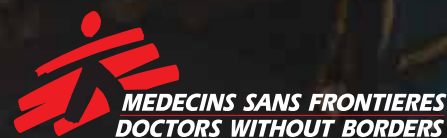


# THE PULSE

BRINGING MEDICAL HUMANITARIAN ACTION TO YOU



► MAY 2024

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## **WOMEN OF KANYARUCHINYA:**

Survival in DRC's  
North Kivu camps

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## **PORT-AU-PRINCE:**

Haiti capital facing  
unprecedented violence



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**Cover:** Alice Feza Wamwanya looks at her daughter, Rehema Alliance, born in a camp for displaced people in Kanyaruchinya, North Kivu, in the Democratic Republic of Congo. Alice says: “Her future is not safe in the current conditions.” Alice hopes to return to her village when peace is restored. © Philémon Barbier

## MEDECINS SANS FRONTIERES

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 2022, 130 field positions were filled by Australians and New Zealanders.

Nāu te rourou, nāku te rourou, ka ora ai te iwi - *With your basket and my basket, the people will thrive*

This whakataukī encompasses the idea that when people work together and combine resources, we can all flourish. It was chosen by our Māori partners Deborah Harding and Tracey Poutama.

## CONNECT WITH US

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# ‘Today, we work, go home and lock ourselves in a cage’

- **Two MSF staff members in Haiti—Mumuza Muhindo Musubaho, head of mission, and Dr Priscille Cupidon, medical activity manager and a Haitian—testify to the impact of the escalating violence in Port-au-Prince on patients and their communities.**

**Mumuza:** As armed gangs and police battle for control of Port-au-Prince, violence in the city has become incredibly intense. Haitian colleagues have told me it is unprecedented.

People are killed and injured every day in besieged neighbourhoods; armed gangs are targeting buses and passers-by at random in the middle of the city. Since February, these gangs have been launching coordinated attacks on police stations, administrative buildings and the homes of government officials. The international airport has also been attacked on several occasions and is now closed. Roads and ports are often inaccessible, preventing hospitals and NGOs from replenishing their supplies, while medical stocks are running low.

It is difficult to get a full picture of the violence since access to some areas is too dangerous, but we know that the number of people killed in this current episode of fighting is already much higher than the deaths recorded by MSF in 2023.

“We are doing our best to serve the community, but we also need care.” —Dr Priscille Cupidon

▼ Head of mission, Mumuza Muhindo Musubaho.







▲ An MSF mobile clinic team during a briefing before visiting a neighbourhood of Port-au-Prince in February 2023. © MSF

The situation is critical for tens of thousands of Haitians who have left Port-au-Prince. Families have nowhere to go; they are living in unsuitable accommodation without food or latrines. Among them are pregnant women who will have to give birth, children exposed to diseases, and chronically ill people whose treatments have been interrupted.

MSF has been working in Haiti for 30 years and is well recognised. We are in contact with all warring parties to maintain access, so that we can continue to run our health centres, reach patients by ambulance and refer them to other health facilities. In very challenging conditions, our teams have maintained and expanded activities in our two trauma hospitals and two emergency centres in Port-au-Prince. We are treating patients with gunshot and stab wounds, survivors of sexual violence, and people with severe burns. On 4 March we opened a new trauma hospital in Carrefour district, converted from a textile factory.

However, MSF was forced to suspend activities on two occasions last year due to attacks on our patients and staff. Last December, a patient was taken by armed gangs from one of our ambulances and killed. In July 2023, armed men broke into our Tabarre hospital and abducted a patient. Many of the staff have been exposed to violence, or the injury or death of loved ones. Working under pressure, fatigue and trauma is taking its toll on everyone.

**“In very challenging conditions, our teams have maintained and expanded activities in our two trauma hospitals and two emergency centres.”**

Foreign intervention since 1994 has left Haitians with some very bad memories, including sexual violence, the importation of cholera, the weakening of institutions and the strengthening of the country's oligarchy. However, they are aware that the police are currently incapable of managing a war situation. People want to regain their lives, but it is clear life has become unbearable.

**Priscille:** The violence is now like gangrene, spreading and threatening us all. Throughout the city, many people have fled because their homes were burnt down or looted by groups that attacked their neighbourhoods.

More and more areas of the city are emptying out as the conflict progresses. Tens of thousands of people have moved into schools, churches or sports fields in undignified conditions, where they lose their privacy and become more vulnerable. Others remain in homes that have become unlivable, exposed to crossfire and looting. Recent violence even made it more difficult to access drinking water in some neighbourhoods, because water trucks could not resupply them.

