

THE PULSE

BRINGING MEDICAL HUMANITARIAN ACTION TO YOU



MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

► DECEMBER 2022

MOVING FORWARD:

Patients reconstruct their lives after amputations

COMMUNITY DESIGNED:

A new approach in Sila, Chad



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Cover: Amro is photographed by Giles Duley on a beach in Gaza, Palestine, as he faces his fears of going outside since his amputation. © Giles Duley/MSF

MÉDECINS SANS FRONTIÈRES

Médecins Sans Frontières is an international, independent, medical humanitarian organisation that was founded in France in 1971. The organisation delivers emergency medical aid to people affected by armed conflict, epidemics, exclusion from healthcare and natural disasters. Assistance is provided based on need and irrespective of race, religion, gender or political affiliation.

Today Médecins Sans Frontières is a worldwide movement of 24 associations, including one in Australia. In 2021, over 100 field positions were filled by Australians and New Zealanders.

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Why action, and change, is urgent

► The health impacts of the changing climate are already a burden for many people in the world, and their needs must not be ignored.

The climate alarm bells are, by now, undeniable. They are ringing loud and clear in New Zealand, which this year experienced its warmest and wettest winter.

Meanwhile, the world's eyes have been on leaders at COP27 (the 27th United Nations Climate Change Conference) in Egypt, as they discussed action to tackle climate change in the context of a globe approaching 1.5C of warming. Médecins Sans Frontières was a participant at COP, there to present the stories of the people and communities most affected by the climate crisis, and to call for climate action that delivers solutions for the health implications already impacting their lives.

We know that while the climate emergency affects everyone, it affects certain groups of people more than others. People who are geographically, systematically or economically vulnerable are already withstanding the worst of this crisis. This is clear in New Zealand—and it's a reality that Médecins Sans Frontières staff witness every day, working in some of the most climate-vulnerable settings in the world.

Many of the health issues that Médecins Sans Frontières responds to are climate-sensitive, meaning they are directly or indirectly impacted by climatic changes such as extreme weather events, temperature, rainfall and humidity. From Somalia, which is facing its worst drought in decades and where our teams are seeing alarming levels of malnutrition in our projects; to Pakistan, which is struggling to recover after a third of the country was plunged underwater in unprecedented flooding; and to Kiribati, where rising sea levels, increasing salination of soil and water and changing biodiversity are impacting the environment and people's health.

Médecins Sans Frontières has just launched a project in Kiribati to help improve health outcomes, with a focus on maternal and neonatal health in the context of diabetes. "Many lands are disappearing," says local Teretia (94). Her daughter Ioanna said she knows of three people who died in hospital of diabetes that week.

"While the climate emergency affects everyone, it affects certain groups of people more than others."

► Jennifer Tierney



► The equatorial Pacific island nation of Kiribati is particularly vulnerable to a rising sea. © Joanne Lillie/MSF

Last December in *The Pulse*, we shared with you the ways that climate change, as a risk amplifier, was increasing and changing the issues that Médecins Sans Frontières responds to.

One year on, it is even clearer how we need to change the way we work, to both reduce our environmental impact and help communities build resilience for the multiple challenges they're facing.

One of the ways we are doing this is bringing healthcare much closer to communities. Rather than centring our activities around hospitals and health facilities, we are working more frequently with community health workers to give them the tools and training to do early diagnosis for illnesses like malaria, malnutrition and diarrhoeal disease.

When people cannot access the health facilities that we support, community workers act as a bridge, and their role will become more essential as the climate crisis changes patterns of displacement, food production, conflict and more.

Decentralised and community-centred models of care such as this enable a more preventive, rather than curative, approach to health, and bring other essential benefits in terms of the sustainability and quality of healthcare programs for communities—as evident in a new community co-designed project in Sila, Chad (see page 12).

While a quarter of the world lacks early warning systems, we are developing anticipatory responses which use tools like preventive weather mappings to allow teams to locate likely disease spikes and mobilise with staff and supplies in that area early.

We are acting to reduce our carbon footprint, having pledged on a global scale to reduce our emissions by at least 50 per cent by 2030, compared to 2019 levels. The roadmap to achieve this includes changes to the way we transport staff, supply our projects, construct and power facilities, and manage waste.

Médecins Sans Frontières must also hold governments to account, to ensure that the people most affected by this crisis are heard and considered in decision-making, and to push for access to the funding, technology and tools they urgently need to tackle this crisis.

