CRISIS IN LAKE CHAD

PLUS, A LOOK AT OTHER MSF PROJECTS BEYOND THE HEADLINES
Dear Friends,

In theory, the headlines bring you the “biggest” and “most important” international stories of the day. One moment, it might be Syria. The next, it could be Afghanistan. Or Ebola. Maybe Yemen, or the latest natural disaster to strike a country. Every now and then—though not that often, if we’re being honest—it might be Central African Republic or South Sudan.

Usually, they have their moment and then it’s on to the next place. That’s understandable, to an extent. It’s hard to keep up with everything, and some places do exert a greater hold on our collective attention.

But then we miss so much. And we forget that for so many people, the most important story is what’s happening to them wherever they are.

I saw that on my recent field assignment in Burundi, where I joined MSF teams providing emergency medical care amidst severe spasms of political violence. It didn’t matter that there were very few cameras in the country. There was no let up. It was life and death. And everybody on the ground knew it. Some would even ask, “where is everyone else?”

Questions like that are hard to answer, because I and all of us at MSF know there is so much happening on any given day that deserves attention—that needs attention. What we can do, though, is use platforms like Alert to flag some places that have faded from the headlines or rarely feature in them. Places like the Lake Chad region at the junction of Niger, Nigeria, Cameroon, and Chad, which has been wracked by deadly violence and recurring outbreaks of disease for years, largely hidden from public view. Places like Papua New Guinea, Tanzania (where Burundian refugees are seeking sanctuary), Pakistan, Haiti, and Colombia as well. Writing about them probably doesn’t mean they’ll be on the cover of your local newspaper tomorrow, but we can at least describe what’s happening on the ground and what we’re doing in response.

We also want to do this because we want to be transparent about how we utilize the funds with which donors entrust us. Talking only about “frontline” countries might help raise more money in an absolute sense, but it wouldn’t be an accurate depiction of the scope and nature of our work. So we not only want to talk about “the other places.” We need to talk about them. We need to tell you about them. Because you’re helping us do this work, and we want to be as accountable to you as we are grateful.

You can still read about all our work, in all countries, on doctorswithoutborders.org, and get regular updates through our Facebook, Instagram, Flipboard, and Twitter accounts. But I do hope you enjoy this tour of countries you may not have read much about of late. These projects—and the people they endeavor to assist—are very important to us, as they should be and as they will always be. No matter what the headlines say.

Sincerely Yours,

DEANE MARCHBEIN, MD
President, MSF-USA Board of Directors
Located in west-central Africa at the junction of Chad, Nigeria, Niger, and Cameroon, Lake Chad was once among the continent’s largest bodies of water. Owing to a combination of climate change and overuse, however, Lake Chad’s size has steadily dwindled, putting the region’s population of roughly 30 million people under increasing strain. But diminishing resources are not the only thing they have to fear.

Already plagued by chronic underdevelopment and a general lack of access to health care, the region has also in recent years endured the campaign of terror begun in northern Nigeria in 2009 by Boko Haram, now known as the Islamic State in West Africa (ISWAP). This has grown into a cross-border crisis that has killed thousands, displaced millions, and drawn a military response that creates problems of its own. These days, even people who try to flee the conflict—and the suicide attacks and massacres that characterize it—cannot escape, no matter where they go. At least 1,300 people were killed in fighting and bombings in 2015 alone. Abduction and sexual abuse of women and girls is frighteningly commonplace. According to the United Nations High Commissioner for Refugees (UNHCR), more than two million people have been displaced within Nigeria. Tens of thousands more have fled to Cameroon, Chad, and Niger—countries that are trying to send some of them back to their homelands.

Though much of this has occurred far from the public eye, MSF staff in the Lake Chad region have seen the toll up close. Over the past year, MSF has expanded its services for the injured, the displaced, and residents of the overstretched communities hosting them. The situation remains incredibly volatile, however, and insecurity renders certain areas off limits, meaning even fewer people can access even basic health care services.

NIGERIA: A VIOLENT SPARK

The epicenter of this conflict is Nigeria’s Borno State. Heightened insecurity forced MSF to leave its projects there in 2013, but the organization returned the following year. MSF’s operations are now based in Maiduguri, the state capital, where around 1 million people...
have sought refuge. MSF teams in Maiduguri support State Ministry of Health (SMoH) health centers in Maimusari and Bolori, providing outpatient services, malnutrition and malaria screenings, vaccinations, primary health care, and maternity services. MSF also runs an intensive therapeutic feeding center, a pediatric inpatient department, and an intensive care unit.

