DISPATCHES

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.

Misrata, April 2011 Photograph: © Tristan Pfund/MSF

Escape from Libya

'The captain ended up gunning the boat out of there at a good rate of knots. We really didn't want to be there after dark. It was choppy – at times, it was too rough to stand. But the nurses were still there, crawling on their hands and knees attending to everybody. I was busy trying to hold on while hanging IV lines.'

How MSF rescued the injured from Misrata, pages 8-9

Plus

Summer 2011
No 61

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

People fleeing fresh violence in Abyei Photograph: Dana Krause/MSF, 2011

Kenya/Somalia border
Maternity services

Dr James Maskalyk works for MSF in the world's largest refugee camp at Dadaab.

"Yesterday, I passed by our maternity ward and saw a crowd of people pushing themselves in. I cut the queue and wedged through the door to find several women sprawled on a concrete floor slick with chlorine. 34 women in the ward, labouring, and the staff hurrying from one to the next. A concerned group of elders came to the hospital later that day, worried about our capacity. "Keep sending them," we said. "We'll deliver them all. Better here than the bush."

"This is where the people come out," Annie Dillard wrote from the delivery floor of a hospital. So too in Dagahaley, blue or bloody, screaming or silent, one after another, life effervesces through women into the cold, clear air.

If the earth were a ship carrying humans, pregnant women would be our most precious cargo. That's why those of us who care to compare health statistics between nations look to maternal mortality first. It tells us where our fastest leaks are. Countries like Somalia lose women, and the life that bubbles through them, a hundred times faster than a country like Canada.

I left the crying chorus in maternity for the paediatrics ward. I came to a woman with one blind eye, her globe white where the dot of her iris once was. I sat on her bed, and she set her child in front of me. He was in no condition to cry. I turned his lolling head to the side to search for nodes and noticed a necklace of carefully threaded white buttons ringing his neck. She loved this one so much that she saved what she could to get buttons, and made him this so it might keep him safe.

I've heard it said, from people at home, that women here, because they have ten children and lose four, must suffer the loss less deeply, that they get used to it, their love hedged like a bet. These people haven't sat in front of rows of women fanning one child, the rest hungry at home.

Life is precious cargo, even here. This is a beautiful world. May the people that come into it live to see it through bright eyes."

Read more on pages 10-11

An MSF team on an assessment in Kesennuma, in north-east Japan

Sudan
Refugee crisis

MSF teams are providing urgent medical assistance following violent clashes in the Abyei region, a disputed territory between North Sudan and the newly independent South Sudan.

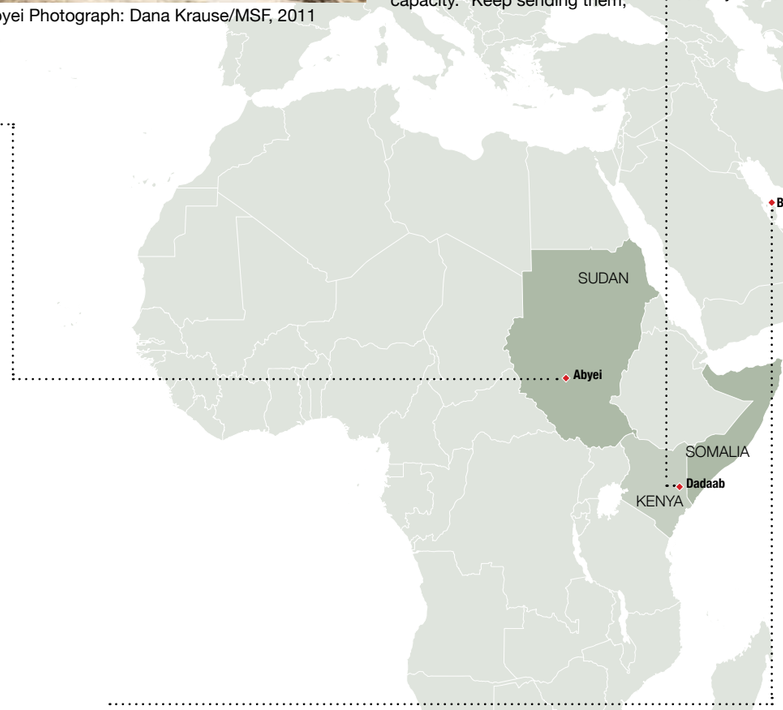
Whole towns have been emptied and thousands of people are on the move in a bid to escape the fighting. Most left their homes with few belongings, and travelling conditions are particularly harsh now that the rainy season has commenced.