We know that many people are doing it tough in New Zealand as we approach the end of 2022. So, it is extremely humbling to know that you, our donors, continue to assist the work we do. Thank you for your continued care and support.

Jennifer Tierney
Executive Director,
Médecins Sans Frontières
New Zealand

P.S. We hope you like our refreshed design this issue.



► Artists Yamin Rayhaf (left) and Asma Nayim Ullah at the launch of the mural at Join the Dots, Marrickville, Sydney. © MSF

► THE ROHINGYA

Rohingya women: our vision

In August, Médecins Sans Frontières Australia together with the Australian Rohingya Women's Development Organisation (ARWDO) launched a special new mural, created by two Rohingya artists and ARWDO members, Asma Nayim Ullah and Yamin Rayhaf.

The work of art was created to mark the five-year anniversary of the displacement of 700,000 Rohingya people from Myanmar in August 2017. It depicts a mother and daughter and speaks to the intergenerational cycles of tragedy the Rohingya have faced and continue to bear.

"Art helps us advocate and fight for justice in all sorts of ways... we hope this mural makes people question the reality of marginalised communities in Australia and take action," says Asma.

Médecins Sans Frontières Australia is engaging with the Australian government to share our experiences working with the Rohingya, and advocate for durable solutions for them.

► KYRGYZSTAN

New cervical cancer program

A few hundred women are diagnosed with cervical cancer each year in Kyrgyzstan. But the prevalence rate is likely much higher: while diagnosis of cancers is weak across the country, cervical cancer ranks as one of the top two most frequently diagnosed, and as one of the leading causes of deaths from cancer.

The disease is preventable when detected early. With no specific prevention program for cervical cancer in Kyrgyzstan, Médecins Sans Frontières launched a new cervical cancer screening project in June. This is our first cancer-focused program in Central Asia.

The team will focus on expanding access to diagnosis and treatment in Sokuluk rayon (district), and on sharing our experience of screening and treating cervical cancer lesions at an early stage in other countries such as Malawi and The Philippines, to contribute to a model for a Kyrgyzstan-led national cancer screening program to reduce preventable deaths.

Our new cervical cancer project in Kyrgyzstan aims to **screen 30,000 women** over the next 3 years.



► Médecins Sans Frontières health promoter Asel Aitekova (in orange) meets with women from a village in Sokuluk to inform them about cervical cancer screening. © Arjun Claire/MSF

► HAITI, LEBANON, SYRIA

Cholera resurgence

Cholera is spreading in Haiti, Lebanon and Syria, after not being detected in these countries in four, 30 and 15 years respectively.

Haiti: Médecins Sans Frontières staff were treating an average of 270 patients per day in November at our six cholera treatment centres in neighbourhoods of the capital Port-au-Prince. Between 2 October, when the outbreak was declared, and mid-November, 8,500 patients were admitted for care at our centres and around 100 people died. Médecins Sans Frontières is calling for an immediate escalation of the response to the outbreak as people in Haiti grapple with widespread violence, a fuel shortage, lack of clean water and enormous difficulties to access healthcare.

Lebanon: As of mid-November cholera had spread to 13 of Lebanon's 14 governorates, with most cases recorded in the north and northeast. People living in crowded neighbourhoods and informal settlements are at particular risk due to their living conditions and poor access to water. Water supply and water treatment infrastructure are inadequate in Lebanon, as water, waste management and electricity networks are old and poorly maintained, and the situation is exacerbated by the economic and energy crisis. Médecins Sans Frontières is supporting the Ministry of Public Health's national vaccination campaign by vaccinating people in the north and northeast, and running two cholera treatment centres.

Syria: The outbreak was first linked to contaminated water near the Euphrates River and the severe water shortage in northern Syria, and by 20 November had led to over 37,000 suspected cases and 43 deaths in the northwest, northeast and Tal Abyad and Ras Al-Ain. Médecins Sans Frontières is supporting a 20-bed cholera treatment centre in Raqqa, northeast Syria.

In northwest Syria, we are working in four cholera treatment units in Idlib and Aleppo governorates and operating oral rehydration points. Teams have also distributed hygiene kits to 20,000 families in displacement camps and are providing clean water, water testing, health promotion services and training for health workers.



Cholera affects up to 4 million people worldwide per year.

