

WITHOUT BORDERS



BILA HUDOOD Issue 19 | January – March 2013



SYRIA REFUGEE CRISIS

Lead story:
Syria's worsening humanitarian situation

page 2

In the region:
An MSF surgeon describes his work in war-torn Syria

page 3

Around the world:
Mali, DRC, Myanmar, Egypt, Tajikistan, Philippines

page 5

Special report:
Saving women's lives in Sierra Leone and Burundi

page 7

In focus:
MSF psychologists: Helping refugees cope with trauma

page 9

Photo essay:
Providing aid to Sudanese refugees in Ethiopia

page 13



The Domeez refugee camp in Iraq, where MSF has been treating Syrian refugees since May 2012. © Fayçal Touiz/MSF

PUBLISHER

MSF Regional Office in the UAE

Abu Dhabi
P.O. Box 47226
T: +971 2 631 7645
E: office-abudhabi@msf.org

Dubai
P.O. Box 65650
T: +971 4 457 9255
E: office-dubai@msf.org

Editorial Team
Jordana Abebe
Ghada Hatim
Hala Mouneimné
Jessica Moussan-Zaki
Rana Sidani

Editorial Coordinator
Hala Mouneimné

Translation Coordinator
Jessica Moussan-Zaki

Design and Layout
Rami Touma

Front cover photograph:
A Syrian refugee stands in the Taybeh makeshift refugee camp outside Baalbek in Lebanon's Bekaa Valley. The camp is home to approximately 300 people who fled conflict in Syria.
© Michael Goldfarb/MSF

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

Médecins Sans Frontières (MSF, or Doctors Without Borders) is an independent medical humanitarian organisation that delivers emergency aid in more than 60 countries to people affected by armed conflict, epidemics, natural or man-made disasters or exclusion from healthcare.

MSF's principles

As an independent organisation, MSF's actions are guided by medical ethics and the principles of impartiality and neutrality.

Independence

Nearly ninety percent of MSF's overall funding comes from private donations; this guarantees our independence of decision and action.

Impartiality

MSF offers assistance to people based only on need and irrespective of race, religion, gender or political affiliation.

Neutrality

In a conflict, MSF does not take sides and provides medical care on the basis of need alone.

In 1999, MSF received the Nobel Peace Prize
In 2002, MSF received the Emirates Health Foundation Prize
In 2004, MSF received the King Hussein Humanitarian Leadership Prize



MSF in numbers (2011)

Our impact on the ground

Activities in 68 countries
8.4 million medical consultations
446,197 admitted patients
73,135 major surgical procedures
Nearly 350,000 children treated for severe malnutrition

Our human resources

Over 31,000 field staff
92% are national employees hired locally
8% are international staff

Our financial efficiency

899 million euros spent – nearly \$1.1 billion
82% spent directly on medical assistance
89% of funding comes from private donations



Income
● Private 89%
● Public institutional 9%
● Other 2%



How the money is spent
● Operations 82%¹
● Fundraising 12%
● Management, general and administration 6%



Event triggering intervention
● Armed conflict 39%
● Epidemic 37%
● Health exclusion 19%
● Natural disaster 5%



Project locations
● Africa 62%
● Asia 26%²
● Americas 11%
● Europe 1%

¹ Programmes, HQ programme support cost, awareness raising and other humanitarian activities
² Asia includes the Middle East and the Caucasus

Humanitarian Response Still Inadequate for Syrians

The humanitarian situation in Syria continues to worsen as the war escalates and attacks against health facilities continue. Access to large parts of the country remains extremely difficult due to insecurity and heavy fighting, and more than two million people have been displaced. The number of Syrians seeking refuge in neighbouring countries is increasing but the humanitarian response in Lebanon and Iraq has so far been unable to meet their needs.

Medical care in Syria

Médecins Sans Frontières (MSF) currently works in three field hospitals in the north of Syria. Since June, 10,000 patients have received medical attention and over 900 surgical procedures have been carried out. Admissions are irregular, depending on shifting frontlines and whether it is possible to refer the wounded.

MSF is also providing training in mass casualty management, triage and emergency care to Syrian health personnel who need support in the management of war wounded.

Specific assistance is also being provided to medical facilities, such as starting to set up an emergency room and a blood bank in the Aleppo area.

Several other health facilities have been set up by Syrian doctors and other medical organisations to treat the wounded in the northern region. However, general access to health services remains limited for the population, particularly for people suffering from chronic illnesses. A significant number of MSF's patients need treatment for chronic disease or accidental trauma, or assistance during childbirth. Further support needs to be developed to meet these needs.

People displaced inside Syria

Access to large parts of Syria remains extremely difficult and prevents the delivery of large-scale relief to the people who have been displaced within the country. MSF has made ad hoc distributions of relief items and provided water in some camps for the displaced, but most people are not living in camps, and many are constantly on the move.

MSF is seeking to organise the distribution of blankets, wheat flour and medicines to displaced people in the Deir Ezzor area. However, thousands of people within Deir Ezzor city remain unable to access adequate health services and the constant fighting has made it impossible either for MSF to get into the town or for the sick and wounded to be evacuated.