Last September, MSF also began managing the emergency room in Maiduguri’s Umaru Shehu Hospital, where staff now carries out trauma surgery—often for people wounded in suicide bombings. What’s more, MSF provides essential medicines and supplies, has refitted one operating theater, and is establishing a mass casualty plan for the hospital, in coordination with the SMoH.

The strife is leading to other health issues as well. In August 2015, cholera appeared in displacement camps, which are customarily overcrowded and sorely lacking in resources. MSF collaborated with Nigerian health authorities to provide emergency medical and sanitation activities.

“The living and hygienic conditions in the camps were and remain ripe for the outbreak of this type of epidemic,” said Chibuzo Okonta, MSF emergency projects manager. Though MSF teams treated 1,705 patients, two dozen people also died. “We need more support. We have repeatedly called on other humanitarian and aid organizations to assist displaced persons in Borno State and are again issuing this appeal, which has gone unanswered.”

This was not the first time MSF called for greater assistance in the region, alas. In the meantime, though, teams prioritized improving hygiene and sanitation in the camps, providing chlorine solution for handwashing and chlorinating water sources. When case numbers dropped, the cholera treatment center was closed.

MSF also monitors sanitary and health conditions in 15 other camps that are currently “home” to some 100,000 internally displaced people (IDPs), one-quarter of whom are believed to be children under the age of five. In nine of these camps, MSF logisticians have provided water-and-sanitation services, trucked in clean water, drilled boreholes, constructed latrines, and installed water pipes and tanks.

Up until this past January, MSF medical teams provided primary health and antenatal care in the ATC and Teachers Village IDP camps, carrying out some 40,000 consultations. In addition, staff distributed around 6,600 non-food item kits, including soap, mosquito nets, blankets, and other essentials to 32,000 families in four IDP camps. As of January, MSF began offering medical services to Dallori Camp and continued doing so in the aftermath of a terrible attack in the area at the end of the same month.

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— Chibuzo Okonta, MSF emergency projects manager
A SPECIAL REPORT FROM THE LAKE CHAD REGION

CHAD: ASSISTANCE FOR THE DISPLACED

In March 2015, MSF launched its emergency response in Chad for people displaced by violence. Teams based in the towns of Baga Sola and Bol focus on primary health care and mobile clinics that treat respiratory infections, malaria, diarrheal disease, and other conditions. Teams also distribute basic relief items and provide water treatment kits.

In December 2015, Chad’s military stepped up efforts to relocate displaced people from small islands in Lake Chad, resulting in a 50 percent spike in consultations by MSF teams. The “lucky” displaced people find shelter in host communities, though the influx of people has overstretched already-scarce resources. The majority gather in spontaneous settlements without any kind of organized assistance.

The small islands in Lake Chad are no safer than the mainland, however. On December 5, 2015, a triple suicide attack in a busy market area on Koulfoua island killed 30 and wounded more than 100. MSF teams in the area immediately mobilized to support Chad’s MoH.

The wounded were evacuated by boat and taken to the town of Guitté. Forty-two were later transferred to the district hospital of Mani, on the Cameroonian border. Another 36—including 14 children—required advanced surgical care and were transferred by ambulance to N’Djamena, Chad’s capital, where MSF supports hospitals with supplies and training.

It was a horrific scene. “I had never seen these types of injuries,” said Dr. Silas Adamou Moussa, MSF deputy head of mission. “Men, women, and children had their bodies covered in sharp splinters. Pieces of glass, nails, and metal scraps were embedded in their faces, their chests, their limbs. Many were disfigured by the lacerations . . . all of the victims are in shock. They are very scared and fearful about what the future holds for them.”

“In Mani, the hospital did not have enough space or medications and equipment to deal with the number of wounded,” said Federica Alberti, MSF head of mission in Chad. “An MSF team composed of a surgeon, a doctor, a nurse, and two logisticians arrived to support the Ministry of Health in the response, and teams are now working around the clock to provide lifesaving care.”

To expand Mani Hospital’s capacity, MSF installed three tents with a total of 30 beds. The team assisted hospital staff with surgical care for 37 wounded patients, and an MSF logistics team ensured that the electricity and water kept running.

Elsewhere in Chad, MSF teams work in the sweltering Dar es Salam refugee camp, in the middle of the desert, where some 7,000 refugees have settled with little in the way of protection. Many had been displaced multiple times already, moving from village to village in Nigeria before crossing into Chad. MSF mental health care workers conduct individual and group sessions with adults and children in hopes of salvaging psychological wounds inflicted by months of fear and displacement.