► ZIMBABWE

Recycling waste to thrive

In Stoneridge, Harare, a Médecins Sans Frontières-developed system to recycle food waste and wastewater is having a meaningful impact on people's health. A pilot launched in 2019 with 39 households set out to identify medical and environmental challenges faced by local communities, and tackle two issues: the first, how to deal with biodegradable waste like food scraps, which can quickly fill up dump sites and water pipes and is expensive to remove; the second, how to recycle wastewater to prevent groundwater contamination and the spread of waterborne diseases. "So far, we have seen zero contamination of the ground water, which means we are bending the curve of diseases like diarrhoea and typhoid," says environmental health supervisor Ignations Takavada. The project is also providing sustainable, hygienic sanitation, soil fertility, green employment and income generation opportunities for locals.



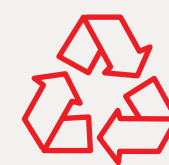
► Stoneridge residents, participants in the recycling project, work on one of the bio-waste fertiliser stations. © MSF/Manzongo John

HOW IT WORKS



Earthworm magic:

- Composters + earthworms transform bio-waste into biofertiliser, or "vermicompost"
- The vermicompost is used on household food gardens or sold for income.



Grey water, green gardens:

- "Decongesters" separate grey water (from washing and bathing) and black water (from toilets)
- Wastewater is recycled via a wastewater station, then chlorinated
- The recycled water is reused for watering gardens or flushing toilets.



The floods: “The challenges are many and great.”

► **Record-breaking heavy monsoon rains have caused catastrophic devastation in Pakistan in the past months.**

► *Above: Outreach counsellor Akeela uses a middle-upper arm circumference bracelet to assess a baby for malnutrition. © MSF*

“We found families were living in the open without shelter,” says Akeela. “I saw some people using two wooden beds (charpai) pushed together with plastic covers as shade on the side of the road, because their houses were under water, and they did not have a home or enough food or clean drinking water.”

This is what outreach counsellor Akeela witnessed as she worked on Médecins Sans Frontières’ emergency response team to conduct assessments in flood-affected villages in Balochistan, in the days after extreme flooding hit the province in mid-August.

In June and July, Akeela had been paying her regular weekend visits to her family in their village five kilometres from Dera Murad Jamali in Balochistan, where she was working with the Médecins Sans Frontières health education outreach team.

But by August, the heavier-than-usual rainfall was only intensifying, and on 17 August village residents were asked to immediately evacuate.

“In the rush, my parents and younger siblings left the village,” says Akeela.

“One brother and one sister were left behind to take care of our cattle. They took the cattle to higher ground but when they saw the flood water start to cover the village, they had to flee. [They] climbed up the rooftop of a nearby house and watched as... our cattle, houses and farm all washed away.”

“I initially took leave for a week to support my family but when I saw that so many people needed help, and I received a call from Médecins Sans Frontières requesting support for the emergency response, I couldn’t stop myself from saying ‘yes.’”

Diverse needs months on

From hilly areas to plains, flooding has inundated all four provinces of Pakistan and washed away houses, infrastructure, crops and livestock. More than 33 million people have been affected.

Despite rainfall reducing significantly in September and October and water on the plains receding, as of November many villages remained flooded, with some still cut off from outside help.

Most people who have been displaced by the floods cannot return to their homes. Many are spending days and nights in tent camps, in temporary facilities or in the open air without adequate shelter.

The floodwaters are stagnant in many areas, and water sources are heavily contaminated. Alongside the need for clean drinking water, water- and vector-borne diseases are a major concern: Médecins Sans Frontières teams are treating patients with conditions such as acute watery diarrhoea, malaria, skin diseases and eye infections.

The conditions are exacerbating the other health issues already faced by people prior to the floods. “At our hospital, we see many children who have been born with malnutrition,” says Shahid Abdullah, emergency field coordinator in Balochistan. “This was the case before the floods, but the current situation may contribute to a worsening of their condition. People here already live a hard life, so it is hitting them even harder.”

“The challenges are many and great. There is a battle for medicine and human resources, both doctors and nurses, and in many areas, it is difficult to reach people. We are trying to help as best we can.”

