MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

Médecins Sans Frontières MSF (Doctors Without Borders) is a leading independent humanitarian organisation for emergency medical aid. In more than 60 countries worldwide, MSF provides relief to the victims of war, natural disasters and epidemics irrespective of race, religion or political affiliation. MSF was awarded the 1999 Nobel Peace Prize.

# Pushing my luck to get a patient treated

**Kate Chapman is an Australian nurse with a background in emergency and trauma. She is in western Ethiopia on her second mission with MSF**

‘I was asleep when the call came through at 9:30pm. There had been a shooting and the victims had been brought to the health centre. I staggered into the nearest set of clothes, adorned rubber boots and coat, and trekked deliriously through the mud. Two gunshot patients, one shot in the back, left flank, the exit wound lower left chest, the other through his right hip/buttocks with the exit right groin.

The second was OK but the first had probably nicked his spleen or kidney. He'd lost a lot of blood, his inner eyelid glowing a deathly white, which is a sign of anaemia. We worked on him for a couple of hours and were just about to leave when more shots rang out in the night. It was funny, some of the staff were really panicking, really worried, but after the adventures of the day, sitting behind a wall, shots ringing out, having a smoke and a coffee, I just wanted to go to bed.

We got back to bed around 2am and were awoken again by the staff at 5.30am. “What's wrong?” I asked.

“The patient has five litres of blood in his stomach”

“Really? How do you know?”

Considering we don't have anything more technical that a thermometer, I was surprised. Anyway, we all got up and prepared for the boat transfer to MSF in Nasir, South Sudan, knowing we would have to wait for dawn.

KateChapmanwithtwinsshehelpedtodeliverafteraboatjourney toNasir,SouthSudan,togettheirmotheremergencytreatment

> ‘After the adventures of the day, sitting behind a wall, shots ringing out, I just wanted to go to bed’

Read more of Kate's blog from Ethiopia at msf.org.uk/blogs.aspx

At 7:15am the administrator and I headed into town to check on security. The mud was treacherously slippery and over a foot deep in places. It wasn't long before my boots were full of water and I was drenched.

As we reached the place, we ran into a large group of heavily armed soldiers. I didn't want to attract attention so just smiled, nodded. Not long after a very tall, solidly built guy, in brown/green gear introduced himself as the head of security.

“Great – just the man I need to see,” I said in a friendly hand-outstretched manner. “I need to ask you about security because there was some shooting last night. One patient is critical so we're taking him to the MSF surgical programme in South Sudan. I need to know if it's safe to travel.”

“Yes, I know, we shot them,” he replied coolly. “He is a prisoner and is not to go over the border”.

I smiled, looked up to his huge 6ft 4in frame, a machine gun slung over each shoulder, looked into his eyes and said as nicely as I could: “The patient is critical, his only chance is to have emergency surgery in Nasir, we are taking him there. We are MSF and we are only interested in the medical aspects of this case. We are neutral and will treat everybody the same no matter what their religion, race or political agenda; that is MSF.”

Yep, that's our MSF charter, the one I believe in and is true to my heart!

He stood taller and with puffed chest asked me, “Do you know what he has done?”

“It's none of my business what he's done, I'm only concerned about his medical condition. We will take him to Nasir, he will have emergency surgery and when he is stable he will be transferred back to Mattar. When he is released it is none of my business what you do with him, but now he is under MSF care and we will do the best we can to save his life.”

“I will speak to my superior,” was his solemn response.

Five minutes later he returned, informed me his chief agreed with MSF and the patient could go, but he required us to bring the patient to jail when he returned from Nasir. I told him we would transfer him back to the health centre and once he was released they could then do what they needed to. We shook hands and I headed back to the compound feeling a little relieved and a little like I'd been pushing my luck!’

## YOUR SUPPORT

### 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. It is edited in London by Marcus Dunk.
It costs 6p to produce, 7p to package and 22p to send, using Mailsort Three, the cheapest form of post. 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. We welcome your feedback. Please contact us by the methods listed, or email:marcus.dunk@london.msf.org

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Have you thought of remembering MSF in your will? Any gift is welcome, however large or small. For more information, contact joanna.corbin@london.msf.org or call us on 0207 404 6600.

DISPATCHES

# Small wonders

## Welcome to the night shift in a Sudanese refugee camp

The heart rate of Hamer Abdala is checked in the intensive care section of the clinic in Batil refugee camp, South Sudan Photograph: © Olga Overbeek/MSF, 2012

Winter 2012 No 67

MEDECINS SANS FRONTIERES
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Inside Simple ways of saving lives in northern Nigeria ◇ Letters from Zimbabwe ◇ Getting treatment for a shooting victim in Ethiopia

## Haiti
### Cholera battle

MSF has boosted its work to tackle cholera in quake-hit Haiti after Hurricane Sandy threatened to increase the incidence of the disease.