"We have witnessed a massive movement of people towards the south – especially on Monday night," says MSF head of mission Raphael Gorgeu. "We have seen thousands of people – mainly women and children – carrying bags on their heads, or sitting on mats on the side of the road, exhausted by hours of walking."

MSF medical teams have been assisting these people as they flee the fighting. "Our teams have been on the roads where the people are scattered," says Gorgeu. "There are severe signs of dehydration among many children and we're very concerned about the harsh conditions these people have to endure on the roads.

"Their health condition can deteriorate rapidly if assistance is not delivered promptly. Our efforts are focused on providing assistance to them in an effective and timely manner."

MSF is the only humanitarian organisation working in the region.



Bahrain
Protests on the streets

MSF has condemned the use of medical facilities in Bahrain to crack down on protesters, saying it is making it impossible for those wounded during clashes to seek treatment.

"Wounds, especially those inflicted by distinctive police and military gunfire, are used to identify people for arrest, and the denial of medical care is being used by Bahraini authorities to deter people from protesting," says Latifa Ayada, MSF medical coordinator. "Health facilities are used as bait to identify and arrest those who dare seek treatment."

Doctors and nurses continue to be arrested in raids on health facilities, or on their homes at night.

"The action by the military to declare the hospital a legitimate military target, and the use of the health system as a tool by the security apparatus, completely ignores and undermines the fact that all patients have a right to treatment in a safe environment," said Christopher Stokes, General Director of MSF. "The national security agenda of Bahraini authorities must not come at the expense of the lives and health of wounded people"

India
Fire hits slum families

A huge fire in the Garib Nagar slum in Mumbai in March destroyed the homes and precious belongings of 1,500 families. One victim, Noorjhan, said: "It was a normal evening. Suddenly I heard somebody yelling 'Fire!' and rushed to get the children outside, but I didn't manage to rescue our belongings."

She was just one of many who MSF's Thierry Mavungu Manwa was worried about. Thierry, who coordinated MSF's aid, said: "Our concern is that people are hungry. They have lost everything and are sleeping under plastic without any protection. The 1,500 families have to share just two latrines."

Twenty MSF staff handed out the emergency kits, containing plastic sheeting, blankets, hygiene products, and kitchen utensils – even so, there were huge queues (pictured below). Thierry added: "We hope that we have restored some of the dignity of these people."

Photographs: © Niklas Bergstrand/MSF, 2011

Japan
After the earthquake

Shintaro Hayashi is a doctor from Sendai, one of the areas worst-hit by the devastating earthquake and tsunami of 11 March. When the disaster struck, he was working with MSF in Kenya, but quickly joined the emergency response in Japan.

"When I first heard about the earthquake, I didn't think it was that serious, but by day two I knew the damage was severe. My wife, who was in Sendai City, told me she was having difficulty getting water and food. I just wanted to get back there to help her. Some of my friends were uncontactable, and I was scared they might be dead.

Arriving in Japan, I joined MSF's emergency mission in the Minami Sanriku area. We were working in four evacuation centres, as well as operating mobile clinics.

We came across one sick and bedridden lady, in a house without electricity, water or gas. It was freezing cold, she was covered in bedsores, and she had none of the medicines she needed. We treated the sores and made sure her daughter-in-law had the supplies she needed to look after her.

Many people were putting on a brave face, doing their best to survive by smiling and talking. As time passes, the psychological problems will start showing – they will start to worry about what the future holds.

The relationships between people in these small, rural communities are very strong. People are working together to clear broken houses, or construct a bath – everyone has an assigned job. This is very good for their mental health.

Others are responding differently – staying inside the evacuation centres, sleeping all the time – they're the ones who really need psychological support.

I plan to stay here and do what I can, even if it takes a few years."

