

# WITHOUT BORDERS

Issue 29 | June – September 2015

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



## LIFESAVING MEDICAL CARE IN YEMEN

### Nepal

Emergency response

### Italy

Care for migrants

### Pakistan

Treating malnutrition

### Gaza

Rebuilding lives



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## WELCOME



In the three months since our last issue of Without Borders our teams have been responding to long-standing as well as new humanitarian crises in the region and around the world.

In Nepal where the 7.8-magnitude earthquake killed more than 8,000 people and left countless others injured, homeless, and traumatised, we immediately sent teams to begin providing emergency medical care. In this issue we hear from an MSF nurse who was one of the first responders reaching people in remote villages in the immediate aftermath of the earthquake.

In Yemen, where another humanitarian crisis is unfolding, our teams are working in several locations across the country providing surgical and medical to people affected by the war. An MSF project coordinator describes the situation inside our surgical hospital in Aden, where more than 1,800 injured people have been treated in the midst of ongoing fighting and shelling in the city.

Elsewhere in the region, the effects of last year's brutal bombardment of Gaza continue to take a heavy toll on people. In a stark photo essay we see the devastating impact of the war and take a look at the specialised care MSF is providing to the wounded.

Meanwhile, thousands of people are trying to escape conflicts and abject poverty by attempting the perilous journey across the Mediterranean to reach Europe. We hear from a colleague in Italy who is working with an MSF medical team to provide emergency care to migrants and refugees making the harrowing sea crossing.

As well as conflicts and natural disasters, our teams in many countries face the silent crisis of child malnutrition. An MSF paediatrician in Pakistan explains how with the right medical care, severely malnourished babies who are too weak to even cry are being brought back to health and laughter.

In this and other stories in this issue the human suffering we hear about is heart-wrenching. Yet in every story, we witness the tremendous courage of people trying to survive in appalling situations, and see how the determination to extend a helping hand is making a real difference in people's lives.

Thank you for your ongoing interest in bringing emergency care to people in the midst of war, natural disaster and abject poverty.

With my sincere wishes for a Ramadan Kareem.

**Mohamed Bali**  
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### Front cover photograph:

Displaced Yemeni children play with a water-filled balloon in a school where 30 families have taken refuge from the fighting and airstrikes. An MSF mobile clinic is providing medical care to the families. © Malak Shafer/MSF

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

رَمَضَانُ كَرِيمٌ

**RAMADAN  
KAREEM**



Images: MSF, N'gadi Ikram, Sylvain Cherkaoui, Gabriele François Casini, Victor J. Blue, Yann Libessart/MSF

# 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.



## JORDAN

### CARE FOR SYRIAN REFUGEES WITH CHRONIC DISEASES

In a clinic in Irbid in northern Jordan, MSF is providing free medical care to Syrian refugees suffering from chronic diseases such as diabetes and hypertension. These diseases are widespread among elderly refugees. In the first five months since the clinic opened, MSF teams have provided more than 3,000 medical consultations. There are currently 1,600 patients enrolled at the clinic where patients also receive health coaching to help them manage their condition in the extremely difficult circumstances they live in.

## AFGHANISTAN

### MSF TREATS WAR WOUNDED IN KUNDUZ

The MSF trauma centre in the northern-eastern province of Kunduz has been receiving increasing numbers of wounded patients as a result of heavy fighting between Afghan forces and armed opposition groups. Since last year, there has been a significant increase in fighting in the province, with the current 'spring offensive' seeing an intense level of combat. In the three weeks since the announcement of the annual 'fighting season', medical staff at MSF's trauma centre treated 204 wounded patients, the vast majority of them injured by gunshots or bomb blasts. Of these patients, 51 of them were women and children.



## EUROPE

### MSF LAUNCHES MIGRANT RESCUE SHIP IN THE MEDITERRANEAN

MSF has launched a ship, the Bourbon Argos, to carry out search and rescue operations in the Mediterranean Sea to assist people who are risking their lives trying to reach Europe by boat. The Bourbon Argos has been specifically adapted for search and rescue operations and has the capacity to carry up to 700 rescued people to land. On board there is an experienced search and rescue crew as well as medical staff to provide emergency medical care. In the first three weeks of the ship's operation the teams rescued 900 migrants.