Thousands of Haitans are still living in camps or shantytowns following the disaster two years ago, where poor sanitation is breeding the waterborne disease. Cholera can take a person's life within hours if not treated.

Flood waters caused by Hurricane Sandy could further increase the risk of transmission amongst those living in temporary camps and shacks.

MSF, which sees an average of 250 people a week in its clinics in the capital Port-au-Prince and nearby town Léogâne, has ramped up its work to tackle the disease in response.

It has treated 12,000 patients since the start of the year.

Camp resident Wilsème told MSF: "We're living in difficult conditions, with no access to clean

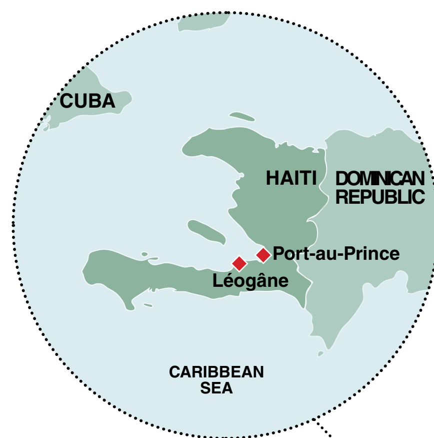
PHOTOGRAPH: © MATHIEU FORTOUL, HAITI, 2012

water and soap. We know we are at risk of being infected with cholera, but don't have any means to protect ourselves."

MSF is urging the Haitian health authorities to step up its efforts to treat the disease.

"Hurricane Sandy has revealed the inability of the Haitian health system to respond to cholera," said Joan Arnan, MSF head of mission in Haiti.

"MSF is increasing its treatment capacity in Port-au-Prince and Léogâne to cope with the incoming patients."



PHOTOGRAPH: © NATASHA SERGEEVA, DUSHANBE, TAJIKISTAN, 2012

## Tajikistan
### New TB treatment

Children in Tajikistan with multi-drug-resistant tuberculosis (MDR –TB) are receiving treatment for the first time thanks to a groundbreaking MSF project.

The organisation has opened a new ward in Machiton hospital, near the capital Dushanbe, where it plans to treat up to 100 children with the life-threatening disease, and their family members, by the end of the year.

Poverty and an underfunded health system in Tajikistan have led to people with MDR-TB being systematically neglected. Undiagnosed and untreated, the highly infectious disease spreads quickly amongst friends and relatives, fuelling stigma.

The situation is even more dire for children, with not a single one receiving treatment for MDR-TB until MSF began its project.

Nana Zarkua, MSF's medical coordinator for Tajikistan, said: "It's not uncommon in Tajikistan for several members of one extended family to be sick. What makes our programme special is the family approach to the problem.

"When we identify a sick child, we can provide the family with information on how to reduce the spread of the disease, and we can trace contacts within the family to see who else might be infected."

MSF's project treats children as outpatients where possible, to allow them to live as normal a life as they can, and works with schools to encourage them to allow children to rejoin lessons once they are no longer infectious.

## Greece
### Aiding migrants

MSF sent a team to Greece's Aegean Islands to help migrants arriving from Syria, Afghanistan and elsewhere who were subjected to poor conditions.

The organisation helped almost 250 people by providing basic personal hygiene items such as soap and toothbrushes, and giving water and food to children.

MSF visited the islands of Samos, Leros and Simi in late summer to assess the situation following reports of an influx of migrants to the islands.

The organisation is concerned at the inadequacy of the current facilities for incoming migrants, with limited access to food and drinking water, poor sanitation and no separation of men, women and families.

MSF has been providing medical and humanitarian assistance to migrants and asylum seekers in Greece since 2008.

PHOTOGRAPH: © MSF, EVROS, GREECE, 2012

## Afghanistan
### Bomb victims treated

MSF provided emergency medical care following a major explosion in Kunduz, northern Afghanistan.

Almost 40 people were treated at the organisation's surgical hospital following the blast in September. Thirteen had such severe wounds that they were dead on arrival.

"The explosion was close to the hospital, and the patients arrived within minutes," said Anna Halford, MSF's field coordinator in Kunduz. "Handling such incidents is a race against time."

Fourteen patients were stabilised, treated and sent home, while nine were admitted to the hospital for further care. The majority of patients had blast-related injuries including fractures, head traumas and abdominal injuries.

"A key part of our response is launching a mass casualty plan immediately – this allows medical staff to rapidly identify and prioritise patients' medical needs based

PHOTOGRAPH: © MICHAEL GOLDFARB, AFGHANISTAN, 2012

on a few vital signs," Anna Halford added.