► *People access consultations with a Médecins Sans Frontières medical team during a mobile clinic in Alladad village, Dadu district, Sindh. © Asim Hafeez*



The recovery effort

Médecins Sans Frontières has been working in the provinces of Sindh, Balochistan and Khyber Pakhtunkhwa since August. Teams are distributing relief items such as hygiene and kitchen kits, providing safe drinking water, rehabilitating damaged water points and setting up showers and latrines. Most of this work occurs in the camps where people are still sheltering. In our mobile clinics, medical staff offer check-ups, provide medications and refer people requiring further care to facilities, including to the Médecins Sans Frontières-supported hospital in Dera Murad Jamali in Balochistan. Here, our staff support medical care for birthing women and patients who require hospitalisation for various conditions. The number of people being admitted to the hospital has nearly doubled compared to the months before the floods.

“People here already live a hard life, so it is hitting them even harder.”

Our emergency response team has also launched activities to provide basic healthcare and clean water in southern Punjab. With a harsh winter forecast, people are facing a huge recovery effort in the months to come, with ongoing difficulties to access shelter, water, food and medical care. During Akeela’s work with the emergency response team, she visited her own village to set up a mobile clinic and provide support. At that stage, all the houses in the village, including her family’s, were still inundated with water.

“Many other people in more remote villages are still waiting for help to arrive. I can feel their pain as many have left their houses and are living in camps without help.”

► *A view of a village in Dera Murad Jamali, Balochistan, where floodwater is stagnant and displaced people are living on the side of the roads. © MSF*



At a glance: our response

In Sindh, Balochistan and Khyber Pakhtunkhwa provinces (August–October 2022):



23,600 patient consultations conducted during mobile clinics



8,400 non-food item kits distributed to affected families (including hygiene and kitchen items, mosquito nets and mosquito repellent)



8 million litres of clean drinking water provided

Reconstructing lives

During a visit to Gaza in 2022, photographer Giles Duley documented the stories of Médecins Sans Frontières patients who had amputations after being injured by Israeli forces. Several years after these injuries, many are still dealing with the consequences, but finding ways to move forward.

“As an amputee myself,” says Duley, “I have had many conversations with people who are dealing with the idea of losing a limb and the psychological challenges. We need to make these positive stories visible and fight the stigma.”

► **Above right:** Amro, 23, was shot in the leg during the protests in May 2018. Since his amputation, he has mostly spent his days inside his family's apartment, where he taught himself to draw as a means of escape. But on Duley's final day in Gaza, Amro accepts his invite to drink coffee on the beach. “Maybe my going outside will give someone else hope.”

► **Below:** Mohammad was shot in the leg while searching for his son, who he heard had been injured, during the 2018 protests. Mohammad underwent 10 operations over several years to stabilise his leg, but he was in constant pain and unable to walk. In 2021 he had a consultation with a Médecins Sans Frontières team, who recommended an amputation. He accepted, determined to move forward. “My wife and family have shown me love and encouragement throughout... after three years of pain, I can finally get on with my life.”



► A few days after meeting Muawiyah (pictured) at his barber shop, Duley was invited to dine with his family. They knew I was eager to learn how to make musakhan, a Palestinian dish of chicken, onion and sumac placed on a taboon bread that soaks up the sauce. As we cooked, Yassmin told me, ‘At first it was hard for me and the kids. I had to pretend to be strong for everyone.’ As we sat down to eat, I asked Muawiyah if he was hungry. He replied, ‘Now I can enjoy the food again, this dish.’”



► More than 36,000 people were injured during 18 months of the ‘Great March of Return’ demonstrations, held near the security fence between Gaza and Israel between March 2018 and December 2019. Médecins Sans Frontières scaled up our services in Gaza 2018 to provide plastic and orthopaedic surgery, and post-operative care, for those wounded.



► Muawiyah (right) was hit by a rocket during the Israeli forces' bombing of Gaza in May 2021, after opening up his barber shop one morning. He discovered his right leg had been amputated when he woke up in hospital. Following his discharge, he refused to eat and suffered from depression. Community care has played an important role in his recovery, as has the support of a Médecins Sans Frontières psychologist, Marwah, who has worked with Muawiyah and his wife Yassmin on ways to manage.



► Mahmoud, 27, had his leg amputated in Jordan after being shot in Gaza in 2018. But the wound was infected, and it wasn't until he underwent a second surgery with Médecins Sans Frontières in 2020 that he could wear a prosthesis. He still struggled with the prejudice of strangers and friends, such as the assumption that amputees are likely to become addicted to drugs. A chance encounter with a group of amputee cyclists helped Mahmoud find peace. “Cycling will always be a part of my life. This group is also my family.”





