

# WITHOUT BORDERS

Issue 26 | October – December 2014

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



## EMERGENCY RESPONSE IN GAZA



**Gaza Emergency**  
Treating the injured

**Syria in Crisis**  
The reach of war

**Fighting Ebola**  
Impossible choices

**Pakistan**  
Maternal health



# DOCTORS WITHOUT HESITATION

**BUT NOT WITHOUT YOU.**

EVERY DAY OUR TEAMS ON THE GROUND ARE WORKING TO SAVE LIVES IN POVERTY-STRICKEN, WAR-TORN, AND DISEASE AFFECTED AREAS. THE CONDITIONS ARE ALWAYS CHALLENGING, SOMETIMES DANGEROUS. BUT THANKS TO THE GENEROSITY OF SUPPORTERS LIKE YOU, WE CONTINUE TO OFFER MEDICAL AID TO THOSE WHO NEED IT MOST, REGARDLESS OF RACE, RELIGION, GENDER OR POLITICAL AFFILIATION.

**WWW.MSF-ME.ORG**

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## WELCOME



In recent months our teams on the ground have been responding to the world's most severe crises - from the wars in Gaza, Syria and Iraq - to the largest Ebola epidemic in history in West Africa. Our capacity has been stretched to the limit, and yet the commitment, courage and compassion of our colleagues risking their lives on the frontlines has been extraordinary. Having recently joined the MSF regional office, I have felt both honoured and humbled by the MSF patients, field staff and supporters I have met so far.

I recently returned from Amman in Jordan, where MSF is running its largest surgical programme in the world, treating war-wounded patients from Iraq, Syria, Palestine and Yemen. I was deeply moved by the courage of the injured children and adults, yet I left Amman with a sense of sadness for the countless other innocent victims from neighbouring war-torn countries who will be in desperate need of medical care. As a father myself, my thoughts were with the thousands of wounded children who will never know what a normal life is, and with the injured mothers and fathers who will be left to piece together their shattered inner and outer worlds.

Meanwhile, in a humanitarian crisis of a different nature, the Ebola outbreak in West Africa has unraveled into a health crisis of historic proportions. The outbreak is akin to a war, claiming lives, destroying communities and perpetuating fear. MSF has so far been the main international organization responding to the epidemic, with more than 3,000 staff mobilised in five countries. Despite this large scale mobilisation, it has been impossible to keep up with the sheer number of infected people pouring into MSF facilities.

The international community has been slow to respond. The sick are desperate and aid workers are exhausted. Fear and panic have set in, as the sick continue to be turned away, only to return home and spread the virus among their loved ones.

With news from all these emergency frontlines, this issue of Without Borders may feel like a sad and difficult read. Yet I urge you to read on, because in every article there is also a story of courage and hope: the courage of patients to overcome extreme adversity, the willingness of health workers to take great risks to care for others, and the compassion and commitment of supporters like you who make it possible.

That is the circle of humanity that MSF embodies, and that I am glad to be part of. Thank you for being part of it too. ■

**Mohamed Bali**

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**Front cover photograph:**

An MSF anaesthetist attends to a severely injured young boy in the intensive care unit of Al Shifa Hospital in Gaza, July 2014. © Samantha Maurin/MSF



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

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Images: Mayerling Garcia, Nick Owen/MSF, Nacho Hernandez

# MSF AROUND THE WORLD



## HONDURAS

### MSF CARES FOR VICTIMS OF VIOLENCE IN THE CAPITAL

MSF is providing much needed medical and psychological care to victims of violence in Tegucigalpa, Honduras, one of the world's most violent cities. The public health care system cannot keep pace with the victims of violence, leaving the most vulnerable people deprived of much-needed services.

Aiming to improve access to emergency medical care, MSF medical staff are providing free medical and psychological care in three of the capital's health centres, as well as the city's main hospital, Escuela. An MSF mobile team also visits 25 sites around the city each week, providing on-the-spot first aid, preventive care and mental health support, to people with limited access to health care.



## UKRAINE

### MSF SUPPORTS STRUGGLING HOSPITALS

Following months of intense conflict, an increasingly alarming humanitarian situation is unfolding in eastern Ukraine. Hospitals have been shelled, tens of thousands of people are displaced from their homes, and thousands of casualties have been reported.