MSF has been running a surgical hospital in Kunduz since August 2011, providing emergency surgery and follow-up treatment for people wounded in the conflict and those suffering from life-threatening injuries. Hundreds of patients have been treated since it opened.

In all locations where MSF works in Afghanistan, a strict no-weapons policy is implemented to ensure the safety and security of patients.

Dr Roberto Scaini is briefed on the patients in the clinic in Batil as he begins his night shift

# One night in Batil camp

**Our staff care for patients 24 hours a day in the refugee camps of South Sudan. More than 170,000 people have fled violence to find shelter here, with most arriving weak and exhausted after weeks of walking. We join MSF doctor Roberto Scaini as it grows dark in Batil camp. Photographs by Olga Overbeek**

## Night is a critical time in the field hospital here.

We start with a round of the wards so the doctors on the day shift can tell me about their patients. Last night we started with a man who had just been brought in with suspected meningitis. We did a lumbar puncture – taking a sample of the spinal fluid – and the result was cloudy, which meant we needed to send off for further laboratory tests. He was in a critical condition.

## Non-stop care

The other priority stop is the intensive care ward for severely malnourished children. Last night all the patients were stable apart from one girl who was extremely dehydrated, with severe diarrhoea. We gave her a special fluid to replace what she was losing with the diarrhoea and vomiting. We also weighed her every hour to make sure we weren't overloading her system with the replacement fluids, which can be dangerous.

We give these children the fluid extremely slowly with a syringe, because they are so weak. We follow this procedure carefully all through the night – giving fluid, checking weight, waiting, giving fluid, checking weight again …

> 'You get much more of a connection with your patients and the medical staff during the night shift. For me it's a strange and rather magical time'

Top, three-year-old Hoda Juma and her mother Basul Hassan. She weighs just 5.7kg. Dr Scaini examines her, below, and admits her to intensive care for severely malnourished children. Above, the tent clinic at Batil camp in South Sudan

Nurse Sylvester Cheruiyot prepares ReSoMal, a solution for dehydrated patients, and, right, staff prepare therapeutic m

Left, children like Hamer Abdala are weighed frequently, and given fluids. Right, Dr Scaini and the MSF staff feed Ho Juma to help her overcome dehydration caused by diarrhoea. She must double her weight before she can be discharg

## Remaining focused

Patients who are not stable often become critically ill during the night. It can be difficult. You need to keep totally focused on the most critical cases.

In a way you get much more of a connection with your patients and the medical staff during the night shift. For me it's a strange and rather magical time – everything is quiet after the rush and noise of the day, just the sound of the generator and the falling rain, and you get to pause for a minute and drink some coffee with your Sudanese and South Sudanese colleagues. In between emergencies you get to stop and think.

More ▸

Night in the intensive care ward for malnourished children

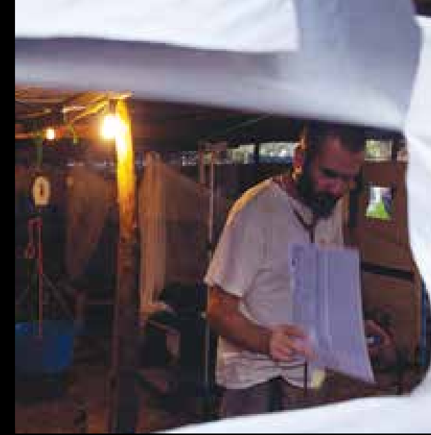
## Sudden emergencies

There are always some patients who are very ill and go from just about stable to seriously sick in just a few seconds. The other day a child we were treating for severe cerebral malaria started having convulsions, triggering two hours of intense activity. When a child goes into seizure it can bring on respiratory repression and so you have to stop it immediately to avoid cerebral damage from shortage of oxygen. We followed the usual emergency protocol for seizures, but then she stopped breathing. So we started manual respiration with a breathing aid, which was difficult as she was convulsing, shaking and writhing around on the bed.

## Hard decisions

It was a hard decision to make because the drug to stop the seizures has a side-effect of lowering the breathing rate. We needed to stop the seizure so kept giving the drug, even though it was having a bad effect on her breathing. We managed to stop the seizure after 25 minutes but the risk of cerebral damage was high. All throughout we were ventilating manually. If you stop ventilating for two or three minutes, the patient can die.

Dr Scaini and nurse Cheruiyot examine 10-year-old Sadia, who is severely malnourished



DrScainifillsinchartsafterhis14-hourshift

Patients relax beneath mosquito nets in the therapeutic feeding centre

## Sometimes we are lucky

At one point I started thinking that this child is eight years old, the same age as my daughter. This helped me to keep going, and I kept ventilating the child for 40 or 45 minutes, which was exhausting. And then suddenly her chest started to move. I stopped, waited and saw she was half-breathing. I continued to support her breathing and little by little she started breathing by herself. Throughout the rest of the night she was unconscious, but stable.