Refugees in neighbouring countries

According to official estimates, more than 500,000 Syrian refugees are registered or awaiting registration in neighbouring countries, but the actual number could be much higher. Despite better access and security in Lebanon and Iraq, humanitarian assistance to the refugees remains inadequate.

MSF is carrying out medical consultations and distributing relief items to refugees in both countries. Families arriving in Lebanon are taking shelter in any building they can find. The local population has been providing support but their resources are strained as the crisis persists. The registration of refugees is extremely slow and not enough means have been deployed to efficiently track their needs.

In Domeez refugee camp in Iraq, water and sanitation services are poor. The difficult living conditions for refugees are compounded by the arrival of winter and sub-zero temperatures.

In Jordan, MSF conducts regular visits to the refugees' camps to identify patients needing surgical care. Syrian patients are referred or self-referred to the Amman hospital where they may undergo orthopedic surgery, physiotherapy, psychosocial support or post-operative follow up. MSF is also providing medical consultations for Syrian refugees in the Amman hospital.

Surgery in Syria

“It really is a drop in the ocean”

Dr. Martial Ledecq is a surgeon who recently completed a one-month mission in Syria, where he worked in one of the makeshift medical facilities Medecins Sans Frontieres (MSF) set up in the north of the country. Since the end of June 2012, MSF teams have treated more than 10,000 patients and carried out some 900 surgical procedures. Here Dr. Ledecq discusses his work and the notion of neutrality in a starkly divided country.

Can you describe your work in Syria?

I worked for a month as a surgeon in a makeshift hospital set up by MSF in the north of Syria. Our facility comprised an operating theater and a ten-bed ward. We were performing emergency surgery and providing medical consultations for the local population. In one month, we carried out approximately 70 procedures in the operating theater, which works out at more than two a day.

It really is a drop in the ocean of medical needs currently overwhelming Syria. Some days, we'd be treating a few minor cases, and then suddenly, we would be confronted with a massive influx of wounded. Apart from a few normal surgical emergencies, these procedures were all carried out on patients with violence-related injuries: gunshot or shrapnel wounds, open fractures, injuries caused by explosions. As well as women and children, patients included combatants from various opposition groups and also from government forces.

“We were in a huge cave... The challenge was to create the necessary environment for a real medical and surgical unit.”

What other treatment options are open to the people?

When security reasons made it impossible for people to cross to Turkey, ours was the only functioning surgical unit in the region. Even before the conflict, the people in this medically impoverished rural area were forced to travel long distances to find medical care in an urban centre. But now, with the conflict, these routes are impossible. That is why, for example, during my time there, we had to carry out two emergency Caesarean sections.



MSF surgeon Martial Ledecq and his medical team operate on a patient inside the inflatable surgical unit of an MSF field hospital in northern Syria. © MSF

The working conditions must have been pretty tough?

We had to work in difficult conditions. We were in a huge cave that had previously been fitted out to store fruit, vegetables and fuel. The challenge was to create the necessary environment for a real medical and surgical unit. We had to work out a supply of water and electricity, and guarantee the best possible sterile conditions. We set up an inflatable hermetically-sealed tent as the operating theater. It wasn't looking good, but we managed to create a health care facility in a very rural region at the foot of a remote hill. This was an enormous logistical challenge, and we pulled it off.

Of course, your resources were still limited...

The main challenge was treating a major influx of wounded in a very short space of time in a small facility with few staff. MSF has protocols for such mass casualty situations, but in these conditions it was difficult to put them into practice. Triage of the wounded in order to identify medical and surgical priorities often proved problematic in a facility with only one operating theater, one anesthetist and one surgeon. Another obstacle was working with material bought on the local market that was below MSF quality standards. At that time, we did not have an import license. However, our main asset was the extraordinary cooperation of the Syrian staff who joined us and the quick-thinking approach that prevailed among the expatriate team.

“We really want to offer the same services on both sides of the fault line that currently divides Syria.”

In your opinion, what is the main challenge of this type of emergency response?

We really want to offer the same services on both sides of the fault line that currently divides Syria, but our health care unit was located in an area controlled by armed opposition groups. As a humanitarian organisation we keep underscoring that we are neutral and impartial, so how can we justify being unilaterally located on only one side of the conflict? For me, this was the humanitarian challenge of this type of response work.

However, even though MSF is currently only working geographically on one side of the conflict, we are staying true to our humanitarian principles. In addition to many civilians, we in fact treated both wounded rebel fighters and soldiers from the Syrian army who had been taken prisoner. We constantly had to explain the basic principles of humanitarian law to our contacts.

Did it feel dangerous?

Occasionally, yes. When a helicopter flew overhead, for 20 minutes or so, you couldn't

help but wonder what might happen. One day, a bomb fell 60 meters away from our makeshift hospital. I was right in the middle of an operation. At times like those, you are very focused and are probably less aware of the reality of the danger.

What is the level of violence against the people?

I'm not sure how easy it is to have a scale of violence. We saw all kinds of injuries: a man came in with a bullet in his head, another with a bullet in his mouth. There was a wounded prisoner who was in an unbelievable state of mind. When he was on our operating table, he was still begging us to spare his life! War is never pretty.