In Bol, MSF works with Chad’s MoH to provide maternal and child health care.
In February 2015, MSF staff started providing pediatric and nutrition care at a camp run by UNHCR in Minawao, Cameroon, near the Nigerian border. While numbers have dipped of late, newly displaced people continue to arrive on a daily basis. They cannot outrun the violence, however; attacks and suicide bombings plague the area, frequently targeting markets and mosques. Cameroonian armed forces have launched counteroffensives, adding to the volatility of the situation.

The frequency of suicide bombings picked up last summer, when two deadly blasts rocked the city of Maroua three days apart. MSF deployed immediately to assist the local health authorities and has continued to work with the Ministry of Health to train local health staff on mass casualty management—expertise that has proven crucial.

As in other countries, the throngs of refugees and IDPs now in Cameroon have taxed already-neglected host communities. At Mokolo District Hospital, MSF runs an inpatient therapeutic feeding center and provides pediatric services. It does likewise in Kousseri, in the far north, where staff provide surgical care as well. Three health centers in the town also provide care for IDPs living in host communities.

MSF is one of very few organizations providing health services in Cameroon, but insecurity cuts off huge swathes of the north from assistance. Many people are almost certainly stranded with little or no access to any health care services.

“The situation is very volatile and people are living in fear,” says MSF head of mission Hassan Maiyaki. “This is a crisis with large-scale humanitarian consequences. It’s underreported and we’re doing what we can, seeing how far we can go.”

**NIGER: “A DEVASTATING SITUATION”**

Since February of last year, more than 47,000 people have fled villages in southeastern Niger, according to the UN Office for the Coordination of Humanitarian Affairs. Niger’s Diffa region now hosts tens of thousands of Nigerian refugees and is also struggling to reintegrate some 72,000 Nigerians who have returned home from Nigeria amidst the violence. Border villages are attacked on a near-daily basis, which complicates efforts to register new refugees and returnees.

MSF, which has worked in Niger since 1985, is supporting Diffa’s main maternal and pediatric health center, the district hospital pediatrics department in Nguigmi town, and several health centers in Diffa, Nguigmi, and Bosso districts.

At the mother-and-child health center in Diffa, MSF provides free health care for the local population, refugees, and IDPs, supporting inpatient and outpatient departments for children under 15 years of age. What’s more, MSF teams in the maternity department assisted more than 400 deliveries during the third quarter of 2015 alone.

MSF also supports health centers in Assaga Camp and in two villages near the border with Nigeria. Between August and the end of December 2015, staff at the three sites carried out more than 18,000 medical consultations; 43 percent were for children under five years of age. They also conducted more than 2,200 antenatal consultations, facilitated 137 deliveries, and provided routine immunization activities. In addition, teams conducted a measles vaccination campaign in Assaga Camp, immunizing 2,440 children from six months to 14 years old, and worked to improve access to water and sanitation by building latrines and drilling boreholes. Psychosocial teams carried out 840 mental health consultations between August and October 2015 as well.

In the second half of 2015, ISWAP launched more than 60 attacks in the Diffa region alone, which, coupled with reprisals from the Nigerian armed forces, displaced tens of thousands. Attackers raided the village of Gogoni in late November, for instance, killing 18 people, wounding 16 more, and burning down 100 houses. MSF also organized referrals for severely wounded patients to Diffa, while an MSF nurse and a mental health counselor visited a health center in Bosso to evaluate needs.

“The already vulnerable situation of the population in Diffa, who are facing current peaks of malnutrition and malaria, has further deteriorated due to the ongoing violence,” said MSF program manager Luis Encinas at the time. “More and more of our patients are describing a devastating situation.”

**A BLEAK FUTURE**

There seems to be little hope in the Lake Chad region right now. On December 27, 2015, Maviduguri was hit by a coordinated attack that included a wave of suicide bombings. The MSF team at Umaru Shehu Hospital immediately began performing trauma surgery, treating some 40 patients—including seven critical cases—over three days.

“While many adults were treated, our team was struck by the number of children presenting with shrapnel wounds,” said MSF emergency coordinator Peter Orr. “The addition of our surgical team allowed us to treat patients on-site rather than refer them to the International Committee of the Red Cross surgical unit, which was already faced with an equal number of cases.”

As the conflict enters its seventh year, MSF plans to further expand its operations to provide more comprehensive health care in addition to its emergency response. However, without significantly more attention from the international community, the deadly cycle of violence and displacement around Lake Chad seems likely to continue.
“The situation is very volatile and people are living in fear. This is a crisis with large-scale humanitarian consequences. It’s underreported and we’re doing what we can, seeing how far we can go.”