## GLOBAL

### CAMPAIGN FOR FAIRER VACCINE PRICES TO PROTECT CHILDREN

On April 23, MSF launched a global campaign - 'A Fair Shot' - calling on pharmaceutical companies GlaxoSmithKline (GSK) and Pfizer to slash the price of the pneumonia vaccine in developing countries to US\$5 or less per child. Pneumonia kills one million children every year, but the high price of the vaccine is preventing some countries from protecting their children. MSF is also calling on the pharmaceutical companies to disclose what they currently charge for the vaccine in different countries, so that developing countries have enough information to negotiate a fair price for it.

## NIGER

### MSF HELPS TACKLE MENINGITIS OUTBREAK

A meningitis epidemic has been plaguing several regions of Niger since January, resulting in 5,273 recorded cases and 352 deaths (as of 8 May 2015). MSF in collaboration with the Ministry of Health, increased its activities with almost 430 beds to provide free medical care for patients. The medical teams have been focusing on diagnosing and treating patients as early as possible since meningitis can kill 50 percent of those infected and can result in long term side effects if not treated quickly.



## KENYA

### MSF TREATS SURVIVORS OF GARISSA UNIVERSITY ATTACK

Hours after the April 2 attack on Garissa University, Kenyan authorities reached out to MSF to help treat the wounded. MSF quickly sent a medical team to Garissa Hospital to support hospital staff with the influx of wounded patients. The MSF team helped treat survivors suffering from gunshot and blast wounds, as well as people who sustained injuries from shattered glass during their escape. MSF also provided medical care at Garissa airport, where hundreds of traumatised students were evacuated and spent the night.



## LIBERIA

### EBOLA-FREE, BUT VIGILANCE STILL NEEDED

Liberia was declared free from Ebola on May 9 after 42 days without a new case. The country was the hardest hit by the Ebola outbreak with more than 4,700 people dying from the disease. MSF welcomed the declaration while urging vigilance as new cases continue in neighbouring Guinea and Sierra Leone. "We can't take our foot off the gas until all three countries record 42 days with no cases," said Mariateresa Cacciapuoti, MSF's head of mission in Liberia.





Images: Benoit Finck, Mohammed Salah/MSF



Inside the operating theatre at MSF's Emergency Surgical Unit in Aden, Yemen.

## ON THE FRONTLINE: YEMEN

# LIFESAVING CARE IN A WAR ZONE

Valerie Pierre is a project coordinator who went to Yemen in January on what was meant to be a regular assignment at MSF's Emergency Surgical Unit in Aden. Within two months of her arrival she found herself on lockdown at the hospital in the midst of a war that had unravelled around her. A few weeks into the fighting, she gave an account of the situation at the hospital where hundreds of war-wounded patients had been arriving.

**“We hear fighting outside the hospital and bombs falling a little further away.”**

while they were playing. We are a surgical project, but at times people have injuries to their heads or necks that are too serious for us to treat so we have to refer them elsewhere.

Our team of six international staff work 24/7 with our team of 140 Yemeni staff – they are the lifeblood of the hospital. Although it can be dangerous for our local staff to come to work, so many do every day. Often it is too insecure for them to leave so they stay at the hospital overnight.

The atmosphere is tense and very stressful. We hear fighting outside the hospital and bombs falling a little further away. We take it in turns to sleep for a couple of hours at a time, though it is often on the floor in the corridor – a safe distance from the windows in our rooms.

We desperately need more international staff to come and relieve us. Our surgeon, anaesthetist and head nurse are exhausted. A backup team are stuck in Djibouti.

The airports have closed so the only way into Aden is by boat, but there are serious restrictions in place at the port. We also need more drugs and medical supplies. Unless we get supplies through in the coming days, we will run out.

We don't ask how our patients were wounded – our business is only to provide medical care. I do ask where in the city people were injured so that I can try to piece together where heavy fighting is taking place and where is unsafe for our drivers to go.

