

DISPATCHES

‘We were woken at 5am by a sudden blast. The windows were shaking, and we knew it had to be a bomb. I jumped up, gathered some essentials together and ran...’

A Médecins Sans Frontières surgeon reports from Ukraine, pages 4-5

Galina, 86, looks at the hole where a shell hit her apartment in Kievsky district in Donetsk, Ukraine, 21 January, 2015 Photograph: Manu Brabo



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SOUTH SUDAN

Nursing on the frontline

Siobhan O'Malley is an obstetric nurse who has provided healthcare in both Malakal and Bentiu, two South Sudanese towns hardest hit by the conflict that broke out over a year ago.

'When I arrived in Malakal in February 2014, the conflict was already underway.

There were warnings that the town would soon be taken by opposition forces. It was eerie seeing streams of people leaving in anticipation of the fighting and heading towards the United Nations compound in search of safety. I remember one woman with no possessions with her, just a baby in her arms. The next few days were tense as we heard gunshots in the distance and waited for something to happen.

Opposition forces attacked in the middle of the night. We had been forced to abandon our base in town and move into the UN compound some days earlier for our own safety. I was asleep in a tent with other members of the team when the project coordinator woke us up and told us to get ready, something was happening.

The internal barriers around our living quarters had been broken down as people tried to get as close as they could in search of extra protection. Wide-eyed and silent, hundreds of women and children were now huddled under trees and next to our tents in the darkness.

Mass casualties

The ground began to shake as shelling started near the compound and we ran to the bunker, a collection of six shipping containers fortified by sandbags. The women and children ran with us. It was extremely hot inside, with as many people as possible packed in. We sat there for hours, trying to listen to what was happening outside.

Reports came in of mass casualties and we left the bunker and drove a few hundred metres through crowds of rioting people



to the compound's hospital. The smell of burning was overpowering, ash was falling from the sky and there were towers of black smoke on the horizon.

Through the window of the jeep I saw a terrified girl, about 12-years-old, with a wild look in her eyes. She was swinging a machete round and round to try and protect herself.

A midwife in Bentiu

At the hospital we treated gunshot wounds, injuries from machetes and blunt trauma. With supplies running low, I went from patient to patient. For the remaining months of my mission the focus was on treating war-wounded. Not what I expected to be doing here in South Sudan...

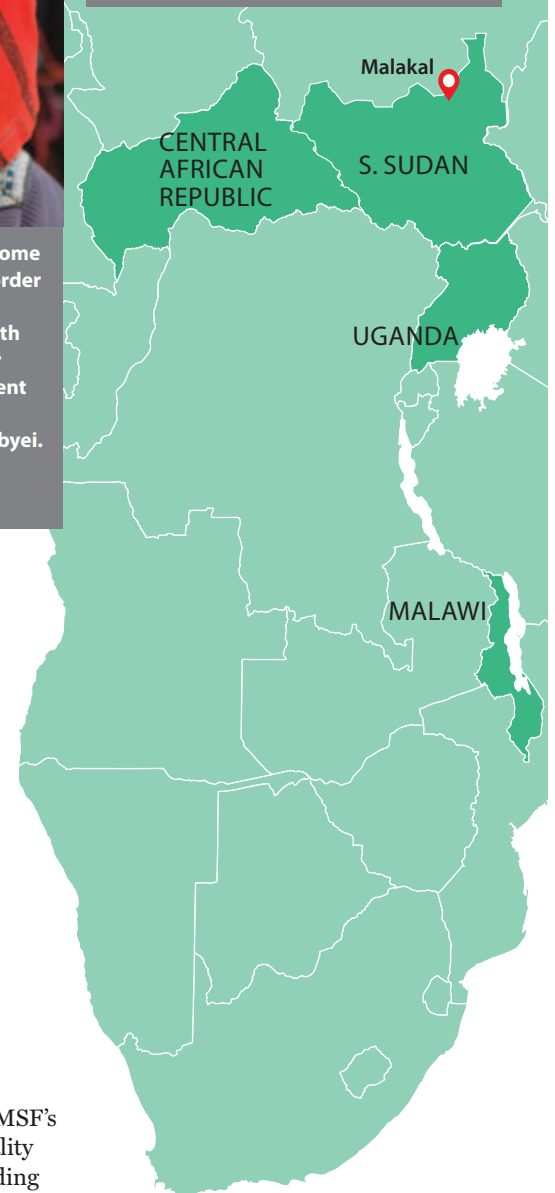
I felt compelled to return to South Sudan later that year and I'm currently working as a midwife in Bentiu. Médecins Sans Frontières is providing healthcare services to around 40,000 people sheltering inside the UN compound and is running mobile clinics to help people in the surrounding area.