— Hassan Maiyaki, MSF Head of Mission
THE OTHER PLACES
A LOOK AT MSF PROJECTS THAT DON’T ALWAYS REACH THE HEADLINES

ABOVE: An MSF psychologist conducts a group counseling session in Colombia.
© Anna Surinyach/MSF

COLOMBIA
WORKING IN THE COUNTRY SINCE 1985
MAIN ISSUES: Violence, Mental Health Care, Chikungunya
STAFF [2015]: 92
OUTPATIENT CONSULTATIONS [2015]: 19,922

The threat of all-out conflict has subsided considerably in Colombia in recent years, but violent armed gangs still operate in and around major urban centers and the psychological scars from past fighting have not fully healed. MSF programs therefore focus on violence, including sexual violence, and mental health care.

In the city of Tumaco in Colombia’s Nariño Department, for instance, MSF performed 2,995 mental health consultations in 2015. In Cauca Department, MSF teams provide individual and group therapy in hospitals and communities, and train community leaders, health promoters, midwives, and teachers in psychological first aid.

SEXUAL VIOLENCE CARE AND OUTREACH
In 2015, MSF teams cared for more than 150 survivors of sexual violence in Cauca, Nariño, and Caquetá, in the south of Colombia. Knowing that this is almost certainly a small fraction of those who need assistance, teams have worked to make care more accessible. MSF set up a call center in Cauca, for example, offering free, around-the-clock psychological counseling for victims of violence, including sexual violence. And MSF holds group workshops to provide a safe, supportive space for survivors of sexual violence to talk about their experiences.

Teams in the port city of Tumaco also focused on Chikungunya, a little-known viral disease transmitted to humans by mosquitos that causes fever, joint and muscle pain, headaches, nausea, fatigue, and rashes. From a treatment perspective, given the existing medications (or lack thereof), the priority is relieving the symptoms. MSF worked to raise awareness of the disease, share prevention strategies, and carry out vector control activities as well. And teams also trained emergency medical personnel in several hospitals on clinical diagnosis, treatment, and epidemiological reporting.

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ABOVE: An MSF psychologist conducts a group counseling session in Colombia.
© Anna Surinyach/MSF
PAPUA NEW GUINEA (PNG)

WORKING IN THE COUNTRY SINCE 1992
MAIN ISSUES: Domestic/Sexual Violence, Tuberculosis
VICTIMS OF SEXUAL AND DOMESTIC VIOLENCE TREATED [SINCE 2009]: 27,993
SURGERIES PERFORMED [SINCE 2009]: 68,840

Home to some seven million people and 800 spoken languages, Papua New Guinea—or PNG—consists of a mainland and 600 smaller islands. It is ethnically, culturally, and geographically diverse but more than two thirds of the population lives on less than $1.25 per day, and the country has the worst health indicators in the Pacific region.

PNG also struggles with domestic and sexual violence and access to medical care for people in remote regions. Far too many women and children report being physically and sexually assaulted—often by people they know, including family members. Far too many perpetrators consider this acceptable. Far too few victims get the treatment and counsel they need in the aftermath.

MSF teams treated victims of sexual and domestic violence in the towns of Port Moresby, Lae, and Tari, for several years—caring for physical and psychological injuries; helping to prevent unwanted pregnancies and sexually transmitted infections; and doing outreach, often with the help of former patients, to encourage more people to access available services. All told, since 2009, MSF has treated 27,993 survivors of family and sexual violence in PNG and carried out 68,840 major and minor surgeries, one-thirds of them for violence-related injuries.

MSF handed over activities in Lae and Port Moresby to local and national authorities earlier and will hand over the Tari project later this year as well, now that other actors are ready to take up the work. In March 2016, the organization is releasing a report called “Return to Abuser” that uses medical data, interviews, and case studies to show the extent of the problem and to call on the nation to address gaps in services and protection systems—finding alternatives for women other than returning home to be with the person who assaulted them, for instance. (You can find the report at doctorswithoutborders.org).

TB IN THE HINTERLANDS

MSF also works on tuberculosis (TB) in PNG’s mountainous Gulf Province, where people struggle to access care. The landscape itself is part of the challenge. Few roads pierce the thick forests or cross the winding rivers, and fierce winds make boat travel treacherous for much of the year.

In 2014, MSF began supporting TB programs at Gulf Province’s Kerema General Hospital, diagnosing and starting treatment for 280 patients. But they knew many patients in isolated areas could not reach the hospital. So, in 2015, MSF outreach workers traveled for three days by foot and boat to visit nine basic medical facilities in Gulf Province and to identify a passable land route TB patients could use to reach the hospital.