Some of those who come to us for treatment will doubtless be fighters, but they respect our rules to leave the conflict at the door and know that we treat people from both sides. Our neutrality and impartiality are the best protection we have, and enables us to keep the hospital open. We have been providing free surgical care here since 2011, so people have a good understanding of what we are trying to do. For the moment the hospital is relatively safe and we have not been affected by the insecurity, but of course at times we worry that

we are in danger.

When a large influx of patients arrive there is no time to think – we have to be strong, focused, and keep a distance so that we can do our jobs. It is when we sit down to debrief and make a list of the cases that have come in that day that we can reflect a little more on what is happening. ■

*This article was first published by the Guardian in April. Since then the fighting in Aden has been ongoing, with continued street battles as well as shelling from the ground, air and sea in some areas. Despite the difficult security situation we have been able to get more medical supplies and staff to the surgical hospital. We have also set up mobile clinics to reach patients who are unable to get to the hospital.*

### MSF'S EMERGENCY RESPONSE IN YEMEN

MSF teams are delivering medical aid in the governorates of Sana'a, Sa'ada, Taiz, Amran, Aden, Al-Dhale', and Hajja.

Our activities include: surgical care for the wounded, healthcare services in hospitals, support and medical supplies for local hospitals, mobile clinics, and distribution of relief items to displaced people.

We currently have 44 international and 529 Yemeni MSF staff working in Yemen.

Since March 19 our teams have treated more than 2,500 wounded people, including more than 1,800 in Aden.

We have brought more than 100 tonnes of humanitarian aid to the facilities we are running and supporting in Yemen.



When I first arrived in Aden in late January we could leave the hospital where we live and work to go out into the city.

That all changed drastically, almost overnight, when the fighting and bombings began [in March]. Since then we have been on lockdown inside the hospital.

Our surgical project now regularly deals with influxes of war wounded people. The worst day was 26 March, the day after the air strikes began, when 110 injured people came in for emergency care. One of the major roads to the hospital is now blocked, so there may be people out there who have been injured but cannot get through to us. We'd like to send more ambulances out into the city to pick people up, but at times it is too dangerous.

Most of our patients are young men, but we've also treated women and children. Almost all of them have been injured by gunshots, snipers or shrapnel. I've seen men in their 20s come in with their legs blown off – I've never seen injuries like it before. We've also had children who have been badly injured

A wounded patient is carried into the MSF Emergency Surgical Unit in Aden.





Image: Brian Sokol/MSF

EARTHQUAKE: **NEPAL**

# REACHING PEOPLE AMID THE DEVASTATION

A young mother carries her five-month-old baby girl amid the rubble in Kuni village, Dhading District. All 220 houses in the village were destroyed, leaving more than a thousand people homeless.

Anne Kluijtmans, an MSF nurse from Holland, was on holiday in Nepal when the first earthquake struck on Saturday 25 April. She quickly joined the MSF teams who had arrived in the country to respond. Here she describes the devastation she saw in the immediate aftermath of the earthquake as the medical team tried to reach people stranded in Nepal's mountain villages.



I was in Lumbini, near the Indian border, when the earthquake hit. I felt like we were on a rocking boat. We asked people what was happening as we thought this was just a tremor. A few hours later we found out that it was a big earthquake, so I tried to find out whether MSF was coming.

I called the MSF office in India and was advised by one of their staff to quickly move to Kathmandu as the teams would be coming there. After a day and half struggle to find a plane that would fly me out of Lumbini, I joined the team in Kathmandu and now I'm helping

run mobile clinics via helicopter, trying to reach people in remote areas who have not received any assistance.

## UP INTO THE MOUNTAINS

On the first day of the clinic we got up at 4am, having already packed all our supplies the night before, and went to the airport. We had to wait because it was raining and we were unsure whether we would be able to fly. We managed to take off a few hours later and headed up into the mountains.

When I had arrived in Kathmandu I thought it would be completely flat. It is bad, but what I saw

in the remote areas is much worse. When you get up in the air you see how devastated these areas are. Some villages are 80-100 percent destroyed. It was beyond my expectations.