Working here, I have seen

first-hand the value of MSF's neutrality and impartiality when it comes to providing medical care – and just how important this is to people's survival in times of conflict.'



MSF's mobile clinics activities near Bambari, Central African Republic. After treatment, a boy who accidentally hacked in his foot with a machete is carried back to his family house by an MSF nurse.
Photograph: © Jeroen Oerlemans, 2014



In the village of Calek, some three hours from the border with Sudan, 1,542 new families have arrived with some having walked for weeks after fleeing violent raids and conflict in the contested territory of Abyei.

Photograph: © Ashley Hamer, 2014



Uganda's population has been hard hit by the AIDS pandemic. In the northwestern town of Arua, Médecins Sans Frontières provides medical care for nearly 2,500 people living with the virus. Médecins Sans Frontières was also one of the first organisations to offer free antiretroviral (ARV) treatment in Uganda, and it uses generic drugs in fixed-dose combinations.

Photograph © Isabel Corthier, 2014

MYANMAR

MALAWI

Médecins Sans Frontières launches flood response

In January, torrential rain and flooding caused devastation in Malawi, with thousands cut off without food or healthcare. MSF teams began responding immediately, providing medical care, setting up tents, distributing mosquito nets and water treatment kits, as well as building latrines to prevent the emergence of water-borne diseases.



“The floods are behaving like a slow tsunami with the river swelling progressively downstream towards the south and Mozambique,” said Amaury Grégoire, MSF head of mission in Malawi. “Most of Nsanje and East Bank are submerged under two to three metres of water, which has transformed these vast plains into a giant lake, engulfing houses and bridges. Even though these areas are prone to floods, old people I talked to could not remember events of this magnitude.”

Although water levels are expected to progressively come down, more assistance will be needed for the 85% of the population whose crops and possessions have been completely destroyed by the flooding.

Berita Tcheleni welcomed her newborn baby girl in the most difficult conditions: 13 days after the floods, Berita gave birth in the isolated village of Makhanga with the help of MSF nurse Clive Kasalu who had just arrived by helicopter. Makhanga is only reachable by the air since the floods on January 9th.

Photograph: © Rowan Pybus, 2015

MYANMAR

Médecins Sans Frontières restarts basic medical activities in Rakhine

Médecins Sans Frontières has restarted primary health clinics in Rakhine state almost a year after being ordered by the authorities to suspend our medical activities in the region.

In the four weeks since reopening, MSF teams have conducted over 3,480 outpatient consultations, treating people with watery diarrhoea, respiratory infections, and patients with chronic conditions. Over 550 consultations with pregnant women have also taken place.

“We welcome the progress we have made so far, but stress there is space to do more; the space we at Médecins Sans Frontières are willing and able to fill,” says Martine Flokstra, MSF Myanmar Operational Advisor. “We hope to continue this dialogue with the authorities to ensure that those who need it most in Rakhine state are able to access the healthcare they need.”