I manage one of MSF's mobile clinics; we provide healthcare in some of the city's most chronically violence-affected neighbourhoods. Our team visited one of these neighbourhoods on 19 March, after not having access there since 29 February. We found very high medical needs. There were patients suffering with tuberculosis who did not feel safe to leave the neighbourhood for treatment. Barricades and fighting have since prevented our staff from going to work, leaving these patients in a very vulnerable situation.

We often receive women who are survivors of violence, including rape, in our clinic. As a doctor and a woman, I can tell many are afraid to talk about it, because the threat is still in the community.

Our healthcare system is falling apart. As of 11 March, there was only one functioning public hospital in all of Port-au-Prince, which is at full capacity. Like other professionals, healthcare workers have been targeted by the violence as the situation has worsened. Doctors and nurses have left the country for the US and elsewhere. There aren't many of us left. We are doing our best to serve the community, but we also need care.

Today, we work, go home and lock ourselves in a cage. I'm convinced that all my Haitian brothers and sisters will unite with me in saying that right now, we want to live our lives. It's a right we've lost.

## ► SUDAN

## Urgent scale up in aid needed to avoid catastrophe

Mid-April marked 12 months of conflict in Sudan. The war between the Sudanese Armed Forces and the Rapid Support Forces has caused widespread devastation, with people killed and injured by airstrikes, bombings, shooting and assaults. More than 8.5 million people have now been forcibly displaced to camps in Sudan or in neighbouring countries. Millions are at risk amid a chronic lack of response from humanitarian organisations and the UN.

MSF is working in and supporting more than 30 health facilities across 10 states. Medical needs are extremely high. We are treating patients with shrapnel wounds, blast injuries and gunshot wounds. With between 70 and 80 per cent of hospitals in conflict-affected areas no longer functioning, there are also many indirect health consequences of the war.

Poor living conditions, lack of access to clean water, lack of vaccinations and lack of access to treatment are creating ideal conditions for outbreaks of diseases such as malaria and cholera.

A nutritional assessment in one camp for displaced people in North Darfur found that almost a quarter of children screened were acutely malnourished, and seven per cent had severe acute malnutrition.

Our teams continue to face a systematic obstruction of humanitarian aid, including of staff and supplies, to areas where people are in huge need of assistance. MSF has called for warring parties to allow humanitarian access, and on the UN and organisations to urgently scale up their aid.

## IN 12 MONTHS, MSF TEAMS HAVE:



**Provided consultations for more than 500,000 people**



**Assisted 8,400 births**



**Performed 4,600 surgeries**



**Supported treatment for 30,000 cases of acute malnutrition**



▲ Chira Casah, a 24-year-old from Sudan, fled Khartoum with her mother, brother and sister. “Leaving Khartoum was a harrowing journey marked by desperation for medical aid for my thyroid disorder, which causes fever, dizziness, hormonal imbalances, poor sleep, and weight loss when untreated. We lost contact with my father and two other brothers in the chaos of war. I hope they are still alive.” © MSF

## ► INNOVATION

## Separating the good bacteria from the bad

Antibiotic resistance is a type of antimicrobial resistance, where bacteria, viruses, fungi, and parasites mutate and no longer respond to available drugs. Infections caused by resistant microorganisms cause around 700,000 deaths per year and the World Health Organization warns they could be the leading cause of death by 2050.

Without proper diagnostics and staff who can interpret test results, antibiotics are prescribed blindly, driving the rise of resistant bacteria worldwide. An innovative phone app developed by MSF doctor Nada Malou, together with the MSF Foundation, aims to tackle this problem.

The app called Antibioigo enables non-expert laboratory technicians to measure and interpret antibiograms, the test that determines the sensitivity of bacteria to different antibiotics. While the majority of diagnostic tests are developed in high-income countries, Antibioigo has been developed based on identified needs in low- and middle-income contexts, and tested with the people who will use and benefit from it.

In 2022, Antibioigo was implemented in MSF projects with access to microbiology testing in Mali, Yemen, Democratic Republic of Congo and Jordan, and is now being rolled out in public health facilities including in Mali.

## ► LEBANON

### Lives disrupted in southern Lebanon

Conflict along Lebanon's southern border since last October has resulted in hundreds of people being killed. The escalation between Israeli forces and Hezbollah has forced more than 91,000 people to leave their homes.

MSF is providing chronic disease care and psychological first aid through a mobile team, which visits a clinic in Nabatiyeh and a collective shelter in Al-Merouaniye, around 60km from the border. The shelter is in an abandoned hotel where 60 families are living. Many left their homes without possessions and are now struggling to find basic items such as food and blankets.

**“My older son has had three mental health crises,” says one father. “We go to sleep, wake up, and repeat this every day.”**

Our teams are observing an increase in depression and anxiety disorders among people who are attempting to cope with months of stress and uncertainty about when they will be able to return home. The disruption to their lives has created further financial crises for families, as Lebanon grapples with its fourth year of severe economic turmoil that has already seen two-thirds of the country pushed into poverty.

