

WITHOUT BORDERS

Issue 34 | September – December 2016

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



FROM PATIENT TO PATIENT COUNSELLOR

A NEW PERSPECTIVE ON
LIFE IN ADEN

South Sudan

Violent clashes

India

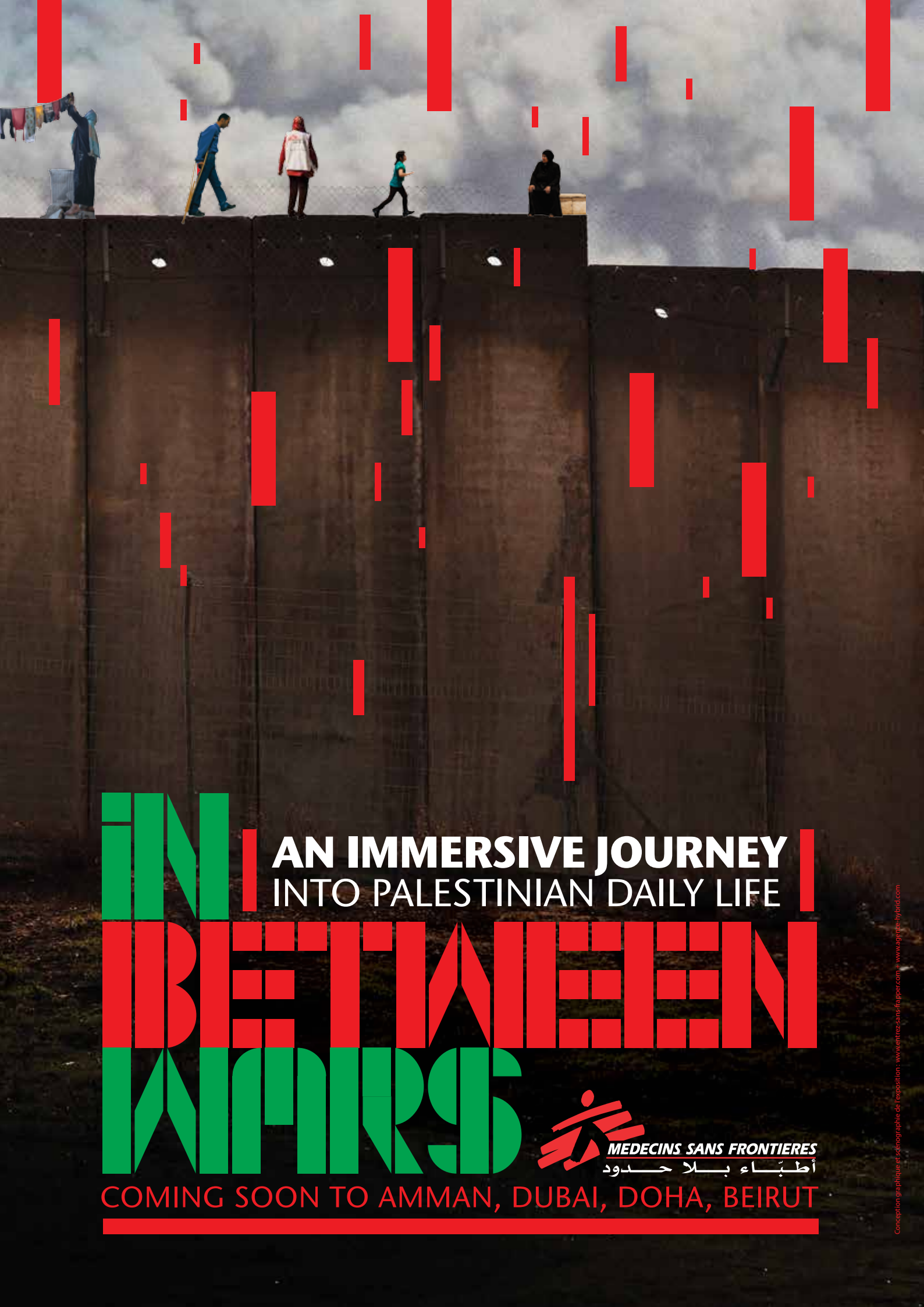
Neglected
Tropical Diseases

Mediterranean

Search and rescue

Iraq

MSF's maternity
unit in Domiz



IN BETWEEN WARS

AN IMMERSIVE JOURNEY
INTO PALESTINIAN DAILY LIFE



MEDECINS SANS FRONTIERES
أطباء بلا حدود

COMING SOON TO AMMAN, DUBAI, DOHA, BEIRUT

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WELCOME



"The principles of impartiality and neutrality are not synonymous with silence." This sentence forms an essential part of MSF's international charter, offering guidance on the way we speak when it comes to humanitarian crises. It was echoed by Dr James Orbinski in 1999 when he accepted the Nobel Peace Prize on behalf of MSF and it remains just as relevant today.

We remain neutral and impartial in our work, but where there is a lack of access to health care or a serious neglected crisis, we will speak out. In every facet of our work, our communications, our advocacy campaigns, our aim is always the same: to provide medical aid for those who need it most.