What about the indirect victims of the conflict?

Yes, there are civilians who are both direct and indirect victims of the conflict. Direct victims, like the old lady with shrapnel wounds to the leg. Barrel bombs are being dropped randomly. Sometimes they land in orchards without claiming any victims, but sometimes they fall on houses. When I was there, in one of the houses hit, three children were killed, buried by rubble. Outside, four adults were burned and riddled with shrapnel. I can still hear the cries of revolt and despair of the three children's mother. This type of thing happened twice.

And then, there are the indirect victims, like the two little girls burned when their house caught fire, because there has not been any electricity since the start of the conflict and they relied on candle light. One died and the other will be permanently disfigured. If the power had not been out because of the conflict, it would never have happened.

“Despite this heavily polarized conflict, it has been possible to restore dignity to the wounded, whatever their background.”

In this heavily polarized conflict, how can we ensure the neutrality of our facilities?

The violence is contagious, but so is a kindness that is shown to all. Whether it was through formal dialogue with one or other head of the armed groups, or through the daily treatment delivered with the same attention to all, regardless of their political or religious opinions, our Syrian co-workers quickly understood that we were neutral in this conflict. Despite this heavily polarized conflict, it has been possible to make our health care unit a peaceful facility where simple gestures of solidarity can be made, and to restore dignity to the wounded, whatever their background.



The entrance of the inflatable surgical unit inside MSF's makeshift hospital. © MSF



MSF has been providing surgical care in the north of Syria since June 2012. © MSF

MSF teams are working in three hospitals in northern and northwestern Syria. MSF provides emergency medical care there, including surgery and medical consultations.

Since late June 2012, our teams have treated more than 10,000 patients and performed more than 900 surgical operations. MSF is looking at expanding its relief activities inside Syria.

For more information on MSF's medical work in Syria, visit msf-me.org

Respecting the principles of impartiality and neutrality, MSF treats all victims without discrimination, regardless of political, ethnic or religious backgrounds. For its programmes in the Middle East, MSF relies solely on private donations from the general public to carry out its work.



Kanyaruchinya, a camp for people displaced by violence in North Kivu, Democratic Republic of Congo. The camp is about 15 kilometres north of Goma. © Aurelie Baumel/MSF

DRC

MSF assists people displaced by fighting in Goma

An already fragile humanitarian situation in eastern Democratic Republic of Congo deteriorated further when a rebel group known as M23 marched on the city of Goma in North Kivu Province in mid November 2012.

In the fighting that ensued, hundreds were injured and thousands of civilians fled. Though M23 has ostensibly withdrawn from Goma, more than 100,000 people are still living in precarious conditions around the city.

Médecins Sans Frontières (MSF), which was already running several health care projects in the area, rapidly established additional emergency services, treating war-injured patients and assisting displaced people.

“The most vulnerable are in an increasingly precarious situation,” said Grace Tang, MSF’s Head of Mission in North Kivu. “The fighting that has plagued this region for decades has not stopped. People are being displaced from one place to another.”

MSF is now active in six camps around Goma, where teams are providing primary health care, screening and treating malnourished children and people suffering from cholera and other communicable diseases, vaccinating against measles, and offering support to survivors of sexual violence.

In addition to medical activities, MSF has distributed water and basic supplies and is building and restoring health facilities.

Myanmar

Threats leave thousands without medical care

MSF has been running a major medical programme in Myanmar’s Rakhine state for nearly 20 years. Since 2005, MSF treated more than a million people for malaria and provided primary health care, tuberculosis and HIV treatment, and maternal health services in the state. Its patients hail from all ethnic and religious groups in Rakhine.

But since the outbreak of violence in June 2012, MSF is operating at a fraction of its capacity due to access limitations largely stemming from threats and intimidation. Tens of thousands of long-term residents, previously receiving medical care, have gone without care for months.

Ongoing animosity, aimed partially at aid organisations like MSF, makes it increasingly difficult for MSF to support the Ministry of Health in running already-overstretched clinics and reaching out to newly displaced communities.

The disruption also extends to MSF’s longer-term activities. The opening of a health centre in Sittwe town was postponed in the face of protests. Drug supplies to MSF’s malaria treatment centres in several rural townships were also disrupted.

A scale-up in the provision of medical care to all people affected by violence in Rakhine state is urgently needed. MSF therefore calls for unhindered access and for tolerance of the provision of medical care to all those who need it.

Mali

MSF calls for respect of civilians in northern Mali

Following violent fighting in Konna and bombardments in Lere and then in Douentza throughout the night on 11 January 2013, Médecins Sans Frontières (MSF) called on all the parties to the conflict in Mali to respect the safety of civilians and to leave health structures untouched.

“Because of the bombardments and fighting, nobody is moving in the streets of Douentza and patients are not making it through to the hospital,” said Rosa Crestani, MSF emergency response coordinator. “We are worried about the people living close to the combat zones and we call on all the parties to the conflict to respect the safety of civilians and to leave medical facilities untouched.”

During the night between 10th and 11th January, MSF received “several phone calls alerting us to numerous fatalities and wounded in Konna, including civilians,” added Dr. Mego Terzian, MSF’s manager for the emergency response in Mali.