The next evening when I came back at 6 o'clock, she was sitting and drinking. She stopped and smiled at me. She must have recognised me from the previous night. I did a quick examination and yes, her life was saved and without any obvious cerebral damage. I don't believe in miracles, but sometimes we are lucky.

Itisjustafterdawn,butalreadypatientshavearrivedintheoutpatientdepartmentatBatil

Cleaning up as dawn breaks in South Sudan

Sylvester Cheruiyot briefs colleagues who have arrived for the day shift ...

... and Roberto Scaini hands over care of the critical patients

# ‘I never thought saving a life could be so easy’

**There were no machines, monitors or fancy beds at the remote clinic where British nurse Claire Hudson worked in northern Nigeria, but she discovered that, with basic medicines and caring staff, even the sickest children could be nursed back to health**

‘I love travelling, but it’s not every day that I make the decision to pack up and leave my comfortable life to move to northern Nigeria for nine months. However, with thousands of children ill and dying and the chance to help save their lives, there was no doubt in my mind that I had to go.

I was working in the children’s ward in a mother and child project in Goronyo, northern Nigeria. Babies and children would come in extremely sick after a long trip to the clinic, and many had been ill at home for a while already. My team of Nigerian staff and I treated children with malaria, anaemia, measles, tetanus, meningitis, severe burns from cooking fires, poisoning from traditional medicine... the list goes on and on.

I saw children every day who were really sick, but could be treated so easily. They didn’t need anything complicated – just basic medicine and good care, which they wouldn’t have had if MSF was not there.

Goronyo’s extremely dry, very isolated and ridiculously hot, so it’s not an easy place to work or live. But when you see mothers walking for hours in 45-degree heat to bring their sick child to the only free healthcare in the area, when you find out that they

live in even more remote communities where there is only limited access to clean water, then all of these thoughts disappear; my life simply cannot compare to the struggles these women and children endure.

I just put my head down and tried my best to work hard and provide the care that no child should be denied. When children in the UK become ill, I think we take the National Health Service for granted and are quick to criticise it, when actually in an emergency you can get your child there quickly and the health workers have access to all the resources, machines and medicine you could need.

Compare that to the clinic in Goronyo where we treated over 130,000 patients in 2011: where electricity at nights comes via a generator; where there are no monitors, machines or fancy beds, but instead tents and open buildings which hug the heat, and mattresses on the floor. Not once did I hear a complaint from a mother, even when she had walked five hours in the heat and then slept on the floor next to her child for four days in the same clothes with little money, no visitors and no transport back home.

It certainly opened my eyes to how easy it can be to save a life if you have just the basic medicines, resources and staff to do so. I’m proud to have been a part of the Goronyo team and the lifesaving achievements made in the nine months I was there.’

Top left and above, nurse Claire Hudson with patients from the children’s ward at the health centre in Goronyo, northern Nigeria. Below, a health education class Photographs: ©Lindsey Mackenzie, 2012

## Three stories from Goronyo

### Helping Hadiza, three, overcome malaria

When three-year-old Hadiza was brought in, she was very weak, she was suffering from malaria and diarrhoea, and she was severely malnourished. Her mother had died during childbirth, and she was being looked after by her grandmother. The old woman was trying her best, but she was undernourished, hard of hearing, had poor eyesight and no money; it’s hard work trying to provide and care for a sick child at the best of times.

We gave Hadiza the medicines she needed and a drip to help rehydrate her, and moved her to the inpatient feeding centre. There, over the course of two weeks, we were able gradually to build up her strength. Eventually Hadiza stopped vomiting and could drink the milk herself.

I went to see her every day and her grandmother talked away to me in Hausa with immense gratitude and pride at Hadiza’s improvement.

Hadiza made a full recovery and she went home happy and healthy. It’s success stories like these which make you really proud of the care we are able to give – relatively easy and cheap, but it saved her life.

### Farida and her sister recover from burns

Five-year-old Farida had been carrying her four-day-old baby sister around her house when she tripped near the open fire, where a large pot of soup was boiling. Open fires are the main source of heat, light and cooking fuel, and many accidents happen around them. Farida and the baby were doused in scalding soup and Farida’s skirt caught on fire.

Farida had extensive burns over most of her body, and the baby had burns to her face, arms and legs. We had to act fast to get the burns clean and to monitor their fluid input and temperature.

We gave them antibiotics to prevent infection. Every day we cleaned the wounds, and put on special cream, clean gauze and bandages. Amazingly, with very little pain control, both Farida and the baby endured the painful dressing changes and made a full recovery.

### Treating baby Baliki for neonatal tetanus

Baliki, just seven days old, was rushed in from a rural village by our outreach team. She was having seizures and was diagnosed with neonatal tetanus.