Medical principles are at the heart of our work, and the requirement that we do no harm applies not only to the doctors in our organisation, but to every member of staff at MSF.

As I write this, there are numerous complex humanitarian crises unfolding around the world, many of which involve armed conflict. In these conflict situations we are frequently asked if we will treat civilians, if we will treat combatants, and if so, from which side. The answer is always the same: we will treat all those who are in need of medical care.

We do not ask our patients for their identity cards, we do not ask about their political beliefs, nor their race, religion or creed. We do not believe that medical treatment should be limited to people with a specific view of morality or politics. We believe that medical care should be available for all, and I hope you are with us in this belief.

Thank you for your support,

Mohamed Bali
Executive Director
Médecins Sans Frontières UAE

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Front cover photograph:

MSF psychosocial counsellor, Moktar from Karesh, Yemen, plays with his son.
© Malak Shaher

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

MSF is a member of International Humanitarian City, UAE.

Images: Alva White, Ivan Gayton, Shaista Aziz, HH, Alexis Huguet, Benoit Finck, Mohammed Sanabani, Dieter Telemans

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.

GLOBAL

MISSING MAPS

The missing maps project now has a mobile app available on the App Store and Google Play called Mapswipe. This app allows users to identify remote communities in unmapped parts of the world using satellite imagery. This quite literally puts these communities on the map so that they can receive assistance from humanitarian organisations in case of an emergency. The Missing Maps project was founded in 2014 as a collaboration between MSF, the American Red Cross, British Red Cross and Humanitarian Open-StreetMap Team. Search for Mapswipe on the App store now to help put vulnerable communities on the map!



DRC

MSF ASSISTS CONGOLESE GOVERNMENT IN MASS-VACCINATION CAMPAIGN

In August, MSF mobilised significant resources to assist the Congolese government in their aim of vaccinating 10 million people in 10 days for Yellow fever in the capital city of Kinshasa. Yellow fever has become an epidemic in central Africa since last January. It is an acute viral disease and cannot be cured – treatment is limited to alleviating symptoms. It kills from 15 to 50 per cent of those developing the severe form of the disease. Vaccination is the best way to prevent the disease.



NIGERIA

HEALTH EMERGENCY IN BORNO STATE

In late July 500,000 people were forced from their homes in Borno State, Nigeria, as a result of ongoing war. These displaced people are in desperate need of humanitarian assistance. They need food, water, shelter and emergency medical care. Malnutrition is highly prevalent in this crisis. In an effort to get medical treatment, people are moving en-masse. The effect of this has been to overwhelm the city hospitals. This in turn, heightens the risk of infectious diseases spreading. MSF teams are in place to provide support with medical and nutritional treatment. Their objective is to rapidly reduce mortality and malnutrition among the displaced.



SOUTH AFRICA

MSF CALLS FOR QUALITY HIV CARE IN NEGLECTED COMMUNITIES

In July, MSF hosted a conference in Durban, South Africa to address the prevalence of HIV/AIDS in West and Central Africa, where coverage remains less than 30%, and to call on world leaders to do more to develop an action plan to combat this issue. This comes as MSF data indicates that the World Health Organisation's Test and Start guidance (this guidance advocates the immediate treatment of all those who test positive for HIV with Antiretroviral Therapy) has potential in southern Africa. However, in order to make this feasible, greater community-led outreach is required in order to test those with HIV and ensure they receive treatment. MSF has been providing antiretroviral treatment to people living with HIV/AIDS since 2000, and currently supports HIV treatment for nearly 247,000 people in 19 countries.



YEMEN

PULLING OUT OF NORTHERN YEMEN

MSF has decided to evacuate its staff from the hospitals it supports in Saada and Hajjah governorates in Northern Yemen, specifically Haydan, Razeh, Al Gamouri, Yasnim hospitals in Saada and Abs and Al Gamouri hospitals in Hajjah. This decision follows an aerial bombing raid on August 15, which hit Abs Hospital in Yemen's Hajjah Governorate, killing 19 people, including one MSF staff member, and injuring 24. However, MSF remains in the south of Yemen and continues to provide health care wherever possible while urging all parties involved in the current conflict to respect health care facilities and the civilian population.

PAKISTAN

FIFTH ANNIVERSARY FOR WOMEN'S HOSPITAL

In 2011, MSF opened a hospital dedicated to women living in rural areas in northeastern Pakistan. On 18 May 2016, Peshawar Women's Hospital marked its fifth anniversary. Today, the hospital admits around 85 patients every week and safely delivers more than 4,700 babies each year. Thanks to local partnerships, MSF offers free healthcare not only to women deprived of quality healthcare, but also to those with high-risk pregnancies, for whom a safe and stable delivery environment is essential.



