

# WITHOUT BORDERS

Issue 27 | January – March 2015

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



## ON THE EBOLA FRONTLINE

**Ebola Crisis**

From the field

**Iraq's Displaced**

Desperate conditions

**Palestine**

Life under threat

**Rural Ethiopia**

Going the extra mile



# 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 OR POLITICAL AFFILIATION.

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© John Moore/Getty Images

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## WELCOME

From wars in Syria, Iraq and Gaza, to a deadly virus in West Africa, the past year has been marked by a surge in humanitarian crises on an unprecedented scale. Our teams have been stretched to the limit, responding to the enormous humanitarian and medical emergencies.

Looking back at 2014, we started the year with the biggest deployment of resources and operations in the field in the history of MSF - and that was before the Ebola outbreak.

Our teams were on the ground as soon as the first Ebola cases were reported in March. We then had to rapidly increase our staffing as the epidemic spread and grew to become the worst on record. We now have nearly 3,800 staff in Guinea, Liberia and Sierra Leone, doing everything they can to save lives and help contain the disease.

In parallel, our teams responded to other severe crises in Syria, Iraq, Gaza, Central African Republic, and South Sudan where brutal conflict has left millions of people in desperate need of humanitarian assistance. We also continued our medical programmes in areas of long-standing conflict and health crises such as Afghanistan and the Democratic Republic of Congo, as well as other poverty-stricken areas where people are still dying from avoidable causes simply because they don't have access to medical care.

With such large-scale emergencies and long-running health crises, your support and generosity has been crucial. With independent donations, we can quickly deploy skilled teams to the front lines of wars and disasters while also retaining capacity to respond to forgotten crises.

Every day our teams witness the impact of your support first-hand: the extreme joy of a patient being discharged after surviving Ebola; the first smile of a war-wounded boy after surgery restores movement to his severely injured face.

We hope that through the stories we share from some of our patients and staff around the world, you will see and feel how your contribution is helping people recover, saving lives and giving hope to communities facing tremendous suffering.

As we look back at the difficult year that has just passed, and turn with renewed resolve to face the challenges of the year ahead, we thank you for your ongoing trust and commitment to support our medical humanitarian work around the world. ■

**Mohamed Bali**

Executive Director

Médecins Sans Frontières UAE

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**Front cover photograph:**

At the MSF Ebola treatment centre in Foya, Liberia, a young woman who has recovered from Ebola helps take care of a baby boy who has lost his mother to the virus. © Martin Zingg

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



**TO DONATE**



Images: MSF, Mathilde Vu/MSF, Julie Remy/MSF, Thomas Freteur/outoffocus.be, Enass Abu Khalaf-Tuffaha/MSF, Ghazal Sotoudeh/MSF

# MSF: SITUATION UPDATES

Every day our teams around the world are providing emergency medical care to people affected by conflict, epidemics, disasters or exclusion from health care. Since 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 news updates from some of our projects around the world.



## SOUTH SUDAN

### MSF CONTINUES TO RESPOND TO THE HUMANITARIAN CRISIS

MSF teams continue to respond to medical emergencies in South Sudan where nearly two million people have been displaced by the conflict that started in December 2013. MSF currently runs 26 projects in nine of South Sudan's 10 states, with 3,800 staff on the ground. Teams are responding to various health needs including surgery, obstetrics, malaria, kala azar, vaccinations against preventable diseases and malnutrition. MSF is also providing healthcare to the South Sudanese refugees in neighbouring countries as part of its response to the humanitarian crisis.

## MEXICO

### MSF CARES FOR RELATIVES OF MISSING STUDENTS

MSF has been offering psychological care to nearly 400 relatives and classmates of the 43 students who went missing in the southern state of Guerrero in Mexico. The students went missing at the end of September following an incident in which six people were killed and 20 others were injured. The events have had an enormous impact on the mental health of the victims' relatives and classmates, and MSF psychologists have been providing support to help them cope with the uncertainty of the situation and the potential tragic loss.



