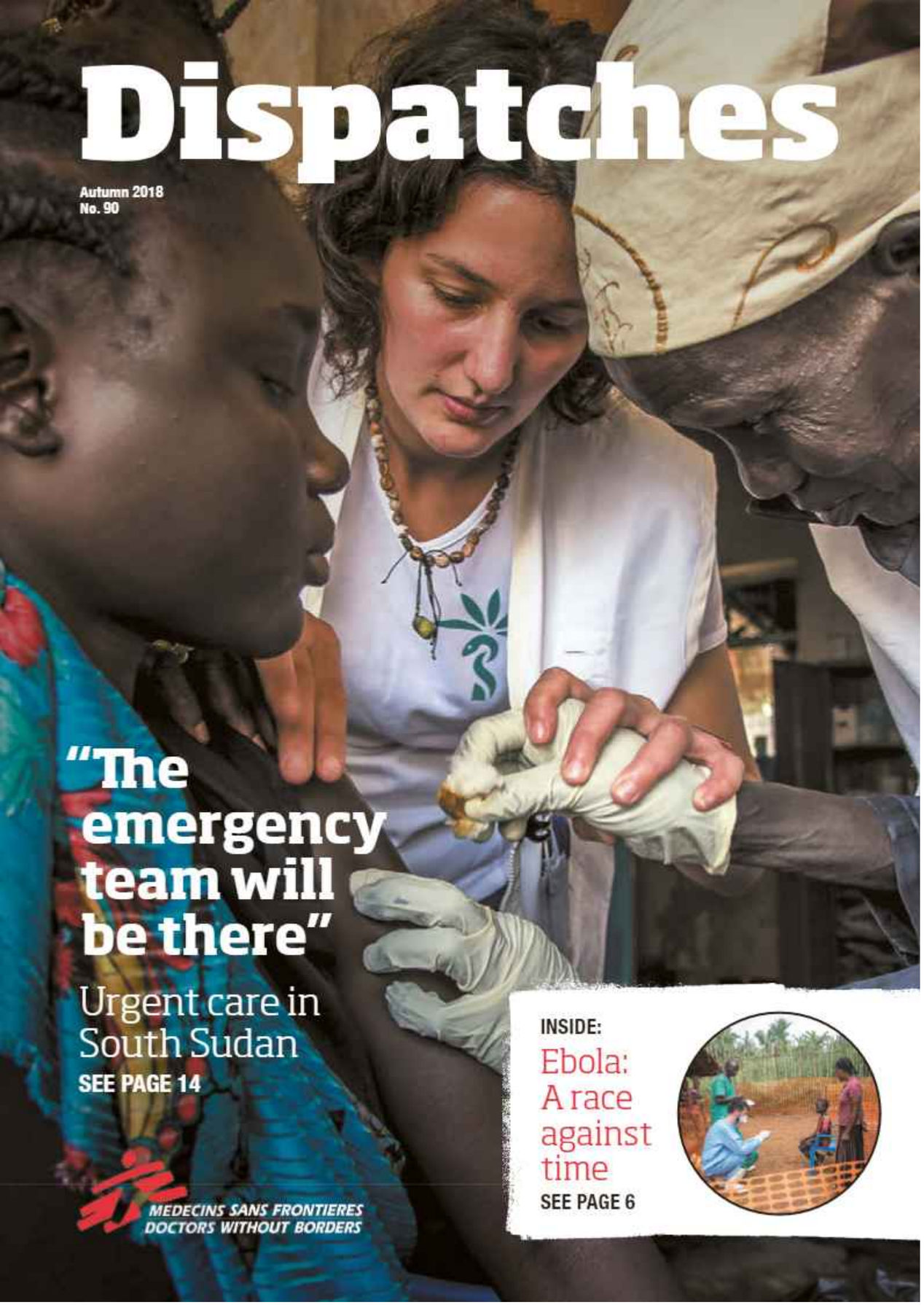
Dispatches

Autumn 2018
No. 90



"The emergency team will be there"

Urgent care in South Sudan

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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

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REGULARS

Christmas cards
Christmas cards are a great way to support our emergency medical work and spread the word about MSF. These cards feature images from our work around the world and are available in packs of 10 with 5 images in each pack. Visit **msf.ie** or phone **01 660 3337** to find out more.

Cover: MSF midwife Camille teaches how to vaccinate a patient in the MSF hospital in Old Fangak, South Sudan. Read about Camille performing an emergency delivery in a boat speeding toward the MSF clinic on page 14 Photograph © Frederic NOY/COSMOS

FEATURES

Médecins Sans Frontières/Doctors Without Borders (MSF) is a leading independent humanitarian organisation for emergency medical aid. In more than 70 countries worldwide, MSF provides relief to the victims of war, natural disasters and epidemics irrespective of race, religion, gender or political affiliation. MSF was awarded the 1999 Nobel Peace Prize.

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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

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About Dispatches
Dispatches is written by people working for MSF and sent out every three months to our supporters and to staff in the field. We send it to keep you informed about our activities and about how your money is spent.

Dispatches gives our patients and staff a platform to speak out about the conflicts, emergencies and epidemics in which MSF works. It costs approximately 52c to produce each issue and 66c to post. We very much welcome your feedback. Please contact us by the methods listed, or email: **fundraising@dublin.msf.org**

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SITUATION REPORT

Eleven illnesses, eight vaccinations, four months:

Vaccinating 10,000 children over 37,000 miles of desert

MALI

Being vaccinated against diseases such as diphtheria, measles and whooping cough is a commonplace event for many children. But in the vast desert of northern Mali, where insecurity, isolation and limited health infrastructure mean many can't access healthcare, it can prove almost impossible to protect children against these illnesses.

Almost impossible, that is, until now. Late last year, MSF and the Mali Ministry of Health set out to vaccinate 10,000 children aged five-years and under from 11 potential life-threatening diseases including tuberculosis, measles, yellow fever, meningitis and diphtheria.

"A large proportion of the inhabitants in this region are nomadic, moving from one place to the next with their cattle," says Patrick Irenge, MSF's medical coordinator in Mali. "This posed an additional challenge, as some of these vaccines had to be administered in three separate doses over a number of weeks.

"We had to use motorcycles and other vehicles adapted to the arid terrain. The vaccines had to be kept between two and eight degrees in the middle of a desert, where temperatures were reaching 50 degrees."

Despite these obstacles, the teams successfully carried out the campaign in three stages over four months, travelling over 37,000 miles; the equivalent of driving around the globe one and a half times.

"These vaccinations mean that fewer children will become ill over time," says Irenge, "which will have a big impact on the finances of families who won't have to spend money on healthcare. In a region like this, that really matters."

msf.ie/mali

11
Illnesses: tuberculosis, measles, yellow fever, meningitis, diptheria, Hib, tetanus, pneumococcus, hepatitis B, rotavirus and pertussis

10,000
children vaccinated

37,280 miles
covered in northern Mali

The distance covered is 1.5 times the circumference of the earth

YEMEN

Cut off from care

MSF teams in west Yemen continue to treat significant numbers of children suffering from malnutrition.

Although the security situation in the area is now more stable, with fewer airstrikes than in the northern and coastal regions, malnutrition and difficulties in accessing healthcare remain serious problems.

