Rohingya refugees who have settled in these areas in the last month will probably never have the sense of comfort that you and I know, and may not ever have a solid roof over their heads. But it is possible for us to make it better and more secure than it is now. ■

Images: Scott Hamilton/MSF

Azam smiles during a conversation with Samir

TREATING PATIENTS AT HOME: JORDAN

CARE FOR SUFFERERS OF NON-COMMUNICABLE DISEASES IN NORTHERN JORDAN

Mohanned and Samir both wear crocs. "Shoes that are easy to put on and take off are much better when you visit people's homes frequently," says Mohannad.

Talking animatedly, they step into a van along with Moataz, their driver for today. The three behave like old friends, teasing one another and laughing. "We have to be friends and have fun" explains Samir, "sometimes we spend more time with our colleagues than our families." Samir is a nurse, and Mohannad a doctor. Each week they conduct home visits to Syrian refugees and vulnerable Jordanians suffering from non-communicable diseases in Irbid governorate, northern Jordan. Today they will be visiting four patients, doing more driving than usual and travelling to new areas in order to reach those living further away from Irbid city centre.

MSF's home-visit programme began in August 2015. "Before that we treated patients out of two clinics in Irbid city. We still do that, but there is also a need for home visits. A lot of our patients can't come into town, either because they are too physically infirm to make the journey, or because they can't afford it," explains Samir.

The first house they visit is home to two patients: married couple Aziz and Azam. The front door is opened by their daughter and three grandchildren. The house is single-storey and sparsely furnished. The ease and familiarity with which the patients greet Samir and Mohannad is telling – "I've known these patients for a long time", says Samir, "It's a bit like having an extended family."

Samir and Mohannad begin by taking Aziz's blood pressure and testing his reflexes. He has suffered a stroke, is diabetic and for the time being, bedbound. Despite his fragile state Aziz takes the time to explain his situation:

"We've been here for five years. We left Syria because both Azam's health and mine were deteriorating, and because of the bombings. I used to run a crop farm. I didn't own it, but it was a good living. I had my own house too. Years ago, my Palestinian grandfather came through Jordan and settled in Syria. I wish he'd stayed in Jordan, I just wish we hadn't seen this war. Our daughter is still in Syria and we think of her constantly. It's not easy for us living here, the cost of rent is high and there are eight of us in one house. We have only one son working, he has to provide for everything, including electricity and bills. We want to go home, but only when there is no more war, no more killing."

Azam lost her sight 15 years ago. Suffering from glaucoma, she needs surgery and eye drops. But at 23 Jordanian Dinars, even the eye drops are too expensive.

"Living through the bombings and the war was extremely stressful, blind or not. But I'm happy to be here. The community here has welcomed us. Our neighbours visit us and even the landlord gives us a discount on rent."

Mohannad holds Aziz and Azam's grandson

"We want to go home, but only when there is no more war, no more killing."

Azam suffers from diabetes and hypertension. While Samir performs a blood test and checks her blood pressure, Mohannad picks up her youngest grandson who has begun throwing toys. After a few brief moments of restlessness, he sits contentedly with Mohannad and watches birds fly past the window.

On the way to the second house of the day, Samir speaks fondly of a former patient. "She was shot in the hip by a sniper, but she survived. We treated her for hypertension and even in her condition, she always insisted on offering us breakfast. Sadly, she died recently of a heart attack."

The third patient the team is visiting today is called Khairiya. She suffers from hypertension and is also blind. Making the journey to visit a clinic in town is near-impossible for her, so she's happy to receive home visits.

"We've been here since 2013. It was impossible to live with the violence and unrest in Syria, but the journey here wasn't easy either. We even had to walk part of the journey. When we approached the border crossing, a guard saw that I was blind. He took me by the hand and walked me the last part of the way. Despite opportunities to go and live in the USA and Canada, I'm happy that we're in Jordan, we share the same traditions. Our biggest worry now is money. There are five of us living here and our son barely earns enough to cover the rent and the food."