As well as running medical activities around Mopti and Douentza, MSF is supplying medical material and drugs to medical facilities, and the teams are trying to reinforce their medical and surgical support in areas close to the conflict zones.

MSF teams are also working in the regions of Timbuktu and Gao. In Timbuktu MSF is working in the reference hospital, where the team has received a dozen wounded from the fighting, which is taking place more than seven hours’ drive away.

Following the bombardments in Lere, several hundred people have crossed the border into Mauritania. MSF’s teams in Mauritania have initiated their emergency response plan and are currently on site providing assistance.



Malian refugees in Mauritania. October 2012 © Lynsey Addario/VII



A pediatrician examines a child at the new MSF clinic on the outskirts of Cairo. © Nihal Shafik/MSF

Egypt

Clinic opens for mothers and children near Cairo

Médecins Sans Frontières (MSF) has opened a new clinic on the outskirts of Cairo, providing healthcare to mothers and children.

Since the clinic in the Abu Elian area opened its doors in mid-August, it has seen an average of 50 patients a day. Medical staff have carried out a total of 3,853 consultations, 2,861 of them for children.

“Most of the children we’ve treated had infections of upper and lower respiratory tracts, intestinal parasites, skin diseases and diarrhea,” said MSF doctor Ebtisam Amin Saleh.

Abu Elian is a rural settlement in El Marg district, between Qalyubiya governorate and New Cairo. Before the clinic opened, residents of Abu Elian had to travel for more than an hour to reach the closest health facility. For many families in the area, the cost of transport and treatment prevents them from seeing a doctor even when they need urgent medical attention.

“In some areas, public services are not able to keep up with the rapid expansion of the city,” says Julien Raickman, MSF’s country director in Egypt. “Our objective is to cover the current gaps in healthcare and increase the proximity of health services for women and children.”

At the outpatient clinic, staff includes two pediatricians, providing specialist care to children under five, and a gynecologist, providing antenatal and postnatal care to women of childbearing age. The clinic also has a 24-hour emergency referral system for deliveries, with MSF providing transport to hospital as well as covering hospital costs.

Tajikistan

New tuberculosis treatment

Children in Tajikistan with multidrug-resistant tuberculosis (MDR-TB) are receiving treatment for the first time thanks to a groundbreaking MSF project.

The organisation has opened a new ward in Machiton hospital, near the capital Dushanbe, where it plans to treat up to 100 children with the life-threatening disease, and their family members, by the end of the year.

Poverty and an underfunded health system in Tajikistan have led to people with MDR-TB being systematically neglected. Undiagnosed and untreated, the highly infectious disease spreads quickly amongst friends and relatives, fuelling stigma. The situation is even more dire for children, with not a single one receiving treatment for MDR-TB until MSF began its project.

Nana Zarkua, MSF’s medical coordinator for Tajikistan, said: “It’s not uncommon in Tajikistan for several members of one extended family to be sick. What makes our programme special is the family approach to the problem.”

“When we identify a sick child, we can provide the family with information on how to reduce the spread of the disease, and we can trace contacts within the family to see who else might be infected.”

MSF’s project treats children as outpatients where possible, to allow them to live as normal a life as they can, and works with schools to encourage them to allow children to rejoin lessons once they are no longer infectious.



Young MDR-TB patients take part in developmental activities at the pediatric hospital in Dushanbe, Tajikistan. © Natasha Sergeeva/MSF

Philippines

MSF team runs mobile clinics following typhoon

After Typhoon Bopha devastated coastal parts of Mindanao island in the Philippines in December, MSF dispatched two teams to run mobile clinics to provide basic health care, monitor for outbreaks of disease and support recovery efforts.

“There has been a massive swathe of destruction along around 100 kilometres of coast. This destruction has made what was previously a pretty healthy community vulnerable,” said Anne Taylor, MSF’s regional emergency coordinator.

In the worst-affected area, all the health posts have been destroyed and regional hospitals have also been badly damaged. Operated in close conjunction with the Department of Health, the MSF mobile clinics will go some way to meeting the gaps in healthcare that are apparent in eight districts in Cateel and Baganaga municipalities.

An MSF team arrived in the region to assess the impact of the typhoon in the second week of December. After establishing that the west of the island of Mindanao was the worst affected, the team focused on communities around Baganaga and Cateel, and plans to expand activities further to a third municipality in the area.

“We now have two teams, including two nurses who have been seconded from the Department of Health, who are running four mobile clinics in the area. We will continue this activity for at least four weeks, and then decide whether we should stay longer,” the emergency coordinator said.



Burundi 2012 © Sarah Elliott

Mateso Emilienne, 25, was picked up by an MSF ambulance from Gatumba Health Centre the previous day. Her baby was delivered via Caesarean section. "I know women who have died from childbirth because they didn't have help like this. I'm feeling very happy today and am very grateful to the MSF hospital."

Safe Delivery: Saving Mothers' Lives in Sierra Leone and Burundi

New research from Médecins Sans Frontières (MSF) projects in Kabezi in Burundi, and Bo in Sierra Leone, indicates that it is possible to achieve a rapid and substantial decrease in maternal deaths of up to 74 per cent by improving access to emergency obstetric care.