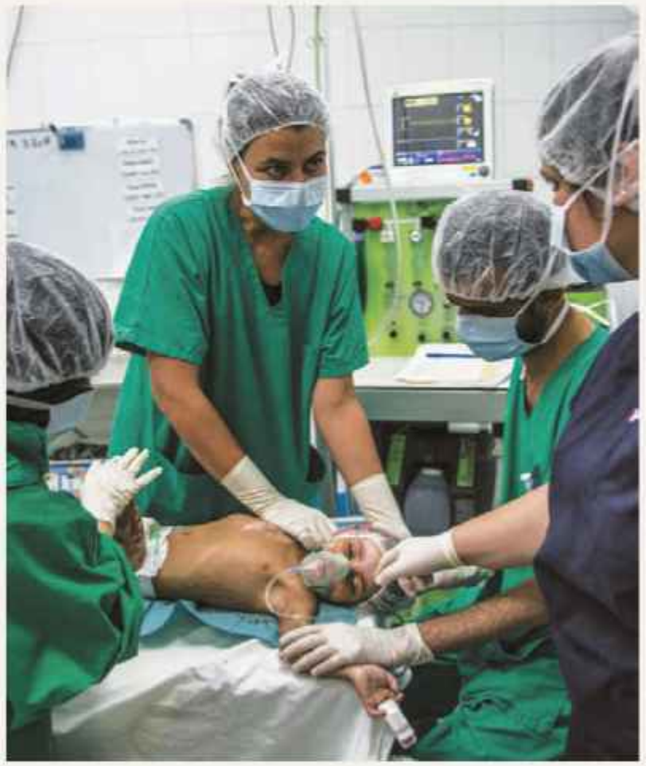
"People often think malnutrition is the result of food not being available," says Dr Vinh Kim Nguyen. "But here, it's more an economical problem where people can't afford the food available in the markets.

"Living conditions in the country have been difficult for a long time. There was already a high level of malnutrition, but the war has clearly made the situation worse. Some areas are more affected than others, particularly remote valleys with very isolated communities."

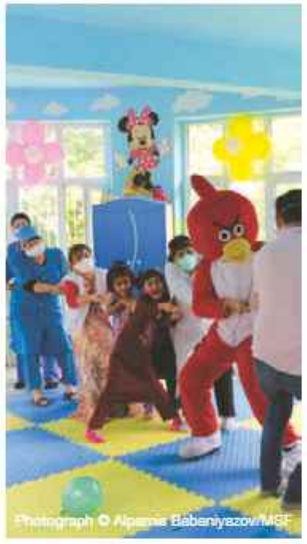
In Amran governorate, Yemenis can now travel more safely to access healthcare, but they can't always afford the cost of transportation to reach a health facility. Since March 2015, the national average prices of fuel commodities have more than doubled, and Amran governorate is still suffering from scarcity of fuel.

To help address the problem, MSF teams have been running outreach clinics in some of the more isolated regions, providing basic health services, treating malnutrition and referring more critical patients to the MSF-supported Al-Salam hospital in Khamer.

msf.ie/yemen



Left: A young boy with burns receives a physiotherapy session to help him recover mobility in his right arm. The team in the MSF-supported Al-Salam hospital in Khamer, north Yemen, run physiotherapy sessions during surgery to help reduce pain. Photograph © Agnes Varraine-Leca/MSF



Photograph © Algerina Babeniyazov/MSF

TAJIKISTAN

The MSF team celebrate World Children's Day with patients suffering from drug-resistant tuberculosis, inside Machiton hospital, Dushanbe, Tajikistan.

msf.ie/tuberculosis

Photograph © Faris Al-Jawad/MSF

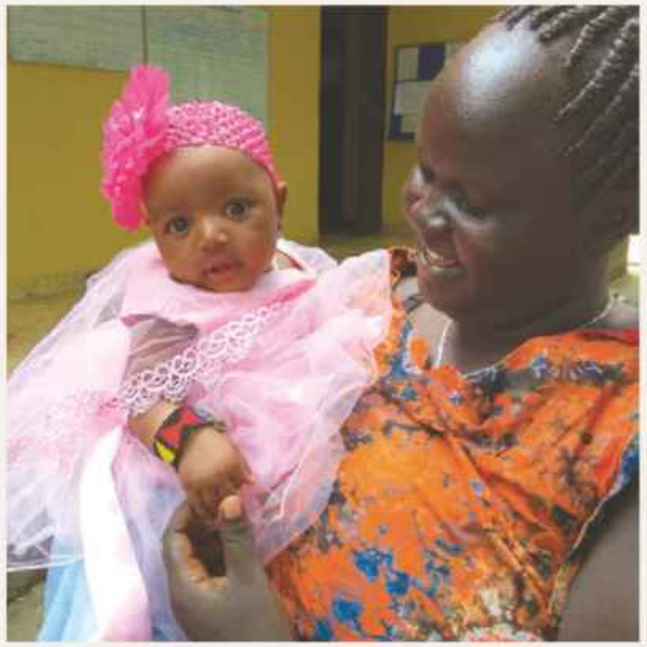
JORDAN

Sixteen-year-old Yousef receives intensive physiotherapy at MSF's reconstructive surgical hospital in Amman, Jordan. He suffered third-degree burns which left him unable to move his upper body, after being robbed and set on fire in Baghdad, Iraq.

msf.ie/jordan

ETHIOPIA

How baby Joy found a family



One morning in early February, a baby girl was found on a pile of rubbish in a side street next to Saint Michael's Church in Gambella town, Ethiopia.

The baby was naked, suffering from severe hypothermia and very low blood sugar levels. She was rushed to the Gambella general hospital where the MSF paediatric team took charge of her care.

"We think that her mother might have given birth to the baby in the street, and can only assume that there was some sort of family or social problem," says MSF's Dr César Pérez Herrero. "The baby was in a very bad condition, but our neonatal intensive care team were able to stabilise her condition.

"We were all touched by her plight and did our best to ensure that she was well cared for. One of our colleagues, Abang Ochudo Gilo, a translator in the maternity ward, was especially taken with her."

The hospital's medical director brought the case to the attention of the child and women's affairs department in Gambella, as is the standard procedure. By this time, Abang had made a very important decision. She decided that she would like to adopt the child. Abang immediately filed a request with the authorities, and permission was granted after a search for the baby's family proved unsuccessful.

"I fell in love with the baby and wanted to protect her," says Abang. "I felt huge happiness when I saw her and that's why, from that first moment, I decided to call her Joy. Joy is always smiling at everybody. We are all so happy with the new arrival who has changed our lives."

MSF's neonatal intensive care unit in Gambella hospital treats premature babies, neonatal infection, meningitis and malformations through pregnancy. In March 2018, more than 270 mothers gave birth and over 40 babies were admitted to the neonatal unit.

msf.ie/ethiopia

SOUTH SUDAN

The mechanic of Juba

MSF's workshop in Juba, South Sudan, services vehicles, trucks, and generators for MSF projects across the country. Poni Betty is one of the workshop's mechanics.

"My name is Poni Betty and I'm a mechanic working for MSF. I love this work. There are so many things to do, like repairing the steering system, the AC system. There are so many different things to work on in the car."