MSF has also teamed up with Matternet, a US-based technology company, on a pilot project using unmanned aerial vehicles (UAVs) to help test patients our staff could not reach. Community health workers collect and load sputum samples into the UAVs, then transport them to Kerema Hospital for testing, after which results are relayed back.
More than five years after the 2010 earthquake, Haiti’s health system is only partially reconstructed and many critical medical services remain out of reach for large segments of the population. Emergency obstetric care, for instance. MSF has assisted with more than 27,000 births at the 140-bed Centre de Référence en Urgence Obstétricales (CRUO) in Port-au-Prince since it opened in 2011, charging nothing for care that costs several hundred dollars elsewhere. This has frequently meant treating women experiencing complications that could be lethal to mother and child alike without prompt attention.

International donors have scaled back funding for similar programs, however, leaving an enormous gap in services. MSF’s hospital has subsequently been overwhelmed by women seeking care and was forced to tighten admission criteria, accepting only those at immediate risk. These are agonizing decisions to make because there are so few other options for care.

Take Serene, a young woman whose story illustrates the risks pregnant women in Haiti now face. When her amniotic fluid started leaking, she sought care at several Port-au-Prince hospitals but found none. She came to the CRUO hospital, where her first child had been born. But the leaking had stopped by then, so she did not meet the new admission criteria.

She tried several more hospitals to no avail. Then started bleeding, which terrified her. She came back to the CRUO and was admitted. After three days of labor, she gave birth to a son via Caesarean section. Both she and her son are doing well, but the funding cuts to other programs by international donors forced her to endure more pain and anxiety than she should have.

BURN CARE AND CHOLERA

Elsewhere in Port-au-Prince, MSF runs the country’s only dedicated burn facility at Drouillard Hospital, which admitted nearly 500 people with severe burns in 2014. Most were wounded in fires and domestic accidents associated with poor living conditions. MSF launched a campaign to raise awareness about the dangers associated with handling chemical products, gas cylinders, and home fires as well.

Cholera remains an issue, too, as the outbreak that started after the 2010 earthquake is still ongoing. Emergency response mechanisms remain insufficient, however.

The disease most frequently strikes people in slums where appalling hygiene conditions—too few latrines, not enough drinking water or sanitation—provide favorable environments for bacteria. MSF teams have been able to limit morbidity rates to less than 1 percent, but immediate care is crucial, as patients can become dehydrated and die within hours if they are not treated.

Over the years, MSF teams have worked tirelessly to eliminate the disease, improving hygiene measures, educating the community, training local health workers, distributing disinfection kits, and treating more than 200,000 people, including an average of 20 patients per day this past December at MSF’s cholera treatment center in Port-au-Prince.
PAKISTAN

WORKING IN THE COUNTRY SINCE 1986
MAIN ISSUES: Malnutrition, Maternal Health, Neonatal Care
STAFF [2014]: 1,558
OUTPATIENT CONSULTATIONS [2014]: 279,900

MSF teams in Pakistan focus on communities that have limited access to health care—navigating government restrictions, bureaucratic processes, and insecurity to do so. Medically speaking, teams prioritize malnutrition and mother and child health, emergencies and mass casualty incidents, and treatment for hepatitis C and cutaneous leishmaniasis.

Women and children are particularly vulnerable. Mothers in remote areas often walk for hours to reach a facility, in all seasons. And some facilities charge more than most people can afford. Or it’s too dangerous [in, say, strife-afflicted parts of the Federally Administered Tribal Areas, or FATA]. Or women aren’t aware of the services that are available and suffer in solitude at home.

Consequently, the maternal mortality rate in Pakistan is estimated to be as high as 283 per 100,000 live births, and thousands of premature newborns die due to lack of appropriate care. In 2014, MSF assisted in 25,200 births in the country. On numerous occasions, it was very clear that the mother would have died without assistance. MSF midwife Amy Le Compte, who worked at MSF’s 35-bed maternity hospital in Peshawar, the capital of Khyber Pakhtunkhwa Province, recalled a day when a woman expecting twins was referred from the MSF hospital in Hangu, FATA, a four-hour drive away:

“She was extremely tired, dehydrated and in threatened preterm labor. Two weeks passed and we were able to plan a safe vaginal delivery.

Thanks to the skills of our team, she gave birth to not two, but three healthy babies—the smallest weighing just 1.5 kilograms [3.3 pounds]. The little girl and two little boys stayed in our neonatal unit for three weeks before they were finally able to go home.”

CHILD MALNUTRITION

In part due to widespread malnutrition, Pakistan suffers from a high infant mortality rate as well. MSF treats nearly 10,000 malnourished children each year in Dera Murad Jamali, in Balochistan Province, which has some of the country’s highest malnutrition rates, particularly during the May-to-October “hunger gap” between harvests. Parents often bring their children to MSF’s clinic because they’re vomiting or suffering from diarrhea, not knowing that these are symptoms of malnutrition. After treatment, staff give the families a supply of ready-to-use therapeutic food.