EUROPEAN MIGRATION

ONGOING NEEDS IN GREECE AND THE MEDITERRANEAN

Since 1 January 2016, 200,000 people have arrived on European shores by sea. The majority came via the Aegean Sea before the closure of the so-called Balkan road and around 50,000 arrived in Italy via the central Mediterranean. At least 50,000 are stuck in Greece after the closure of the Balkan route, with the extremely dangerous central Mediterranean becoming one of the few remaining opportunities to reach Europe for thousands of people. More than 2,800 people died this year at sea, 1,000 more than in the same period last year. In response to this, MSF is conducting search and rescue operations in the Mediterranean and providing health care and essential supplies in key areas of Europe, notably on the Greek islands, where MSF has set up safe accommodation for vulnerable refugees in need of health care. ■



A woman with dark skin and short, curly hair is sitting on a large, dark rock. She is wearing a sleeveless top with a black and white floral pattern. She is looking off to the side, towards a landscape under a sunset sky. The sky is a mix of orange, pink, and blue. In the background, there are some green plants and a few other people standing in the distance.

IMMEDIATE NEEDS: SOUTH SUDAN

INTENSE VIOLENCE IN AN ONGOING WAR

More than two years of sustained conflict and violence against civilians have taken a huge toll on the people of South Sudan. On 8 July heavy fighting broke out in Juba, the capital of Jubek state, and despite a relative ceasefire on the 11th, the needs remain significant. Below is an account from the Médecins Sans Frontières (MSF) field Coordinator, Ruben Pottier, in Juba.

“Two patients told us that armed men without uniforms came to their house, took away their children, took away all their possessions, including their clothes.”



After five days of fighting, this (13 July) is the second day that it has been calm – there is no shooting that you can hear. The ceasefire has been respected in

the sense that militarised groups are not fighting each other, but there is still a lot of violence and looting going on. According to many of the patients we saw today, as well as our South Sudanese staff, one particular area of the city is still very insecure.

They have fled their homes, and they are still too afraid to go back. Their houses have been looted and they have lost all their belongings. Some people who decided to go back home have found that everything was stolen, so they have had to come back to the compound of St Theresa’s church, in the south of Juba, where we are running our mobile clinic. People’s main needs are food, shelter, water and sanitation, and basic healthcare.

Yesterday we conducted 150 consultations, today we did 377 consultations. We also screened children for malnutrition, and provided therapeutic food for those who were severely or acutely malnourished. Our patients are telling us terrible stories – how armed men came into their houses and shot the people inside. In escaping the violence, many people lost family members. Today I met an eight-year-old boy whose mother and father were both shot and who now has no one to take care of him. I saw a girl of 12, her three-year-old sister in her arms, come for a consultation, saying she had lost both parents. My colleagues in the mobile clinic have seen at least three other children who came without any family, saying their mother and father had been shot.

A lot of people were caught in the crossfire and have bullet wounds. Many others were injured while running in the chaos as they fled the fighting. Some grabbed wire fences while trying to climb over and have cuts to their fingers;

others have wounds and bruises on their heads, arms and legs.

Two patients told us that armed men without uniforms came to their house, took away their children, took away all their possessions, including their clothes. They said they had to flee naked. They received some clothes from people in the neighbourhood, and those clothes are now all they have.

The stories we have been hearing are terrible – including stories of things that are going on now, since the fighting stopped. It is quite traumatic to hear these stories, especially when you have heard the shootings and the bombings, the noise of people running in the street. It’s very stressful for us, but of course for the people living in those areas, including many of our South Sudanese staff, it’s a lot worse, and traumatising.

Over one million people in South Sudan have been displaced in the last two years of fighting and hundreds of thousands have been unable to access medical or humanitarian assistance for months at a time. MSF has scaled up its programmes in response, but access has been repeatedly disrupted by fighting and attacks on medical facilities. South Sudan has also suffered from frequent shortages in medicine, even in areas not affected by conflict. In addition to this, 2015 marked one of its worst malaria seasons in years. MSF treated a total of 295,000 patients for malaria in 2015 – nearly ten times as many as in 2014.

In response to the crisis in Juba, MSF initiated an emergency response, providing mobile clinics, surgical activities, water sanitation and a rapid cholera response plan to deal with the disease that has become prominent in Juba.

MSF has been working in the area that now constitutes South Sudan since 1983. ■

◉ In South Sudan a woman sits atop a rocky hill. Please note that this photograph was not taken in Juba, as photography remains a sensitive activity.

KALA AZAR: INDIA

FIGHTING NEGLECTED DISEASES



Kala azar is a disease that attacks the immune system of its victims, with fatal consequences if left untreated. As a neglected tropical disease it is part of Médecins Sans Frontières' (MSF) mandate to research, promote and advocate for the effective treatment of this and other diseases like it. MSF nurse Jomy Chacko was at the forefront of this work for more than five years. He recounts his experiences below.



My name is Jomy Chacko and I'm a Nursing Activity Manager with MSF in Asansol, West Bengal. From 2009 (when I began working with MSF) to 2015, I was in Bihar state, where we treated people for a neglected tropical disease: kala azar (visceral leishmaniasis).

As an enthusiastic young man fresh out of college, I was eager to learn about and understand this disease – it was quite unheard of in my home town of Kerala.

Kala azar can be fatal if left untreated. It's characterised by a prolonged fever, enlarged spleen, substantial weight loss and progressive anemia. This is a disease that afflicts the poorest of the poor and is transmitted by the sandfly that lives in houses made with mud walls – these are quite prevalent in less developed parts of Bihar. Around 50% of the world's kala azar cases are in India and of that, about 90% are in Bihar state alone.