"What a man can do, a woman can do. So, I'm encouraging ladies to join the mechanics. You should not see this as a man's work. But we women can also do it."

"I'm married and I have two children. My youngest child is five-years-old. When he sees me driving and working, he tells me he feels good. There was a day he told me he wants to study, so that he can also become a mechanic and he can drive as well."

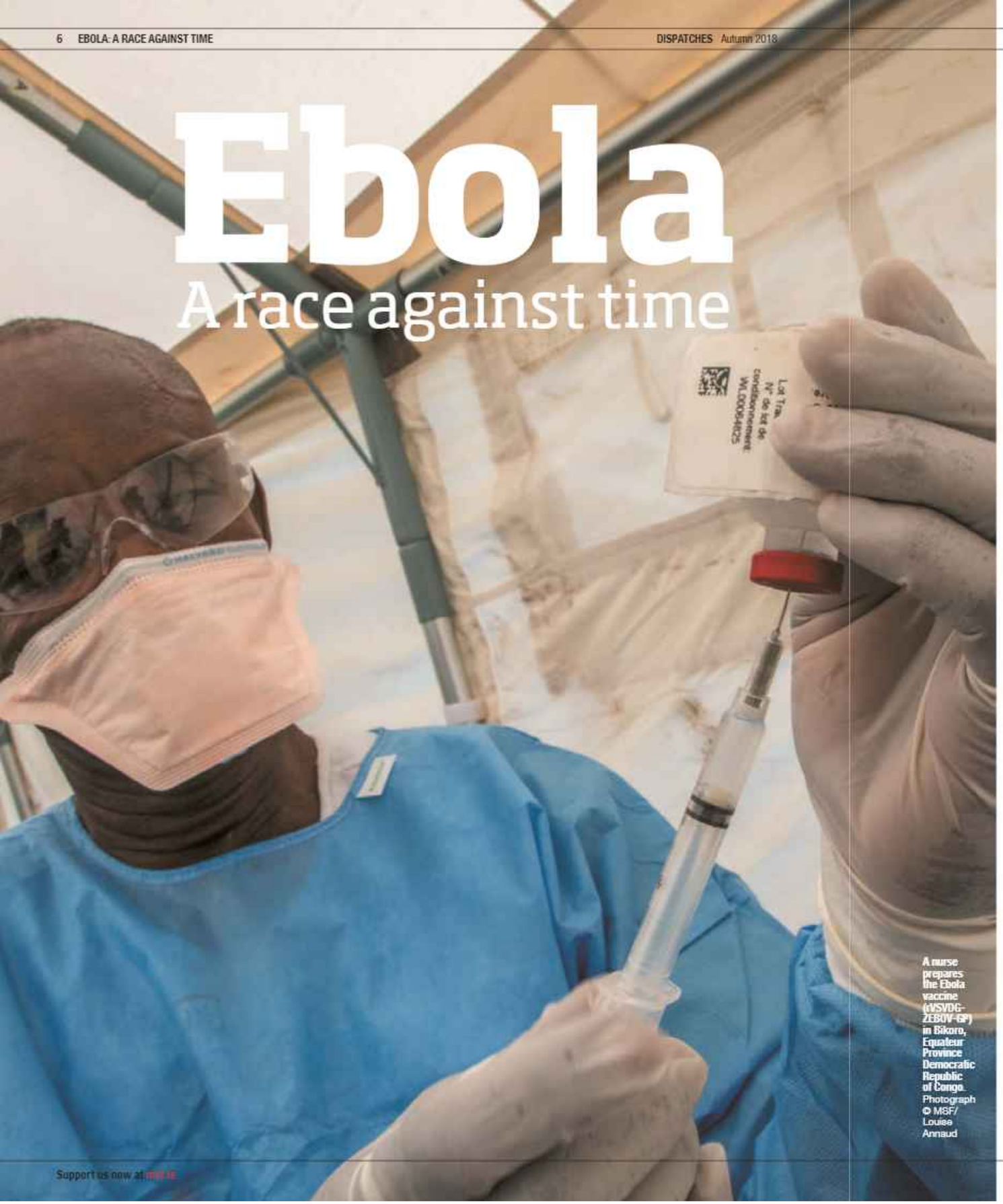
"When I go home in my overalls and see my Mum she says, 'Okay, this is our engineer. This is our girl and she is an engineer.' They feel proud of me, and that makes me proud."

msf.ie/southsudan

Top left: Abang and baby Joy Photograph © MSF

Above: Poni Betty working inside MSF's workshop in Juba Photograph © Jason Rizzo/MSF

Ebola
A race against time



A nurse prepares the Ebola vaccine (rVSVDG-ZEBOV-GP) in Bikoro, Equateur Province Democratic Republic of Congo. Photograph © MSF/ Louise Annaud

An Ebola outbreak in northern Democratic Republic of Congo (DRC) in May and June saw MSF emergency teams scale up to deal with the crisis. **Paul Jawor** is a British water and sanitation specialist who recently returned from the frontline of the outbreak.

"We arrived in Mbandaka city by plane on the morning of May 20th.

Our team's job was to go and start work in and around Iboko, a remote village where a patient had just been confirmed as infected with the Ebola virus.

THE RACE TO REACH IBOKO

There was no helicopter available, so we hit the road an hour after landing with three rented cars full of all the provisions and materials we would need.

With an outbreak like this, it's a race against time. One Ebola patient with symptoms can infect several people every day. The best way to contain the disease is to respond as soon as possible. The race was on.

It was a long journey and we arrived in Itipo – a village on the way to Iboko which has also been affected by the outbreak – at night, after suffering mechanical problems and repairing numerous broken wooden bridges along the way.

One of our vehicles even drove off the edge of a bridge. In the dark, it took us what seemed like hours to put it back on track.

After spending the night in tents on the terrace of a nunnery, we set off again for Iboko, a further two to three hours' drive away.

"WE COULD SEE THEY WERE VERY SCARED OF THE DISEASE"

Iboko is a village made up of grass huts with a church in the middle and a functioning hospital.

We met with the local people to explain what we were coming to do and to raise awareness about Ebola; how it can be transmitted and how to prevent its spread.

The villagers welcomed us, but we could see they were very scared of the disease.

BUILDING THE TREATMENT CENTRE

I hired some staff and we focused on one of the first priorities: building an isolation ward, along with a latrine, shower room, dressing and undressing rooms, and a waste management area. We found and converted a deserted building with five rooms. In 24 hours it was ready for patients.

Over the following days, we started building a 13-bed centre that could be extended to 26 beds if needed.

Building an Ebola treatment centre is quite complex. Everything must be meticulously planned and constructed to avoid cross-contamination between patients and healthcare workers, their families, and the people living nearby.

RESPECTING LOCAL CUSTOMS

The main challenge we faced in this outbreak is that, despite our efforts to raise awareness, people with Ebola-like symptoms don't want to come and be tested.