► Yousef Alwikhery in his work room, where he makes and fits splints and other devices for patients. © Ola Bardawil/MSF

A creative approach to reintegration

► **Yousef Alwikhery is an occupational therapist with Médecins Sans Frontières at Al-Awda hospital in the northern Gaza Strip. He shares his experience supporting patients with physical injuries and disabilities on their roads to recovery.**

Occupational therapy is not a widely known or understood field of practice in Gaza's medical system, but I think the profession's approach to reintegrating patients back into 'normal' life is essential in Gaza.

Many of my patients have sustained injuries in one of the many recent escalations of violence. They might require occupational therapy to relearn to dress themselves after having a limb amputated, or to regain their motor skills so they can re-enter the workforce. Occupational therapy takes a creative, innovative approach to helping patients reintegrate. My work is made more challenging by the fact that we have the blockade to contend with, which makes it extremely difficult to leave to get more training or to acquire necessary equipment. For example, I often make and fit splints and other devices for my patients.

Some may help alleviate pain, others may help a patient with an amputated limb grasp household items like a toothbrush or a broom. Typically, occupational therapists will use a water bath device that heats plastic sheets before shaping them into assistive devices. It took over a year to import one into Gaza; while waiting for it to arrive, I used a hairdryer and a water boiler.

Adjustment and autonomy

As occupational therapists, we really become part of our patients' psychosocial support system—an aspect of our work which is not widely known. Here at Al-Awda hospital, I work with patients from their arrival in the inpatient ward, through to our outpatient clinic, all the way to their discharge. We spend a great deal of time with our patients and their families, helping them adjust to their new reality.

“[Increasing] a patient's independence has brought some of the best and happiest moments of my life.”

One of our major responsibilities is to come up with strategies for patients to regain their independence, which is particularly important for their mental wellbeing. Being unable to take a bath or go to the toilet independently can have severe psychological consequences. We help patients learn to do these tasks independently.

You can't imagine how happy patients are when you save them the embarrassment of having to ask a family member to help them to the toilet. [Increasing] a patient's independence has brought some of the best and happiest moments of my life.



► Yousef Alwikhery works with a young patient in Al-Awda hospital. © Ola Bardawil/MSF

Ahmad's story

One of my patients was a 32-year-old man called Ahmad*. Ahmad's right hand had been amputated after he was injured during the escalation of violence in Gaza in May 2021. The amputation of his dominant hand had impacted his ability to find employment as a hairdresser and damaged his ability to conduct everyday activities such as eating, dressing and bathing. This had a very negative impact on his psychological condition.

We worked together for six months, gradually improving his ability to do daily activities independently, which helped improve his mental health and outlook. He also took on a leadership role with the other patients he met in and on the way to the hospital, building a network of friends and encouraging them to regularly attend their treatment sessions. His lively personality and positive approach to life were inspiring to me. Despite his relatively young age and poor economic situation, Ahmad could still be optimistic and laugh and joke with his friends.

Although the work of occupational therapists is not very visible or well understood in Gaza, I can see what a positive impact we can have—both here and in other places around the world. For me, it's not just a profession. I believe [occupational therapy] plays a significant role in helping people resume their normal life and participate in the life of their community.



PASS THE MIC

As part of our commitment to greater diversity and inclusion of voices within *The Pulse*, each issue we are 'passing the mic' to a staff member locally hired in the countries in which we work.

TONY WILLIAMS

Home: Karori, Wellington

Tony Williams, a retired army major, has walked the 2,300 km-length of New Zealand, so far raising \$43,000 for Médecins Sans Frontières.

When the war started in Ukraine, I thought, "I've got to do something." I decided [at my age] I could still walk—there was an opportunity to help someone.

I was also concerned about countries like Sudan and Yemen that aren't getting as much attention as Ukraine. I think it's critical we keep a global view of where help is needed and Médecins Sans Frontières does exactly that. I came across Médecins Sans Frontières in 1999, when I was leading an army surgical team in Suai, Timor-Leste. The fact their staff were unarmed impressed me; they had a clinic treating local people injured by the militia.

I knew the walk was going to be hard. But my motto was: "Step by step, k by k, day by day, everything's going to be a-okay." The highlight was the incredible support from people. We developed a team of hundreds, if not thousands, along the way, friends and strangers. A Māori school even performed a pouwhiri for us in southern Tauranga.

Lots of people are living in a bit of stress at the moment. But I think it's important to keep thinking about others. Don't be afraid to put yourself out there and do some good—and get a community around you. If you provide the leadership, people will want to be part of it.