MSF doctor Yoshitaka Nakagawa consults with a patient in Kesennuma. Photographs © Yozo Kawabe/MSF, 2011

Number of MSF field staff in Sudan **2,458**

4,800 Number of emergency kits distributed by MSF on 12 March to families left homeless in the Mumbai fire

Clockwise from above: A child is tested for malaria at a camp for the displaced; a family sleeping at the observation room at a dispensary in Duékoué Photographs: © Peter DiCampo/Pulitzer Center, 2011 **Above, maternity services at Abobo Sud, Abidjan** Photographs: © Brigitte Breuillac/MSF, 2011

'We have to help restore the patients' dignity'

While the post-election violence which wracked communities in Ivory Coast ended in April in most of the country, emergency medical needs remain at critical levels. Here an MSF surgeon and a patient tell their stories

In the capital, Abidjan, health centres and hospitals are overwhelmed with patients, including the newly wounded, and medical and drug supplies in the city are still dangerously low.

In the west of the country the situation remains extremely tense as many villages still lie empty and people continue to hide in the bush.

While some Ivorians are slowly beginning to return to their homes to try and resume their lives, more than 100,000 people remain as refugees in Liberia and thousands more are still displaced in overcrowded camps in western Ivory Coast.

Dr Martial Ledecq, MSF surgeon in Bangolo, western Ivory Coast.

"We treated nearly 150 wounded patients over the course of a week. Most of the patients arrived at the hospital several days after being wounded because they'd been hiding in the bush. These older wounds create problems in terms of secondary infections.

"War surgery involves cleaning the wound to remove all dead tissue and, in particular, immobilising fractures that will take months to heal, if they heal at all.

"Today, all the wounded patients are stable. They no longer have fevers and they can get around. But their problems are not over.

'I can see and feel them gradually recover the human values scorned by the violence'

"Their treatment, of course, requires very specific and precise surgery. But many people received gunshot or machete wounds or were beaten. They saw one or more family members killed and their villages burned. They lost their dignity.

"At times of such brutal violence, the value of human life dissolves. People don't come to each other's aid, the rule of law no longer exists, and neither do justice and fraternity. People feel humiliated by their wounds.

"That's why we have to help restore patients' dignity, in addition to providing surgical care. We do that through simple human interaction. We say, 'Hello, what's your name? Have you eaten? Have you slept? Tell me what happened.' That attitude is contagious and, little by little, it spreads throughout the hospital.

At Bangolo hospital, I can see and feel the Ivorian staff and the patients gradually recover the human values that were scorned by the violence that occurred."

Hervé's story

"It was 6am and I was in bed when they arrived and started to burn the houses. They were armed with rifles and machetes and they shot me in the shoulder and I fell down, pretending to be dead.

"One of them struck my head with his foot and when he saw I was still breathing, he pointed his gun at the back of my head and told me to get up.

'When I first arrived my arm stank and it was almost rotten. But now my wounds are healing and that's because of MSF'

When I got up, there were no bullets left in his rifle, so he asked for another from his friend to kill me. He took a machete and struck me on the throat and then on my head. I was badly wounded and bleeding profusely. Then he took his machete and struck me again at the back of my head. I fell down, and as far as he was concerned, I was dead.

"They left and I lay there for a long while. Eventually, I got up and stumbled into the bush. I wandered there for days, but then somebody helped me get to the hospital.

"When I first arrived, my arm stank and it was almost rotten. But now my wounds are healing and that's because of MSF. I want to thank MSF for coming to help the victims of this war."