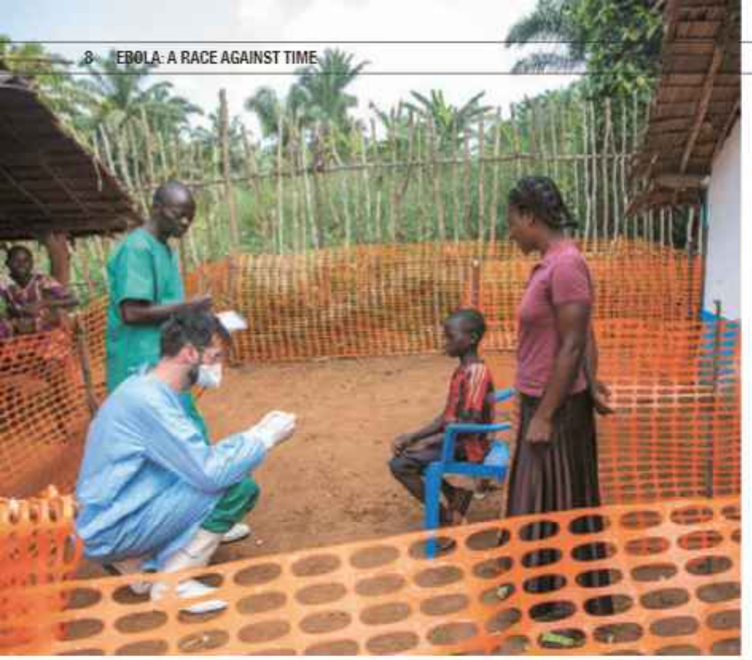
Some of them also live far away from the treatment centre and prefer to stay at home. But this can be dangerous for the people caring for them. They could easily become infected.

One woman confirmed with Ebola died in a village called Bobale, after she had chosen to stay at home.

We were quickly notified and an MSF colleague and I, along with a member of the Red Cross, travelled to Bobale. Her body would have been very infectious when she died, so we wanted to make sure she was buried with the necessary precautions while trying to respect local customs.

THE DANGERS OF DISINFECTION

Night was falling by the time we arrived in Bobale. I needed to disinfect the woman's house and place her in a safe body bag which would go into a sealed coffin the community had made.



But it was dark and there wasn't enough light to enter the house without the risk of tearing my protection suit on sharp objects. We decided to postpone until the next morning.

It took an hour, sweating in my protection suit, to spray the house and disinfect the woman's body in a respectful way. Her husband stood close by, watching as I collected all the clothes, sheets and other potentially contaminated materials into a bag that I sprayed with chlorine. That was, in turn, put into another bag, sprayed again, and put into another bag. It was then taken back to our treatment centre and burnt.

We are taking the maximum number of precautions to avoid spreading the disease."

"It was dark and there wasn't enough light to enter the house safely without the risk of tearing my protection suit."

Luis Encinas, a nurse from Spain, spent several weeks working in MSF's Ebola treatment centres in northern DRC.

"Tonight, I accompany two nurses inside the Ebola treatment centre. I ask if there are any children in hospital. There aren't. Since becoming a dad, the image of a dying child puts a knot in my stomach.

I'm wearing my canary yellow suit. XL this time as I'm 6"4. I can breathe. But the boots are another story. The biggest size they have is 43. I sink my feet inside as best I can but my toes are scrunched.

I finish dressing in the protective suit and check the suits of my colleagues: Patrick and Héritier. Their fear transmits to me. One of the patients inside the centre is a colleague of theirs. We head into the high-risk area.

THE WORDS ARE TOO MUCH

We enter the first room: four beds and two patients wandering around, complaining of joint pain. They are waiting for their medication and the evening meal. We exchange some words with them and help them.

There is a nurse in the process of recovery. He gives me his hand. I rest mine on top. We look at each other without talking much, the words are too much. I give him all my energy and wish him courage. 'It will be fine!' he says with a half-smile. It's poignant.

THE SMELL OF CHLORINE

Before arriving at the second room, we must go through a long passageway. Two patients are lying on the floor: a priest and another nurse. They have trouble getting up.

They sit up with difficulty, and have trouble speaking. We try to help them inside the room, but they refuse. It's the smell of the omnipresent chlorine that disturbs them.

Then I arrive in room two. There are four patients inside. We help a woman up on to her bed. Her strength has gone and we struggle to connect her IV bag.

My colleagues are with me. Our eyes meet and we check how each other is doing. We attend to the other patients. Time is running at incredible speed. Here we are in the last room: the antechamber of death.

I CROUCH DOWN AND TAKE HER HAND

A woman is lying here with swollen lips. Saliva foams from her nose. She's barely breathing and the breaths she takes are fast and shallow.

Here, too, the desire to be with her and comfort her as she makes the journey to the hereafter overwhelms me. I crouch down and take her hand. A few seconds, maybe a little more. A minute or two. I stroke her hair. I feel my throat knotting, to the point where I can't feel anything.

I get up, wash my gloved hands in chlorinated water, and head for the exit. On my return to base, I still have enough energy to take a shower.

ENOUGH IS ENOUGH!

At three in the morning, I wake with a start. I realise that the sheets are soaked. It's sweat. My heart races.

What happened? Where am I? Where do these cries come from?

"Help me Lord! Help!"

It's the voice of Madeleine*, a patient who was admitted to the Ebola treatment centre two days ago. But where is she?

I open the zip of my mosquito net and go out. There's no one there.

I realise I'm having a nightmare. I take the opportunity to go outside and get some fresh air. I sit on the edge of the small wall and look at the sky and the stars. I see the faces of the patients scroll by, one by one, slowly. Why them?

I take my head in my hands and cry silently. I feel so small, so helpless in the face of this. Then I'm filled with an incredible energy. I make a promise to fight for them.

Enough is enough!'

*Name has been changed.

Above left: Luis and his colleague Josué assess a young boy who has been in contact with an Ebola patient, during a vaccination campaign for the virus in Ikoko Impenge, Democratic Republic of Congo. Photograph © Louise Annaud/ MSF

Above: The MSF health promotion team receives training in Bikoro, Democratic Republic of Congo. Photograph © Louise Annaud/ MSF

Right: A doctor checks on people recently vaccinated against the Ebola virus to monitor any side effects in Ikoko Impenge, Democratic Republic of Congo Photograph © Louise Annaud/ MSF

The Ebola outbreak in DRC was officially declared over on 22 July. From 8 May to that date, MSF teams and the Congolese Ministry of Health provided care to:

38 confirmed patients

24 of who survived

120+ other patients were treated after presenting with symptoms consistent with Ebola

EBOLA VACCINE

3,199 people were vaccinated against Ebola with the investigational Ebola vaccine rVSVDG-ZEBOV-GP by teams from MSF, the World Health Organization (WHO) and the Congolese Ministry of Health.

This investigational vaccine has not yet been licensed and was implemented through a study protocol, which was accepted by national authorities and MSF's Ethical Review Board.

"The results of the trial suggest that the vaccine will present a real benefit to people at high risk of contracting Ebola," said Micaela Serafini, MSF's medical director, "protecting them against the infection. However, vaccination remains just one additional tool in the fight against the disease."