MSF data for 2011, indicate that the introduction of an ambulance referral system together with the provision of emergency obstetric services can significantly reduce the risk of women dying from pregnancy related complications.

The research, published in the paper, "Safe Delivery: Reducing maternal mortality in Sierra Leone and Burundi," is the first of its kind to quantify the impact of such a model of care on maternal mortality in an African setting.

The MSF projects involved setting up a free 24-hour emergency obstetric service at the hospital, complemented by an ambulance

service to reach the wider area. Before going into labour an expectant mother has the option of staying at a maternity waiting house next to her local health centre in order to be close to a medical facility when she delivers. If a woman arrives with complications, staff contact the hospital and an ambulance is sent to transfer her to hospital.

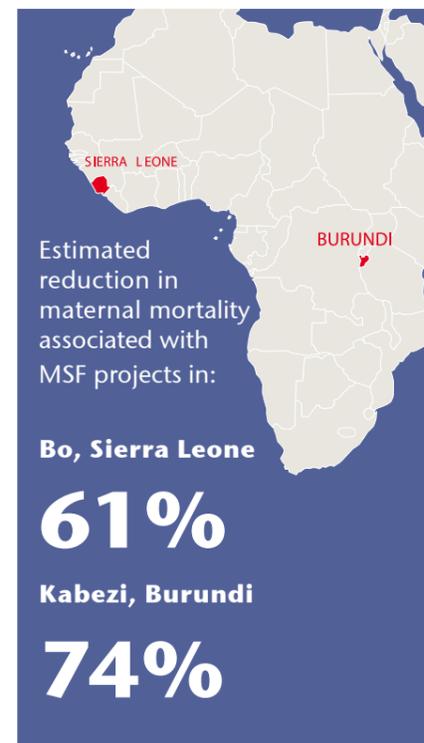
"You do not need state-of-the-art facilities or equipment to save many women's lives."

The comprehensive emergency obstetric services at MSF hospitals in Bo and Kabezi is provided 24 hours a day, seven days a week.

All services are free of charge. The total annual operating costs of the programmes are equivalent to \$1.9 per person in Bo and \$4.15 per person in Kabezi.

"You do not need state-of-the-art facilities or equipment to save many women's lives," said Vincent Lambert, MSF's medical advisor for Burundi. "MSF's experience can serve as an encouraging example for donors, governments and other NGOs considering investing in the improvement of access to emergency obstetric care in countries with high maternal mortality rates."

MSF's data indicate that maternal mortality in Burundi's Kabezi district has fallen to 208 per 100,000 live births, compared to a national average of 800 per 100,000 live births, a 74 per cent decrease.



In Sierra Leone, MSF figures for the same year indicate that maternal mortality in Bo district has decreased to 351 per 100,000 live births, compared to 890 per 100,000 in the rest of the country, a 61 per cent reduction. MSF is the only emergency obstetric care provider in Kabezi and Bo.

A woman in Sierra Leone is over 200 times more likely to die giving birth than a woman in Sweden.

Sierra Leone and Burundi both suffer from extremely high maternal mortality rates due to lack of access to quality antenatal and obstetric care. Both countries have suffered civil wars that have shattered their health systems. There are shortages of qualified health staff, and a lack of medical facilities.

In Sierra Leone, a mother stands a one in eight chance of dying during childbirth in her lifetime, which is over 200 times more likely than a woman in Sweden. A problem that is all but forgotten about in the developed world continues to be a considerable danger for women in many poor countries.

"Giving birth in Sierra Leone is often a life-threatening endeavor for many women," said Betty Raney, an obstetrician with MSF in Sierra Leone. "In my 25 years as an obstetrician, I have never seen such a level of severity among the patients. Had they not had any access to care, many of them would die."

Reducing maternal mortality by 75 per cent by 2015 compared to national ratios in 1990 is one of the United Nations Millennium Development Goals (MDGs). MSF's estimates indicate that the maternal mortality ratio in Kabezi is already below the MDG level. MSF is confident that the mortality ratio will have dropped by 75 per cent in Bo by 2015.

Some 287,000 women worldwide die each year giving birth, leaving behind children ten times more likely to die prematurely as a result of their mothers' deaths.

In 2011, MSF provided life-saving emergency obstetric care to a total of 3,647 women in Kabezi and Bo districts. MSF has been providing access to emergency obstetric care services in Burundi since 2006 and in Sierra Leone since 2008.



Download MSF's new report 'Safe Delivery: Reducing maternal mortality in Sierra Leone and Burundi' at msf-me.org

The MSF project in Bo featured in 'Four Born Every Second', a BBC documentary following women's experiences of childbirth around the world. The documentary is available on BBC One iPlayer.

"I'm so happy to work with this project with MSF because it's very much helping women in this community. If MSF were not here, the rate of mortality would grow. We really need more projects like this one."

Mbalo Saddock, 37, MSF nurse, Burundi.