## UKRAINE

### MSF PROVIDES MEDICAL AND PSYCHOLOGICAL SUPPORT

With the continued fighting in the Donetsk and Luhansk regions in east Ukraine, MSF has been providing support to hospitals on both sides of the frontline. MSF teams have provided urgently needed medical supplies to 59 medical facilities, enough to treat more than 10,250 wounded people. MSF is also expanding its psychological assistance to help people living in some of the hardest hit areas, as well as running training programmes for local psychologists, social workers and medical staff in the affected regions.



## HAITI

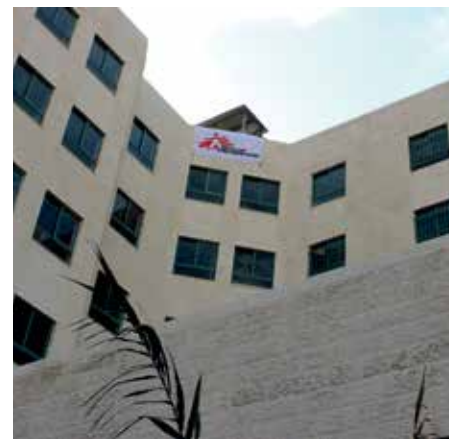
### MSF RESPONDS TO SURGE IN CHOLERA CASES

MSF responded to a surge in cholera cases in Port-au-Prince, Haiti, by rapidly expanding its cholera treatment facilities with close to 320 beds. Since mid-October, more than 2,000 people with symptoms of cholera have needed emergency hospitalisation. Even though the majority of the Haitian population remains exposed to cholera due to the lack of clean drinking water and latrines, the health system has been unable to cope with the surge in cholera cases because of shortages of funding, human resources, and drugs.

## JORDAN

### NEW REGIONAL HOSPITAL FOR WAR-WOUNDED PATIENTS

In Amman, Jordan, MSF is relocating its regional programme for the treatment of war-wounded patients to new hospital facilities in the capital. The programme treats adults and children who have been severely injured in wars in Syria, Iraq, Palestine and Yemen. At the MSF facility they receive free surgical care and physiotherapy, as well as psychological support to help them cope with their disabilities and disfigurement. The refurbished 150-bed hospital will enable more injured patients from across the region to receive the care they need and start to rebuild their lives.



## LEBANON

### ASSISTING SYRIAN REFUGEES LIVING WITH DIABETES

Thousands of Syrian refugees in Lebanon are struggling to cope with chronic illnesses such as diabetes and hypertension. The refugees cannot afford the medical care they need, and their precarious situation makes them even more vulnerable to their illnesses. In response to their needs, MSF has been providing refugees with free treatment and medicine for chronic diseases at the Dar Al-Zahraa hospital in Tripoli and four clinics in the Bekaa Valley. More than 50,000 people with chronic illnesses have benefited from care since the programme began two years ago. ■



## EBOLA: SIERRA LEONE

DOCTOR  
ON THE  
FRONTLINE

West Africa's Ebola epidemic, the deadliest on record, presents particular challenges for medical staff. Here, Dr Javid Abdelmoneim describes his experience working for Médecins Sans Frontières at the centre of the outbreak in Sierra Leone.



Ebola scared me. All summer I'd been procrastinating about going to West Africa. Then I got an email from Médecins Sans Frontières (MSF) which

said: "We're desperate" – something that had never happened before. I needed a nudge and that worked. So I said okay, though it would mean losing my holiday to Ibiza and missing my friend's wedding.

Working in Haiti during the cholera epidemic was the first time I had ever been exposed to suffering on a large scale – wanton, unchecked, avoidable human death. In Sierra Leone, again, I was expecting to be emotionally harrowed and to see lots of people dying alone. I knew it would be traumatic, but I believed that this time I could deal with it.