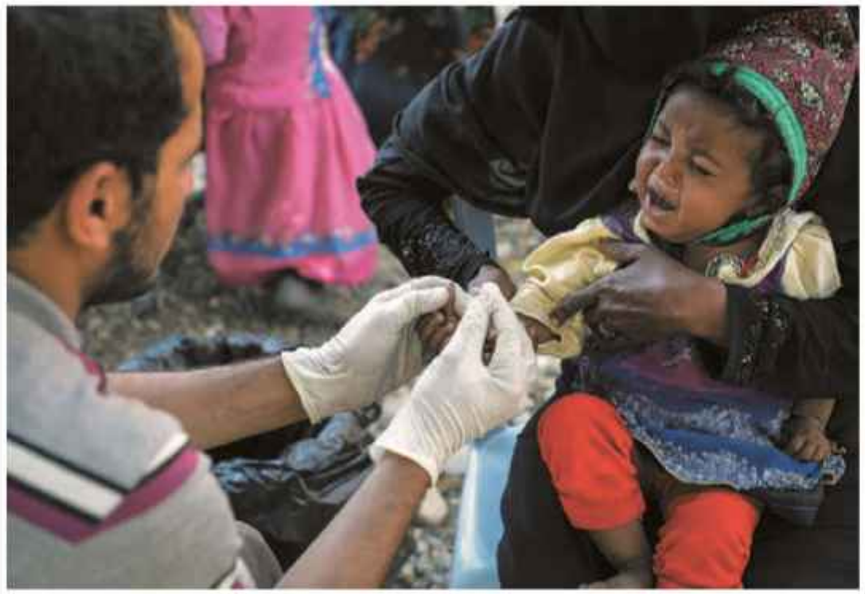
Participants received information on the vaccine before consenting, and continue to be carefully monitored. Participation was voluntary and the vaccination is free.

Find out more

Find out more: msf.ie/ebola

Caring for the Youngest Victims of War

The conflict in Yemen has been raging since March 2015. Although rarely making the headlines, Yemen is currently facing one of the world's worst humanitarian crises. More than 22 million people need assistance or protection. Health care workers have not been paid for many months, and as a result, much of the healthcare infrastructure has collapsed. As the battle for ever shifting front lines continues, civilians and medics are trying to carry on their lives as best as they can.



Niamh O'Brien a paediatrician from Dublin has been working in MSF's Mother and Child clinic in Taiz, southwestern Yemen.

"On average, our team here in Taiz cares for 2,500 outpatients each month, we receive around 600 people to our emergency department and assist with more than 630 deliveries of new-borns. My team in the paediatric ward cares for about 260 children a month.

While much of MSF's work in Taiz involves treating people for the more obvious effects of war: gunshot wounds, mass casualty events or major trauma – my work as a paediatrician allows me a real insight into the often-overlooked victims of conflict: women and children.

It's clear to me that so many children are just not given a fair chance in life. Most women do not have access to antenatal care and need to deliver at home with little or no professional support.

Women travel for hours to arrive at our facility with their new-borns. Tragically for some mothers their babies are dead on arrival. Some respond to emergency resuscitation and are admitted for care. We do as much as we can for these babies, but far too often, it is too little, too late.

Many babies develop seizures within a few hours of arriving. Almost all will have long term complications, if they manage to survive. Simple measures like providing antenatal care, maternal antibiotics and prompt neonatal resuscitation could prevent many of these cases.

Disruption of healthcare infrastructure has contributed to poor vaccination coverage of the overall population. This results in many diseases which are largely limited to textbooks back at home in Ireland.

A 10-day old baby was admitted to our ward, he had contracted tetanus after being born at home. The bacteria causing tetanus enters the baby when the umbilical cord is cut in a non-sterile manner. If the mother had been vaccinated appropriately, her antibodies would have protected the baby from developing generalised tetanus. This little boy was admitted with severe painful spasms which were preventing him from feeding. We treated him with tetanus immunoglobulin, antibiotics, muscle relaxants, provided some pain relief and fluids. He required intensive medical care, but he recovered and was eventually discharged home well after a 25-day admission.

Other vaccine preventable diseases we see include measles, diphtheria and pertussis (whooping cough). Whooping cough is very dangerous for new-borns, and often causes them to have coughing spasms whereby they stop breathing. Maternal vaccination can prevent this life-threatening disease.

While the majority of our admissions are for regular childhood illnesses, such as diarrhoeal disease and pneumonia, the conflict has had a direct impact on the pathology we see.

We are doing the best we can with the resources we have, but as long as the war continues, we will be fighting an uphill battle."

Above: Bashayer is four years old. Here she undertakes a blood test at MSF's mobile clinic in Al Shantefah, north Yemen. Photograph © Ehab Zawati/MSF

Below: MSF teams perform emergency surgery in Aden, northern Yemen. Photograph © Pascale Marty/MSF

Right: Farhd was born on March 9th, 2018. Her mother, took her to the hospital in Khamer because she had lost weight and had difficulty breathing. Photograph © Agnes Varraine-Leca/MSF

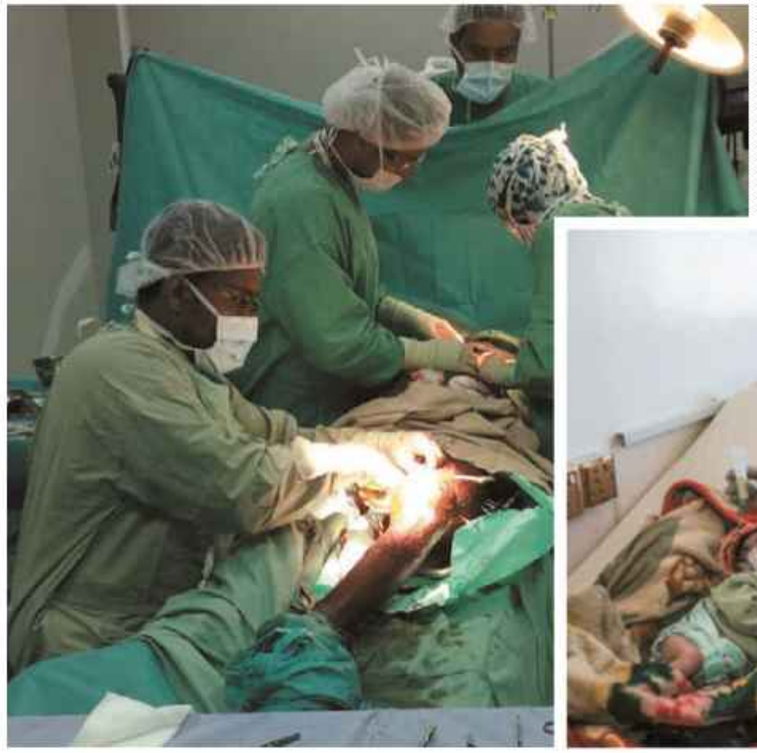
MSF's work in Yemen 2017:

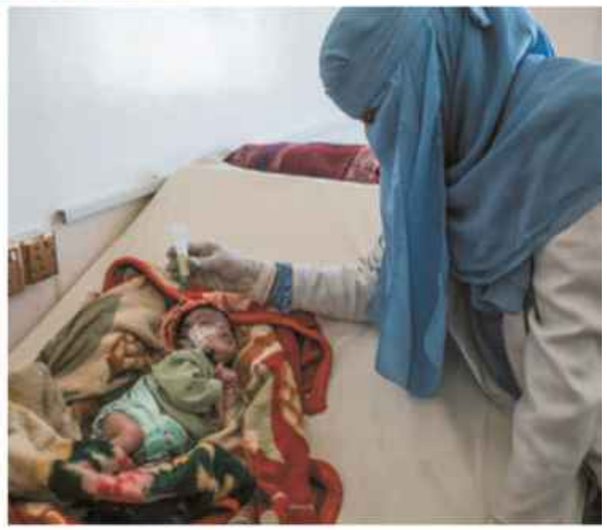
362,000
outpatient consultations

19,700
major surgical interventions

9,500
patients treated for intentional physical violence, including war wounds

"We are doing the best we can with the resources we have, but as long as the war continues, we will be fighting an uphill battle."