Our objective was to reduce the morbidity and mortality rate from kala azar, and to contribute evidence-based medical justification to the National Vector Borne Disease Control Programme (NVBDCP) and other policy makers in order to facilitate more effective management of kala azar in India.

I had only signed up for a period of one year. But I couldn't leave – I believed in this project. I became involved with the process of diagnosis, treatment and the procurement of medicine for the pharmacy. I also closely followed the government protocols on the treatment of kala azar. It soon became clear that kala azar is a greatly misunderstood disease, many of the drugs that were used before were either highly resistant or toxic to the patient.

• After several weeks of being sick and missing school, 15-year-old Naina waits with her mother to receive the intravenous infusion at MSF-run Kala Azar ward. She returned home a few hours later.



With a high number of patients during the peak season, I had the opportunity to learn the signs, symptoms and the debilitating effects of the disease first hand. It was a joy to see a person who had arrived looking gaunt, with little hope of survival, completely recover after receiving one or two doses of Liposomal Amphotericin B (AmBisome) – a medicine usually taken intravenously, which has been used to great effect in Bihar.

We began outreach activities in five primary health care centres, supporting other districts in Bihar where the disease was endemic. We were also actively involved with the Ministry of Health's (MOH) antiretroviral treatment

(ART) centre to treat kala azar in HIV-infected patients. Once treated for kala azar they received an ART follow up. There was a mutual cordiality between the MOH and MSF staff.

I gradually progressed to a managerial position, initially as a nursing supervisor then to Nursing Activity Manager. This helped me to better understand the challenges faced by the MOH.

As a neglected disease, few people in the local population knew about it. This made treatment harder, along with the fact that many of the local population were too poor to arrange transport to the clinic. It was heart-wrenching to lose patients who had arrived

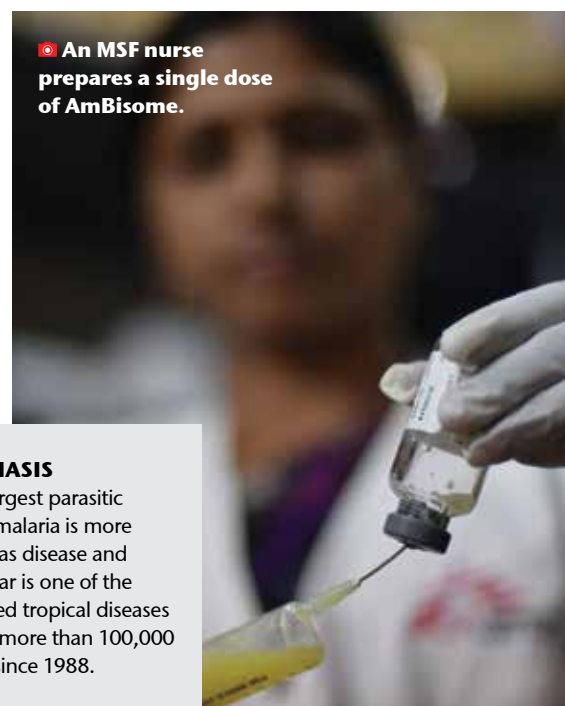
too late for effective treatment.

The treatment of kala azar was revolutionised with AmBisome an intravenous infusion administered over a period of two to three hours. A single dose resulted in a drastic improvement in the general state of our patients: a reduction in spleen size, an increase in haemoglobin, and weight gain. This treatment was a great success with low relapse rates. MSF has advocated for the incorporation of AmBisome in the treatment of kala azar and it paid off: the Government of India has now accepted and incorporated the administration of AmBisome into their kala azar treatment protocol.

The next step was to eradicate the disease. Many training sessions were held across the state. As a proud member of the kala azar elimination team, I was responsible for the training of medical and non-medical staff in recognising and treating kala azar. We travelled across four different states focusing a lot on creating awareness, we encouraged people not to shy away, but to take a stand and go to medical facilities provided by MSF and the government.

With the decreasing number of cases, increased awareness and successful treatment, it was time to hand over the treatment of kala azar to the government. It began with MSF staff working together with and training MOH staff six months prior to handing over the primary health care centres. The responsibility for treating and eradicating the disease was handed over to the MOH in August 2015. A small MSF team remains behind to continue working with kala azar and HIV-infection. With the handover, my work in Bihar was done. ■

“I signed up for a period of one year. But I couldn't leave - I believed in this project.”



• An MSF nurse prepares a single dose of AmBisome.

VISCERAL LEISHMANIASIS

Kala azar is the second largest parasitic killer in the world—only malaria is more deadly. Along with Chagas disease and sleeping sickness, kala azar is one of the most dangerous neglected tropical diseases (NTDs). MSF has treated more than 100,000 people with the disease since 1988.

IN FOCUS

Images: Mirella Hodeib, Sadri Banimostafavi



📍 Clockwise from top left: Abla, the head midwife; health promoter Nisreen (left); Nisreen (left) and Mashallah; Dr Maha; midwife Jehan; Maysara, patient flow manager.