As Mohannad checks Khairiya's blood pressure, her daughter makes some coffee, and explains that she too needs to see a doctor. Mohannad tells her that he will refer her to a doctor at the ministry of health. As they speak, her two-year-old son crawls out toward his grandmother, apparently fascinated by the device used to check her blood pressure.

The fourth patient of the day is Saltiya. She is bedbound and has recently suffered a stroke. While her husband, daughter and grandchildren welcome Mohannad and Samir into their home, she struggles to open her eyes. Saltiya suffered a stroke just weeks ago. She was referred to the home visits programme for hypertension.

There are 12 members of one family living in this house, but Saltiya is clearly the focus of everyone's concern. Despite the cost of electricity, there are two fans spinning to keep her cool in the summer heat. Saltiya's son finds it difficult to provide for the family; back in Syria he was a baker, and his father owned a supermarket. They used to grow their own vegetables and own an olive grove. Towards the end of their time in Syria, they would see missiles flying directly over their home.

On the way back to town, Mohannad and Samir discuss the involved nature of this programme, and how it differs from MSF's typical emergency projects responding to the immediate effects of war, epidemic, disaster or famine. However, visiting the homes of these patients presents a stark reality: these are people with real and sustained medical needs, living in highly precarious situations. They may have escaped war, but their futures remain uncertain.

Not one of the patients visited today was able to answer their own door, and without money, or physical mobility the most pressing question is: how will these patients receive treatment without a programme like this one? ■

Images: Jinane Saad/MSF

HEALTHCARE FOR VULNERABLE GROUPS: LEBANON

COMMUNITIES UNITED IN HARD TIMES

Wadi Khaled is a high plateau. A remote stretch of Lebanese land sticking into Syria, poor and surrounded by military checkpoints. People have a hard time here, and that is as true of the Lebanese as it is of the Syrian refugees who have crossed the dried riverbeds to reach a place of safety, if not comfort.

The nursing room of the paediatric department in MSF's primary healthcare clinic. The department provides around 800 consultations a month, with children suffering from upper respiratory tract infections, diarrhea, gastro-intestinal diseases, and skin diseases.

"Here, we have regular medical check-ups. We also get the medication we need for free. I feel like a heavy burden has been lifted from our shoulders."

Ilham and her husband Akram, are two Lebanese citizens living in Wadi Khaled, in Akkar district, northern Lebanon. Their living conditions are no different to those of Bahria and Zahri, two Syrian refugees from Homs who have been living in Wadi Khaled for five years. Ilham and Akram, and Bahria and Zahri endure the same conditions. Akram and Zahri are unemployed and both, along with their respective wives, suffer from several chronic diseases requiring constant medical follow-up and medication. They met in MSF's primary healthcare clinic in Jandula-Wadi Khaled.

Before MSF's primary healthcare clinic was opened in Wadi Khaled, 61-year-old Ilham and her husband Akram had to travel the 70 kilometres from their home to Tripoli every couple of months for their medical appointments. They made these trips, even though they were often unable to afford the transport or even the medical consultation. Since MSF's clinic opened in their hometown, managing their medical conditions has become a lot easier. "My husband and I have been visiting MSF's clinic for six months. Here, we have regular medical check-ups. We also get the medication we need for free. I feel like a heavy burden has been lifted from our shoulders. I no longer worry about not having enough money to buy medication. I no longer have to travel dozens of kilometres to see the doctor, now the clinic is five minutes away from home", says Ilham.

Wadi Khaled is one of the poorest areas in Lebanon. It was among the first Lebanese regions Syrian refugees moved to at the start of the conflict in 2011, given its proximity to some of the early conflict hotspots such as Homs. The Syrian crisis has taken a huge toll on Wadi Khaled's economy, particularly after the northern border between Lebanon and Syria was closed, leading to a decrease in trade, and a decrease in employment opportunities, which has made life hard for people in Wadi Khaled, both Lebanese and Syrian.

Bilal Hassan, a Syrian refugee who moved to Lebanon four years ago, has also found living conditions difficult. He is a 37-year-old father of six, and unemployed. When his son Waleed cut his face in an accident, the best option he had was to take him to MSF's clinic, especially as the clinic was near his house. He couldn't afford to go to a private clinic or pay the travel costs to go somewhere outside the Wadi Khaled area.