Nicola Morton an MSF Paediatrician and Medical Advisor was working Khamir and Haydan, in northern Yemen.

"At Khamir Hospital I was surprised to learn that the number of admissions were decreasing. This might seem strange, but a large part of it is that patients just can't get to the hospital. The story of baby Aysha, a patient who I met at Khamir, really speaks to these challenges. Aysha was born at home in a remote village in northern Yemen. When she became unwell the night after she was born, her grandmother set out on foot to get help, as the family could not afford a taxi.

She walked to the nearby health centre and then to the local hospital, but staff at both clinics told her they didn't have the resources to treat the baby. So, she kept walking. Six hours later, the grandmother reached the MSF hospital, exhausted and with blisters on her feet. Aysha was admitted to the newborn unit and commenced treatment for omphalitis (infection of the umbilical cord), which is life-threatening if not treated. She was

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given intravenous antibiotics and fluids, and slowly began to improve. When she was able to be discharged, her grandmother couldn't hide her happiness, saying she would walk the six hours again as now her granddaughter has a chance to live.

While Aysha was eventually able to receive the care she needed, we know there are people in the villages who can't get to us because they can't afford the transport. To help reach these people MSF is also aiming to provide more outreach care in addition to hospital-based care."

"For the average woman, with no hospital where she can give birth safely or affordably, she has no choice but to labour at home and hope for a good outcome"

MSF's work in Yemen 2017:

21,800
antenatal consultations

4,200
patients treated for Malaria

4,000
relief kits distributed

3,400
patients treated in feeding centers

Above: Raghad, a 10 month old little girl, is at the ambulatory therapeutic feeding centre in the MSF Mother and Child Hospital in Taiz with her father, Khaled. Photograph © Trygve Thoraon/ MSF

Obstetrician-gynaecologist **Diana Wellby**, worked in the MSF Cholera Response in Taiz, the response entailed a completely new aspect of maternity care.

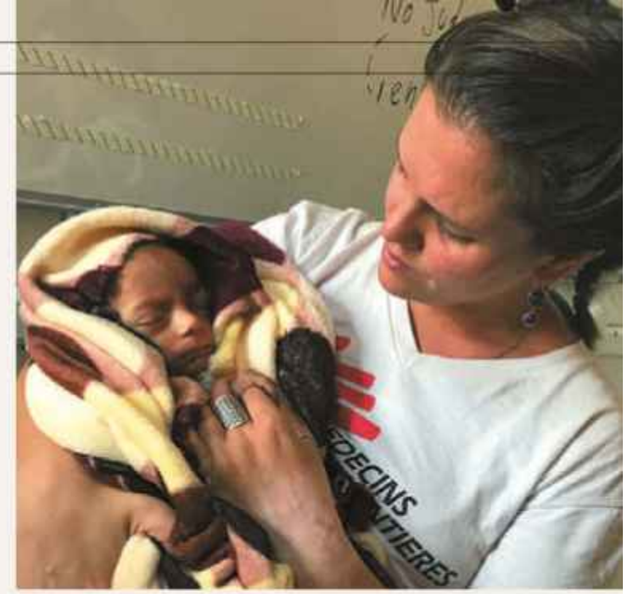
"When patients are admitted with cholera an important assessment is the degree of dehydration, graded into mild, moderate or severe. As the risk was higher for our pregnant patients, we made the decision to treat the pregnant women as one grade higher than their clinical assessment of dehydration level. So we were treating most of them with intravenous rehydration instead of orally. We saw a dramatic drop in foetal loss on this more aggressive treatment regime.

For the average woman, with no hospital where she can give birth safely or affordably, she has no choice but to labour at home and hope for a good outcome. MSF has here filled a huge need for safe birth, free of cost and with a high standard of care, available to all women who present for treatment. The most difficult part is that we do not have unlimited capacity. The hospital is getting busier and busier as news of its services has spread."

Find out more

MSF works in 13 hospitals and health centres in Yemen and provides support to more than 20 hospitals or health centres across 11 Yemeni governorates: Taiz, Aden, Al-Dhale', Saada, Amran, Hajjah, Ibb, Sana'a, Abyan, Shabwa and Lahj; with almost 2,000 staff, making it among MSF's largest missions in the world in terms of personnel. To read more visit msf.ie/yemen

"A call came through the radio: a suicide vest had been detonated..."



Above: Georgie holds a newborn baby in Tal-Maraq hospital. Photograph © MSF

Responding to an influx of patients injured by a suicide bomber late last year in Iraq, Australian doctor **Georgie Woolveridge** was confronted with injuries she had never seen before. She recalls the moment a severely wounded toddler was wheeled into MSF's emergency room...

"I've never wanted to forget something so desperately as the first time I saw you. As I finished treating my sixth patient in one hour, I watched them wheel you in. You were one of two tiny bodies laid out on a steel bed meant for broken adults. Your baby brother was next to you.

I choked back tears as my world hurtled away from the one I was used to, where babies cried when they were immunised, hungry only in the minutes it took to prepare a bottle, hurt only when learning to walk. Here in Tal Maraq, north Iraq, children are brought to hospitals bloodied and lifeless.

An hour before, a call came over the radio: a suicide vest had been detonated at a checkpoint and a few ambulances carrying survivors were on the way to us. Mechanisms were in place to accommodate the arrivals, but nothing could prepare me for the flood of human debris that was to arrive.

Chaos descended and by the time your stretcher was wheeled in we were engaged in a morbid game of Tetris with all the extra beds. We hunkered down for the worst.

"I STOOD AT YOUR BEDSIDE AND LOST IT"

I was dubious about you, little one. Limp, verging on lifeless and with injuries that could potentially prove fatal, we worked as hard and fast as possible to stabilise you and your brother, while our colleagues petitioned authorities to grant us passage through checkpoints so you could be referred for more definitive care.

Medicine can make us hard, detached and emotionally disengaged. But in a moment of uncharacteristic calm between arrivals, I stood at your bedside with my hand on the side of your head and lost it just a little.

Implying you were lucky that day is overstating things. Being involved in a blast that killed your mother and another sibling, leaving you and your brother severely injured doesn't seem all that lucky.

But it was fortunate when permission was granted to send a single ambulance through the checkpoints. We stabilised you the best we could and squeezed three tiny, war-ravaged bodies – you, your brother and an 11-year-old boy – into the back of the ambulance and sent you off.