"The health system in much of eastern Ukraine is bowing under the pressure of the conflict, with medical supplies drying up from treating so many war-wounded and displaced people," said Stephane Prevost, MSF country representative in Kiev.

Though the constant insecurity and shelling makes it difficult to reach the areas most heavily affected, MSF teams have been providing medical materials and medicines to hospitals on all sides of the conflict, based on need alone.

## SOUTH SUDAN

### CHILD MALNUTRITION RATES SKYROCKET

Children in parts of South Sudan are suffering from shocking rates of malnutrition. So far this year, more than 13,270 children, most under the age of five, have been admitted to MSF feeding programmes.

Violence, displacement, and food shortages are the leading causes of the spike in malnutrition rates and the increasing numbers of children requiring urgent medical care in some locations where MSF is working.

"We are now witnessing the shocking, cumulative consequences of one million people being displaced from their homes," said Raphael Gorgeu, MSF country representative in South Sudan. "This is a man-made disaster. Some people have been living in the bush for six months, drinking dirty swamp water and eating roots to survive."

The conflict that erupted in December 2013 has interrupted planting and has prevented crop harvesting. Existing food stocks have been destroyed or looted. Markets have been disrupted and roads are impassable due to the conflict. The ongoing rainy season and annual "lean season" (usually from June to August, when food is scarce) has exacerbated the food crisis.

"Many people are now entirely dependent on humanitarian assistance to survive" said Gorgeu. "The continuation of this assistance is absolutely crucial to alleviate some of the suffering the conflict has caused."

Médecins Sans Frontières (MSF)/ Doctors Without Borders brings humanitarian medical assistance to people affected by conflict, natural disasters, epidemics or exclusion from healthcare in more than 70 countries around the world.



## SYRIA

### DEADLY CAR BOMBS IN NORTHERN SYRIA

Two car bombs exploded in towns in northern Syria on 26 July – one in Atmeh and the other in Azaz - causing large numbers of civilian casualties, including a Syrian MSF staff member. MSF strongly condemns these deadly attacks on civilians.

In Atmeh, some 20 people were killed and around 80 were injured. MSF's hospital in the area received 41 of the wounded, six of whom died from their injuries, including the MSF staff member. Just two hours earlier, another car bomb exploded in Azaz, where five people were killed and 20 were injured.

## PHILIPPINES

### NEW BEGINNINGS FOR HOSPITAL IN GUIUAN

In Guiuan in the Philippines, MSF has finished the construction of a semi-permanent hospital to replace the original hospital that was damaged beyond repair by Typhoon Haiyan last November.

The new hospital is made of an innovative material composed of wood fibre and polypropylene that adapts well to the hot, humid climate. It will be an interim facility until a permanent structure is completed by the Department of Health in 2016.

MSF will continue to provide support to the local health authority running the interim hospital until the facility is fully operational by the end of October.



## DRC

### MSF RESPONDS TO EBOLA OUTBREAK

MSF has opened two treatment centres in response to the Ebola outbreak in the Democratic Republic of Congo. The first is a 40-bed facility in Lokolia, the epicentre of the epidemic, and the second is a ten bed facility in Boende.

MSF now has nearly 40 staff members in Boende and Lokolia, and has already sent 41 tonnes of supplies and equipment.

Logistical constraints and community education are the main challenges for MSF teams working in the rural area where the Ebola outbreak has taken place. ■



## SPECIAL REPORT: GAZA IN CRISIS

ONE NIGHT IN  
GAZA'S SHIFA  
HOSPITAL

In Gaza, the lives of thousands of people have been destroyed after seven weeks of brutal Israeli bombardment in July and August. As bereaved and wounded Palestinians try to rebuild their lives, we share a first-hand account of the horrors of the war witnessed by MSF staff working at Al Shifa Hospital at the height of the bombing.

• Medical staff tending to a severely injured patient in the emergency ward of Al Shifa Hospital.



At 8AM on the morning of 22 July, a Médecins Sans Frontières (MSF) surgical team returned to an MSF office in Gaza after an overnight shift at Al Shifa Hospital, in the centre of Gaza City. Weary from a night of treating one wounded patient after another in the emergency department, they took a moment to describe what they had just seen.

"I've been caring for two new patients in intensive care in the major burns unit," said Adriana, an anaesthetist, who had just joined MSF's emergency team in Gaza. "One was a young mother, aged 24. The young woman

had been buried under the rubble of her house for 12 hours. She lost her daughter and ten other family members there. We did everything we could to save her, but she died this morning."