THE DRIVING FORCE: **NORTHERN IRAQ**

PORTRAITS OF MSF STAFF MEMBERS AT **DOMIZ MATERNITY UNIT**

Located 60 kilometres away from the Syrian border in Iraq, Domiz refugee camp was established in response to an influx of people from northern Syria. It has quickly turned into a "Little Syria" within Iraqi Kurdistan. With a population of more than 40,000 refugees spread over 1,142,500 square metres, Domiz is the biggest refugee camp in Iraq. Médecins Sans Frontières (MSF) has worked in the camp since its establishment in 2012.

**“I have to be strong to survive,
I have no other choice.”**



The MSF maternity unit in Domiz is entirely staffed by a team of energetic and dedicated female staff members, who are themselves

refugees. An obstetrician (OB/GYN), midwives, health promoters and patient flow managers work throughout the week to provide quality healthcare services to fellow refugees, whose living conditions are even tougher than theirs.

THE HEALTH PROMOTION TEAM

In Domiz camp's maternity unit, health promoter Nisreen is busy reminding a patient of her next appointment. Originally from Syria's north-eastern Qamishli, Nisreen says she is very glad to be helping the people of her country, especially women. She adds that more than anyone else, the unit's Syrian staff can feel the pain and the suffering of their countrywomen. “No-one helped us when we arrived here” she recalls. “Like them we lived in tents with no water or electricity and we had to share the toilets with dozens of others.” After four years spent at Domiz, Nisreen and her family were granted permission to build a rudimentary concrete shelter.

Nisreen says that when she spots the public toilets dotted around the camp, erected by MSF and bearing the organisation's logo, she feels immensely proud: “I am very proud that I work for an organisation that looks after refugees and strives to restore some of their rights and dignity.”

Nisrine and Mashallah are known to be inseparable friends; they are both part of the maternity unit's health promotion team, along with their colleagues Deljin, Aisha and Jassim. The job of the health promotion team is to raise awareness among patients about the need for regular check-ups and follow-ups during the antenatal and postnatal phases. It's important that patients get at least four check ups during the nine-month gestation period. In addition, the health promotion team also hold group discussions and focus groups pertaining to sexual and reproductive health for both women and men.

THE OB/GYN

Dr Maha, the unit's OB/GYN is the team's latest arrival. Originally from the northern city of Aleppo, Dr Maha left behind her mother, two sisters and their families and fled along with her husband and three daughters to Dohuk in the Kurdistan Regional Government less than a year ago. Dr Maha fights back tears every time her hometown is brought up in conversation but says that she will continue doing her utmost to help and assist vulnerable women from her community. “Imagine – these women live without water or electricity and sometimes cannot afford to buy vegetables,” she says.

THE MIDWIVES

Abla is the head midwife at MSF's maternity unit in Domiz. Originally from Derek in the Syrian governorate of Hassakeh, she grew up in Damascus. Abla is well-known in Domiz, she arrived in 2013 and met her husband here. She is herself pregnant and will soon be going on maternity leave. She is planning to deliver her first child at the MSF maternity unit and would like her colleague Suheila to perform the delivery. “I trust Suheila,” she says. Abla goes on to say “I have gained valuable experience working here. The team and I are challenged every time we encounter a complicated case.” She recalls how the team worked together to save a mother and resuscitate her baby after a particularly complex delivery process. “I learn something new every time I deliver a baby”.

Suheila has been working as a midwife at the MSF maternity unit in Domiz since 2012. This mother of three hails from the region of

Jazeera in the Syrian district of Hassakeh; she has performed countless deliveries. “I can't keep track of how many babies I've helped deliver since I joined MSF,” Suheila adds. “We started off doing deliveries in the tents.” Suheila, whose husband has immigrated to Europe seeking a better future for his family, is currently the main breadwinner. But difficulties have never discouraged Suheila; on the contrary she faces her challenges head-on. “I have to be strong to survive,” she says. “I have no other choice.”

Jehan started working with MSF as a midwife two months ago and has been a resident of Domiz since 2013. She is enjoying her new work and says MSF has restored the importance and reputation of midwives. Jehan, who grew up in Qamishli and studied in Aleppo, explained that back in Syria, midwives were either treated as nurses or assistants to obstetricians. “Here with MSF I am thrilled to be exercising my profession,” she says adding that her ultimate goal is to correct the misconceptions many men and women have about sexual and reproductive health.

THE PATIENT FLOW MANAGER

Maysara is a patient flow manager at the MSF-run maternity in Domiz. She was one of the first staff members hired by MSF in Domiz. Maysara, who hails from Qamishli, still lives in a tent four years after she arrived in Domiz with her husband. Maysara said she cannot afford to build a shelter because she spends all the money she makes on fertility treatments. She has been married for seven years now without children. However, Maysara says that her work has helped her overcome many difficulties. ■



SEARCH AND RESCUE: MEDITERRANEAN SEA

WATCHING THE HORIZON

For more than a year, Médecins Sans Frontières (MSF) has been conducting search and rescue operations in the Mediterranean Sea. In the absence of safe passage and with so many desperate enough to risk their lives at sea, there is a clear and present need for rescue operations and medical assistance. In June, MSF teams rescued 2,000 people in just 36 hours. Below is a firsthand account of life on a search and rescue vessel from Edward Taylor, Logistician aboard the Aquarius.