- ▼ Ali and Elias join their father for a consultation with an MSF nurse in a mobile clinic operating in a shelter within an abandoned hotel in Al-Merouaniye, southern Lebanon. © Maryam Srour/MSF



- ▲ Aung Myo Khaing, who recovered from multi-drug resistant TB after treatment with MSF, at home making leather slippers. © Henry Kyaw Zin Oo

## ► MYANMAR

### Tuberculosis care amid conflict

Since the military takeover in 2021, Myanmar's public healthcare system has been struggling to cope with a sudden loss of staff and funding. The conflict has intensified since last October, creating huge gaps in healthcare services and drastically increased humanitarian needs. MSF teams have also witnessed highly populated civilian areas like markets and villages being attacked.

One of the groups that MSF is particularly concerned about is patients with tuberculosis (TB), since interruption of their treatment may lead to drug resistance and deterioration of their health. TB patients, especially those with drug- and multi-drug resistant forms of the disease, already face the challenge of difficult treatment paths due to the medications and long-term care required to defeat the illness.

In the last three years, MSF's cohort of patients with TB was mostly transferred to the National Tuberculosis Programme, however the NTP is now facing challenges including a lack of staff and drug supplies. MSF currently supports a 90-bed hospital in Yangon, one of the only hospitals with specialised treatment for drug-resistant TB in Myanmar. In Kachin and Shan states, we are also working alongside the NTP to support facilities with testing and treatment for patients.

**MSF has been working with TB patients in Myanmar since 2003.**



# Care in the recovery zone

- **MSF's emergency work in wars, from Palestine to Sudan, is well-known. But what happens to healthcare systems and the people that rely on them once wars end? Communities in two areas of Iraq and Ethiopia share stories of working to rebuild lives and healthcare systems after war.**

"Hawija was a disaster area in 2017," says Ahmed Sideeq. "Especially after a massive explosion in the industrial zone following an airstrike. We barely had enough food to survive. Words cannot describe those days."

The northern Iraqi town of Hawija has been through the fire. In 2014, it fell under the control of the Islamic State (ISIS) alongside two-thirds of Iraqi government territory.

Over the next four years, the district was subjected to intense shelling and aerial assaults amid battles between ISIS and the US-led coalition. Thousands of people fled their homes, leaving everything behind for displacement camps in Kirkuk and other governorates.

When the war ended and people started returning in 2017, the area was like a ghost town. "We found everything we owned gone," says Hashim Abdullah, a Hawijah resident.

"No healthcare services were functioning." The healthcare system had been decimated from the fighting, and due to isolation from the rest of the country which contributed to the depletion of resources and services.

## 'MSF witnessed everything we went through'

During the war, MSF scaled up activities in Iraq in areas where displaced people were settling—both close to the frontlines, and in other locations including Ninawa, Baghdad, Erbil and Sulaymaniyah. As people started to flee Hawija, we launched a response in Kirkuk: two mobile clinic teams met them at Debes screening site and Maktab Khalid entry point, and another team established a primary healthcare centre in Daquq camp, where most displaced people eventually settled. People arrived at the camp significantly affected by the shortage of medical care and food before they had managed to escape.

Omar Ali, an MSF health promoter, was among these Hawija residents. "MSF was there and witnessed everything we went through," he says. "We found MSF at reception sites when we managed to cross to safety, then in the camps, where we went to live."

When the fighting ended, MSF went to Al-Abasi subdistrict in anticipation of residents returning there. Teams established a temporary primary healthcare centre, since the public one had been damaged. They then launched activities at the primary healthcare centre in the centre of Hawija's city. At both facilities, MSF provided treatment for chronic diseases such as hypertension, sexual and reproductive healthcare, mental health support and health promotion.

- ▼ MSF health promoters Amira and Sufyan sit with a family for an awareness session about mental health and MSF's non-communicable disease care in Al-Abbasi subdistrict, Hawija district. © Hassan Kamal Al-Deen/MSF





▲ MSF health promoter Nermeen Abbas. © MSF/Hassan Kamal Al-Deen

## Restoration and continuity of care

**Over the past eight years, the people of Hawija have worked to rebuild their lives. The city's markets and famous farms have had life breathed back into them, and the district's infrastructure is in better condition.**

MSF has worked alongside the community to help restore hospitals, including Hawija General Hospital, and vital healthcare services. For chronic disease patients, our activities took a holistic approach which prioritised mental healthcare and health education, including on lifestyle risk factors for certain diseases. To help overcome the lack of mental health experts in the area, MSF invested in coaching staff to deliver these services.

Having filled a gap during a period when the government had not yet been able to rebuild or reopen services, in March MSF handed over our activities in Hawija to the Ministry of Health.