‘Most victims are hit when they’re walking down the street’

As fighting continues in eastern Ukraine, the situation for civilians caught in the conflict zone is now desperate. Doctors working in hospitals close to the front line are struggling to treat the wounded with dwindling supplies, leaving doctors to stitch up patients with fishing line. Médecins Sans Frontières/Doctors Without Borders (MSF) teams are scaling up their support amid continued shelling and the closure of checkpoints. MSF surgeon **Michael Roesch** reports from the conflict, where he is supporting the surgical team in a hospital in Gorlovka.

12 February, 2015

‘I arrived in Gorlovka six days ago and went straight to the hospital. The main operating theatres up on the

sixth floor are no longer functioning because they’re just too dangerous with all the shelling. There’s one working operating theatre on the ground floor. Every day they receive between five and 20 victims of shelling. Last week, 60 injured people were brought in on one day. But since yesterday, there’s been no running water in the hospital, and so they’ve had to cancel all but the most urgent operations. Without water, you can’t sterilise anything.

‘You hardly see any children’

The city isn’t in ruins – it doesn’t look like Gaza – as the grenades don’t destroy buildings completely, though smaller houses in the suburbs can collapse. But all the buildings have shattered windows – an issue when the temperature goes down to 10 below zero at night. Yesterday we passed a children’s playground with scorch marks on the ground from

where a shell had exploded. And there are bomb craters everywhere, including one right in front of the children’s hospital.

But you hardly see any children. Most of the families with small children have left. The city has gone from 300,000 inhabitants down to about 200,000. It feels like a ghost town. Most of the shops are closed, there are no cafes or restaurants. If people have to go out, they walk very swiftly. No one stands around unless they’re waiting for a bus.

Every hour or two, a grenade detonates somewhere in the city, completely randomly. Most victims are hit in the open air, when they’re walking down the street or waiting for the bus. Inside houses, you’re mostly safe as long as you stay away from the windows.

Woken by a sudden blast

Two days ago a house 200 metres from our hotel was hit. We were woken at 5am by a sudden blast. The windows were shaking, and we knew it had to be a bomb. I jumped up, gathered some essentials together – my computer, reading glasses, penknife, warm clothes, body armour and a helmet – and ran down to the basement for shelter. I’d already stashed an emergency medical kit



Men clear debris after a shell fell near their apartment in Voroshilovskyy ar



MSF surgeon **Michael Roesch** describes the situation in Gorlovka, eastern Ukraine.

‘Every hour or two a grenade detonates somewhere in the city. Most victims are hit in the open air.’



MSF staff deliver medicines to a hospital in Donetsk.
Photograph: Manu Brabo/MSF

UKRAINE

What is Médecins Sans Frontières

doing? Since the beginning of the conflict in eastern Ukraine, MSF's teams have been supporting medical facilities in Donetsk and Luhansk regions with medical supplies, as well as running psychological support activities. Since May, our teams have supplied 100 medical facilities on both sides of the frontline, enough to treat more than 15,000 wounded patients.

For the latest news and information, visit msf.ie/ukraine

because 50 percent of medical staff have left the city. Those who remain haven't been paid for seven months.

Overwhelmed

The past six days have been really overwhelming for me. I'm a surgeon, but I have never in my life seen so many amputated people – women go shopping and one hour later they are without their legs. The surgeons here – who have never had to deal with war-wounded before – are having to carry out at least one or two amputations every day.

We're the only ones here

It's difficult for the hospital staff, but they are coping remarkably well. Like the rest of the population, they have a very stoic attitude. They are very brave, very calm and contained; they are doing their best to cope. But you can sense that underneath they are very close to desperation. They feel abandoned by the outside world. Apart from Médecins Sans Frontières, there are no other international organisations here. People are desperately waiting for a sign from the rest of the world that they haven't been forgotten.'



sky area, in the centre of Donetsk. Photograph: Manu Brabo/MSF



A patient infected with tuberculosis is treated by a member of MSF staff in a prison in Donetsk, where Médecins Sans Frontières is helping to treat patients infected with TB. Photograph: Manu Brabo/MSF

antibiotics, disinfectants for wounds – we've already received a huge list of things they urgently need.