Babies can catch tetanus if the umbilical cord has not been kept clean, or when traditional lotions or herbs have been applied to it. The tetanus toxins attack the nerves and muscles, leading to spasms and muscle stiffness. These children are very sensitive to sound, touch and light so have to be nursed very carefully.

Baliki’s mother stood helplessly watching her baby and praying that she would recover. She was in her early twenties, and Baliki was her seventh child; all the others had died.

Baliki fought really hard. We did everything we could to give her a chance in life, but tragically, after a week, she passed away. Sometimes saving a life isn’t easy at all. I had to remind myself that, while it’s horrible and sad to lose a child, there would be hundreds – if not thousands – more lives lost if MSF was not there.

In the summer I wrote to you and asked you a favour. I wanted to show the staff in Zimbabwe that MSF is funded by ordinary people, you guys. We were amazed by how many of you wrote us letters, telling us who you were and why it was so important to you to send donations to MSF. I can tell you that you have truly touched our hearts with your generosity and spirit.

Well we wanted to send messages back to you from Zimbabwe and tell you just how important you are to us and our patients.

Here is just a snippet of those messages, some from you to us and some from us to you.

Thank you.

Your friend, Ever Tsikiwa, Zimbabwe

Tendai Mawako, right, and a colleague write their messages at the health centre in Epworth, southeast of Harare. Photographs: © MSF, 2012

IT TOUCHES MY HEART TO KNOW THAT THERE IS SOMEONE, SOMEWHERE AROUND THE WORLD, WHOSE HEART BLEEDS TO SEE SOMEONE SUFFER, AND THAT MOVED BY THAT THOUGHT CAN MAKE A POSITIVE DECISION CAN DENY THEMSELVES OF THEIR LUXURIES AND DONATE TO CHANGE THE LIFE OF SOMEONE IN NEED MILLIONS OF MILLIONS AWAY.
THANK YOU SO MUCH FOR STRETCHING YOUR HAND FOR THOSE IN NEED, IN EPWORTH, ZIMBABWE.

Tendai Mawako

I, as one who is actually in the field and actually recieving the donor fund would like to thank you for the excellent work you are doing, the sacrifices done by done, it tremendous! The people of my project thank you very much.

Anna.

My husband was a doctor in the UK and I am a nurse. He has always supported MSF to the extent that when he went on holiday to poor countries he returned home with an empty suitcase having given all his clothes away. The first time it happened I was shocked, but that was how thoughtful and caring he was. Sadly he passed away recently, but I am happy to continue to donate to such a good cause in his memory.
**Edna Faruqi, Doncaster**

We have received wonderful help from our National Health Service (Jack's heart disease, Parkinson's Disease and labyrinthitis and for Monica's arthritis)… It is our wish that every person in the world is cared for as we have been.
**Mr & Mrs J Ronaldson, Morpeth**

Hi beautiful people. I served with the UN and what I noticed was that MSF were there before I got to my destination and still there when I left. Selfless heroes and heroines; an example I try to follow. Thanks for the inspiration.
**Kenneth Siddle, Folkestone**

I have two young children who are both healthy and well. I support MSF because all children should have basic medical care.
**Julie Wyburn, Ebbw Vale**

I give 10% of my taxable income to those working to preserve life. It is a moral duty.
**T Crofts, Bristol**

I give a little to MSF because I think it is the best thing that has happened since sliced bread.
**John Summerson-Turnbull, Gateshead**

Patients say praises of MSF but its all because of you. I tell you guys you made good changes in people's lives.
Keep up the good work and God bless you.

The donations you have given us, have made our patients hope, they know its because of your dedications and sacrifice they have been given the will to go on.

It is really encouraging to hear that the donors, the very people who support MSF financially, are appreciating the work that is being done. We, the people in the field, can only continue to do more, and it is also our hope, that our efforts continue to touch the hearts of current and future donors, in the same manner that their support is touching ours.

To see more messages from Zimbabwe visit msf.org.uk/zim

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# King of the road

We convert some Land Cruisers into top-of-the-range ambulances, with everything you need for a wounded patient or a woman having difficulties in labour. Midwife Anna Kent describes the onboard equipment.

Strong, simple, almost indestructible... the four-wheel drive Land Cruiser is MSF's sturdy workhorse, used since the early 1980s in our projects all over the world. Logistics training officer Robin Vincent-Smith explains why we couldn't do our work without them.

"The Land Cruiser's an incredible vehicle – it's basically pretty much indestructible. There are no electronics, everything's accessible, and the design has barely changed since it was invented. There's nothing to beat it – as Jeremy Clarkson proved on Top Gear when he tried to destroy one and failed.