"While we leave, we are confident in the solid skills that will stay here within the community and the healthcare system," says Sellah Moraa, deputy head of mission in Kirkuk. "Our work here wouldn't have been possible without the valuable efforts of our team members who are from Kirkuk or Hawija itself."

Health promotion manager from Kirkuk, Nermeen Abbas, feels joy at the return of life to her home. "Today, I see that schools, healthcare facilities, markets and life in general are all back to normal. This change makes me very happy."

**"We are confident in the solid skills that will stay here within the community and the healthcare system."**

### FROM 2017-23 IN HAWIJA, MSF PROVIDED:

**144,562**  
clinical consultations for chronic diseases

**29,221**  
psychosocial sessions

**10,443**  
supported births

### **Nermeen Abbas, MSF health promoter:**

#### **'I feel that we made a significant impact'**

"I started working with MSF in 2017. The most prominent issue we faced when we first started responding to the needs [in Hawija] was access. It was not easy for us to reach many locations as the security situation was still not good and many people were not able to reach our facilities easily, especially those in the camps who had no means of transportation.

"As a woman, it hurt me to see how other women were going through difficult times. They had to bear the great responsibility of caring for their babies while not having the means. A lot of the women had resorted to unskilled birth attendants at home as no other option was available [for delivering the baby]. They would not receive any medical attention during their pregnancies because nothing was available for them back home. They arrived at our facilities with a significant physical and psychological toll of what they'd been through.

"I feel that we made a significant impact, not only on people's physical health but also on their understanding of the importance of mental wellbeing in life. We worked here as one family, and the days we shared were immensely fulfilling. What I particularly appreciate about our project is the support it provided for women like me."

### **Anwar Shukr Mahmoud, former MSF patient:**

#### **'It was a time when the district lacked everything'**

"I am from Hawija. I was born and raised here. I started visiting the MSF clinic in Hawija around the beginning of 2020. I had hypertension and it was not under control. At the clinic, I received regular checkups and medications, and the services were very good and comprehensive. Everything was free of charge, which was a great help for us at a critical time. It was the time when the district lacked everything, and our lives were very hard.

"I continued my treatment with MSF until my condition became stable last year. Then they referred me to the public healthcare facility in Hawija to continue my treatment there, as MSF was focusing on the patients needing stabilisation. Almost every family has a patient with a chronic condition, so the news about the presence of MSF spread very quickly and widely.

"The presence of MSF here was timely and filled a large gap in healthcare during a period when the government had not yet found time to rebuild and reopen full services. The infrastructure was tired and not fully functioning following the heavy battles. For three years we were cut off from the rest of the country.

"MSF's departure from Hawija comes at an understandable time, but... I still worry about people with low incomes. I think about the cost they would have to pay if MSF's free services were no longer available to them."

### **Northern Ethiopia:**

#### **Healthcare in the aftermath**

"There are a lot of people here seeking healthcare and we are trying to address those we can," says midwife Samuel Worku Lulu. He is part of an MSF mobile clinic team supporting a health clinic in a remote area of northern Ethiopia, close to Alamata and Korem towns.

In the clinic's consultation room, Samuel checks a woman's blood pressure. Outside the door, hills dotted with eucalyptus trees form the backdrop to a large number of people gathered, waiting their turn for a consultation. Many of them have travelled far to come to this clinic—it is an eight-hour walk between the clinic and the main road where public transport runs.

In northern Ethiopia, people are recovering from two years of brutal war. In November 2022, the Ethiopian federal government and the Tigray People's Liberation Front signed a deal to end the conflict which had been primarily fought in Tigray. The war killed and displaced thousands of people. For many, the war also meant that they couldn't access healthcare for months or years.

The area around the towns of Alamata and Korem is one of the regions previously inaccessible to aid organisations like MSF. MSF launched an emergency healthcare response with mobile clinic teams in this area in January 2023.

What our teams found was alarming: health facilities destroyed from the fighting, looted, and without medical supplies. Having been without medical care for long periods, people had suffered debilitating physical and psychological scars. "We [saw] a huge number of people presenting with severe infections, dehydration... malnutrition, skin and eye infections, and a lot of mental health issues," says Dr Monica Minardi.

**IN 2023, MSF TEAMS WORKING  
NEAR ALAMATA AND KOREM  
TOWNS, ETHIOPIA, PROVIDED:**

**31,072**  
medical consultations across  
5 mobile clinics

**6,500**  
women with maternity  
or gynaecological care



## Expanding care suited to the needs

In 2024, our mobile medical teams are supporting seven health centres and three health posts surrounding Alamata and Korem. This has improved access to basic healthcare, but problems persist with referring patients needing specialised care, as hospitals and many health facilities lack basic materials and medical supplies. Pregnant women in this region often deliver their babies at home, partly due to the long distances to reach health facilities, which means it is difficult to get the care they need if they experience complications during birth.