► **TO SUPPORT TONY'S FUNDRAISER, OR FIND OUT HOW TO START YOUR OWN, VISIT:**
fundraise.msf.org.nz



► Tony with a gifted tewhatewha during the walk.



Patient-centred care considers the patient as a person with their own desires and needs, and as part of a community, rather than simply someone with a disease.



Community health workers in maternal health roles fulfil **17 trillion USD** worth of healthcare services every year. (World Health Organization).



In Koukou district, Sila, Chad, only **3 out of 11 health centres** have a skilled birth attendant.

Walking a new path

► **A pilot project in Sila, eastern Chad, recognises that communities are experts on their circumstances and the support they need to improve their health.**

Chad has one of the highest maternal and infant mortality rates in the world. After working in the country for more than 40 years, Médecins Sans Frontières asked itself how to work more effectively in this chronic crisis. We knew that the way we'd run our programs in Chad in the past hadn't always led to the best sustainable outcomes for communities.

"I worked with Médecins Sans Frontières from 2012 to 2018 in the Am Timam project [in Chad]," says Lidah Fikaoussou Felicité, nurse supervisor. "All the activities were carried out, coordinated and managed by the Médecins Sans Frontières team. There wasn't really a lot of community involvement. When we withdrew, everything went with us. The adequate care that was provided by Médecins Sans Frontières is no longer there."

At the end of 2021, Médecins Sans Frontières launched a community-based co-design approach in Sila, eastern Chad. With this project, the team is trying to walk a new path to strengthen the prevention of disease and severe maternal and child health risks.

Listening to the problems—and solutions

The project places the community at the heart of all decision-making and implementation of health activities. Patients are seen as partners.

"Patients and communities know best what their health needs are, and the barriers they face in accessing care," says Erik Engel, project coordinator in Sila. "If we allow ourselves the time to listen, and we make the effort to seek solutions together with the communities—solutions that will continue to work for them after we depart—we might contribute to long-term improvements to their health situation."

Médecins Sans Frontières often works in formal health structures, such as hospitals or health centres, with outreach towards (remote) communities. But when the team in Sila consulted with communities there, locals proposed an alternative approach: for Médecins Sans Frontières to centre our work in the communities, with community members as partners.

Community members also told Médecins Sans Frontières that they preferred to be charged money for medical consultations rather than receiving free healthcare. They explained that free healthcare was not sustainable for them in the long term, as it leads to problems after Médecins Sans Frontières leaves: people become accustomed to free care, and no one is willing to pay anymore.

Their solution? Each household would pay a monthly fee to a community fund. This money could be used to pay community health workers and traditional birth attendants (TBAs), and, in time, for the cost of medicines and referrals to the hospital.



► Médecins Sans Frontières staff meet with community members in Sila, Chad. © MSF

The road ahead

"Hello everyone," says Saleh Mahamat Arit. He is explaining the pilot project to people from his village in Koukou health district, who have selected him as a health worker. Medecins Sans Frontières communications staff and community members are filming as they work together to document the project.

"Médecins Sans Frontières came to the region to ask us about the health situation. Together with all the chiefs, they found many difficulties. Now they are going to work here, but you have to contribute, and this will help us. They are going to train me so that I can treat simple illnesses. I will refer the more complicated cases to the health centre. If there is a woman who is ready to give birth, we will call a birth attendant to go with her."

"Patients and communities know best what their health needs are."

The video captures the community's current situation, their suggestions for solutions and expectations for partnership with Médecins Sans Frontières, as well as Médecins Sans Frontières staff's impressions of the progress so far.

While the design of the project has prioritised genuine consultation and collaboration with communities in Sila, there are still unanswered questions. For example, could the community funding system contribute to health inequity, or create additional unintended barriers to healthcare? This new approach will require careful evaluation and needs to be accompanied by advocacy targeting structural public health deficits.

A partnered approach

At the heart of community-level healthcare in Sila are traditional birth attendants (TBAs). They are women who support members of the community with childbirth, breastfeeding and other matters. Most TBAs have had no formal education in midwifery. They have delivered children themselves and have been shown the way by their mothers and grandmothers.

"The matron (TBA) is the most courageous woman of the village," says Souat, a Chadian midwife. "She is there to help. But she doesn't have the training or the tools. She delivers the baby on the ground in the woman's house. With a razor blade she cuts the umbilical cord, without disinfectant."