**LIFE-SAVING SURGERY**

Adriana's second patient was a ten-year-old boy. "The little boy had lost his father. His mother was with him. A missile struck their house, which collapsed. He suffered burns, crush syndrome and trauma, and had 100 wounds over his body from exploding shells."

After surgery, the boy was admitted to Al Shifa's burns unit. One small wound on his

abdomen particularly worried Kelly, the second anaesthetist in MSF's emergency team.

"It was a small cut in the belly that wouldn't stop bleeding," Kelly said. "I requested a scan of his abdomen and we saw that he had an internal haemorrhage. The bomb fragments had made seven perforations in his small intestine."

"[By noticing the wound] she saved his life," said Adriana.

Cosimo, an MSF surgeon, had just extracted a bullet from the cardiac vein of a 20-year-old woman. "The other two patients I operated on last night had chest wounds from explosions that occurred near them," he said.

**HOSPITALS BOMBED**

Many of the wounded arriving at Al Shifa Hospital had been transferred from Al Aqsa Hospital, which was bombed earlier in the day.

"A 20-year-old man was being treated at Al Aqsa when the hospital was hit," said Kelly. "He was brought to Al Shifa's emergency room. We had to amputate both legs below the knee. The operation took nearly three hours."

**INJURED CHILDREN**

Most of the patients in the operating theatre had serious injuries that required several surgeons. Sometimes, by the time patients reached the operating theatre, it was too late to save them.

"An eight-year-old girl was brought in to the operating theatre," said Adriana. "She had lost both her legs in an explosion and suffered multiple traumas, including head trauma. Other than ease her pain, there was nothing else we could do."

The emergency room was crowded with children with serious as well as minor wounds.

**MSF IN GAZA**

MSF has been working in Gaza for more than 10 years and has 50 staff there, including 40 Palestinian and 10 international staff.

During the seven weeks of the Israeli offensive, MSF sent 37 additional international staff to Gaza, including surgeons, doctors, nurses, administrators and project coordinators.

With the ceasefire holding, there are still thousands of injured adults and children who are in need of surgery, burn care, long term rehabilitation and psychological care. To help meet the enormous needs, our teams are supporting the burns unit of Al Shifa Hospital and running two clinics that provide post-operative care to wounded patients.

According to Cosimo, some 30 percent of those admitted to the hospital that night were children.

The wounded arrived at the intensive care unit in groups of three, four or five at a time. The first to be brought in came from the Shuja'iyyeh neighbourhood, which was still being shelled. The last group seen by the MSF team came from the area around Al Aqsa Hospital. At least five of the patients did not make it through the night.

In the early hours of the morning, there

was an aerial strike nearby. "The entire burns unit building shook, like during an earthquake," said one MSF team member.

Back at the MSF office that morning, the overnight team described their night. The others listened, eyes lowered, to the grisly reports. According to the UN, more than ten people were killed and 130 were wounded in the night's bombardment.

Given what they had witnessed that night at Al Shifa Hospital, the team agreed that the figures sounded low. ■

**"An eight-year-old girl was brought in to the operating theatre. She had lost both her legs in an explosion and suffered multiple traumas"**



07:15

IRAQ: Patients in the waiting area of MSF's clinic in the Domiz refugee camp in northern Iraq. More than 58,000 refugees from Syria are living in the camp.

## THE REACH OF WAR: SYRIA

# A DAY IN THE LIFE OF THE SYRIAN CONFLICT

Now in its fourth year, the war in Syria has killed more than 190,000 people and driven more than nine million from their homes, nearly a third of whom have fled the country. As staggering as the figures are, it can be difficult to grasp the scope of the conflict and its devastating impact on people's lives. To help convey the immense suffering behind the statistics, MSF sent four award-winning photojournalists to our projects in Iraq, Lebanon and Jordan where we are assisting refugees and the war-wounded from Syria. The photographers documented a single day in Syria's ongoing war, chronicling its reach beyond the country's borders.

JORDAN: MSF staff assist a patient at Ramtha hospital near the Syrian border where war-wounded are being treated.



Through a series of short films, photo essays, and a narrative report, the "Reach of War" project conveys the very personal dimensions of Syria's war through the perspective of refugees, patients, and MSF staff trying to provide desperately needed assistance.