In Brussels, we kit them out, pimp them up, then ship them to the countries where we work. When the Land Cruiser arrives in the field, you literally turn it on and drive away. It's kitted out with everything – it's plug-and-play.

The newest vehicles go to the most challenging places – to nurses doing mobile clinics deep in the bush – that's where they're most needed. The old ones go to the head of mission in the capital.

For me, as a logistician, they're a lifeline. You can't move in the projects we work in unless you've got Land Cruisers. You fall in love with them after a while. I give them all names when I'm in the field, and I know which one is coming home by the sound it makes. That's how important they are to me.

The mother of one logistician phoned up our headquarters and said, 'My son's just arrived back home in France with one of your vehicles – is that normal?' He couldn't bear to be separated from his Land Cruiser so he drove home in it."

## 1 Magnetic blue light

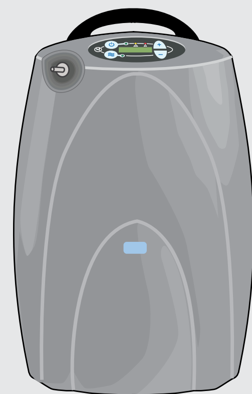
£60

You charge it by plugging it into the cigarette lighter, then stick it on the roof so that people can see

## 2 MSF Stickers

£0.55

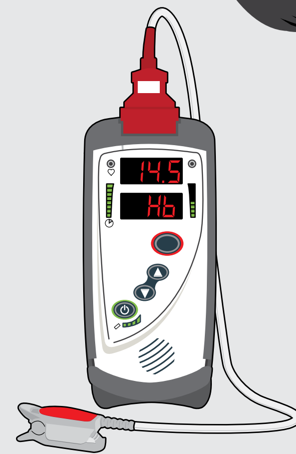
You can choose how visible you are, but in some places it's really important for the safety of staff and patients that people know we are MSF.



## 3 Mobile oxygen concentrator

£3,240.66

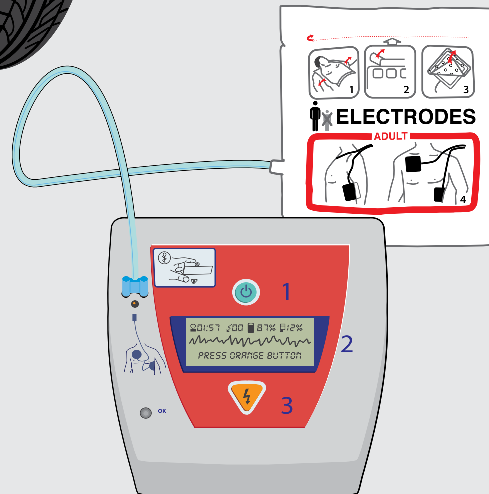
Powered by batteries, it takes in air and concentrates it to produce oxygen. It's expensive, but it's essential in areas where you can't get an oxygen cylinder.



## 4 Pulse oximeter

£754.92

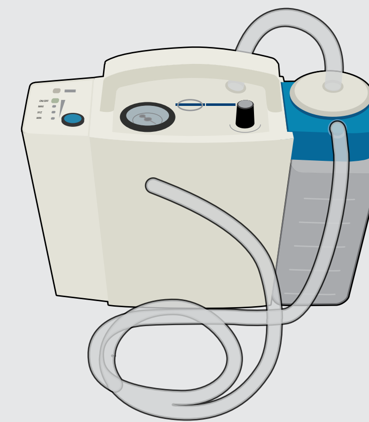
This does two really important jobs. It shines two wavelengths of light into the patient's finger, electronically counting their pulse at the same time as calculating how much oxygen is in their blood. It's small, mobile and really robust.




## 5 Defibrillator

£1,586.72

If someone has a cardiac arrest on the way to the hospital, this is the only thing that will keep them alive.



## 6 Suction unit

£520

To clear an airway so that patients can breathe. If someone is shot in the chest, for example, you can get a lot of blood coming out of the mouth, which can make breathing difficult.

PHOTOGRAPH © YASUYOSHI CHIBA/DUCKRABBIT, 2011

An MSF Land Cruiser ambulance battles through mud on the mountainous roads of Kivu, in the Democratic Republic of Congo