At our treatment centre in Kailahun, in the east of Sierra Leone, ambulances crammed with up to eight patients arrive every evening from districts such as Bombali and Tonkolili, having travelled for eight or 10 hours – which doesn't include getting lost or getting stuck in the mud on the way. The journey time is long because, even now, there are just three or four

treatment centres open in the whole country. And most districts have just two ambulances for hundreds of thousands of people.

#### COPING WITH SUFFERING AND DEATH

One night I opened the ambulance door to find three people inside – a dead woman and two patients who were alive but who were now definitely cross-contaminated. They must have watched this poor woman die a wretched death, and now they were probably expecting to die this way too. And if the woman's body rolled out of the ambulance, I would have had to leave it to fall to the ground because it was a biohazard.

The patients who are going to die from Ebola usually die quickly. They are already moribund, they have no energy to talk – to all intents and purposes they are a body on a bed. You attend to their suffering and administer painkillers, but you don't get to know them as people. And maybe also you protect yourself emotionally: you know this person is going to die and you don't let yourself get too close. Why get attached if you are only going to get hurt?

You can rarely be there to hold the hands of those who die from Ebola – and that's dreadful – but at least you can sedate them and make sure they have no pain at the end; that's the best you can do.

#### PATIENTS WHO SURVIVE THE DEADLY DISEASE

But it's different with survivors. The patients who are going to survive have got a bit more energy, even at the beginning. The average time between being admitted and being cured is 15 days – so you have about two weeks to get to know them.

In the first few days, patients go through the awful "Ebola dip" – they are listless and lethargic, with no energy or appetite – even if they wanted to eat, they couldn't lift a spoon to their mouths. They're so weak that they can't even stand up, and they wet themselves and vomit on themselves. You just have to hope that, with good nursing care, you'll be able to help them through that day and the next.

After four or five days, their immune systems kick in. A patient lifts his head up and says, "I'm hungry", and you think, it's okay, he's going to survive. Recovering Ebola

## "Ambulances crammed with up to eight patients arrive every evening having travelled eight or 10 hours"

patients have got voracious appetites – I've never seen anything like it. Soon they're calling out your name across the fence when you arrive in the morning and the children are asking you to bring them toys.

I watched this happen to John. When I first met him he was bedridden, with severe pains all over his body. He had oral thrush, which made it painful to swallow and left a horrible taste in his mouth. He wouldn't eat, and was under-nourished and emaciated. I managed to get him stronger painkillers, and brought in medication from MSF's other Ebola centre in Bo, and he started to recover. John told me that he had lost both his parents and three of his brothers to Ebola, but his wife and child were waiting for him

at home. When I left Kailahun, John was getting stronger by the hour, and I knew that he would soon be discharged.

#### THE PAINFUL LESSONS OF EBOLA

I came home [to the UK] feeling elated, filled with a really strong sense of achievement. But the elation was short-lived. First there was the upsetting stigma to deal with – friends I have known for more than 20 years refusing to even see me for 21 days. Then, when I was back working in the accident and emergency department, there were people with little wrong with them, complaining that they'd waited for two hours and hadn't been given a cup of tea,

and I wanted to scream at them: "This isn't a restaurant. You have no idea of how good you have it."

For 40 years, the West ignored Ebola because it only affected people from Africa. Having finally woken up to Ebola, research institutes and drug companies have swung into accelerated action, with three treatment trials about to start in West Africa.

We've learnt the lessons for Ebola very painfully; at the very least I hope we will apply these lessons to the other neglected killer diseases, like Ebola's cousin, Marburg, and less bloody but equally fatal infections like multidrug-resistant TB. If, as humanity, we finally change our approach to diseases of the poor as a result of this horror, then perhaps people will not have died completely in vain. ■

Dr Javid Abdelmoneim is a London-based emergency doctor who has worked in crisis zones with Médecins Sans Frontières since 2009, working in Iraq, Haiti, Lebanon, South Sudan and most recently Sierra Leone.