While global public health research remains largely inconclusive about the role of TBAs, such as their effectiveness in reducing maternal and infant deaths, there is recognition of their respected role in communities. They are often the ones stepping in in remote areas, where a lack of qualified staff leaves dangerous gaps in health services. In Sila, where health centres are inaccessible to many people, it is clear that TBAs have a role to play. As Médecins Sans Frontières asked how to best build the project around patients, we partnered with TBAs elected by the villages. Together, we designed a training program to fill gaps and strengthen their practices.

After a few months, the first results could be seen: antenatal care consultations had increased substantially, referrals to the health centre for complicated deliveries were picking up, and the TBAs reported that their skills and confidence were growing. They also began receiving payment for their work from the community fund.

"I have worked for my community for years," shared one TBA. "Now, I walk with my head held high."



► A community member films a traditional birth attendant, who has partnered with Médecins Sans Frontières, as part of a video to evaluate the progress of the Sila project. © Iban Colon



► Midwife supervisor Souat leads a training session with traditional birth attendants in Sila. © MSF

Flexibility, tolerance, and making a contribution

KITRINA NORRISH

Laboratory Manager

Home: Palmerston North, NZ

Médecins Sans Frontières experience:

Libya, 2021

Iraq, 2022

Syria, 2022



Below: Al-Hol camp in northeast Syria.
© Florent Vergnes

How did you come to join Médecins Sans Frontières?

My background is in medical science, mostly working in hospital laboratories. I'd known about Médecins Sans Frontières for a long time and had heard about their solid reputation.

I built some experience doing several short-term projects with another NGO in Vietnam, where the work was focused on training and running workshops. When my children left home, I felt free to pursue applying to Médecins Sans Frontières for some longer-term work.

Could you tell us about the projects you've worked on in Libya, Iraq and Syria?

In Libya, I was working on tuberculosis (TB) testing in Misrata. The project there is in support of the Ministry of Health and its TB response, providing technical support, diagnosis and treatment to assist migrants and refugees held in detention centres, as well as local people. In the detention centres, TB can spread very quickly because of the inhumane conditions people are kept in.

In Hawija, northern Iraq, Médecins Sans Frontières is assisting communities who have struggled to access healthcare since being under the control of the Islamic State group and the battles to retake the area. Health infrastructure has been pretty much destroyed. We were setting up a lab from scratch, and recruiting a whole team, which was a huge challenge that I enjoyed. The lab would be focusing on basic biochemistry tests for non-communicable diseases.

My most recent assignment, in Syria, was the most challenging in terms of security, logistics and supplies. It was also difficult emotionally: the situation in Al-Hol camp (in northeast Syria), where more than 50,000 people are held in dangerous conditions, is the most confronting thing I've experienced.

People there are exposed to constant physical and psychological trauma. We've also recorded a high number of people living with chronic illness who cannot access the necessary medication or care. We were supporting another organisation to run a lab in the camp.

In Syria, I also worked in Raqqa, where 80 per cent of the city has been destroyed in the war. Médecins Sans Frontières is running emergency and outpatient departments there, and our lab was responsible for testing for these departments.

Lastly, I worked in Hassakeh city, where our work was focused on TB treatment for adolescent detainees in a detention centre. It was believed around 40 per cent of the adolescents had TB, with a high likelihood of drug-resistant TB.

What's been most rewarding in this work?

The time I've spent supporting training for the local staff has been really gratifying. In Syria, the Syrian staff had a lot of gaps in their knowledge because since the war started, training programs haven't been up to scratch.

Working together to build up their skills and seeing their enthusiasm about what they could learn was really rewarding. We built great relationships and I learned so much about their perspectives.

Do you have any advice for people interested in a career with Médecins Sans Frontières?

I'd say flexibility and tolerance are the two most important skills you need to develop. With this work, you sometimes really have no idea what it's going to be like until you get to an assignment. You probably won't have the resources you're used to, and you'll need to adjust some of your expectations and standards accordingly, which can be hard to do if you come from quite a 'rigid' culture.

"It was believed around 40 per cent of the adolescents had TB, with a high likelihood of drug resistant TB."

I faced this difficulty in Syria when we had to adapt an analyser (a machine used to assess biological samples) ourselves because the laboratory had been sent the wrong one. In New Zealand, we would just get on the phone and call an engineer, we wouldn't even have to touch it. But there, there was no one else—we just had to pull out a part, put it back together, figure it out. The Syrian staff would show the way.