MSF is now also working in the Korem regional hospital, which had been empty—without staff, patients or supplies—for two years.

In January, MSF and the Ministry of Health rehabilitated and re-opened its operating theatre, as well as a Comprehensive Emergency Obstetric and Newborn Care unit where we provide care for women with complications during pregnancy, during birth or post-birth, and for newborns.

The project also has a focus on capacity building for Ministry of Health staff in the hospital, as well as community health workers who can provide preventative care in remote areas.

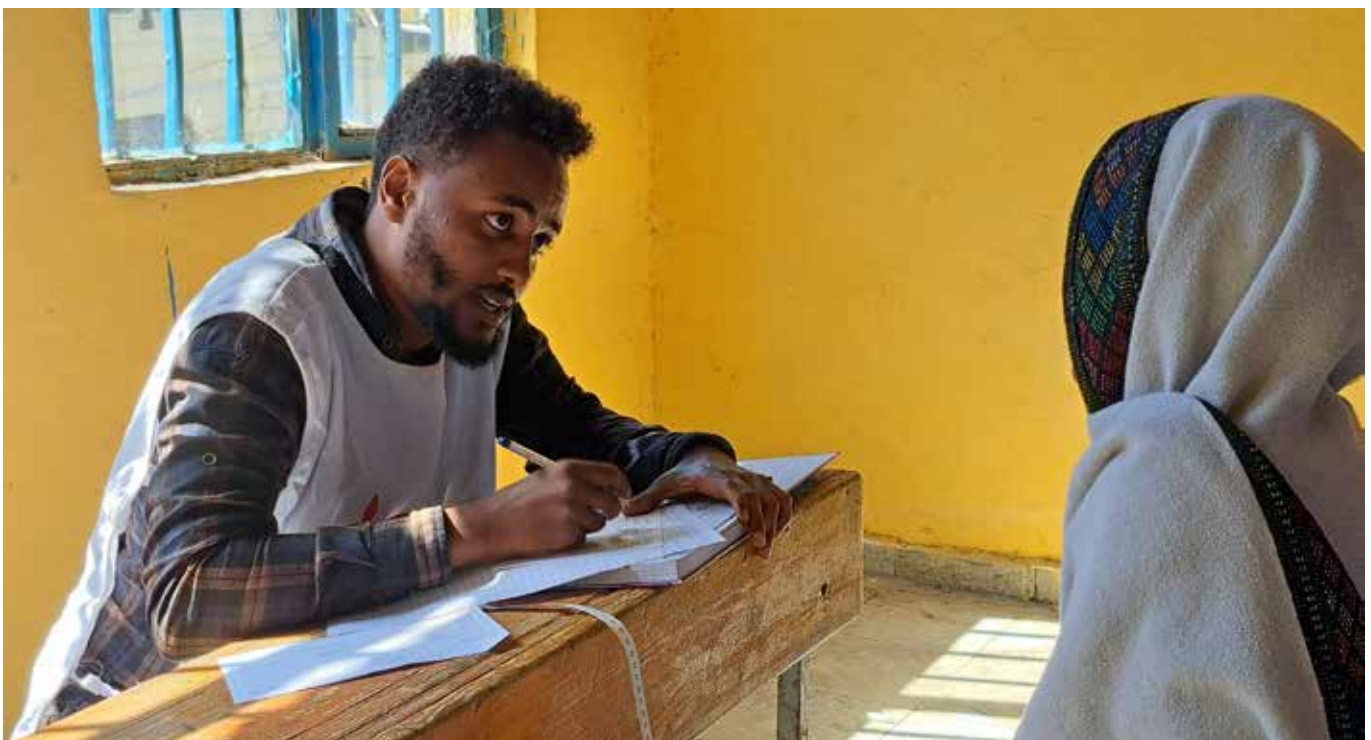
- ▼ Midwife Samuel Worku Lulu and a pregnant woman during a pre-natal consultation at an MSF mobile clinic in Lat, a small village in northern Ethiopia. © Gabriella Bianchi/MSF



- ▲ In the areas surrounding Alamata and Korem towns in northern Ethiopia, MSF doubled our mobile clinic teams from five in 2023 to 10 in 2024. © Gabriella Bianchi/MSF



- ▲ Naji with her one-year-old son at an MSF-supported health post in Tigray, northern Ethiopia. “During the conflict we lost everything,” she says. © Gabriella Bianchi/MSF





## Women of Kanyaruchinya

- Over the past two years, more than one million people have fled fighting in the Democratic Republic of Congo's North Kivu province. Kanyaruchinya is one of the largest camps where people have sought refuge.