But getting supplies into the city is not easy. Gorlovka is basically surrounded by the front line, and can only be reached through a 'humanitarian corridor' 10-15 km wide. The corridor gets shelled often, so it's dangerous to pass through it, and frequently it is closed.

I've visited three hospitals in the city which are still functioning, but many health centres and clinics are closed, partly due to the shelling, but also

downstairs. At times like that you're just waiting for the next blast to happen.

Running out of supplies

The hospitals are running out of basic medical supplies. There are no surgical sutures left, and the surgeons are stitching people up with fishing line. As the water supply worsens, diarrhoea amongst infants is increasing, but the children's hospital has run out of the infusions they need to prevent dehydration. Supplies of all sorts of drugs have run out – we've been asked for insulin,

'I'm a surgeon, but I have never in my life seen so many amputated people.'



An MSF psychologist during a consultation with a patient at a health centre in Shakhtarsk, Donetsk region. Photograph: Manu Brabo/MSF

In the remote east of the Democratic Republic of Congo (DRC), a skilled group of Médecins Sans Frontières/Doctors Without Borders (MSF) motorcyclists face mudslides, armed militias and vertical drops in their mission to reach people cut off from medical care.

Photographs © Pau Miranda/MSF

The road from Minova to Numbi, in eastern Democratic Republic of Congo (DRC), is an off-road motorcyclist's dream. Two hours of slippery slopes, mud and obstacles require skill, steady hands and steely nerves. Yet for the MSF team, tackling this road is no mere joyride. Every day, teams of MSF bikers traverse this route and ones like it to transport ill and pregnant patients from their remote homes to hospitals and health clinics many miles away.

"I have never encountered an impossible situation," smiles Shabadé, one of the motorcyclists working for MSF in South Kivu. "You always find a way. But sometimes you have to cross yourself before accelerating."

On roads and mud tracks that are impassable to most other vehicles, the bikers have the added responsibility of safely carrying people who are often seriously ill. "It's a lot of pressure because you have to go fast but also carefully because you are driving people in a delicate situation," admits Akonkwa Kacihambra, an MSF biker based in Numbi.

"There's really no 'typical' day here, circumstances vary enormously. Last September, a grenade blast injured a dozen people in a village, and we had to find a way of getting them all to hospital. Despite some serious injuries, we still managed to get everyone to safety. Later we found out that everyone had got better. Hearing that gave us a lot of satisfaction."

Bikers witho



out borders



The motorbikes are an essential part of the many vaccination campaigns carried out by Médecins Sans Frontières in the region, in which the only way to take vaccine containers deep into the jungle is on two wheels. "Sometimes the bike carries a load of 150 kilos, which is a lot," explains biker Pascal.



"We cover a very big area, and the terrain is harsh," says Akonkwa. "Sometimes we have to climb quite high into the mountains (up to 2,200m in altitude) to pick people up, and it gets extremely cold. Every situation is different and needs a different approach."



"Once we were on an exploratory mission in the south of the province and militiamen stopped us at a roadblock," says Pascal. "Things got ugly and we had to flee as they shot into the air."

continued on page 8



"Recently we were driving a pregnant woman to the hospital but she started to have the baby," says Brimana, one of the newest bikers. "Luckily, the guy on the support bike had some experience and we were able to help the woman to give birth. Everything went well."



-“To add to the geographical difficulties, I’ve also been in situations where I’ve had to dodge bullets and grenades. But I try to stay professional and just do what I can to get people to the nearest hospital.”



“People’s reactions vary when they see us arrive on our bikes,” says Akonkwa. “Some are very ill and when you ask them to get on the bike, they don’t want to. Eventually we convince them it’s for their own good. And sometimes people just come out to thank us as they understand that we are trying to help them in difficult conditions. It’s not even a choice most of the time. It’s about saving their life.”