*This article was first published in 'The Independent'.*



Images: Adolphus Mawolo/MSF, David Darg



• Ebola survivor, Salome Karwah, now cares for Ebola patients at MSF's treatment centre in Monrovia, Liberia.

## EBOLA: LIBERIA

# I SURVIVED EBOLA FOR A REASON - TO HELP OTHERS

Salomé Karwah, 26 years old, is an Ebola survivor turned carer at Médecins Sans Frontières' Ebola treatment centre in Monrovia, Liberia. She lost both parents to the virus. Now the chance to care for sufferers has given meaning to her life again. Here she tells her story.



It all started with a severe headache and a fever. Then, I began to vomit and I got diarrhoea. My father was sick and my mother too. My niece, my fiancé and my sister had also all fallen sick. We all felt helpless.

It was my uncle who first got the virus in our family. He contracted it from a woman he helped take to hospital. He got sick and called our father for help, and our father went to take him to a hospital for treatment. A few days after our father came back, he too got sick. We all cared for him and got infected too. This is the way the virus works, person by person, cutting through families.

### AT MSF'S EBOLA CENTRE

My whole family and I made our way to MSF's Ebola treatment centre in Monrovia. When we arrived, the nurses took my mother and me to the same tent. My fiancé, my sister, my father and my niece were taken to separate tents. My sister was pregnant and had a miscarriage.

They took our blood and we waited for them to announce the results. After the lab test, I was confirmed positive. I thought this is the end of my world. I was afraid, because we had heard people say that if you catch Ebola, you die. The rest of my family also tested positive for the virus.

After a few days in the isolation ward, my condition became worse. My mother was also fighting for her life. She was in a terrible state. At that point, the nurses made the decision to move me to another tent. By then, I barely understood what was going on around me. I was unconscious. I was helpless. The nurses had to bathe me, change my clothes and feed me. I was vomiting constantly and I was very weak.

Severe pains were shooting through my body. The feeling was overpowering: Ebola is like a sickness from a different planet. It comes with so much pain. It causes so much pain that you can feel it deep in your bones.

My mother and father died while I was battling for my life. I didn't know at the time that they had died. It was only when I had started recovering that the nurses told me. I was shocked that I had lost both my parents. But God spared my life, as well as the lives of my sister, my niece and my fiancé.

### TESTING NEGATIVE

God could not have allowed the entire family to perish. He kept us alive for a purpose. I am grateful to the workers here for their care. They are very good people. The care, the medication and encouragement can also help a patient to survive. When you're sick with Ebola, there's always a need for encouragement. Take your medication; drink enough fluids; don't keep your system empty.

Even if they bring you food and you don't have any appetite to eat, just eat the soup. After 18 days in the treatment centre, the nurses came in one morning and took my blood for testing. Later that evening, around 5pm, I saw them return. They announced that I was ready to go home because I had tested negative. I felt that my life had begun again.

I went home feeling happy, but my neighbours were still afraid of me. A few of them welcomed me back, but even now some are still afraid to be around me.

### WORKING AT THE MSF TREATMENT CENTRE

Now, I am back at the treatment centre, helping people who are suffering from the virus to recover. I am working as a mental health counsellor. When I am on a shift, I talk to my patients. If a patient doesn't want to eat, I encourage them to eat. If they are weak and unable to bathe on their own, I help to bathe them. I help them with all my might because I understand the experience – I've been through the very same thing.

Helping people brings me pleasure, and that is what brought me here. I treat my patients as if they are my family. My efforts here may help other people to survive. I talk to them about my own experiences. I tell them my story to inspire them and to let them know that they too can survive.

My elder brother and my sister are happy for me to work here. They support me in this 100 percent. Even though our parents didn't survive the virus, we can help other people to recover. ■

### MSF'S EBOLA RESPONSE IN WEST AFRICA

MSF has been responding to the outbreak since the first cases were reported.

We have nearly 3,800 staff responding to the epidemic in four countries: Guinea, Liberia, Mali and Sierra Leone.

We are operating eight treatment centres providing a total of 845 hospital beds.