Burundi 2012 © Sarah Elliott



Burundi 2012 © Sarah Elliott

"My water broke early, I was very afraid because it was too soon. I went to the nearest health centre at Gitaza. It was one and a half hour walk away. An ambulance from MSF came to pick me up. The health centre called them because they said they weren't able to help the baby. If MSF was not here, I could have died and my baby too."

Jeannine Ntunzwenimana, 20, MSF patient, Burundi.

Psychologists and MSF

Taking mental healthcare to people who need it



An old man tells his story during a mental health consultation in Dagahaley camp. Kenya 2012 © Robin Hammond/Panos Pictures

During wars or following natural disasters, the proportion of people suffering from depression or anxiety—both normal reactions to traumatic events—often doubles or triples. In extreme situations, the whole population experiences increased anxiety or sadness. Most people get through it alone or with the help of friends and family. But for others, psychological or psychiatric care is necessary.

For more than 20 years, MSF psychologists have been caring for patients' mental health as an integral part of MSF's emergency work. MSF teams have offered trauma-related care in over 40 areas around the world, including; Iraq, Lebanon, Chechnya, Sudan (Darfur), Haiti and Kashmir.

Here we look at the vital role MSF psychologists play in refugee camps in Kenya and South Sudan, helping refugees from Somalia and Sudan cope with trauma, depression, and serious mental illnesses.

Somali refugees in Kenya: Coping with the mental scars of war

Siyad Abdi Ar was 16 when he was abused by gunmen in Somalia. Eight years later, the mental scars have still not healed. Since arriving at Kenya's Dadaab refugee camp in 2010, his mother has kept him chained to a bed by his ankle, anxious that he will wander off and do himself harm.

Many of the refugees arriving at Dadaab are traumatized by their experiences in Somalia, where violence and drought caused them to flee their homes. Since 2009, MSF has provided health care in Dadaab's Dagahaley camp, including much-needed mental health care and counselling. In Kenya, as in other countries where MSF works, psychologists now form an integral part of the organisation's teams.

"In Dadaab, and Africa in general, psychological distress is often not expressed in the same way as in richer countries," says psychiatrist Pablo Melgar Gomez, who worked in Dadaab from 2009 to 2010 and is now

working with Palestinian refugees in Lebanon. "People often complain of physical pains. During the consultation, we try to make them understand that these pains are related to their emotional state."

Because mental illness is not always well understood by the general population, many people with more serious mental health conditions—such as schizophrenia and bipolar disorder—may not get the treatment they need. "While I was in Dadaab, I saw dozens of people with mental health problems who'd been chained up or shut away by their families, who were at a complete loss as to how to handle them," says Gomez. "If we hadn't intervened, they would be completely without hope of receiving psychiatric care and would still be chained up today."

MSF mental health workers give consultations at various health posts throughout Dadaab Refugee Camps in eastern Kenya. Most of the 450,000 inhabitants of the camps have fled conflict in southern Somalia. The World Health Organisation says 1 in 3 Somali's suffer from some kind of mental illness, the result of a war that has left a generation of Somalis who've only known fighting, famine, displacement, and loss.

Sudanese refugees in South Sudan: The stomach aches that can't be cured with pills

In a camp for Sudanese refugees in South Sudan, a girl sits very quiet in the group of smiling and yelling children. Not more than 14 years old, wearing an old and worn out nightgown, she sits bent over a piece of paper, fully concentrated on drawing what she is most afraid of.

Psychologist Julia Stempel leans over to see what the young girl is drawing. Most of the paper is taken up by a big aeroplane. "We see a lot of the children drawing aeroplanes," explains Stempel. "The children are asked to draw what frightens them the most. And almost everyone draws an aeroplane. They say it's the aeroplanes that forced them to flee."

By asking the children to draw what they are afraid of, Julia Stempel and her team of five psychosocial workers and ten community workers, give them a chance to express their feelings. They also ask the children to draw a second picture with a safe place, eliciting the feeling that 'the danger is over now'. The team is trying to help the children understand that they can stop being afraid.

Singing, drawing and role play are a few of the tools the mental health team in Doro use to reach out to the refugees, making them understand that "our mind can get ill just as our body can get ill" as Stempel puts it.

Many refugees are living with chronic stress, which shows itself in psychosomatic complaints such as headaches or stomach aches affecting not only the patient but the whole family.



A group session in the refugee camp in Maban County, South Sudan. © Christina Jo Larsen/MSF



In a refugee camp in South Sudan, children are asked to draw what frightens them the most. Almost everyone draws an aeroplane. © Christina Jo Larsen/MSF

"A grandmother in one of the families was suffering from very bad depression, and just spent her day lying passive in the hut, doing this for the last three months," says Stempel.

"The whole family lived around her in that hut. Her condition, the experiences of fleeing, plus the living conditions in the camp were so stressful for the family, that one of her granddaughters stopped talking, lost her appetite and started showing depressive symptoms too. Having two members of the family suffering in that way put an extra level of stress on the family, who are already under a lot of pressure. That's where we try to reach out and help."

Through group sessions for the various community groups in the camps, as well as home visits and individual consultations, the

mental health team is trying to reach as many people as possible.