“What motivates me in my job is observing how humanitarians work,” says Akonkwa. “I admired how they work selflessly for other people, so when I was given the opportunity to sign a contract with Médecins Sans Frontières, this gave me the chance to do the same. I like it that we have to put ourselves to one side and think about how we are going to save other people in extremely challenging situations. Some situations are really critical and I know we’ve already helped to transport hundreds of people in the last six months, and that’s fantastic.”



Members of the community in Kerema, Gulf Province, gather to watch a UAV demonstration flight.
Photograph © Aris Messinis/Mattnet

Treating TB from the air

How do you provide medical care to people cut off by impassable roads and dangerous, crocodile-filled rivers? In Papua New Guinea, Médecins Sans Frontières/Doctors Without Borders (MSF) is trialling the use of unmanned aerial vehicles to reach patients in need.

Roads that have turned to thick mud. Treacherous conditions on the Coral Sea. Rivers that are so infested with saltwater crocodiles that boat journeys are not safe. In Papua New Guinea's Gulf Province, getting from A to B is no easy task.

For the people living in this region, accessing medical care is extremely difficult. However, with Papua New Guinea currently



Poor road conditions are one of the biggest challenges that Médecins Sans Frontières faces in reaching isolated communities. Photograph © Sean Brokenshire/MSF



Above: An MSF laboratory manager Lise Marchand operates the UAV via a smartphone. Below: A sample from a suspected TB patient is loaded into a capsule for UAV transport. Photographs © Aris Messinis/Mattnet

experiencing one of the highest rates of tuberculosis (TB) in the world and with the Gulf Province the worst-affected area, these people's need for effective treatment has never been more urgent.

"We're working in one of the biggest swamps in the world," says MSF programme manager Eric Pujo. "It's a very challenging environment, and to run a good TB project, one of the key points is diagnosing people quickly. The earlier you can put a patient on treatment, the more

likely you'll stop the disease from spreading."

In order to reach these cut-off communities, Médecins Sans Frontières has begun trialling the use of unmanned aerial vehicles (UAVs) as a first step to combating the epidemic.

Operated from a smart phone, these UAVs can travel at a speed of around 37mph with a range of around 20 miles and carry up to 10 TB test samples from patients. At a pre-arranged meeting point, members of the community wait for the UAV to land, then load the samples on to the craft. Once the UAV returns to base, the samples can be tested rapidly, with the plan being for TB medication to then be flown back to the affected patients, all within a day.

"Our goal is to drastically improve our diagnostic capacity and our ability to react quickly," says MSF head of mission, Benjamin Gaudin. "It's all very new, but it could be a real revolution for us in terms of diagnosing and treating patients in this area."

Although the UAV system is in its infancy, Médecins Sans Frontières is hoping that it will ultimately prove a critical tool in the battle to halt this TB epidemic.

'The earlier you can put a patient on treatment, the more likely you'll stop the disease from spreading.'



The survivors make it home

Since the Ebola outbreak in West Africa was officially declared in March last year, more than 8,600 people have lost their lives. Whole communities have been devastated and families wiped out. Yet amid this desolation, more than 2,300 people have beaten the disease; their survival an inspiration for fellow patients and staff. Yet after the cheers and celebrations have subsided, these survivors are faced with an even greater challenge: the task of rebuilding their lives and shattered communities. In Sierra Leone, a Médecins Sans Frontières/Doctors Without Borders (MSF) nurse **Alison Criado-Perez** tells the story of one survivor's journey home.

"Having come into our Ebola Management Centre three weeks ago with a positive blood test, Mama Sesay had slowly become stronger. Her symptoms had gradually disappeared, and her blood test was now negative. Giving her that news was the happy task of our mental health team, and after further counselling and advice, she was ready to rejoin her family and community.