MSF has shipped more than 1,300 tonnes of equipment and supplies to affected countries to help fight the epidemic.



• Aerial view of MSF's Ebola treatment centre in Monrovia.



FLEEING VIOLENCE: IRAQ

# DOES ANYONE CARE?

The increase of violence in Iraq over the past year has left more than two million people displaced and in desperate need of food, water, shelter and medical care. Many are sheltering in schools, camps or half-built buildings, where poor living conditions, overcrowding and a lack of sanitation pose a serious threat to their health. Here we share a personal account from Dalal, a mother who fled Sinjar and now lives with her family in appalling conditions in an unfinished building in northern Iraq.

• A displaced family living in an unfinished building in Dabin.



Property developers in northern Iraq were not expecting to see their newly constructed cinderblock housing complexes become home to thousands of displaced people who have recently fled from Sinjar. This may explain why at 'Dabin city', a recent housing project in Zakho comprising seven high-rise tower blocks, construction is still in progress in spite of 6,500 people having settled in some of the half-completed buildings.

While builders bring up unstable loads up to the top floors, and heavy construction materials are unloaded from trucks, children run around the site as if it were a playground, groups of men gather to chat, and women wash clothes and fill up buckets and jerry cans at crowded water points.

## POOR SANITATION AND OVERCROWDING

Dalal is the second wife of Ahmed, a teacher from Sinjar. The 30 members of her extended family share four rooms on the sixth floor of an unfinished building. She speaks facing a flock of children quietly sitting on the bare cement floor. "Where do I begin? My life here is a daily struggle" she declares quietly. "There is not enough room here. We have so many young children and they have nowhere to play".

Dalal and her family are amongst the many people living without electricity or running water. There are a few stoves, but fuel is expensive for people who have nothing left. Some of the higher floors are without external walls, but the biggest problem is sanitation.

"I cannot walk down the stairs because of the pain in my hips" says Dalal. "But the kids wake up at night and need to go to the toilet. It is very hard to take them all the way down to the latrines in the dark".

Dalal's mother-in-law can barely stand; she has been confined to the room ever since she arrived.

On the site grounds, the 20 latrines available that are overflowing with sewage are far from a solution. The stench and flies are overwhelming; a terrible scene. Fifty more toilets are in the process of being installed, but the developers have already threatened legal action against anyone digging the property grounds.



• In Dabin, an MSF team evaluates the needs of those people living in unfinished buildings.

Residents entering the building take turns to walk across wooden boards used to create walkways over black foul-smelling water on the flooded ground floor. One floor above, two masked men in plastic boots shovel away fetid waste into plastic bags that are then left sitting at the entrance of the building.

"Our findings show that poor sanitation and overcrowding is increasingly affecting people's health," says Dr. Zahra, who works at the primary health care unit MSF has set up next to the construction site. "Diarrhoea, gastro-intestinal problems and skin diseases are on the rise," she adds. A cholera vaccination campaign was planned by the local health authorities and then dropped because the outbreak season is nearly over.

## MSF RESPONDS TO HEALTH AND SANITATION NEEDS

Several camps are being constructed, but two months after an estimated 400,000 people crossed into the Kurdish region of Iraq none were ready. In response to this emergency, an MSF water and sanitation team is now on the ground. The construction of 100 latrines, 100 showers and 50 washing areas is underway. A team of 40 people have been hired to clean the site and manage the waste, and hygiene kits have been distributed to the people living on the site. MSF experts are also putting a wastewater management system in place.

**"It's getting cold. How will we survive without windows and heating when temperatures drop below freezing?"**

## MSF IN IRAQ

Despite the ongoing conflict in Iraq, which has made it very difficult for humanitarian organisations to work in the country, MSF is striving to provide medical care to Iraqi people, as well as Syrian refugees in Iraq.

MSF has worked in Iraq since 2006 in various locations in the north and south of the country.

We currently have over 300 staff working in the country.