But the dire conditions they return to remain unchanged, leaving them vulnerable to repeated illness. Jongel Bugti, a 40-year-old farmer, took his nephew to MSF’s outpatient therapeutic feeding program in Dera Allah Yar: “My one-year-old nephew weighs only 5.5 kilograms [12 pounds]. This is the fourth time I have visited MSF’s program. I used to go to the clinic in my hometown, but then it closed. Now we have to pay for transport, but the treatment is good for our children, so we keep on coming.”

A lesser known medical issue is cutaneous leishmaniasis (CL). MSF teams in the Balochistan town of Kuchlak provide treatment for CL, a debilitating but curable disease transmitted by sand flies and characterized by lesions on the face, arms, and legs.

Lisa Crellin, an MSF nurse, recalls her first encounter with a patient suffering from the disease: “Her eyes, they were brown, sad, and silent. Her face was exposed, disfigured. Large, red, swollen lesions occupied the space where her smile should have been. She sat across from me, her husband did the talking. He spoke of her despair, of futile trips to doctors and clinics, a misdiagnosis of leprosy.”

She was tested and found positive for leishmaniasis. The staff had never seen a case so severe, but the woman was relieved to hear there was a cure. “Months later, a woman came into the clinic,” Crellin added. “She took my face in her hands and smiled at me with warm brown eyes I immediately recognized—except now, they were happy.”

PROJECT SPOTLIGHT

CLOCKWISE FROM TOP: Children queue to be vaccinated against measles in Karachi, Pakistan. © Husni Mubarak Zainal/MSF; MSF staff members go door-to-door in Dera Murad Jamali, Dera Allah Yar, and Usta Muhammad, Pakistan, screening children for malnutrition. © Noor Muhammad/MSF; a young patient and her father at an MSF hospital in Pakistan’s Kurram Agency, where she received treatment for leishmaniasis. © Sa’adia Khan/MSF; a girl brought her sick sibling to the MSF hospital in Sadda, Pakistan. © Sa’adia Khan/MSF

The Other Places
PHILIPPINES: BEYOND THE TYPHOON

Suzanne Ceresko served as head of mission for MSF in the Philippines from February to November 2015. Here, she describes the work MSF has done in the wake of Typhoon Haiyan and the future of its operations in the country:

When I went to the Philippines in early 2015, MSF was wrapping up its response to Typhoon Haiyan in the Tacloban City area. We were passing medical activities, primarily maternal health, to the Department of Health. We were also finishing construction projects, which is not something we traditionally do, but it was important in this context in order to make sure that hospital facilities were rebuilt or repaired, so the health system has a chance to fully recover.

Many buildings were destroyed by the typhoon, and even though the Philippines is a lower middle-income country with a functional health system, there are still real gaps in health care for some rural areas. Many of the smaller island municipalities where the typhoon caused the most damage are quite remote, so our rebuilding, repairs, and equipment donations were important in these regions.

We also donated drugs so these facilities were well-equipped to reestablish their services.

PLANNING FOR THE FUTURE

MSF carried out two exploratory missions while I was there to assess further health needs. The Philippines has restricted public access to reproductive health services, so in many of Manila’s slums, we met poor families with seven, eight, or nine children, but limited access to family planning. Many mothers in this context still prefer to give birth at home because of economic barriers, like the cost of transport to the hospital or lack of childcare for older children. These kind of challenges can lead to higher rates of maternal mortality and poor birth outcomes.

In response, we decided to set up clinics in Manila’s Tondo slum to provide comprehensive women’s health care, including birth facilities and a project to fight cervical cancer incorporating HPV (human papillomavirus) vaccines. It’s a simple intervention but an effective one: science shows that providing girls with HPV vaccine protects them from cervical cancer. It’s exciting for us to be able to provide a vaccine that helps prevent cancer. Cervical cancer outcomes are terrible in many developing countries because of limited screening and treatment services.

So what we’ve decided to do is a mass vaccination in the slum, for HPV, so all the girls of an appropriate age will get the vaccine, and we’re also going to screen and treat women for cervical cancer, referring for further care as necessary.

It’s our hope that this HPV vaccine program combined with a screen-and-treat strategy could help us develop a model we can implement to tackle cervical cancer in other parts of the world. New vaccines like HPV present great opportunities for us to innovate and provide even better care for patients.