"The war is so overwhelming that it's easy to lose sight of what it means for individual Syrians," said Dr. Joanne Liu, MSF's international president. "There is generally a lack of humanity with respect to Syria because when we talk about it, we usually talk about figures. This project bears witness to the personal toll of a brutal, relentless conflict."



08:23

LEBANON: An MSF staff worker checks a child for malnutrition at MSF's clinic in Aarsal. The conditions in the Syrian refugee settlements can be particularly hard on the young, many of whom arrive in Lebanon already traumatised by their experience of war in Syria.

10:07







12:02

**JORDAN:** Dr Ben Gupta plays chess with 14-year-old Malik who lost one leg and sustained severe injuries to his arm and his other leg when a bomb fell on a wedding party at his family's home.



16:07

**LEBANON:** A woman and her mother during yet another day spent in the former prison that now serves as their home in the village of Jaloud.

14:55

As the day begins, surgeons in two different towns in Jordan start their rounds, visiting one grievously wounded patient after another, knowing more will soon be on the way.

In Lebanon's Bekaa Valley, doctors, nurses, social workers, and midwives begin calling in the mothers, fathers and children already assembled outside four different clinics.

In northern Iraq, a doctor, who is a refugee himself, walks briskly towards the cries and clamours of new patients who have likewise found themselves far from home, with no sense of when they might return.

"What we captured in just one day is but a miniscule reflection of the ever mounting human toll of the Syria conflict," says Moises Saman, a Magnum photographer who reported from Lebanon for the project. "In just this one day you see in excruciating detail the immense suffering caused by the war in Syria while being confronted with the reality that it is just one single day in a conflict that has been going on for over three years, and with no end in sight."

See more 'Reach of War' photographs and short films at [reachofwar.msf.org](http://reachofwar.msf.org)



**JORDAN:** MSF staff talk to 14-year-old Rukaya ahead of her surgery. Rukaya lost both her legs in a bomb attack on her hometown that also killed her mother.



18:15

**JORDAN:** A Syrian girl who lost a leg when a shell landed nearby, now in recovery at Ramtha hospital.



LIBERIA: EBOLA

# IMPOSSIBLE CHOICES

Pierre Trbovic, an anthropologist from Belgium, arrived in the Liberian capital, Monrovia, in late August 2014 to help at MSF's new Ebola treatment centre. Finding health staff overwhelmed and sick people queuing in the street, he volunteered for the heart-wrenching job of turning people away. Explaining to people pleading for their loved ones that the centre was full was almost impossible. Yet despite the horrors of the situation, there were also moments of true joy.



Soon after arriving in Monrovia, I realised that my colleagues were overwhelmed by the scale of the Ebola outbreak.

Our treatment centre – the biggest MSF has ever run – was full, and Stefan, our field coordinator, was standing at the gate turning people away. On an MSF assignment, you have to be flexible. This wasn't a job that we had planned for anyone to do, but somebody had to do it – and so I put myself forward.

For the first three days that I stood at the gate it rained hard. People were drenched, but they carried on waiting because they had nowhere else to go.

The first person I had to turn away was a father who had brought his sick daughter in the trunk of his car. He was an educated man, and he pleaded with me to take his teenage daughter, saying that whilst he knew we couldn't save her life, at least we could save the rest of his family from her. At that point I had

to go behind one of the tents to cry. I wasn't ashamed of my tears, but I knew I had to stay strong for my colleagues – if we all started crying, we'd really be in trouble.

Other families just pulled up in cars, let the sick person out and then drove off, abandoning them. One mother tried to leave her baby on a chair, hoping that if she did, we would have no choice but to care for the child.

I had to turn away one couple who arrived with their young daughter. Two hours later the girl died in front of our gate, where she remained until the body removal team took her away. We regularly had ambulances turning up with suspected Ebola patients from other health facilities, but there was nothing we could do. We couldn't send them anywhere else – everywhere was, and still is, full.

Once I entered the high-risk zone, I understood why we couldn't admit any more patients. Everyone was completely overwhelmed. There are processes and procedures in an Ebola treatment centre to keep everyone safe, and if people don't have time to follow them, they can start making mistakes.

It can take 15 minutes to dress fully in the personal protective equipment and, once inside, you can only stay for an hour before you are exhausted and covered in sweat. You can't overstay or it starts getting dangerous. The patients are also really unwell, and it is a lot of work to keep the tents clean of human excrement, blood and vomit, and to remove the dead bodies.