MUSTERING HOPE

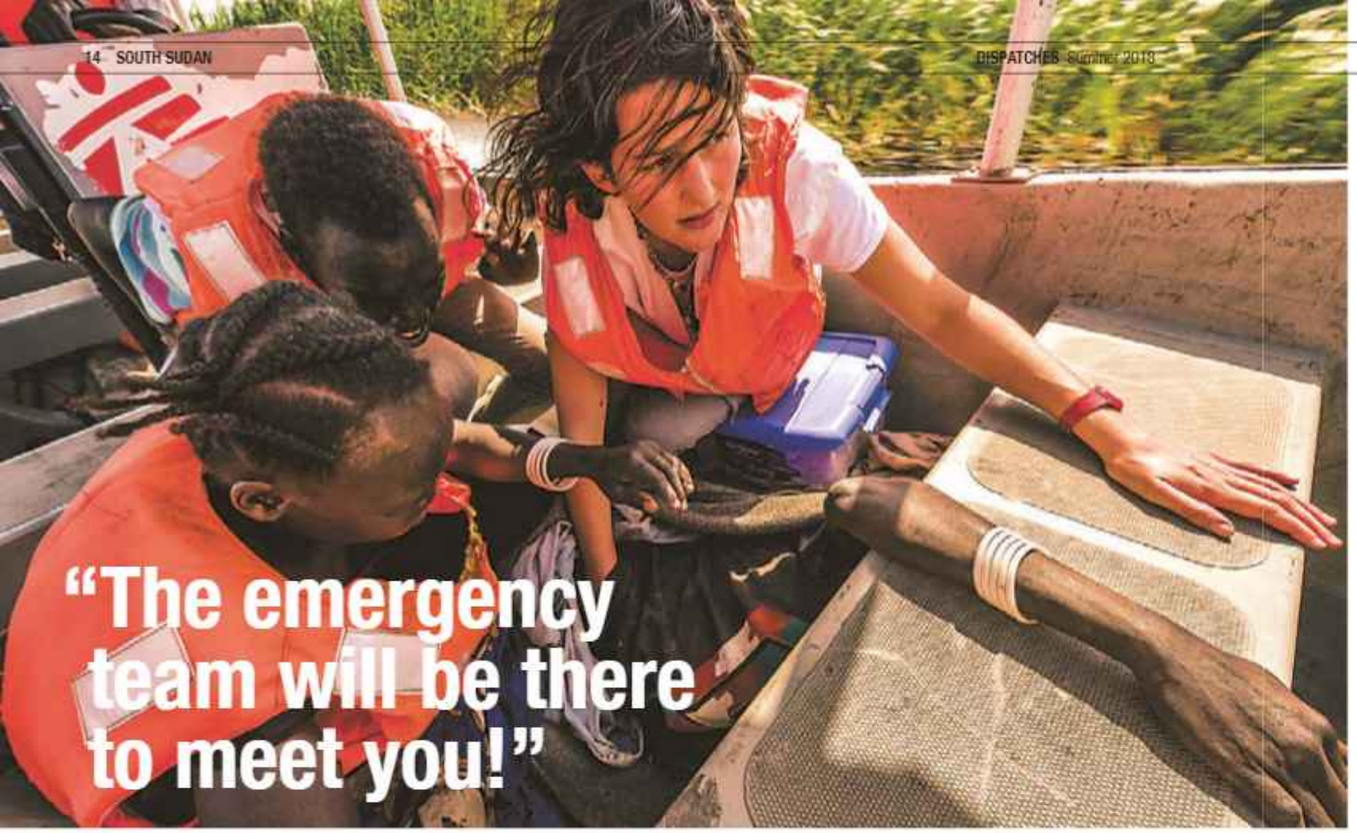
Vague reports filtered back to us about your prognosis: alive, severe brain injuries, no family.

Two weeks later, I tracked you down in a hospital two hours' away. I walked with quiet apprehension into your room to find you sprawled in childish sleep – one hand instinctively flung over your younger sibling, your ally. And then seeing you playing and cuddling for hours when you woke is the most precious memory I could take from an experience that overwhelmed me.

The day we met, I struggled to dream of a future for you. Now, I can muster hope. My hope is that one day, your biggest concern will be which grassy hill to roll down, how to kick a ball past your brother, and how to negotiate a later bedtime. My hope is that you will thrive."

Find out more

Read more from Georgie at blogs.msf.org



"The emergency team will be there to meet you!"

In a remote hospital in South Sudan, a call crackles through the radio. An MSF boat is speeding towards port. Onboard, a woman is going into labour and is bleeding heavily. Emergency Room (ER) doctor **Alexander Nyman** and the team are ready to meet them...

OLD FANGAK 4:22PM

The radio is calling.

Alex: "ER for Camille..."

Camille: "We'll be arriving at the port in five minutes. The woman is giving birth right now, we need a stretcher!"

Alex: "The emergency team will be there to meet you!"

Camille, an MSF midwife, puts her hand on the belly of 36-year-old Martha to check her labour, as the boat speeds down the river.

Martha lays at the bottom of the boat and clings to a bench. She is experiencing contractions and is in a lot of pain.

Her sister, Nyajine, accompanies her for support.

Just a few hours earlier the boat was urgently called to retrieve Martha from the nearby village of Wanglel. She had gone into labour the day before and received support from friends and family. If there are no complications, giving birth at home can often go well. But this time the delivery has been going on too long, and Martha is also bleeding heavily.

The family have been trying to seek our help since yesterday, but the hospital is far away and the journey is difficult.

Camille opens the paper case of a compress to help stop the bleeding, as Martha goes into the final stages of labour on the floor of the boat.

An MSF translator leans in to comfort Martha, over the roar of the boat's engine.

Her pain and contractions are now more intense.

Martha already has five children at home: one girl and four boys. Sadly, she has already lost two children.

The boat is approaching the riverbank at full speed. It slows down as it hits the sand. The emergency team is already in place.

The whole crew is seated right on the deck of the boat. I'm overseeing Camille, the midwife who's helping Martha to deliver her baby.

The child is in a cephalic position (head first). The head is already out. The umbilical cord is wrapped around the baby's neck; Camille puts two forceps on it, cuts the cord with scissors and releases it as she continues the delivery.

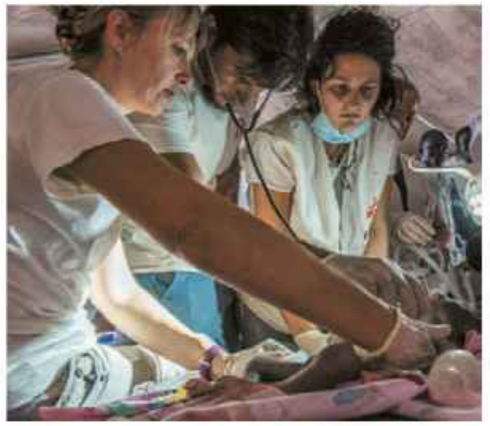
The baby is quickly wrapped up in a cloth and placed in the arms of the ER nurse. We all run the 30 metres to the ER. Martha is put onto a stretcher and rushed into the hospital. The infant isn't crying or breathing. The situation is critical.

The MSF emergency team gathers to treat Martha's baby. Nurse Delphine Jacquet and doctor Mustafa Alajeeli join the efforts.

Martha is also in a serious condition. She's lost a lot of blood and is in shock. Here in Old Fangak, there is no blood bank. If you need a transfusion, it's usually a family member who will be the donor – if their blood group is the right match, that is.