Another interesting aspect of this project is that we plan to work in concert with Likhaan, a Filipino women’s health nonprofit that has been running small clinics and providing birth control for years in the Philippines. They’ve trained women from these communities as health workers and volunteers, and really know these neighborhoods. Working with them will give us a running start on this project because they have strong ties to the community where the project will be based.
TANZANIA: ASSISTANCE FOR REFUGEES

Political violence has convulsed Burundi in recent months, driving tens of thousands of people to flee the country. In late January, MSF field coordinator Brian Willet described the situation in Tanzania’s Nduta Camp, where some Burundian refugees have settled:

As large numbers of refugees continue to flee unrest in Burundi and cross the border to neighboring Tanzania, MSF is working to provide sufficient food, water, shelter, and health care services to tens of thousands of people sheltering in refugee camps along the border between the two countries.

Some 42,000 Burundian refugees who fled political conflict, violence, and turmoil in their home country are currently living in Tanzania’s Nduta Camp. Many first arrived to Nyarugusu Camp, a few hours south, and have since been transferred. Other new arrivals now come to Nduta directly.

Many have witnessed some pretty incredible events along the way. Many have lost family members or directly experienced violence perpetrated against them or their families, on top of the fear of an uncertain future in Burundi.

WIDESPREAD HEALTH NEEDS

MSF is the principal health provider in Nduta Camp. When refugees arrive, we screen them at the arrival point while they’re being registered, to check the general state of their health. We check for particular morbidities like malaria and screen for malnutrition as well.

Once people enter the camp, there are two health posts where they can receive primary health care—everything from nutrition to general consultation to malaria testing. We also have an outpatient department, which provides sexual and reproductive health services and care for survivors of sexual and gender-based violence. We have an emergency room, and from there, if people are very sick, they’ll be admitted to our inpatient department.

In terms of secondary care, we have a maternity ward; male and female inpatient wards; a pediatric ward, including an inpatient therapeutic feeding center; and isolation for people who have illnesses like tuberculosis.

MSF also provides mental health care. Many of our patients experienced trauma on their journey from Burundi. In a camp like Nduta, living in close quarters with other refugees in a high-pressure situation can exacerbate that trauma.

We also have activities around water and sanitation and hygiene. We’re still providing about one-third of the water to Nduta Camp, and we’re expanding some of our water networks in response to a recent influx of new arrivals.

So, MSF’s activities here are very diverse, and at the moment our plan is to closely monitor the unrest across the border. No one is sure what’s going to happen next, but one thing that’s certain is that there are a lot of difficulties for people living in Nduta. The political tension that exists in Burundi, the fear of not knowing who your neighbors are, is mirrored here. People feel very tense a lot of the time, and they’re not sure who they can trust.

A MEASURE OF DIGNITY

As we enter the rainy season, our work in the camp becomes much more difficult. There is a lot of stagnant water around, meaning we have extremely high rates of malaria, verging on emergency levels. We also see a lot of respiratory tract infections, which are also related to the environment people are living in.

We’re still seeing about 200 to 250 arriving each day, which means the camp is still expanding rapidly. MSF has to expand its services rapidly as well. We’re currently above 100 percent occupation in the hospital.

We think that at least another 15,000 to 20,000 people will arrive before the camp is officially full, possibly more. We have to keep expanding operations, and we have to keep improving our services. The rainy season further complicates logistics and provision of care, so we have to keep working to ensure that people have enough clean water, enough latrines, and decent and adequate living spaces to provide them with a measure of dignity while they’re living as refugees in another country.
Google’s steadfast commitment and support for MSF’s work around the world has made a huge impact over the past ten years.

As an expression of one of the company’s core values, and boosted by multifaceted contributions from employees, Google’s diverse corporate giving programs have supported MSF with more than $10 million in the past two years alone—and over $15 million overall since 2005—making them one of MSF’s top corporate donors.

MSF relies on financial independence in order to meet the needs of our patients, and Google’s holistic support has been critical to meeting these needs, from newsworthy emergencies such as the Ebola epidemic and the current refugee crises, to neglected disasters like the recent floods in Myanmar. We customarily request unrestricted support from donors in order to maintain the flexibility to respond to crises as they occur, based on medical needs alone; Google and its staff have supported these efforts wholeheartedly.

According to Jacquelline Fuller, director of Google.org, “MSF is at the forefront of major global emergencies and provides needed care at critical times. Google.org has supported MSF’s response work during many emergencies, including the Ebola outbreak, and most recently on the ground for their response to the refugee and migrant crisis in Europe, the Middle East, and North Africa. Additionally, Google employees have donated both money and volunteer time to help build products and facilitate innovation sprints to develop new technological solutions to assist those working directly in the field.”