There was no way of letting more patients in without putting everyone, and all of our work, at risk. But explaining this to people who were pleading for their loved ones to be admitted, and assuring them that we were expanding the centre as fast as we could, was almost impossible. All we could do was give people home protection kits, containing gloves, gowns and masks, so that they could be cared for by their loved ones with less chance of infecting them.

After the rain came the scorching sun. One day an old man waited outside for five hours with just a broken umbrella for shade. In all that time, the only thing he said to me was, 'too much sun'. It took him so much effort. His son was with him, but was too scared to go near him to offer any comfort. When we were finally able to admit him, his son came to thank me with tears in his eyes.

There were others who weren't actually sick, but who weren't sleeping or eating out of fear they might have Ebola – they just wanted a test. But if we were turning people



■ **Pierre Trbovic, MSF anthropologist in Monrovia, Liberia.**

away who were dying, how could we accept people who were healthy?

Others who came were just desperate for a job – willing to do anything, even if it meant carrying dead bodies.

When the nurses, who I have such admiration for, started pitying me and telling me that they couldn't have done my job, I realised that what I was doing was even harder than I thought. After a week, people told me I needed to stop. They could see the emotional toll that it was taking on me.

That afternoon a colleague came to find me, saying there was something I had to see. Whenever people recover, we have a small ceremony for the patients who are discharged. Seeing the staff gather to celebrate this exceptional moment, hearing the words of the discharged patients as they thank us for what we did, gives us all a good reason to be there. Looking around I saw tears in all of my colleagues' eyes. Sometimes there are good reasons to cry. ■

## MSF'S EBOLA RESPONSE IN WEST AFRICA

More than 3,000 MSF staff responding to Ebola in five countries: Guinea, Liberia, Nigeria, Senegal and Sierra Leone.

Five MSF Ebola care centres providing 457 hospital beds in isolation.

More than 422 tonnes of supplies shipped to affected countries.

Estimated cost of MSF's Ebola response by the end of 2014 will be 40.5 million euros.



■ **Two medical staff carry a weak patient who has been in contact with people infected with Ebola to the admission area of a treatment centre.**

**“We couldn't send them anywhere else - everywhere was, and still is, full.”**



Images: Anna Surinyach/MSF

Many migrants travel on a cargo train, known as 'the Beast'. They often suffer robberies and sustain injuries on the way.



## MIGRANT HEALTH: CENTRAL AMERICA

# BRINGING MEDICAL CARE TO THE RAILWAY TRACKS IN MEXICO

Migrants travelling through Mexico in the hope of reaching the United States often find themselves extremely vulnerable, subject to robbery, exploitation, and numerous health issues, but with little or no access to medical care. Médecins Sans Frontières (MSF) in Mexico is providing medical and psychological care to migrants at several locations along some of the main migration routes across the country.

## EXPOSED TO DANGER AND VIOLENCE

"We see patients with conditions and injuries related to their journey," says Emiliano Lucero, MSF medical coordinator. "This includes blisters or fever, or injuries caused when they fall off trains such as fractures or amputations, or due to attacks or kidnapping. The physical violence, whether the migrants are victims or witnesses, has a psychological impact too."

The migrants' journey is filled with danger. They are often victims of violence and deceit as others try to take advantage of their desperate situation. In a recent survey of 396 patients, fifty-eight percent of the migrants treated by MSF said they experienced one or more incidents of violence.

"The violence on the route in Mexico is basically related to the presence of criminal organisations that extort and assault the migrants travelling by train or by bus," says Marc Bosch, MSF country representative in Mexico. "This extortion often goes together with violence and we are seeing many people getting injured on the route."

## THE MOST VULNERABLE: WOMEN AND CHILDREN

While the majority of migrants are men aged between 18 and 25, increasing numbers of women, families and unaccompanied children are making the journey.

It is not unusual in Mexico to see women and groups of teenagers, some of them just children, switching freight trains. They stay in shelters or try to rest for a few hours beside the tracks before continuing their journey. These are the most vulnerable groups, who have to

overcome all manner of dangers just to survive.

"MSF is providing primary and mental health care beside the tracks," says Bosch. "The aim is to treat migrants who have suffered violence, with a special focus on the more vulnerable, mainly minors, unaccompanied minors and women."