We went first to Langtang National Park and flew over the main village. It was completely buried under an avalanche. People fled further up the mountain to the village of Kyanjin Gumba, which is at an altitude of around 3,800 metres and gets very cold at night. The village is around 70 percent destroyed.

They told us that more than 30 children have been orphaned. Their parents died not in the initial earthquake, but were buried by the

avalanche that came the next day. They didn't see it coming; they thought everything was ok and then this happened.

The most severely injured people were already evacuated, but the others who remained hadn't received any healthcare. There were people with skin infections and small children with deep cuts. We did some dressings and found many people with infected wounds. We even saw some wounds that already had worms in them. We had to give out a lot of antibiotics so that the wounds don't become septic, which could cause more deaths.

## "IN EMERGENCY MODE"

In Dozum village in Sindupalchowk district, I found an 85-year-old man who had been trapped under the rubble of his house, which was completely destroyed. His son was taking care of him and we checked that he was stable and gave him medication.

It was very tough before touching down each time, but I knew that people wouldn't benefit from me being upset. So I tried not to show my emotions and let them show theirs. I'm in emergency mode right now and am only concerned about trying to reach people.

People are very scared that there will be another earthquake or landslide, or that they will run out of food. In Kyanjin Gumba village, there were people who were obviously

traumatised and couldn't talk to us. They just looked right through us. But there was also a woman who had started cooking for everyone. So people are coping in different ways. They're very much in survival mode and mental health care is going to be crucial.

## HELPING VILLAGES COPE

In one of the villages – Thulo Shyaphru, Rasuwa district – we found a young nurse named Dechen. Around 600 people are living there and all the buildings, including the clinic, have been destroyed. Dechen asked us for some supplies so she could continue treating people after we left. It was good to be able to do that, in case we couldn't get back soon.

At MSF we tried everything to reach these remote places as quickly as possible, but there were many constraints, mainly the very few available helicopters. At the moment we have helicopters to use for medical activities and for distributing blankets, food and shelter kits. People tell us they want food, shelter, and of course healthcare.

With the monsoon season coming and without proper shelter, people are going to be susceptible to pneumonia and health problems will generally increase.

When the earthquake happened, my family and friends were of course worried about whether I was safe. When I said I was going to

Kathmandu to help, they initially said I was crazy, but they also know that I'm a nurse and working with MSF. If you're in the country when something like this happens, you have to help. I have a lot of support from them and especially from the team.

If I had to describe the situation here in one word: devastating. ■

## MSF'S RESPONSE IN NEPAL

MSF has mobilised around 120 staff in various places in Nepal.

Our medical teams have been travelling to remote villages to provide emergency medical care, medical supplies, as well as shelter materials and hygiene kits.

We are running a 20-bed inflatable hospital in Gorkha district. (See page 17 for an infographic of MSF's inflatable hospital.)

Our teams have conducted over 3,000 medical consultations.

We have flown in hundreds of tonnes of relief supplies, including 278 tonnes from MSF's warehouses in Dubai.

**"There were people who were obviously traumatised and couldn't talk to us. They just looked right through us."**



## MIGRANTS: ITALY

# DOCTORS OFFER HEALTH AND HOPE

Chiara Montaldo is project coordinator in Sicily, Italy, where she works with an MSF team providing medical and psychological care to migrants and refugees rescued from boats in the Mediterranean. Here she describes the traumatic sea journey people are undertaking in their desperate attempt to flee war and poverty, and how MSF is providing care and a familiar presence to the survivors of the perilous crossing.



I'm in Pozzallo, a small tourist town on the south coast of Sicily. In the past week, more than 700 migrants have arrived here. The reception centre in

Pozzallo was designed for just 180 people. Our team is tired after working day and night. Some of those arriving crossed the sea in rubber dinghies, others in wooden boats, but not one of the vessels was safe to travel in.

The boat that arrived on Sunday night had set off from Turkey, and was carrying young men from Syria, Palestine and Egypt. This was one of the better boats, so the people were in a better medical condition. Syrians generally travel in better boats, because they are able to pay more.