Of the 200,000 people living there in shelters of sticks and plastic sheeting, many are women. They work hard to eke out a living, selling firewood, sewing, or growing crops in small patches of earth despite the inhumane living conditions. The local health centre, run by MSF since 2022, provides basic healthcare and supports a dozen women to give birth every day.

- Francine and Jean-de-Dieu look after their three-month-old son Amini Naël inside their tent. "My pregnancy was a time of extreme suffering. Being pregnant and sleeping on leaves under a tarpaulin is impossible. And now... I'm very worried that my baby will soon suffer from malnutrition. It's very hard to find joy here." In addition to the extreme living conditions on the site, the armed violence in the camp is a further source of concern for Francine. "I sometimes wonder what the difference is between here and the village I fled."

- Francine, from Rutshuru territory, attends a consultation for her three-month-old son Amini Naël at the Kanyaruchinya health centre supported by MSF. "I fled by motorbike with my grandparents to Rugari, but we had no money to pay for the rest of the journey, so we walked here for days and nights without eating," she says. This is the third time since 2006 that Francine has been forced to flee because of fighting in her hometown.







▲ Jeanne Nyirarwango (right) walks down a street in Kibati with her daughter Aimée Zawadi and one of her grandchildren. “I hope that my daughter and granddaughter will have a better future than me. Today I have no choice but to hope. My biggest dream is to return home when peace is restored. I’m relying on God, he is the only one who can bring lasting peace.”

▼ A lack of security and means to survive has proven particularly dangerous for women; and as a result, high numbers of women seek care for sexual violence at Kanyaruchinya’s health facility supported by MSF. ©MSF/Marion Molinari



▲ Alice Feza Wamwanya, from Nyiragongo territory, looks at her photo album in her tent, the only object she was able to take with her as she fled. Alice has no parents and fled with her younger brothers when fighting came to their village. “When I receive news from my village, those who have stayed tell us that they are suffering even more than we are, because they have no humanitarian aid and the fighters are destroying the fields... Peace must return,” she says.



► “I have lost everything,” Jeanne says. She has lived ‘for four potato harvests’ in this tiny shelter. Too old to help in the fields, she now relies on the solidarity of other displaced people to survive. But given the conditions in the camp, Jeanne admits to going days without eating.





# ‘Lifesaving aid is minutes away, but denied’

- **MSF psychologist Scarlett Wong, from Sydney, shared this letter during a three-week placement in Gaza in March and April as mental health activity manager. She says the war on Gaza is “the worst humanitarian disaster” she has worked in.**

There is no comparison to what I have seen here in Gaza. In other crises, people can flee; suffering is not usually so intentionally man-made. In Gaza, hospitals are targeted. Doctors, nurses, psychologists, paramedics, humanitarians and patients are killed. Tens of thousands of innocent civilians, killed. This is the only context I’ve been where lifesaving aid is minutes away, but denied.

It’s surreal that 40 minutes’ drive away, over the border wall, people are eating at restaurants, going to school and work and living relatively normal lives, while here entire neighbourhoods are flattened, civil infrastructure is destroyed, and people are starved.

In Rafah, there is the stifling sense of being trapped, unable to escape. Nowhere feels safe.

High-tech drones circle above flimsy makeshift shelters, above barefoot children who fled their homes six months ago and have now outgrown their shoes.

The children of Gaza provoke feelings of both tremendous hope and of deep sorrow. I look up at the sky and see dozens of colourful homemade kites flying, alongside planes dropping smoking bombs. There are too many stories of loved children killed, leaving behind grieving parents and siblings. “I feel my hug is empty now,” one mother told us, after her eight-month-old baby was killed by shelling. She wakes every morning searching for him.

**“I see dozens of colourful homemade kites flying, alongside planes dropping smoking bombs.”**

UNICEF has estimated there are around 17,000 children who are unaccompanied or separated from their families. Rafah is crammed with people and there is no space or safe place to provide shelter for these children. Nor are there any resources—or enough surrogate parents—to care for all of them.

The entire community is traumatised, with images embedded in their minds of what they have lived—including being tortured, and watching their loved ones executed— while the international community seems unable to intervene or stop the onslaught. As I write this, there is the impending threat of Israel’s planned incursion of Rafah, which would be catastrophic.

Our Palestinian colleagues roll up their sleeves every day and work tirelessly, despite their own immense grief and loss. Many are living in makeshift tents crammed with 50 other people; some only have the clothes they were wearing when they left their homes. They work under the constant sounds of tanks, missiles, quadcopters and Apache helicopter fire every day and night. They have moved me with their dedication and kindness for every child and adult who seeks our services.

Palestinians desire a life and a future. If this horrific violence can happen to them, it can happen to us. If the international community cannot succeed in enforcing a ceasefire, our belief in the legitimacy of international law should be seriously questioned.