"The greatest success so far is seeing how people grasp the idea of mental health and can support each other," says Stempel. "The discussions in the groups, when people open up and say 'I feel that as well', that's when I think 'yes!'".

Since the beginning of the mental health programme in Doro camp, MSF mental health workers have reached 16,489 people in group sessions both in the community and in health facilities. They have also seen 180 patients for individual consultations. In Jamam camp, MSF mental health workers carry out approximately 300 individual sessions of psychological first aid and 50 individual consultations each month.

In 2011, MSF psychologists carried out almost 170,000 individual mental health consultations and 19,200 group counselling sessions worldwide.

Some 450 million people worldwide suffer from mental disorders, according to the World Health Organisation (WHO), while an enormous gap exists between those who need mental health care and those who receive it.



Mary Marizani and her family in Zimbabwe. 2012 © MSF

“MSF lifted me up from my death bed and gave me back my life.”

In her home on the outskirts of Zimbabwe’s capital city, 48-year-old Mary Marizani says that, although she recently became the first Médecins Sans Frontières (MSF) patient in the country to conquer multidrug-resistant tuberculosis (MDR-TB), she now faces another challenge: “I have my appetite back and now I am eating everything in sight.”

Mary’s ability to joke has finally been restored following two grueling years of medical treatment for MDR-TB that included daily injections and a cocktail of highly toxic pills that made her vomit, lose her appetite, and hallucinate. “I felt like I had bugs crawling on the inside of my head,” she says.

Mary first showed the symptoms of tuberculosis (TB) in 2006, after caring for four members of her family who had the disease. After eight months of treatment (not with MSF), she was taken off TB medication by a doctor who declared she “looked much better” but never screened her to confirm whether the treatment had been successful.

In the months that followed, Mary was in and out of the hospital with fever and a dry cough she could not shake. Her condition gradually grew worse and she lost half her body weight. Finally, she took the advice of a neighbor and went to a clinic where MSF was treating patients with TB.

She was diagnosed with a strain of TB resistant to the usual drugs. At that time, no treatment was available for drug-resistant TB in Zimbabwe, but when MSF launched its MDR-TB project in Epworth, near Harare, in December 2010, Mary became its very first patient.

“Most of my family deserted me for two years while I was on MDR-TB treatment. The only family I had left was MSF and my two children.”

For Mary, the treatment came just in time, says Mary’s 24-year-old daughter, Shorai. “Just two days before the MSF doctors came



The clinic built by MSF in Epworth, Zimbabwe, where patients receive medication and care free of charge. © Brendan Bannon

to tell us the good news—that she would go on a new course of drugs—my mother had coughed up half a bucket of blood. It was terrible. I thought she was going to die.”

In Zimbabwe, there is massive stigma around TB, and many people wrongly believe that the disease is incurable. “Most of my family deserted me for two years while I was on MDR-TB treatment,” Mary recounts. “My own relatives didn’t come to visit me when I was on death’s doorstep. The only family I had left was MSF and my two children.”

It was a horribly difficult time. “I had to pass through hell to get to heaven,” says Mary, but she was able to see the treatment through to its end with the support of MSF staff, who also shared their knowledge with government doctors throughout Zimbabwe, most of whom had no previous experience of treating the disease.

“It’s extremely difficult to watch your patients try to cope with the horrendous side effects caused by this arduous two-year treatment,” says Kodjo Edoh, MSF health adviser for Zimbabwe. “We urgently need treatment for drug-resistant TB that can cure people in less time and with fewer side effects.”

In the two years since Mary became Epworth’s first MDR-TB patient, the numbers of patients on treatment have grown. Currently, MSF is treating 40 MDR-TB patients at its projects across the country, benefiting from the introduction of a new test for TB drug-resistance, known as GeneXpert, which has cut the time it takes to diagnose someone from 42 days to just two hours.

Now cured, Mary is energetic and sociable again, and she is an inspiration for the other patients at Epworth. For them, she is living proof that the treatment works.

“The MDR-TB treatment was a miracle,” says Mary. “MSF lifted me up from my death bed and gave me back my life.”

The scale of the drug-resistant-TB epidemic is huge, with 310,000 new cases notified in 2011. But globally, only 19% of people thought to be infected are receiving treatment.

MSF treated 26,600 TB patients in 36 countries in 2011 – 1,300 of whom had drug-resistant forms of the disease.

What if ... the medicines that could save your life cost a hundred times what you earn in a year?

Many people in developing countries can’t get hold of the treatment they need to stay alive and healthy.

That’s why Médecins Sans Frontières (MSF, or Doctors Without Borders) launched the MSF Access Campaign in 1999 to find ways of ensuring that medicines could be made available for all our patients and others in developing countries.

Our mission is to increase access to—and the development of—affordable, practical and effective drugs, vaccines and diagnostic tests for diseases that affect people in places where we work.

We are a multi-disciplinary team that includes doctors, pharmacists, scientists, lawyers, as well as advocacy and communications experts. We also work with patient groups and other civil society organisations in response to their concerns over access to treatment.



**MEDICINES
SHOULDN'T BE
A LUXURY**



“I couldn’t pay the cost of the medicines back, so I had to mortgage my two pieces of land. I am a sick person, yet we do not have enough food to eat.”