But the boat that arrived two days earlier had come from Libya, and was carrying mostly people from African countries – Nigeria, Gambia, Mali, Eritrea and Somalia – many of them families with young children.

## MIGRANTS IN POOR HEALTH UPON ARRIVAL

The migrants from Africa often arrive with ulcers and chemical burns from the petrol that floods the boats' holds. They may also have skin diseases, like scabies and lice, from being held in detention centres in Libya, often for six or eight months at a time. Others have wounds from being tortured or being victims of violence. A couple of people have arrived with gunshot wounds – they told us that in Libya it is anarchy, and you risk being shot every time you go out in the street.

The medical conditions we see reflect not just the migrants' trip across the sea, but also what happened to them before: in the detention centres, the journeys across the Sahara, the countries they've fled.

When the migrants board a boat, they know that some will die, some will survive. They are prepared to take those risks because what they are leaving is so bad.

The journey from Libya takes three or four days. They are very hungry when they arrive – often they have water to drink on the boat, but rarely food. But still many arrive dehydrated and completely exhausted. With hundreds of people crammed together in the overcrowded boats, many suffer from body pains.

The survivors of shipwrecks are always in a far worse condition, psychologically as well as physically. They've usually swallowed lots of salt water and are suffering from respiratory diseases as well as mental trauma from having been in the sea and having seen their companions die.

Before last year, most of those making the journey across the Mediterranean were young men. But now they are people of all ages. Whole families arrive with grandparents and young children. Last week there were two babies, eight days and four days old, both born in Libya just before the boat departed.

The elderly people bring with them different medical problems, such as diabetes and hypertension. We are also seeing more and more unaccompanied children – usually teenagers from 13 upwards, making the journey without their parents.

The Syrians bring some possessions with them – a bag of clothes perhaps – but the migrants from Africa have often been travelling so long to get here that they arrive without anything, not even shoes.

When they disembark at the dock, the MSF team is there to greet them, alongside police and officials. Many migrants have experienced



Chiara Montaldo, MSF coordinator, in the port of Pozzallo in Sicily.

torture and violence at the hands of military men. To be greeted by more men in uniform can be scary for such people who already have so many reasons to be scared. That is why it is so important that we are there too.

MSF is a friendly and often familiar presence for many of them. One guy who arrived from Palestine recognised our logo from being treated at our clinic in Gaza. A woman who arrived from Egypt had worked for us in Cairo as a translator.

Landing is a dramatic moment, but it can be a positive one. They are tired and hungry, but at least they are alive. Many say how happy they are to be here.

After landing, the migrants come to the triage tent, where we screen them for tuberculosis and chronic diseases and find out about their medical condition. We are usually the first people they've talked to in Sicily. Often they ask, "Where are we?" and "What will happen now?"

In return we ask where they are from and how the journey went. The replies can be shocking.

## THE PSYCHOLOGICAL IMPACT OF MIGRATION

After a few months, the stress of the trip and their worries for the future can lead to depression. For anything between three months and a year, while the migrants wait for their asylum claim to be decided, they can't work. They have nothing to do and they can feel very isolated. Our psychologists are here to provide them with counselling and mental healthcare.

The lucky ones who get asylum can go on to work or study, but finding a job isn't easy, especially if you don't know the language well. Then there are all the others who don't receive any form of protection, and remain illegally. Many of them drift into the criminal underworld.

The world's attention is focused on the sea, but rescue operations alone can't solve the situation. Europe needs to allow desperate people to find protection legally, without having to risk their lives in the process. ■

**"When the migrants get onto a boat, they know that some will die, some will survive."**



MSF has set up a tent clinic providing 24-hour medical care to the new arrivals at Augusta, one of Sicily's two largest landing sites where MSF is providing medical care.



Images: Sa'adia Khan, MSF, Noor Muhammad



Five-month-old Mohammad Mohsin weighs 3.5kg. Too weak to feed by mouth, Mohammad is given an intravenous drip to keep his glucose levels up.