- Psychologist Scarlett Wong (left) with her colleague, translator Lina Khalil Ayyash.

- A displaced Palestinian family shelter inside their tent in Rafah during February. © MSF





▲ An MSF doctor consults with a patient in an MSF health post in al-Mawasi, southern Gaza.

## Voices of Palestinian staff

Palestinian healthcare workers have continued to save lives and offer care and comfort throughout the relentless assault on Gaza. According to MSF's mental health staff, the impact of working in such extreme conditions will leave scars for years to come.

### Dr Ruba Suliman, Rafah Indonesian Field Hospital:

"There is constant noise from the drones, which never leave us. Sometimes it's really hard to sleep. I have this moral obligation to help people around me and I have this other obligation to save my kids. We are alive, but we are not okay. We are tired. Everybody here is devastated."

### Doctor, anonymous:

"It is not just about the house itself [destroyed in Gaza City], it is about losing all the small things that made you who you are. My favourite coffee cup, my mother's pictures, the shoes I liked so much."

### Healthcare worker, anonymous:

"I feel lost. I don't have a home. My home and my city were destroyed. Every place I had memories in is destroyed. It is like I never existed. We have been annihilated. Our past is erased and our future is destroyed. I just want the war to end. I want to go back to Gaza City. I want my beautiful Gaza back. Our suffering is being live-streamed, but the world watches in silence. We have been failed."

## Preventable deaths in Gaza

MSF released the report *'Gaza's Silent Killings: The destruction of the healthcare system and the struggle for survival in Rafah'* on 29 April, drawing on five months of medical data and the testimonies of patients. The report demonstrates that in Rafah, a tiny sliver of land in the south of Gaza where approximately 1.7 million people have sheltered, conditions for survival are not in place.

People are under the threat of aerial bombardment, with the full-scale military incursion of Israeli forces looming. On top of this, Gaza's once 36-hospital strong healthcare system has been decimated. Without proper access to medical care, people are now facing death from disease and starvation. These are Gaza's "silent killings".

MSF has observed a stark deterioration in people's health conditions in Rafah. As a result of the siege on Gaza, malnutrition is emerging with alarming speed among adults and children despite being almost entirely absent prior to October 2023. Our teams have also seen a rise in untreated chronic diseases and the threat of disease outbreaks linked to the dire living conditions.

The mental health of the community is in tatters, with most people having experienced extreme levels of violence and loss. In some cases, people have resorted to over-sedating family members with severe mental health conditions to keep them safe from harm while living in overcrowded shelters.

MSF teams provide  
**5,600 medical consultations** every week  
across just two of our clinics in Rafah

An estimated **1,500 cancer patients**  
have been cut off from lifesaving services  
due to Israeli authorities suspending referral  
permits for care outside Gaza

Out of the original 36 hospitals in Gaza,  
**only 10** are "somewhat functional"

► Read the report here: [www.msf.org/gazas-silent-killings-destruction-healthcare-system-rafah](https://www.msf.org/gazas-silent-killings-destruction-healthcare-system-rafah)

**SIOBHAN LOCKIE**

Psychologist

Home: Christchurch/Ōtautahi, NZ/Aotearoa

**MSF experience:**

West Bank, Palestine, May 2023-February 2024

**What is your job in New Zealand/Aotearoa, and what led you to apply with MSF?**

I am a clinical psychologist specialising in trauma therapy, and I currently work as a clinical educator in a mental health hospital in Christchurch, where there is a specialist clinic providing care for patients with conditions such as anxiety disorders and post-traumatic stress disorder. I was drawn to working with MSF because I saw it as an opportunity to share the skills I have where they are really needed, on a human level.

**You've just returned from your first assignment in the West Bank, Palestine. Why is MSF working there?**

The West Bank has not received as much coverage as Gaza during the war. But Palestinians there are living under occupation, suffering daily traumas that have severe impacts. Much of the violence that is inflicted in the West Bank is psychological; people are forced into a constant state of alertness and a lack of ability to plan their futures.

The presence of the Israeli forces can be felt in most areas. There are regular military operations and restrictions on movement, which were already impacting access to care for patients prior to October but have since intensified.

Sometimes a military operation would prevent our access to patients in a certain area for several weeks. There are also violent attacks on Palestinians by Israeli settlers.

Our patients ranged from people who had been released from Israeli prisons where they had experienced torture, to university students who were struggling with depression. Each person I worked with had unbelievable resilience. I hadn't encountered that level of resilience before.

**As a psychologist, what did your role involve?**

I was working across Nablus governorate, and the neighbouring governorates of Qalqilya and Tubas. Every day was different. Myself and my Palestinian colleague, an intercultural mediator and interpreter, would visit patients in their homes. Some patients would come to the MSF clinic for psychological therapy, and we would also do group sessions in community spaces.