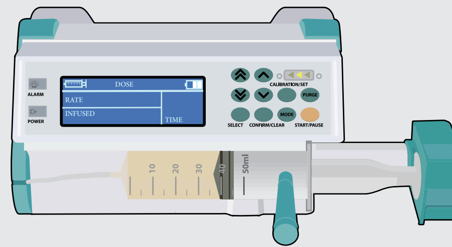
## In numbers
The numbers

**700-800**
number of Land Cruisers in use by MSF

**£28,000**
cost of MSF Land Cruiser, kitted out and ready to go

**£68,600**
cost of MSF Land Cruiser converted into ambulance

**2,500 km**
average distance driven per month



## 9 Syringe pump

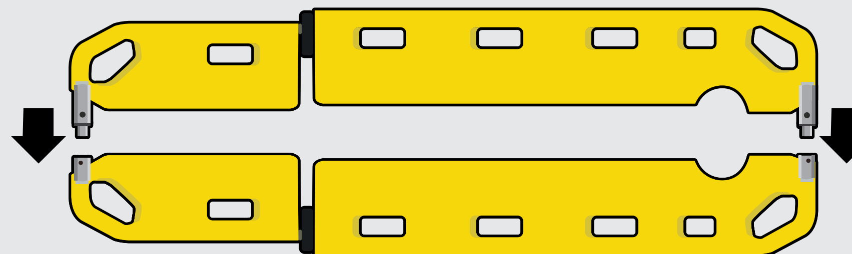
£638.91

For giving emergency drugs at the correct rate, either very slowly or very fast. Also used for intravenous fluids and infusions.

## 8 Tyres

£121

We use four types: sand, mud, road and heavy-duty (for transporting building materials).



## 7 'Scoop' stretcher

£588

Excellent for trauma care. With the patient lying on the ground, you push it underneath them and it clips together. The patient doesn't have to move – especially important if they have a neck injury. It's a very fast and safe way of getting somebody out of the scene of

Equipment not drawn to scale GRAPHIC JENNY RIDLEY

# Build your own ambulance

## Land Cruiser

Cut out and fold white tabs down and glue together

Fold up

Bend

Bend

Fold down

Fold up

Fold up

Bend

Bend

Fold up

Fold up

Glue aerial to front bonnet

Fold down

## Land Cruiser aerial

Fold in half, bend tabs up, glue together and cut along dashed line

Fold up

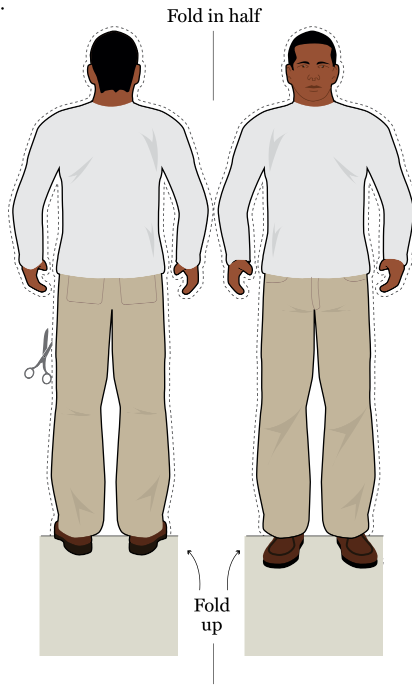
Fold in half

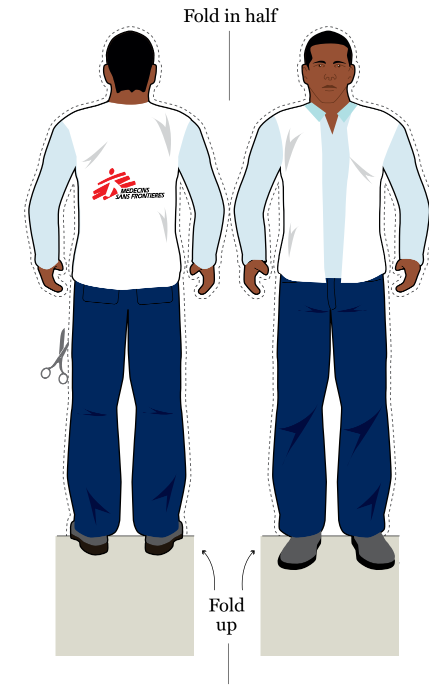
Fold in half

Fold up

## Stretcher carriers

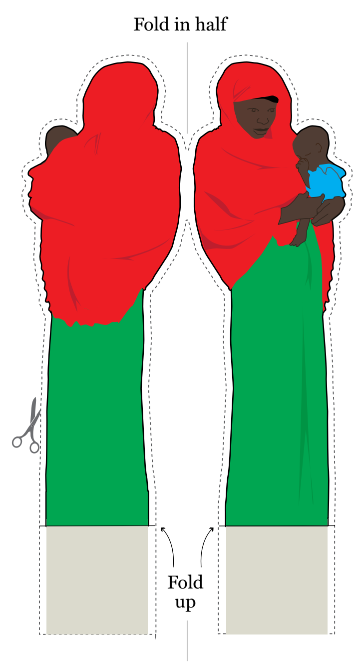
Fold in half, bend tabs up, glue together and cut along dashed line. Bend hands up and glue to stretcher