Of the 11,323 patients treated by MSF in south and central Mexico in 2013, 13 percent were women, and 9 percent were minors.

Child or adult – no one is spared from the anguish of the journey. "Only the people jumping the train know that anguish," says MSF psychologist Miguel Gil. "Some trains don't stop for more than 24 hours, travelling in high temperatures or through torrential rain. The migrants are emotionally and physically drained."

MSF teams have found that nearly 42 percent of the migrants have symptoms related to anxiety. Staff provide the migrants with mental health consultations to help equip them with coping mechanisms to survive their journey.

## FLEEING VIOLENCE AT HOME

When asked why they would make such a dangerous journey, about two-thirds of the migrants say they are heading north to improve their economic situation, while about one-third cite violence in their home country as one of their reasons for leaving.

"I fled my country because of the threats of the gangs," said Miguel Ángel Reyes, a 62-year-old Salvadoran. "I didn't leave because of poverty, but because of security."

The exodus of people leaving Central America for the north continues to grow, despite the well-known dangers of crossing Mexico. For many, the risks are worth taking, because what they are leaving behind is worse than the perilous journey itself. ■



An estimated 300,000 people enter Mexico each year with the hope of reaching the United States. Most of the migrants are from Honduras, El Salvador and Guatemala. Their means of travel is often hazardous, especially for those riding 'the Beast', the Mexican cargo train ridden by tens of thousands of migrants every year. Migrants clamber onto the roof of the train, or squeeze themselves between the wagons, exposed to the elements and to attacks by criminal gangs.

MSF runs clinics in several locations along the route that migrants take. In central Mexico, in Lecheria, an MSF mobile clinic follows the migration route, stopping at shelters, diners and the railway track, moving wherever there is most need. In the south, in Ixtepec, an MSF clinic has been set up next to the railway track offering primary health care and psychological support to migrants.



An MSF clinic next to the railway track in Ixtepec, Mexico.



Images: Sa'adia Khan

## Q&amp;A: PAKISTAN

LIFESAVING  
MATERNAL HEALTH  
CARE IN RURAL  
PAKISTAN

In Balochistan province in Pakistan, women have to overcome many obstacles to receive health care and give birth without risking their lives and those of their babies. To help address this, MSF is running four projects in the province to provide women with the essential medical care they need. We asked Cecilio Tan, MSF medical coordinator in Balochistan, about the life-threatening obstacles pregnant women face in the province.

HOW IS THE HEALTH SYSTEM  
IN BALOCHISTAN?

In the cities there are tertiary hospitals funded by the government as well as private hospitals and clinics that are mushrooming. The private ones are a little bit expensive, and unaffordable for the average person. In the rural areas there may only be basic healthcare units. You will be lucky if you have one nurse or paramedic. There are actually chances of not having any doctors or proper materials at all.

WHY IS THE MATERNAL  
MORTALITY RATE SO HIGH IN  
THIS PROVINCE?

Common factors are poverty and a poor literacy rate. Many people live in remote areas and women lack the decision making power to be able to go to the clinics to have medical consultations. There is also conflict and political instability, and the province is also prone to natural disasters such as floods, earthquakes and other emergencies. Moreover, nutritional health is worse amongst women than men. Some women are underweight and when they get pregnant their wellbeing decreases.

WHAT IS THE PROFILE OF THE  
WOMEN THAT VISIT MSF'S  
HEALTHCARE FACILITIES?

We assist people from areas inhabited by different ethnic groups, as well as Afghans who cross the border seeking healthcare. We see Afghan refugees, some of whom have settled in the area for the past 20 years, so they are in a sense mixed with the local residents. There are also nomads, who are in Quetta in the summer and migrate to other places during the winter.

On average, women have six to eight children and they very often have the first baby at the age of 16. At the age of 22-24 they have no less than four children already.

WHAT ARE THE MAIN ISSUES  
RELATED TO MATERNITY IN  
BALOCHISTAN?

We face a wide range of issues in our projects. Eight out of ten pregnant women come to the clinic only once for their antenatal care check-up, so we are limited in being able to follow-up properly. Most of the women deliver at home attended by untrained relatives or neighbours. During emergency obstetric situations that may require further medical or surgical

intervention, referrals to tertiary level hospitals are sometimes hampered by the unavailability of male attendants to accompany the women.