## MALNUTRITION: PAKISTAN

# MALNOURISHED INFANTS GIVEN A SECOND CHANCE



Nikola Morton is an MSF paediatrician working in Balochistan province in Pakistan where MSF runs a treatment programme for malnourished infants. Levels of malnutrition in the province are among the highest in the country and MSF treats nearly 10,000 malnourished children there each year. Here, Nikola describes her experience at the MSF treatment centre where malnourished children who are too weak to even cry are brought back to health and laughter.



I have been in Pakistan for six months now, two-thirds of the way through my nine month assignment. Prior to working in Pakistan, I had spent some time working in the north of Australia with the Aboriginal community. In the Northern Territory of Australia there is a big issue with malnutrition in the Aboriginal population, especially in the remote communities. Having worked there for some time, I thought it would prepare me well for working here. But it does not even compare.

Last week there was a three-year-old boy admitted with malnutrition, weighing only 6.7kg. He was so small and so sick that he was just lying on the bed, barely moving. He even had a pressure area on his lower back from being too malnourished, too weak to move. But he is not the only one. Our inpatient feeding unit is full with children just like him. It means that for a children's ward, it is eerily quiet. There are no usual noises of children playing or laughing or even crying, which I am used to back home. These children are just too sick and too weak.

When most people think of treating children with malnutrition, images of Africa are more likely to come to mind – probably from the television advertisements asking us to donate to feed the starving children of

**“Seeing these almost lifeless bodies, recover into laughing toddlers again, is one of the most amazing joys.”**

Africa. And while the problem of malnutrition is widespread in many parts of Africa, here in Pakistan, especially in Balochistan, it is also a huge problem, with over 30 percent of children being malnourished.

There are many reasons for this including food insecurity, poor nutritional status of mothers, frequent infections and limited access to health care. Here in Dera Murad Jamali and in our outreach centres, MSF treats almost 10,000 children each year with severe malnutrition. Due to difficulties with breast-feeding practices, a lot of the children we treat here are under six months of age, unlike in Africa.

Sometimes they come to us so tiny, I wonder how they have survived. Just yesterday we admitted a three-month-old baby weighing a mere 1.6kg.

Often there is pressure for us to give these babies formula milk rather than try to re-establish breastfeeding, but formula milk is not the answer. It brings the added problems of increased risk of diarrhoeal disease, and doesn't replace the benefits of mother's milk. There is also the added problem of tuberculosis in the community, which can compound the effects of malnutrition.

But we do have many successes. And seeing these often almost lifeless bodies, recover into laughing toddlers again is one of the most amazing joys I have seen here. As life returns to the children, you also see the

joy in their mothers' faces, as they too, see the transformation.

The boy who came in so sick that he had developed a pressure sore on his back from inactivity, is being discharged today. He was also diagnosed with tuberculosis, and now has commenced his treatment, is eating well and gaining weight. While he has still not reached his target weight, we will continue to treat him in our outpatient nutrition programme with regular check-ups and provision of his therapeutic food.

I am yet to hear his laughter or even see a smile yet, which has earned him the affectionate nickname of “the angry bird” as he sits in the ward in his yellow beanie scowling at us, but the smile I see on his mother's face is wonderful. She tells us how happy she is that we have made her child well again. She is so grateful that he has been given a second chance. While we are not able to change the circumstances of this family that led them to need our help, with close follow-up we can hopefully ensure this young boy will get adequate nutrition, and, hopefully, just might survive into adulthood. ■

■ Lal Kahu is around 20 years old. Her four-month-old son has been admitted to the MSF inpatient therapeutic feeding programme for severely malnourished children.





Images: Susanne Doettling, Joao Laet, Yann Libessart

**SURGICAL CARE: GAZA****REBUILDING LIVES**

The devastating effects of Israel's military operation last summer continue to take their toll on the people of Gaza. Tens of thousands of people continue to suffer with little or no help to rebuild their lives, and many of the war-wounded still need surgery and treatment. MSF medical teams in Gaza are helping to provide reconstructive surgery and specialised care that the wounded so desperately need.



• Beit Hanoun, one of the neighbourhoods most affected by the bombings in northern Gaza. Nearly one year on, reconstruction has barely begun.