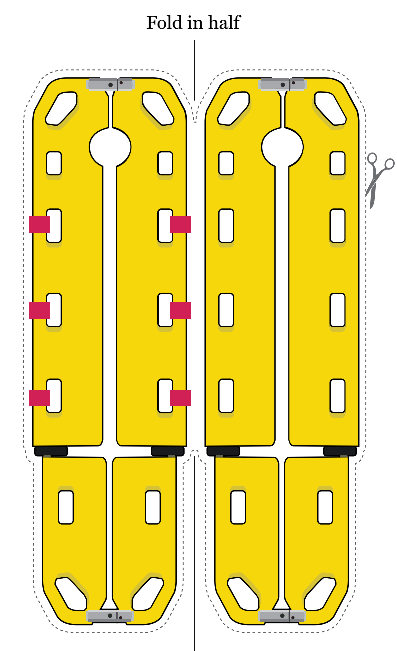

## Woman and child

Fold in half, bend tabs up, glue together and cut along dashed line



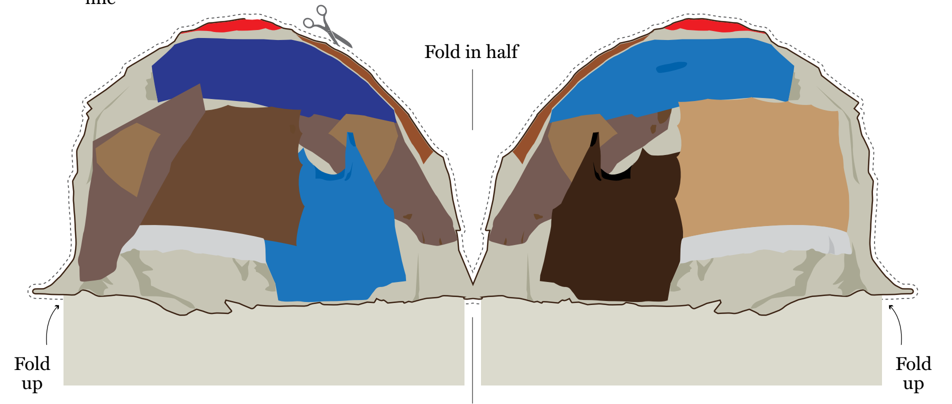

## 'Scoop' stretcher

Fold in half, glue together and cut along dashed line



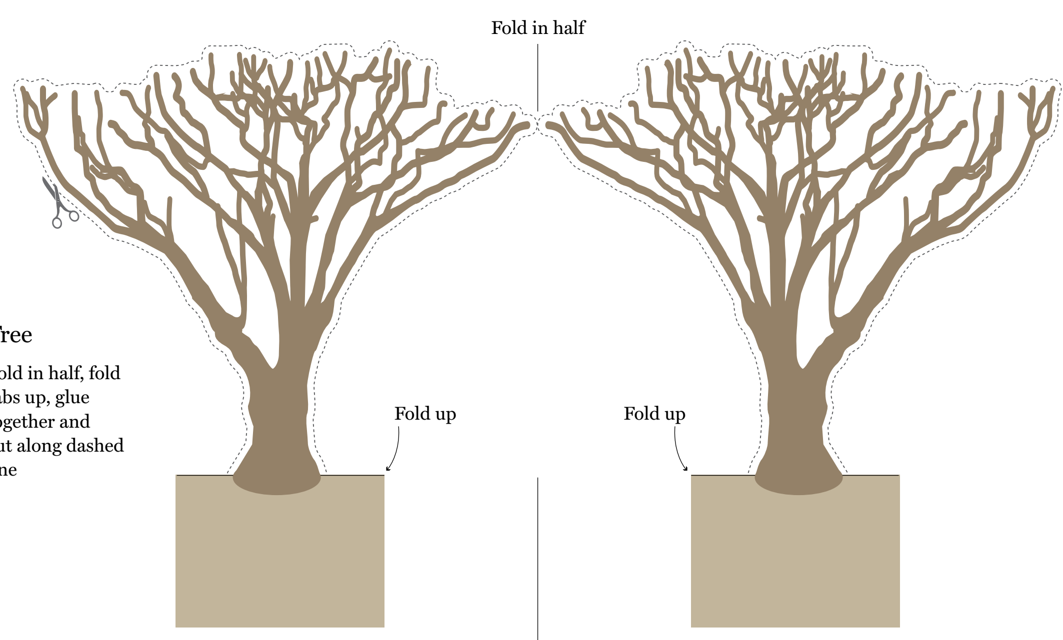

## Refugee tent

Fold in half, fold tabs up, glue together and cut along dashed line




## Tree

Fold in half, fold tabs up, glue together and cut along dashed line




## Child to put on stretcher

Cut along dashed line and fold tabs down