MSF benefits greatly from relationships with many groups within Google—particularly its employees, Google.org, and the Googlers Give teams—and programs such as Google grants, employee matching, donations of travel miles, and Google AdWords Grants for paid ads. There have been operational collaborations as well, instances wherein Google and the Google community have committed considerable resources and data and technological expertise to solve specific problems that arose in the midst of emergencies. These include a cholera mapping project after the 2010 Haiti earthquake and the development of specialized mobile tablets during the Ebola outbreak. Some Google employees have even applied, and been accepted, to work in the field with MSF.

MSF is grateful for all of Google’s support and we look forward to continuing our relationship with the company and its employees.
INCREASE YOUR IMPACT

Does your employer have a matching gift program? Many companies have matching gift programs that will double or even triple the impact of your gift. Companies will also sometimes match donations made by spouses, retirees, and board members.

Because conditions and criteria for gift matching vary by employer, please check with your company’s human resources department for details. MSF-USA is happy to confirm your gift or to satisfy any other requirements your company may have.

If you or your company are interested in learning more or have questions about our matching gift program, please call (212) 763-5745 or email corporate.donations@newyork.msf.org.

STRENGTHEN YOUR COMMITMENT

MSF-USA would like to thank all of our donors who have made commitments towards the Multiyear Initiative. With annual commitments of $5,000 or more, these generous supporters help provide MSF with a predictable revenue stream that better serves our ability to respond rapidly to emergencies and ensure the continued operation of our programs.

To date, we have received commitments totaling more than $36 million towards the initiative. To find out how you can participate, please contact Mary Sexton, director of major gifts, at (212) 655-3781 or mary.sexton@newyork.msf.org, or visit doctorswithoutborders.org/support-us/other-ways-give/multiyear-initiative.

STOCK DONATIONS

Did you know you can donate gifts of securities to MSF-USA? Making a stock gift is simple and offers a number of valuable financial benefits. You can donate appreciated stocks, bonds, or mutual funds, and the total value of the stock upon transfer is tax-deductible. Also, there is no obligation to pay any capital gains taxes on the appreciation.

MSF-USA currently maintains an account with Morgan Stanley Smith Barney to offer donors an easy way to transfer securities hassle-free. For more information on how to make a security donation, please visit doctorswithoutborders.org/support-us/other-ways-give/stock-gifts. You can also call (212) 679-6800 and ask to speak to our Donor Services Department.

BIKE FOR MSF

Each year, hundreds of individuals join Team Doctors Without Borders—our endurance events team dedicated to raising funds for Doctors Without Borders while pursuing athletic interests like biking, running, or swimming. Since its establishment three years ago, the program has raised more than $1 million.

One-hundred fifty individuals will re-join Team Doctors Without Borders this spring to ride in the Five Boro Bike Tour on May 1, 2016. Prepared with an Action Kit of fundraising tools and one-on-one support, each team member aims to raise at least $1,500 for MSF-USA’s programs.

Join us on traffic-free streets, biking past New York City landmarks, while being a part of a larger team delivering care to people in crisis around the world. If you are interested in joining Team Doctors Without Borders or have questions about our Endurance Event fundraising program please call (212) 655-3787 or email teamevents@msf.org.

JOIN OUR LEGACY SOCIETY

Naming MSF-USA as a beneficiary on a retirement or other account is a simple way to leave a legacy without writing or re-writing your will or living trust. Please ask your IRA administrator or institution for the appropriate form.

If you have already named MSF-USA as a beneficiary of your estate, please tell us so we can welcome you to our Legacy Society.

To learn more about beneficiary designations to MSF or other legacy giving opportunities, please contact Lauren Ford, planned giving officer, at (212) 763-5750 or lauren.ford@newyork.msf.org.

MSF ON THE ROAD: A VOICE FROM THE FIELD

This spring, Doctors Without Borders is launching a new program called “MSF On the Road: A Voice from the Field,” in which returned MSF field workers will travel the country updating donors on MSF’s current work.

For the first tour this April and May, veteran MSF head of mission Suzanne Ceresko, who has worked with MSF in Syria, Ethiopia, the Philippines, and elsewhere, will visit 15 cities in the Southwest and Midwest, discussing her experiences in the field and providing an in-person opportunity to find out more about MSF’s programs around the world.

For more information or to find out when MSF On the Road will be visiting your town, please call (212) 655-3759 or email OnTheRoad@msf.org.

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Doctors Without Borders/ Médecins Sans Frontières (MSF) works in nearly 70 countries providing medical aid to those most in need regardless of their race, religion, or political affiliation.