## IN PICTURES

Images: Susanne Doettingling, Joao Laet, Yann Libessart



More than 11,000 people, including 3,374 children, were injured in the attacks on Gaza last year. At the time of the attacks, MSF teams worked alongside

Palestinian doctors and nurses performing lifesaving operations to stabilise thousands of injured people.

Nearly one year on and our teams are still helping to treat wounded Palestinians who have complex injuries and need further reconstructive surgery and specialised care.

We run two medical facilities in Gaza where we provide surgery, post operative care, dressings care, physiotherapy and psychological support to patients with injuries and burns.

We also send highly skilled visiting surgeons to Gaza to help the Ministry of Health cope with the large number of patients waiting for reconstructive surgery. In the last visit the surgical team carried out 30 operations for patients with severe injuries.

Our teams are also treating increasing numbers of patients, particularly women and children, with severe burns from serious domestic accidents. These accidents are a result of the blockade and the daily power cuts that mean people have no choice but to use unsafe gas bottles, candles, and kerosene lamps for heating and cooking.



• Children play in the rubble of destroyed homes in Beit Hanoun, Gaza. UNICEF estimates that 373,000 children in Gaza have been traumatised and need specialised psychological care as a result of the war last year.

• An MSF surgical team prepares to operate at Nasser Hospital in Gaza. The surgical unit is set up in a specially adapted medical tent in the hospital grounds.



• Seven-year-old Bisan is the only survivor of a family of eight after the building where they lived was targeted by a fighter jet. She spent six hours under the rubble before being rescued.



• Hajja Hania lost 20 members of her family in an airstrike during the last war. She survived, but her head and leg were injured when she was buried in rubble. Here she waits for her physiotherapy session at the MSF clinic in Gaza city.



## INFOGRAPHIC

## INFLATABLE HOSPITAL

In the aftermath of natural disasters such as the earthquake in Nepal, MSF teams set up entire field hospitals inside inflatable tents. The tents are quick and easy to set up, with the roof resting on a structure made of inflatable tubes. Each tent covers 100 square metres and can be set up for different medical services such as a ward with 20 beds, or two operating theatres and a recovery room.

عقب الكوارث الطبيعية كالزلازل الأخير الذي ضرب نيبال، تقوم منظمة أطباء بلا حدود بإنشاء مستشفيات ميدانية بأكملها في خيام قابلة للنفخ، تتميز بسهولة وسرعة نصبها، حيث يرتكز سقفها على هيكل مصنوع من أنابيب قابلة للنفخ. وتبلغ مساحة كل خيمة 100 متر مربع ويمكن تعديلها كي تتناسب ومختلف الخدمات الطبية إذ يمكن أن تكون جناحاً يضم 100 سريراً أو غرفتي عمليات وغرفة للتعافي.

## رسم توضيحي

## المستشفى الميداني

## SURGICAL INSTRUMENTS

The sterile instruments are ready on the table

## معدات جراحية

المعدات المعقمة موجودة على الطاولة مسبقاً

## OPERATING TABLE

The patient lies on the table during the procedure

## طاولة العمليات الجراحية

يستلقي عليها المرضى عند الخضوع للعمليات

## FRAME

The tent is held up by an inflatable frame

## إطار

ترتكز الخيمة على إطار قابل للنفخ

## OPERATING LAMP

Proper light is essential during operations

## مصباح العمليات

الضوء المناسب ضروري خلال العمليات الجراحية

## OXYGEN CONCENTRATOR

Extracts and concentrates oxygen from air

## مولد الأكسجين

جهاز يحول الهواء إلى أكسجين

## PUMP

A number of pumps inflate the arches that hold up the tent

## مضخة

تقوم المضخات بنفخ الأقواس التي ترتكز عليها الخيمة

## AIR CONDITIONING

Keeps the operating theatre cool in extreme conditions

## التكييف

يبقي غرفة العمليات باردة في أقصى الظروف

Developed in 2005, this innovative structure has been used by MSF in Yemen and Gaza, and in Pakistan and Haiti after the earthquakes.

استخدمت أطباء بلا حدود هذا النموذج الذي طور سنة 2005 في اليمن وغزة وكذلك عقب الزلازل في باكستان وهايتي.