HOW BIG IS THE CONSTRAINT  
FOR THE WOMAN OF NOT  
HAVING A MALE ATTENDANT?

In this context a female patient cannot travel by herself. If men are working to support the

family, this means the female will generally be at home without her husband or a male relative being there. That's why pregnant women often come too late, only when there is already a complication.

We would like them to come several times during the pregnancy and afterwards but they have other responsibilities. To take them away from home means that nobody will be there to look after the children, cook or fetch the water.

**"On average, women have six to eight children and they very often have the first baby at the age of 16."**

WHAT COMPLICATIONS CAN  
HAPPEN TO WOMEN IF THERE  
IS NO DELIVERY ASSISTANCE?

The complications are the same as those that can occur in an assisted delivery. There can be severe bleeding in the woman or the blood supply to the baby can be compromised. These crucial moments can really mean the difference between life and death for the mother and the child if there are no skilled staff present. Skilled staff could at least raise red flags and refer the patient to a hospital as soon as possible, so the chances of survival increase.

Another complicating factor is that since women want to go home as early as possible, they often choose to go to private clinics to speed up deliveries by injecting drugs (oxytocin) that can lead to severe complications to both the baby and the mother.

WHAT WORRIES MSF AFTER  
THE DELIVERY?

We are also trying to promote breast-feeding. Sometimes babies are not given breast milk but honey or dark tea, which really affects their stomach. MSF is also concerned about immunisation and tries to improve the vaccination coverage for the children. ■



• Aminah was admitted by MSF in Chaman with membrane rupture. The doctor confirms her baby is safe and well.

## MSF IN PAKISTAN

MSF currently has four projects in Balochistan (Chaman, Quetta, Kuchlak and Dera Murad Jamali) where it runs maternal health care programmes. Between January and April 2014, MSF assisted in 5,176 deliveries in the province and provided 9,802 first antenatal consultations.

MSF also runs projects in the provinces of Khyber Pakhtunkhwa and Sind, and in the Federally Administered Tribal Areas. MSF has been working in Pakistan since 1986.





INFOGRAPHIC: EBOLA

# EBOLA CARE CENTRE

The Ebola centres that Médecins Sans Frontières is now running in West Africa are the largest ever built. This is the inside of the high-risk zone of one of these Ebola centres.

1. ENTRANCE AND TRIAGE FOR THOSE WHO ARE POTENTIALLY INFECTED

مدخل المركز حيث تتم معاينة وفرض الإصابات المحتملة

3. DRESSING ROOM FOR STAFF TO PUT ON PROTECTIVE CLOTHING

غرفة ارتداء البدلات الواقية



4. UNDRESSING ROOM FOR STAFF TO REMOVE THEIR PROTECTIVE CLOTHING

غرفة خلع البدلات الواقية



9. EXIT FOR PATIENTS WITH NEGATIVE EBOLA BLOOD TESTS

مخرج المرضى الذين تعافوا من فيروس إيبولا

11. DECONTAMINATION SHOWER

حمامات التطهير

12. SHOWER AND TOILET RESERVED FOR PATIENTS

حمامات ومراحيض مخصصة للمرضى

5. WARD FOR PATIENTS WITH LOW PROBABILITY OF EBOLA

قسم المرضى الذين تبلغ احتمالية إصابتهم نسبة منخفضة

6. WARD FOR PATIENTS WITH HIGH PROBABILITY OF EBOLA

قسم المرضى الذين تبلغ احتمالية إصابتهم نسبة مرتفعة

7. WARD FOR PATIENTS WITH CONFIRMED EBOLA

قسم المرضى المؤكدة إصابتهم بالإيبولا

8. VISITORS' AREAS: THE DOUBLE FENCE PREVENTS VISITORS FROM BEING INFECTED

منطقة الزوار: يجنب السياج المزدوج الزوار التلصق الفيروس

10. MORTUARY

منطقة حفظ الجثث



2. ENTRANCE FOR THOSE SUFFERING FROM EBOLA

مدخل مخصص للحالات المؤكدة

## مركز مكافحة الإيبولا

صورة تفسيرية: الإيبولا

تعتبر مراكز مكافحة وباء إيبولا التي تديرها منظمة أطباء بلا حدود في غرب أفريقيا الأكبر على الإطلاق. وتظهر هذه الصورة منطقة الخطر العالي داخل إحدى هذه المراكز.