These two skills are also useful for communal living, and finding ways to cope with stressful situations while in high-security environments. The thing I missed most was being able to go for a big walk!

What does working with Médecins Sans Frontières mean to you?

I think you can come away and know that you've made a difference. Even if it's a small difference. In the laboratory, it can sometimes be challenging working in the background and not getting to see the impact of the work as much as you might in a different role. But just knowing that you're able to contribute to the project and the people by giving quality results is the biggest thing.



We urgently need logisticians and finance and HR managers

Visit msf.org.nz/join-our-team

JOIN OUR TEAM

Find out about working with Médecins Sans Frontières at one of our upcoming online recruitment information evenings.

Hear from returned field workers, meet our field human resources staff and learn about the recruitment requirements and process.

To register for future events visit msf.org.nz/join-our-team/work-overseas/recruitment-events



ON ASSIGNMENT

► A woman wades through floodwaters in Bentiu, South Sudan. © Njiiri Karago/MSF

Staff from Australia and New Zealand currently on assignment with Médecins Sans Frontières.

AFGHANISTAN

Surgeon NSW, AU
Project Coordinator VIC, AU
Nursing Activity Manager VIC, AU
HR Manager SA, AU

ARMENIA

Electricity Manager QLD, AU

BANGLADESH

Nursing Activity Manager WA, AU
Paediatrician ACT, AU

CENTRAL AFRICAN REPUBLIC

Finance and HR Manager NSW, AU

CHAD

Finance and HR Manager QLD, AU
Epidemiology Activity Manager VIC, AU

ETHIOPIA

Midwife Activity Manager SA, AU

IRAQ

Anaesthetist QLD, AU
Nursing Activity Manager NSW, AU
Mental Health Activity Manager NSW, AU
Doctor NSW, AU

JORDAN

Regional Technical Advisor TAS, AU

KENYA

Regional Technical Advisor NSW, AU
Logistics Manager QLD, AU
Psychiatrist VIC, AU

KIRIBATI

Paediatrician NT, AU
Mission Technical Advisor WA, AU
Logistics Manager VIC, AU
Midwife Supervisor NZ
Logistics Coordinator NSW, AU
Finance and HR Manager NZ

LEBANON

Logistics Manager WA, AU

LIBERIA

Pharmacy Manager NZ

LIBYA

Logistics Coordinator NSW, AU

NIGERIA

Epidemiology Activity Manager QLD, AU
Supply Chain Coordinator NSW, AU

PAKISTAN

Mental Health Activity Manager SA, AU
Nurse Specialist Supervisor VIC, AU
Project Coordinator QLD, AU

PAPUA NEW GUINEA

Logistics Manager QLD, AU
Doctor VIC, AU
Doctor NZ

PHILIPPINES

Regional Technical Advisor NSW, AU
Deputy Medical Coordinator NSW, AU

POLAND

Head of Mission QLD, AU

SIERRA LEONE

Logistics Team Leader VIC, AU

SOUTH SUDAN

Nurse NSW, AU
ER Doctor WA, AU
Nursing Activity Manager SA, AU
Midwife Activity Manager QLD, AU
Doctor TAS, AU
Anaesthetist QLD, AU
Regional Communications Coordinator NSW, AU

SUDAN

Mission Pharmacy Manager NSW, AU

SYRIA

Project Coordinator WA, AU

THAILAND

Mental Health Activity Manager NZ

UGANDA

Project Coordinator WA, AU
Logistics Manager QLD, AU
Specialised Doctor TAS, AU

UKRAINE

Nursing Activity Manager NT, AU
Project Coordinator NSW, AU
Logistics Coordinator VIC, AU
Nursing Activity Manager NZ
Nursing Activity Manager QLD, AU
Nurse VIC, AU

YEMEN

Midwife Activity Manager QLD, AU
HR Coordinator VIC, AU
Nursing Team Supervisor VIC, AU
Hospital Director WA, AU
Midwife Activity Manager NSW, AU
Nursing Team Supervisor QLD, AU

VARIOUS/OTHER

Finance Coordinator SA, AU
Mobile Implementation Officer VIC, AU
Finance and HR Coordinator NZ

This list of field workers comprises only those recruited by Médecins Sans Frontières Australia. We also wish to recognise other Australians and New Zealanders who have contributed to Médecins Sans Frontières programs worldwide but are not listed here because they joined the organisation directly overseas.

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