📍 Edward Taylor, Logistician
on board the Aquarius



We are floating at 33°14'88.8" North, 13° 22'51.8" East, in the Mediterranean sea, about 20 nautical miles east of Tripoli, Libya. Out of my porthole I

can see another magnificent sunset; the sea reflecting the sun's dying rays to create a deep, orange glow. Up on deck there is nothing but sea in every direction.

I am on board the Merchant Vessel Aquarius, run in partnership between MSF and SOS Mediterranée to search for, and rescue people who would otherwise lose their lives at sea. We are conducting our operations in the stretch of water between Libya and Sicily.

As a logistician, my role is to make sure all those rescued have the supplies to keep them warm and fed, to ensure we have a functioning medical facility on board, and the means to safely transport people to the Sicilian shore, and to pull people out of the sea.

Planning for supplies and keeping people warm and fed may sound straightforward. However, taking care of 650 people on a vessel with a capacity for just 350 is no mean feat, especially over 72 hours. It's worth bearing in mind that the Aquarius was not designed as a search and rescue ship, but as a research vessel – in this situation we work with what we have.

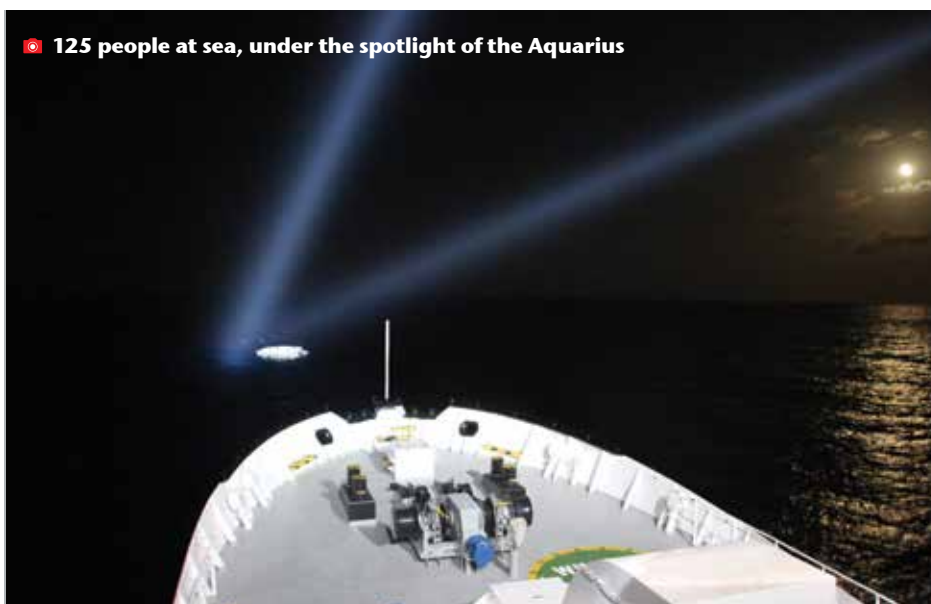
Before the Aquarius, I was working with MSF in South Sudan. My priorities there were things like making sure the generators for our operating rooms in the field kept running, water sanitation, and updating evacuation plans for staff and patients in case of sudden armed clashes. Working on a search and rescue ship in the Mediterranean is very different, but the underlying needs are the same. MSF only works in areas where there is a desperate need for emergency medical assistance. The only real difference here, is that people are drowning, instead of dying because of war, famine, Malaria or a lack of access to health care.

Aside from the geographical differences, this is one of the toughest and most intense things I've ever done.

Each day we have people on watch, spotting boats on the horizon. We also work closely with the Italian Maritime Rescue Coordination Centre. We share information on the coordinates of boats we find, and whoever is best placed will conduct a rescue. When it's us, we head to the right coordinates and our search and rescue team scramble for our small motorboats to intercept dinghies or wooden boats in distress. They are always overcrowded.

Recently we had one of our longest days. We conducted three search and rescue operations before sundown. Everyone was exhausted. But as it began to get dark we received another distress call. We headed to the right coordinates,

125 people at sea, under the spotlight of the Aquarius



"You can't imagine how it feels to lose 125 people in the middle of the sea."

and managed to find a boat full of people in clear distress, but as the distance closed, we lost them in the dark. You can't imagine how it feels to lose 125 people in the middle of the sea. We searched for nine hours, with the ship's massive floodlights sweeping the water in every direction. Truly it was like looking for a needle in a hay-stack. Our boat was already full of people who needed to be brought to shore, and the supplies wouldn't last forever. But by chance, a small flicker appeared on our radar. It disappeared several times, but eventually we found them: a boat full of exhausted people without food or water, including 29 who were under 18 and five under fives – it was actually the first birthday of one of the little boys.