It was the same experience for 28-year-old Lebanese citizen Zeinab. Her husband works in water distribution, but hasn't had regular employment. She brought her two daughters to the paediatric department of MSF's clinic in Jandula. "Whenever one of my girls used to fall sick, I would need to find between 20 to 35 US dollars to go to a private clinic. I rarely have that amount of money. I am happy that by coming here, I am able to treat my girls for free. The money my husband earns isn't enough to pay for food and rent, so how could we possibly buy medicine for our children?"

At the beginning of 2017, MSF opened a treatment centre for chronic diseases, which expanded to become a primary healthcare centre. Today, the centre provides treatment for chronic diseases and offers paediatric services, as well as mental health and health education services. The centre provides around 1,400 medical consultations a month, in addition to 120 mental health consultations, allowing the most vulnerable groups, including Lebanese and Syrian refugees, access to primary healthcare services.

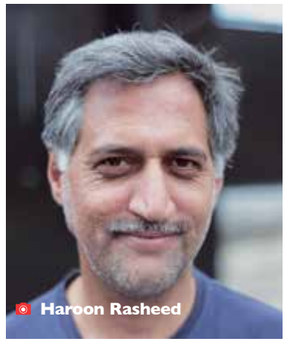
Images: Scott Hamilton/MSF, Sam Phelps

MSF staff provide people with essential items following the floods that hit the district of Kohistan, Khyber Pakhtunkhwa, in April 2016.

Q&A: PAKISTAN

ON THE DOORSTEP OF THOSE IN NEED

Haroon Rasheed has been working with MSF since 2009. Beginning as a logistician, he is now the deputy logistics coordinator for MSF in Pakistan. During his time with MSF, he has worked in MSF projects to provide treatment for those affected by displacement, floods and armed conflict. Haroon has worked in Pakistan, Iran and Nigeria.



Haroon Rasheed

HOW DID YOU BEGIN YOUR CAREER WITH MSF?

I've been with MSF since 2009 – the time when a number of displacement issues began. I saw an opportunity in Peshawar, to work with MSF as a logistician in a camp for internally displaced people.

After six months, I received a recommendation and was asked to work as a logistics manager in the capital, Islamabad, where my job was to support all of MSF's field missions in Pakistan in a logistical capacity. Now I'm the deputy logistics coordinator for MSF in the country.

Before MSF, I worked with another non-governmental organisation (NGO), in a social outreach capacity. I had known about MSF's work for a long time, and I knew it was the organisation I wanted to work for. I watched one day, as an MSF logistician physically set up a tent in a camp for the internally displaced. It was raining, and very muddy, but he continued to work. Despite having to kneel in the mud to set up the tent, and getting very dirty in the process – he had constructed a structure big enough for a family to live in. That was when I knew I needed to work on the doorstep of those in need.

HAS THERE BEEN A PARTICULARLY CHALLENGING SITUATION OR EVENT FOR MSF IN PAKISTAN?

In 2010, Pakistan experienced massive floods – I was responsible for supply in that situation, and the relief operation was extensive. When the flooding was over, the reports showed how much we had accomplished: we distributed 1,250,400 litres of clean water per day and built 714 latrines. We also distributed a total of 58,270 relief item kits and 14,538 tents. I remember receiving the cargo from Europe and Dubai – there was real pressure to get supplies to our field projects as quickly as possible. Sending those supplies to the field and seeing the tangible benefit to people in need was extremely rewarding for me.

IS THERE ANY WORK YOU'VE BEEN PARTICULARLY PROUD OF DURING YOUR TIME WITH MSF?

From 2010–2015 I worked in Hangu district, in Khyber Pakhtunkhwa province, northwestern Pakistan. That was the first time I'd opened a project with MSF, and eventually I would be one of the people closing it, too. In Hangu, we ran a trauma centre with surgical activities, supported the Ministry of Health and provided healthcare for internally displaced people in the area. Our priority there was emergency-room healthcare.