In these sessions we would provide people with education on mental health, discussing natural responses to trauma, ways to manage trauma, and how to talk to children about mental health. We explained what support MSF could offer.

“Each person I worked with had unbelievable resilience.”

- ▶ Siobhan (right) with her colleague, Palestinian intercultural mediator Noura Arafat, in the MSF mental health clinic in Nablus. © MSF/Louis Baudoin-Laarman





Our team ran specialised programs, including a psychological education program for women in the old city of Nablus to provide them with support after several military incursions.

**Do you have an example of how impactful mental health support is for the community in those areas?**

There was a young man who sought mental health support with our team, a father who had been living in Jabalia refugee camp in Gaza with his family. He was working in Israel before the war, and like many other men, in October he was prevented from returning to Gaza and became stuck in Nablus (West Bank). He was trying to get home to Gaza, to reunite with his children and pregnant wife.

I gave this patient some breathing strategies to help calm his mind. I was acutely aware that this seemed like quite a limited tool to deal with what he was going through: separation from his family while they were being bombed. But he returned the following week and told me that the breathing techniques were very useful, and that he had been using them every day. He had taught them to his eldest son, who was seven years old, over the phone, and his son had shown his sisters and their friends how to do them. I was so humbled when he told me this.

**What advice would you give others interested in working with MSF?**

I would say, do it. However, do have a think about your motivations. An MSF career isn't about wanting to travel, experiencing an adventure, or being a hero. You have to be really honest with yourself about what you can contribute, because it really is a privilege to do this work.

**What have you taken away from your time in Palestine?**

The strength of the team: my colleagues in Nablus are such strong and wonderful people, doing an incredible job despite their own trauma from living under the same occupation as the patients. I also saw how powerful mental health education, and other forms of education, are for the community there. People are highly educated and that is an important form of survival and resistance for them.

### MSF mental health specialists

Our mental health professionals fulfil critical roles in our projects, both in emergency and longer-term programs. Experience in providing support in post-traumatic stress disorder and trauma-based programs is valued, as is clinical experience providing support for other severe mental health conditions. All mental health specialists require post-graduate clinical qualifications and a minimum of two years post-qualification clinical experience.

## RECRUITMENT WEBINARS

### Women in logistics webinar

Did you miss our women in logistics webinar? Two of our experienced international staff joined us to discuss the role of logistics in our medical humanitarian projects and opportunities for women to work in logistics and management.

▶ Visit our website to watch the recording, and to access other webinars:

[msf.org.nz/event/women-in-logistics/recruitment-webinar](https://msf.org.nz/event/women-in-logistics/recruitment-webinar)

## WE NEED WOMEN LOGISTICIANS

▶ Learn more about the roles we are currently recruiting for at [msf.org.nz/join-us](https://msf.org.nz/join-us)





## ON ASSIGNMENT

► The MSF clinic in Zamzam camp in Darfur, Sudan, where our team carried out a rapid nutrition and mortality assessment in January. © Mohamed Zakaria

### Staff from Australia and New Zealand currently on assignment with MSF.

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

#### **Afghanistan**

Hospital Director  
Head Nurse  
HR Coordinator  
Medical Activity Manager  
Nutritional Activity Manager

#### **Bangladesh**

Mental Health Activity Manager  
Hospital Director  
Infection Prevention And Control Manager

#### **Central African Republic**

Doctor

#### **Chad**

Psychiatrist

#### **Egypt**

Project Coordinator

#### **Ethiopia**

Deputy Head of Mission

#### **Greece**

Nursing Activity Manager

#### **Haiti**

Project Coordinator  
Project Coordinator

#### **India**

Project Coordinator

#### **Kiribati**

Head of Mission  
Medical Coordinator  
Finance And HR Coordinator

#### **Lebanon**

Midwife Activity Manager

#### **Liberia**

Logistics Manager

#### **Malawi**

Obstetrician Gynaecologist

#### **Mozambique**

Operational Research Epidemiologist

#### **Nigeria**

Epidemiology Activity Manager

#### **Palestine**

Psychologist  
Project Finance/HR Manager  
Mental Health Activity Manager

#### **Sierra Leone**

Laboratory Manager

#### **South Sudan**

Nursing Activity Manager  
Obstetrician Gynaecologist

#### **Sudan**

Epidemiology Activity Manager

#### **Syria**

Head of Mission

#### **Ukraine**

Finance Coordinator

#### **Yemen**

Midwife Activity Manager  
Nursing Team Supervisor  
Paediatrician  
Nursing Activity Manager

#### **Various/Other**

Finance Coordinator  
Regional Advocacy Representative  
Project Medical Referent