Dalal is now standing by a gap where a window should be. She hoists a rope tied to a heavy jerry-can filled with water all the way to the 6th floor. "We use so much water and we don't even know if it is good for drinking", she says. "We have no windows, it's getting cold. Winter is approaching. How will we survive without windows and heating when temperatures will drop below freezing?" she wonders.

Upper respiratory infections are now the first cause of morbidity. Queues at the clinic are long and people are growing restless. "The vast majority of patients are affected by diseases that are perfectly preventable and are directly related to their poor living conditions. The number of patients turning up at our clinic is rising and we have to turn down many patients every day, we cannot cope", says Dr. Zahra.

Back in her bare flat it is Dalal's turn now to ask questions: "Please tell me, when will the camps be ready," she asks. "When will we be allowed to move in? Does anybody care about us?" ■



Image: Benoit Marquet/MSF

## ON THE GROUND: PALESTINE

BEDOUINS  
UNDER THREAT

Under threat of being removed from their current home, the Bedouin communities in the hills to the east of Jerusalem are growing increasingly anxious. Their tents and metal shacks are being demolished by Israeli officials trying to force them off their land and into urban areas in the West Bank. The people affected are stressed and scared, prompting Médecins Sans Frontières to increase psychological support services to the community.



The Bedouin communities received a formal notification from the Israeli authorities in August, warning them to evacuate or they would be forcibly expelled if they refused to leave.

The Bedouins are shepherds and rely on their goats, sheep and land for their livelihood. They are against being resettled to urban areas as it clashes with their traditional nomadic lifestyle, and they will not be able to make a living if they lose their grazing areas.

Besides losing their homes and animal shelters, the Bedouins are also facing access restrictions to their land, resources and markets to sell their products.

"The affected communities tell our psychologists that they feel stressed, fearful and helpless for their future. Children present regressive symptoms like bedwetting and difficulties to separate from their mothers," says Juan Carlos Cano, general coordinator for MSF in Palestine.

"We have increased our support in the last two months for those affected and in need of mental health assistance."

## MENTAL HEALTH SUPPORT

Mirna (not her real name), a mother of seven children living near Anata, east of Jerusalem, said: "We need somebody to share our feelings with and to know the suffering we are going through. I feel good because there is somebody that can understand us."

Mirna lives with around 50 members of one Bedouin family in tents pitched among rocky outcrops and boulders. Every morning they graze their sheep on the short grass growing between the rocks.

The community is caught in the crossfire: Palestinian youths throw stones and the Israeli army fire bullets and tear-gas. There is no safe place for these families. Their home has turned into a place of fear and terror, and women and children are the main victims.

## LEARNING TO COPE WITH FEAR AND ANXIETY

Mirna shows many symptoms of post-traumatic stress and anxiety such as excessive fears, bad moods, sleeping problems, eating problems, constant worry and psychosomatic complaints. She has had individual sessions with MSF mental health experts, and has participated in a group counselling session for women.

"Before the sessions, I was not aware of what was happening to me and my children. I was unable to understand

what else would happen, and I was very afraid. I lived in stress and fear and felt incapable of helping myself and my children," said Mirna.

"But after the sessions, I now understand that this is a reaction to what we have seen and what we are living through. So now I am less stressed and anxious and it helps me to understand my children more.

"I have also learned how to deal with the symptoms of my children such as enuresis, fears, and nightmares and how to protect them.

"It also helps me to become stronger. I want to be very strong to help myself and my family. I don't want my children to see me suffering as they will suffer too.

"I expect the women who are part of the women's counselling group will support each other. This group will make us stronger and less stressed. As Bedouins, we have a lot of difficulties in our life."

## MSF REACHING OUT IN THE EAST OF JERUSALEM

Elsewhere in the east of Jerusalem, more than 25 apartments were occupied by Israeli settlers in Silwan in October, and clashes, police incursions and detentions happen on a daily basis.