One of the lucky ones

In my new position as part of the outreach team that will help to monitor and control the epidemic out in the villages, I accompanied Mama Sesay on this great occasion.

To survive a disease like Ebola makes you one of the lucky ones. She'd come to us before the disease had become uncontrollable, before the haemorrhagic symptoms had started, before the viral load was so high that we would not have been able to save her. As it was, we were able to help boost her immune system so that she could fight the virus and overcome it.

As we drove Mama Sesay home, I thought with sadness of a young boy who had not been so lucky. He had come into the centre a few days ago, so weak and breathless that he had to be carried on a stretcher out of the ambulance. He gave his age as fourteen, but looked about ten. As he sat weakly in the triage area for a quick assessment, Robi, the doctor in charge of the running of the centre, shook his head.

"He won't make it," he said sadly. For some reason I had an intuition that this boy would somehow beat the odds. So I was devastated when I came on duty the following morning, looked at the board where all our patients' numbers were displayed, and couldn't see his. And then I saw it. With a circle and a cross beside it. Under the heading "Morgue". Robi had been right and my misplaced optimism wrong.

A bittersweet homecoming

But now we were on a good news journey. The Land Cruiser bumped its way down the dusty, red road, lined with tall grasses and clusters of palm trees. Makeshift barriers, in



MSF nurse Alison Criado-Perez says farewell to Ebola survivor Mama Sesay and grandchildren in the village of Yoni Bana, Sierra Leone. Photograph: ©



John Mulbah, 33, poses after placing his handprint on the wall of survivors at MSF's ELWA 3 Ebola Management Centre on January 4th. John was the 500th survivor discharged from ELWA 3 and went home to his wife, also a survivor and their children.

Photograph: © Caitlin Ryan/MSF

Bentu Sandy, an Ebola survivor who now works with Médecins Sans Frontières in Bo as a mental health counsellor talks with Robert Mohammed Kelly in the Bo Ebola Treatment Centre. Robert was discharged on December 8th.

Photograph: © Anna Surinyach



EBOLA

Is the Ebola outbreak coming to an end? At the time of going to press, a downward trend of new cases across MSF's treatment centres in Guinea, Liberia and Sierra Leone has given rise to the hope that the outbreak might be coming to an end. However, vigilance is still required, as a single new infection could reignite the outbreak. "This decline is an opportunity to focus efforts on addressing the serious weaknesses that remain in the response," says Brice de la Vingne, MSF Director of Operations. "We are on the right track, but reaching zero cases will be difficult unless significant improvements are made in alerting new cases and tracing those who have been in contact with them."

For the latest information, visit msf.ie/ebola

place since the 'lock-down' to prevent people moving from village to village, were raised to let our vehicle with its well-known emblem through. Apart from little children calling out "Opoto!" (white person) as we passed, the villages were quiet, houses locked and shuttered. A sign indicating the primary school pointed towards a building that was silent and empty. Schools have been closed since the start of the academic year, the only teaching being carried

out over the radio.

As we neared her village of Yoni Bana, Mama Memuna Sesay let a small smile creep over her face. But her happiness at returning must have been marred by grief: grief for her mother, who had died from Ebola in her home, grief for her pregnant sister who had also died. She had been caring for her mother along with Memuna, and pregnant women are exceptionally vulnerable.

But there was still a large group waiting to greet Mama Sesay as we drove up, and as she stepped from the Land Cruiser clapping and cheering erupted. As her three small grandchildren ran up to hug her, she beamed. It was a good moment.

'I shake her hand'

One of our health promoters gave a message explaining that Mama Sesay was completely free from Ebola, that she no longer carried the infection and she had a certificate to prove it. He continued by reiterating the general Ebola message of ABC – Avoid Body Contact – and of reminding people that they should call the Alert Line if anyone showed any of the symptoms of Ebola.