The reactions of people we rescue range from euphoria to total collapse. Often people are acutely confused and incoherent from the inhalation of petrol fumes – many are in need of medical attention. Most of the people we rescue have nothing at all. Some only have the shorts and t-shirts they wore to make the journey.

I am no expert on Libya, or the politics of the situation there. But what I see is the physical condition of the people fleeing, many of them bear the marks of captivity, of brutality.

Among one of the groups we rescued were three boys aged eight, 10 and 12. It's hard to forget them. They had traversed countries together and survived a sea crossing without

parents or guardians. When I was their age, I struggled to get the train alone.

Two things have surprised me while I've been here. The first is the number of children making this crossing. From babies to unaccompanied minors – it's difficult to get used to seeing children in this situation. The second is that despite their hunger, exhaustion and condition, so many of the people we rescue say 'how can I help?' despite the intensity of their experiences, they lose no time in offering to contribute.

Aside from the difficult things we see on this boat (and there are many), there are also remarkable moments. Watching the reactions of people as they see dolphins for the first time, swimming alongside the boat; or a sunrise at sea; or witnessing the quiet that falls over the ship as we enter into the Sicilian port with its beautiful sailing boats and architecture, a strikingly different world for many, and a reminder that this is by no means the end of their journey.

I don't call the people we rescue migrants, or asylum seekers or refugees. These words have been used so much in politics, in the media, and quite honestly I think that these words have lost some of their significance, they turn human beings into statistical problems. These are people, some of whom have endured unspeakable and lasting cruelty, all of whom have a right to life and dignity. ■

IN PICTURES

Images: Malak Shaher



• Moktar, 38 and father of eight.

STRENGTH AND UNITY: YEMEN

THE POWER OF HOPE

When Moktar stepped on a landmine in his hometown of Karesh, Yemen, he lost his left foot and the lower part of his leg. After receiving emergency treatment from Médecins Sans Frontières (MSF) in Aden, he was fitted with a prosthetic leg. The adjustment period was difficult and Moktar almost lost hope in life. But he persevered, and day by day he regained his strength and spirit. Six months later he is with MSF once more, but this time he isn't a patient. Moktar is now a psychosocial supporter for other victims of landmine and ordnance explosions. Each week he comes to share his experience with patients who have lost limbs in order to help them get through the experience, to give them strength and to prepare them for treatment.

PHOTO GALLERY

Images: Malak Shaher



• Moktar standing with his daughter outside their home.



In June 2016, MSF received around 130 patients wounded by landmines, unexploded ordnance and bullets.

In addition to providing lifesaving treatment for these injuries, MSF is running a prosthetics centre in Aden. However, for many patients, the injuries go beyond physical wounds. Some patients are too young to fully comprehend their injuries, and adjusting to the loss of a limb is difficult for everyone. This is why psychosocial supporters like Moktar, who understand what the patients are experiencing, are so valuable. ■



• Moktar with his neighbour, Fatima, who lost her family in the early stages of the conflict. She also lost fingers and part of her right hand in an explosion.



• Moktar, talking to Khalil who lost both legs trying to save his sister when a mortar shell landed on their home.