Hangu borders a number of tribal regions and has faced sectarian violence over the years, so establishing a healthcare environment where our patients felt safe was one of our main challenges. It wasn't easy for MSF to gain acceptance at first, and there were times (for example the Islamic month of Muharram) when Sunni and Shia'a patients did not want to be treated alongside one another.

We worked to reach out to the local communities – explaining MSF's charter and values – making it clear that MSF provides healthcare based on medical need, without heed to race, religion or gender. In the course of time, people became more and more comfortable with MSF, recognising that our hospitals were neutral. This was a real transformation – seeing people change their attitude from suspicion to trust, and feel confident in seeking healthcare was fantastic.

WHAT DOES AN ORDINARY DAY FOR YOU INVOLVE?

No two days are the same, and that's part of what keeps me motivated – the different dynamics between projects provide an ongoing challenge as each project is unique. Currently my team and I are supporting MSF medical operations in Peshawar and Kurram. On a day-to-day basis, this means ensuring facilities are maintained, that they are receiving the right quantity of supplies, and to act as a bridge between headquarters and the field.

HAVE YOU EVER WORKED AS AN EXPATRIATE?

Yes, in 2013 I had an assignment in Iran – I was there to assess the situation in terms of logistical setup. I also went to Borno state, in Nigeria at the end of 2016 as a logistics team leader. Both of these experiences were beneficial for me, particularly in Borno as it gave me the opportunity to work in establishing therapeutic feeding centres to treat malnourished children. Working in different contexts allowed me to broaden my work experience horizons – home will always be familiar, but it can take time to adapt to new cultures and understand people's needs on a personal level ■

This interview was conducted in June 2017.

> **"...seeing people change their attitude from suspicion to trust, and feel confident in seeking healthcare was fantastic."**

Doctors operate on a trauma patient in the operating theatre in Hangu.

Images: Chris Huby

AYN ISSA: SYRIA

SNAPSHOTS FROM NORTHERN SYRIA

People trapped inside Raqqa have little chance to escape during the ongoing conflict. In Ayn Issa, some 55 kilometres north of Raqqa, there is a camp for internally displaced people, giving shelter to around 8,000 people. In Ayn Issa camp, an MSF team maintains the water supply and is providing primary health care and stabilising wounded patients before referring them to Kobane hospital where another MSF team is working.

Not far from the western frontline, children jump into a tributary of the Euphrates river, allowing irrigation of the area. Since the beginning of the conflict in the region and particularly during summertime, the water has decreased.

Images: Chris Huby

At the end of the day, two men embrace, tears in their eyes, during a funeral for those killed in Raqqa.

Ismael mourns at the grave of Hout, his cousin and friend, who died less than 48 hours before.

A water tower destroyed in the conflict. They have been systematically destroyed, drying the surrounding land little by little, including the Khabour valley, considered the granary of Syria.

Ayn Issa camp for the displaced – in the house of the 'Civil Council of Raqqa', women from Raqqa prepare dishes for the whole camp.

FINANCE

HOW DOES MSF DISTRIBUTE FUNDS?

These figures describe MSF's finances on a combined international level. The 2016 combined international figures have been prepared in accordance with Swiss GAAP RPC. The figures have been jointly audited by the accounting firms of KPMG and Ernst & Young. A copy of the full 2016 Financial Report may be obtained at www.msf.org.

الشؤون المالية

أين تنفق منظمة أطباء بلا حدود الأموال؟

هذه رسومات توضيحية تشرح الجوانب المالية للمنظمة على المستوى الدولي المشترك. وقد أعدت هذه الأرقام الدولية المشتركة لعام 2016 بما يتوافق مع معايير المحاسبة في سويسرا (Swiss GAAP RPC). جميع الأرقام تم خضعت لتدقيق مالي مشترك من قبل مؤسستي كيه بي إم جي وإرنست أند يونغ. يمكن الاطلاع على التقرير المالي الكامل على الموقع: www.msf.org.

Project locations		مواقع المشاريع
Number of projects		عدد المشاريع
Africa	271	إفريقيا
Middle East	74	الشرق الأوسط
Asia*	56	آسيا
Europe	37	أوروبا
Americas	26	الأمريكيتان
Pacific	4	الهادئ