After shaking her hand – the first contact I had had with her without being protected by our personal protective equipment – with many waves and cheers we left Mama Sesay, happily back once more in her community, an Ebola Survivor."



Sesay, surrounded by her relatives
 Photograph: © Alison Criado-Perez/MSF



Augustine Kargbo (centre) survived Ebola. He is celebrating being discharged from a centre. Photograph: © Anna Surinyach

MSF'S IRELAND VOLUNTEERS

Afghanistan

Declan Barry,
 Doctor,
 Co. Longford

Central African Republic

Anna Carole Vareil,
 HR Coordinator,
 Co. Dublin

DR Congo

Éimhín Ansbro,
 Doctor,
 Co. Clare

DR Congo

Laura McMeel,
 Pharmacy Manager,
 Co. Dublin

Kenya

Richard Delaney,
 Water & Sanitation Manager,
 Co. Kilkenny

Kurdistan

Christopher McAlleer,
 Logistician,
 York

Sierra Leone

Emer Kilbride,
 Doctor,
 Co. Dublin

Sierra Leone

Kieran O'Connor,
 Doctor,
 Co. Waterford

Sierra Leone

Sean King,
 Water & Sanitation Manager,
 Co. Mayo

Uzbekistan

Cormac Donnelly,
 Doctor,
 Co. Galway

Uzbekistan

Donal Doyle,
 Biomedical Scientist,
 Co. Dublin

60 SECOND INTERVIEW



Seán King is an engineer from Co. Mayo. He has just left for Sierra Leone, on his third assignment with Médecins Sans Frontières/Doctors Without Borders (MSF).

What work will you be doing on the ground?

I'll be working as a Water & Sanitation (WATSAN) manager in an Ebola Management Centre (EMC).

How did your family and friends react to your latest posting?

Initially my family and friends were a bit shocked that I would consider going to work on an Ebola project in Sierra Leone.

However, after we discussed it some more and I explained my reasons for wanting to do this work, people showed me good support and wished me luck. My family still worry and look forward to my return, but they're supportive!

What 'essentials' are you bringing in your rucksack?

Being Irish, at the top of my list is factor 30 sun screen of course! But I've also packed a mini speaker, music always cheers me up, and plenty of light clothes. For the team, I'll bring some cheese and whiskey, to make a good impression.

What operational differences do you expect to be faced with on this assignment?

In Sierra Leone, I expect that the procedures MSF has in place to stop the spread of Ebola will make this a very different experience. People are not allowed to touch or even shake hands, so this will affect almost every human interaction. This will certainly influence the way I work for the entire duration of my eight week posting.

What aspects are you most looking forward to?

I'm looking forward to working with the national staff. I've

heard great things about the WATSAN team. They have been the backbone of MSF's response to this Ebola outbreak since the crisis began, and I can't wait to meet them!

By now you will have just finished an MSF training course in Amsterdam, which is essential for those visiting an Ebola affected region, how did you find it?

The training was fantastic. I feel I'm fully prepared to join the team at the Ebola Management Centre.

This is your third assignment with Médecins Sans Frontières. In your opinion, what sets Médecins Sans Frontières apart?

The enthusiasm and dedication of those who work for MSF is really inspiring and motivates me so much. It's also the appreciation that our patients show which affects me strongly. MSF allows you to work directly with those in most need of medical treatment, and I can see the positive difference that our work makes to people's lives.

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About Dispatches

Dispatches is written by people working for Médecins Sans Frontières 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 Médecins Sans Frontières works. We welcome your feedback. Please contact us by the methods listed, or email: alice.sachova@dublin.msf.org

Making a donation

You can donate by phone, online or by post. If possible please quote your supporter number (located on the top right-hand side of the letter) and name and address.

Leaving a gift in your will

Have you thought of remembering Médecins Sans Frontières in your will? Any gift is welcome, however large or small. For more information, contact: alice.sachova@dublin.msf.org or call us on **01 660 3337**.

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