Kamil could not afford the medicines for visceral leishmaniasis, a deadly parasitic disease also known as kala azar, transmitted through the bite of a sandfly. She is now receiving free treatment with MSF in India. But other people with kala azar cannot currently access the best treatment for the disease in South Asia because it is too expensive.

GET INVOLVED:

Read the latest updates and sign up for our newsletter on: www.msfacecess.org

access@msf.org

facebook.com/MSFaccess

twitter.com/MSF_access





تصطف أكثر من ٢,٠٠٠ خيمة بيضاء على التلال الخضراء بالقرب من قرية بامباسي في غرب إثيوبيا. ومنذ شهر يوليو/تموز، شكلت مأوى لنحو ١٢,٠٠٠ من اللاجئين السودانيين الذين فروا من وطنهم. يتمتع المخيم بسعة استيعابية تستقبل نحو ٢٠,٠٠٠ شخص.

More than 2,000 white tents line the green hills near the village of Bambasi, in western Ethiopia. Since July 2012, they have been home to 12,000 Sudanese refugees who fled the conflict in their homeland. The camp has a total capacity of 20,000 people.

Providing aid to Sudanese refugees in Ethiopia

Nearly 40,000 Sudanese refugees fleeing conflict in Sudan's Blue Nile region have sought refuge in neighboring Ethiopia.

About 15,000 of them initially lived in the camp of Ad-Damazin, about 20 kilometers from the border. At the end of April 2012, the Ethiopian authorities decided to close the camp, which was considered too close to Sudan, and move the refugees to a new site located near Bambasi in the Benishangul-Gumuz region, more than one hundred kilometers from the Sudanese border.

Following violent protests by the refugees who refused to leave Ad-Damazin, the Ethiopian authorities suspended humanitarian assistance—most importantly food distribution and health care—for more than two months. When 12,000 refugees were eventually transferred to Bambasi in July 2012, nearly a quarter of the children under 5 years of age suffered from acute malnutrition.

After vaccinating the children against measles, Médecins Sans Frontières (MSF) opened a treatment centre for malnutrition in Bambasi camp and has been distributing nutritional supplements to the most vulnerable.

All images: Ethiopia 2012 © Yann Libessart



تعيش الأسر النازحة عند وصولها في خيام تابعة لمفوضية الأمم المتحدة لشؤون اللاجئين وتحصل على بعض المواد المعينة بالطبخ والتدفئة.

When families first arrive, they live in UNHCR tents and receive a few items to cook and stay warm.



بدأت معدلات سوء التغذية وأعداد الوافدين الجدد تنخفض. ينتظر اللاجئون ليحل السلام على بلادهم للعودة إلى ديارهم.

Malnutrition rates are now decreasing and the number of new arrivals is shrinking. Refugees await peace in Sudan to return home.



تم تسجيل نحو ٣,٠٠٠ أسرة للحصول على الأطعمة التكميلية. تضم هذه الأسر عادة امرأة حامل أو أم مرضعة وأطفال دون سن الخامسة.

Around 3,000 households, usually with pregnant or nursing women and children under five, have been registered to receive supplementary food.



كثيراً ما ترتبط الحالات الحادة من سوء التغذية بأمراض مثل الأمراض الجلدية.

Most severe cases of malnutrition are frequently associated with other pathologies such as skin diseases.

توفير المساعدات الإنسانية للاجئين السودانيين في إثيوبيا

هرب نحو ٤٠,٠٠٠ لاجئ سوداني من القتال في وطنهم بحثاً عن ملاذ آمن في البلد المجاور إثيوبيا. وهناك نحو ١٥,٠٠٠ لاجئ يعيشون في مخيم الدمازين، الواقع على بعد ١٩ كيلومتراً من الحدود السودانية. لكن في نهاية شهر أبريل/نيسان ٢٠١٢، قررت السلطات الإثيوبية إغلاق المخيم بسبب قربها من الحدود السودانية، ونقل اللاجئين إلى موقع جديد بالقرب من بامباسي في منطقة بني شنقول قماز التي تبعد أكثر من مئة كيلومتر من الحدود السودانية.

في أعقاب الاحتجاجات العنيفة التي نظمها اللاجئون الرافضون مغادرة الدمازين، علقت السلطات الإثيوبية المساعدات الإنسانية كتوزيع الأغذية والرعاية الصحية، لأكثر من شهرين. وحين بدأ نقل اللاجئين إلى المخيم الجديد في بامباسي في يوليو/تموز، كانت نسبة نحو ٢٥ في المئة من الأطفال دون سن الخامسة يعانون من سوء التغذية الحاد.

وبعدما أطلقت المنظمة حملة تطعيم ضد الحصبة، افتتحت مركزاً للتغذية العلاجية في مخيم بامباسي حيث وزعت أيضاً الأطعمة التكميلية على اللاجئين الأكثر عرضة للخطر.

جميع الصور إثيوبيا ٢٠١٢ © يان ليبسار



Boreholes equipped with hand pumps provide a source of drinking water.

يتم تجهيز البئر بمضخات يدوية كوسيلة لتوفير المياه الصالحة للشرب.