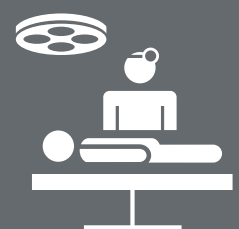
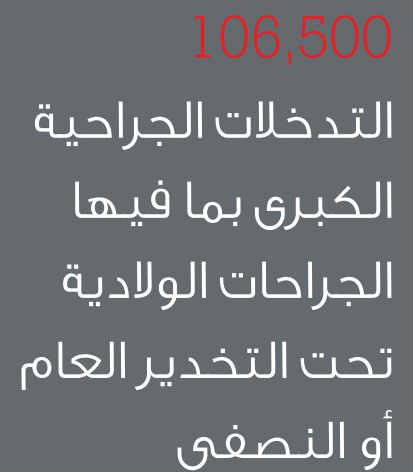
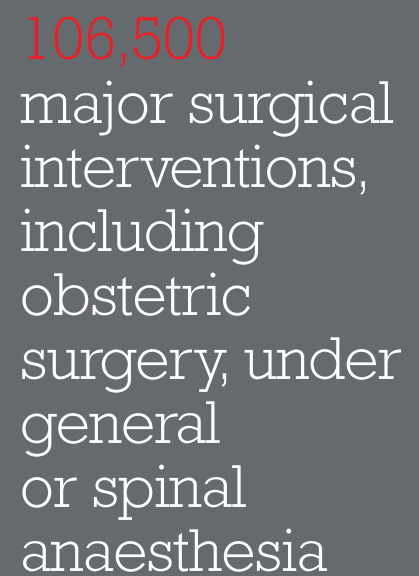
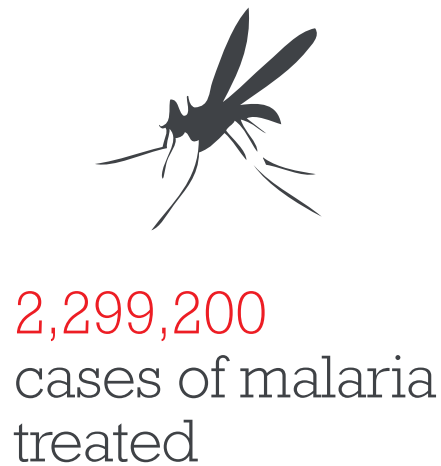
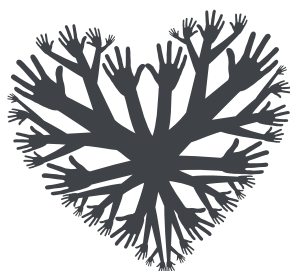
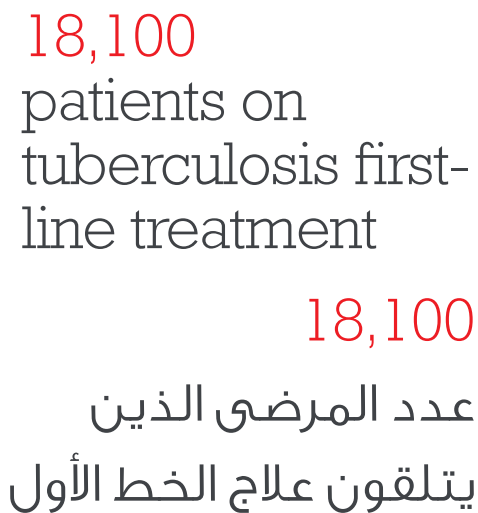
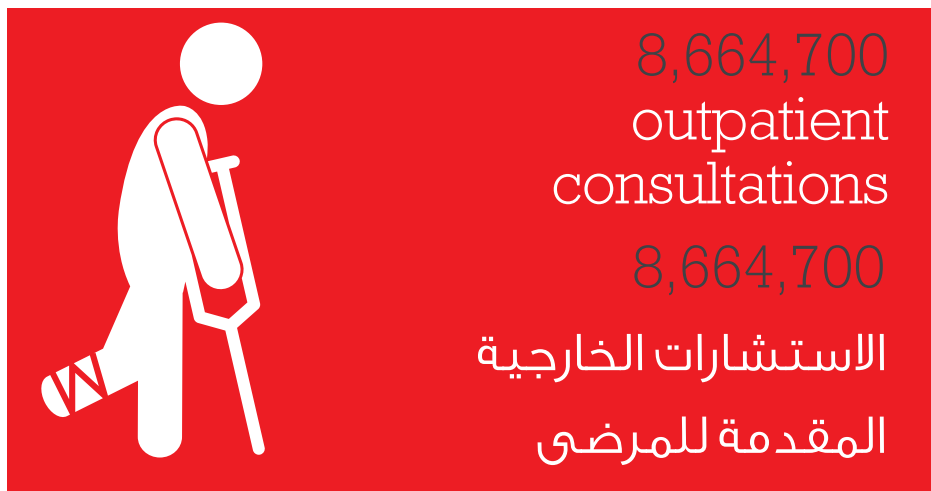


• Moktar with his family watching TV after a nine-hour power cut. Moktar has three sons and five daughters. The family is now internally displaced and waiting for clashes to end in their hometown in Karesh, Lahj so they can return.

INFOGRAPHIC

MSF ACTIVITY HIGHLIGHTS 2015

Each year Médecins Sans Frontières publishes an international activity report, detailing our operations across the globe. The statistics displayed here give an insight into our work with some activity highlights from 2015. To see the full scope of our activities in 2015 visit our microsite online at activityreport2015.msf.org



رسم توضيحي

أهم نشاطات منظمة أطباء بلا حدود لعام 2015

في كل عام تقوم منظمة أطباء بلا حدود بنشر تقرير عن أنشطتها الدولية، تفصّل فيه عملياتها في أنحاء العالم. والإحصائيات الظاهرة هنا تقدم لمحة عما نقوم به إضافة إلى بعض أهم أنشطتنا لعام 2015. وللاطلاع على وصف كامل لنشاطاتنا في عام 2015 يرجى زيارة الموقع الإلكتروني على الإنترنت activityreport2015.msf.org

32,600
people treated
for cholera

32,600

الأشخاص الذين تم
علاجهم من الكوليرا



184,600
individual
mental health
consultations

184,600

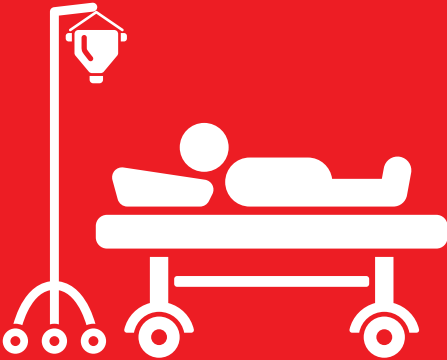
استشارات الصحة
النفسية الفردية



45,900
people
vaccinated
against
measles in
response to an
outbreak

45,900

عدد الذين عولجوا
من الحصبة إثر
تفشٍ للوباء



598,600
patients
admitted
598,600

المرضى الذين تم
علاجهم في المستشفيات