In 2014, MSF provided psychological support to 1,078 people affected by violence in East Jerusalem. ■

## OCCUPIED MINDS

'Occupied Minds' is a series of stories about MSF patients affected by the Israeli-Palestinian conflict. The stories reflect the reality of daily life for Palestinians under occupation as experienced by people receiving psychological care in Hebron and East Jerusalem. Read more from the 'Occupied Minds' series at [msf-me.org](http://msf-me.org).

**"We need somebody to share our feelings with and to know the suffering we are going through."**



■ The tents of Bedouin communities are being demolished by Israeli authorities in an attempt to force them off their land.



■ MSF teams provide medical, psychological and social support to Palestinian families.



Images: Matthias Steinbach

## MOTHER AND CHILD HEALTH: ETHIOPIA

# LIFESAVING CARE IN THE ETHIOPIAN MOUNTAINS

The Sidama zone in southern Ethiopia is a lush, green mountainous region dotted with oval-shaped huts surrounded by leafy trees and expansive green meadows. But the beauty obscures the very serious medical issues that its population must contend with. Health centres are scarce, as are qualified medical personnel. Médecins Sans Frontières has been helping pregnant mothers and their children get the essential health care they need.

Maternal and child mortality rates were high in Sidama when MSF started the project. The mountainous terrain makes it difficult for pregnant women to trek to their nearest health centre, which could be 20 kilometres away, if not further. Many lives have been lost on these treacherous journeys.

In a bid to reduce the high maternal and child mortality rates, MSF set up two “waiting houses” for expectant mothers. These houses, Chire and Mejo, are designed to allow women from remote villages who experience complications during their pregnancy to live near caregivers and to receive regular medical attention. Instead of trying to make the long trek to a medical facility after labour has already begun, or when it is already too late to get the attention they need, the women in the waiting houses are examined by MSF’s medical staff and remain under regular observation in case urgent treatment is needed.

MSF teams travel on horseback across difficult terrain in the Sidama Zone of southern Ethiopia.





# PHOTO GALLERY

Images: Matthias Steinbach

[www.msf-me.org](http://www.msf-me.org)



• Crossing the mountainous terrain of Sidama during the rainy season is a challenge.



• The mothers' waiting houses in Chire and Mejo have brought joy to many women of Sidama. Now they can get the medical care they need to safely deliver their babies.

## HELPING EXPECTANT MOTHERS

"I came to the waiting house because I had pains and bleeding during my pregnancy and knew that MSF was offering help to expectant women," says Birtu Kawato, a 25-year-old woman who stayed at MSF's Mejo waiting house.

Each waiting house has a capacity of 20 beds. Uncomplicated births are assisted by an MSF midwife in the health centres. Women with complications are referred to nearby hospitals.

"Most of these women trek for as long as eight hours from their villages to the waiting houses just because they know MSF is here and they will get quality medical care," says MSF nurse-midwife Eva Dominguez.

Since the project began, more than 2,000 pregnant women have delivered in safe conditions, and over 12,000 women have benefited from antenatal and postnatal care.

As well as providing health care to mothers and their babies, MSF also provides medical care for young children in Sidama. Since 2012, MSF has treated more than 1,700 severely malnourished children and admitted nearly 2,000 children under the age of five for specialised inpatient care. ■

• The landscape of Mejo in the Sidama Zone.



• A mother and her baby at the MSF health centre in Chire.



## INFOGRAPHIC: MSF

## MSF IN NUMBERS

Every year Médecins Sans Frontières provides emergency medical care to millions of people caught in crisis in some 70 countries around the world. See where our teams are working, and examples of our medical activities over the course of one year.

تقدم منظمة أطباء بلا حدود المساعدات الطبية الإنسانية إلى ملايين الأفراد المتضررين جراء مختلف الأزمات في نحو 70 بلدا. فيما يلي نبذة عامة عن أنشطة فرقنا الطبية حول العالم خلال سنة واحدة.

صورة تفسيرية: أطباء بلا حدود

# أطباء بلا حدود في أرقام