Luckily her sister had the right blood group. We rapidly started the transfusion, and four hours later her condition was stable.

Sadly, the baby did not survive. By the time they arrived at the hospital, it was already too late. It's terrible that we couldn't save the child. But we did save Martha.



Photos by Frederic NOY in Old Fangak, South Sudan

MSF'S Irish Field staff

Afghanistan Mark Sherlock, *Medical Team Leader, Co. Monaghan*

Bangladesh Thomas Fitzgerald, *Project Supply Chain Manager, Co. Kerry*, Mary Flanagan, *Medical Activity Manager, Co. Westmeath*, Daniel Crowell, *Watsan Manager, Co. Dublin*

Chad Jean-Marie Vianney Majoro, *Project Supply Chain Manager, Co. Kildare*, Zuzanna Kurcharska, *Humanitarian Affairs Officer, Co. Dublin*

Greece Declan Barry, *Medical Co-Ordinator, Co. Longford*

Honduras Samuel Thame De Toledo Almeida, *Advocacy Manager, Co. Dublin*

Iraq Peter Garrett, *Medical Activity Manager, Co. Tyrone*, Ismail Inan, *Logistics Manager, Co. Dublin*, Michael Galvin, *Medical Activity Manager, Co. Dublin*

Jordan Eve Bruce, *Deputy Medical Coordinator, Co. Kerry*

Syria Padraic McCluskey, *Humanitarian Affairs Officer, Co. Galway*, James Lee, *Medical Activity Manager, Co. Dublin*

Uzbekistan Louise McKenna, *Medical Doctor, Co. Dublin*

Yemen Rachel Fletcher, *Hospital Coordinator, Co. Dublin*, Alex Dunne, *Humanitarian Affairs Officer, Co. Dublin*

Gift in wills

Did you know that in 2016 one in six of MSF's projects were funded by gifts left in Wills?

For more information on how you can continue your support for MSF's work by leaving a gift in your Will, please contact Colm Dolan at **01-2815184** or **colm.dolan@dublin.msf.org**.

A Saturday like no other

Reem Bouarrouj is a Tunisian doctor on assignment in the remote town of Walikale, Democratic Republic of Congo (DRC). Here she recounts how a football match suddenly turned into a medical emergency...

"It was a Saturday like any other. In the morning I went to the hospital. My patients were stable. I went home, had lunch, and thought about taking a nap. Except this is Walikale, in the heart of the Democratic Republic of Congo. As my project coordinator told me when I first arrived: 'You never know what will happen here. You must always be ready for anything.'

He was right. This Saturday was going to be unlike any other…

"THERE ARE PATIENTS WITH BULLET WOUNDS IN THE HOSPITAL"

Suddenly we received an emergency call. "There are patients with bullet wounds," said the voice on the other end. "There was shooting at the nearby stadium and injured people are arriving."

With the shooting ongoing, I was not allowed to move about until our project coordinator could confirm it was safe. After a few, endless minutes, he called: "Do you feel able to go?"

His question made me realise, once again, a reality about MSF: I will never be forced to do something against my will.

Of course my answer was, "Yes, I'm ready!" As far as I'm concerned, my role is to be present, do my very best and give everything I can.

MASTERING THE SITUATION

I went by motorbike with our midwife to the hospital. The people we greeted along the way were calm.

While I was getting off the bike, I saw traces of blood. The hospital was full of people. I immediately went to the emergency room and found two children. One had a superficial injury and the other was suffering from anaphylactic shock – a severe and dangerous allergic reaction – caused when he was stung by something while hiding from the gunshots.

After examining and treating the two children, I went to the surgery department and then to the ward to examine the gunshot wounds.

It took us about three hours to master the situation, with everyone focused on doing the best for our patients.

That afternoon there was an exceptional mobilisation of personnel, even those who were not supposed to be at the hospital. They heard the shots and didn't hesitate to rush in and help their colleagues. I was proud to be part of this team.

WILL THE CALM RETURN?

Returning to base after this extraordinary Saturday, I felt conflicted. I was excited, having been at the heart of the action, but scared that Walikale would no longer be as calm as it was before.

The next day going to the hospital, I did not know what to expect or how people were going to be. But Walikale was the same. People smiled as if nothing had happened.

Most Congolese people I meet have a wonderful temperament and a rich kindness. Despite the country's traumatic history and uncertain present, people seem joyful. Meeting new people every day has been pure happiness for me.

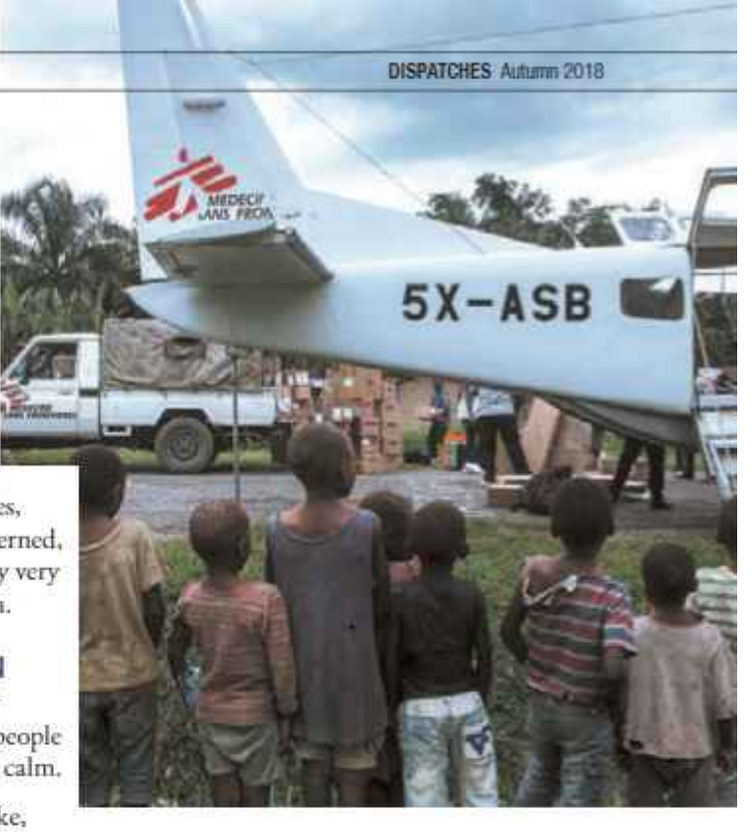
"I LAUGHED SO MUCH MY JAW HURT"

One day we had a party in a small improvised shed that was covered in tarpaulins. Suddenly it began to rain and the earth under our feet turned to mud. Do you think it stopped us from dancing and singing? Oh no! We were wet, had mud up to the knees and we continued to dance. I laughed so much my jaw hurt!

Each day I'm learning to develop a taste for simplicity and spontaneity. We don't know what tomorrow will bring, but if it's something unexpected like a shooting at a football match, we'll be ready and willing to give our all."

Find out more

Read MSF blogs at blogs.msf.org



Above: February 16, 2017: A plane brings supplies to the Walikale Hospital and the 4 health centres supported by MSF in this region of North Kivu province. Photograph © Gwenn Dubourthoumieu

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