MSF UK VOLUNTEERS

Afghanistan Sophie Sabatier *Field Coordinator*
Bangladesh Paul Critchley *Head of mission;* Sarah Boehm *Doctor;* Lesley Wills *Midwife*; Anna Kent *Nurse/Midwife*
Central African Republic Anna Carole Vareil *Administrator;* Mark Blackford *Financial Coordinator;* Matthew Heath *Logistical Coordinator;* Jane-Ann McKenna *Project Coordinator;* Victoria Hammond *Water & Sanitation Expert*
Chad Nichola Raper *Logistician;* Matteo Weindelmayer *Logistician;* John Morris *Doctor;* Nicole Claire Nyu Hart *Nurse*
Colombia Ronan O'Mhaoinigh *Financial Coordinator;* Carme Abello *Logistician;* Conor Prenderville *Logistician;* Stephen Hide *Logistical Coordinator;* Joanna Weir *Doctor*
Democratic Republic of Congo Robin Meldrum *Communications Officer;* Phillippa Letchworth *Gynaecologist;* Andrew Mews *Head of Mission;* Hosanna Fox *Logistician;* Sarah Maynard *Logistical Coordinator;* Kathryn Richardson *Doctor;* Niamh Allen *Doctor;* Orla Condren *Medical Team Leader;* Judith Starkulla *Midwife*
Djibouti Mireia Coll Cuenca *Nurse*
Egypt Mario Stephan *Head of Mission*
Ethiopia Frances Powell *Gynaecologist* Fiona Fisher *Doctor* Danielle Wellington *Medical Team Leader;* Alice Gude *Nurse;* Elizabeth Westaway *Nutritionist;* JenniferMacLellen Nurse/Midwife
Haiti Danielle Catherine Ferris *Field Coordinator;* Mya Hornsby *Financial Coordinator;* Megan Craven *Medical Team Leader;* Camila Garbutt *Water & Sanitation Expert*
India Emily Goodwin *Field Coordinator;* Yasotharai Ariaratnam *Financial Coordinator;* Sakib Burza *Medical Coordinator;* Elizabeth Harding *Project Coordinator*
Iraq Karen Fauchon *Nurse;* Daniel Williamson *Project Coordinator*
Ivory Coast Gareth Peter Walker *Logistician;* Fiona Gilmour *Logistician*
Kenya Paul Arobmoi *Laboratory Technician*
Kyrgyzstan Rebecca Welfare *Nurse*
Liberia Ban Mohammed Hassoon *Doctor*
Libya Siama Latif *Doctor;* Henry Gray *Emergency Coordinator*
Malawi Emma Diggle *Epidemiologist*
Mongolia Sarah Moore *Logistician*
Mozambique Doriana Santos *Laboratory technician*
Myanmar Victoria Hawkins *Deputy Head of Mission;* Maria Verdecchia *Epidemiologist;* Mairi Macleod *Logistician;* Wai Ching Loke *Doctor;* Christopher Peskett *Nurse;* Thomas How *Project Coordinator*; Pawan Donaldson *Project Coordinator*
Nigeria Gemma Davies *Deputy Head of Mission;* Estelle McLean *Epidemiologist*; James Drinkwater *Logistician;* James Lewis *Logistical Coordinator;* Sanjay Joshi *Logistician;* Susannah Woodall *Medical Team Leader*
Pakistan Leanne Sellers *Emergency Pool;* Matthew Lowing *Logistician;* Forbes Sharp *Logistician;* Maryann Noronha *Doctor;* Catherine Sutherland *Doctor;* Bree Cant *Midwife;* Jonathan Henry *Project Coordinator*
Papua New Guinea Emma Rugless *Nurse*
Russia Jonathan Heffer *Head of Mission*
Sierra Leone Patrik Kontina *Anaesthetist*
Somaliland Timothy Tranter *Logistical Coordinator;* Georgina Brown *Midwife;* Donna Love *Nurse*
South Africa Helen Bygrave *Reporting Officer*
Sri Lanka Niall Holland *Logistician;* Janet Simpson *Medical Team Leader*
Sudan Joanna Ross *Field Coordinator;* Terri Anne Morris *Head of Mission;* Jose Hulsenbek *Head of Mission;* Louise Roland-Gosselin *Humanitarian Affairs Officer;* Richard Kinder *Logistician*; Katharine Roberts *Logistician*; John Smyth *Logistician*; Rupert Allan *Logistician*; Peter Knight *Logistician;* Benjamin Patterson *Doctor;* Frances Blackburn *Doctor;* Alison Buchanan *Nurse;* Susana Blazquez Majan *Nurse;* Angela Cave *Nurse;* Rory Fletcher *Nurse;* Katie Gatward *Nurse;* Ines Beca Carretero *Pharmacist;* Emily Russell *Project Coordinator*
Tajikistan Peter Camp *Logistician*
Thailand Paul Cawthorne *Consultant*
Uganda Salvador Vegas Palacin *Logistician;* Deirdre Healy *Pharmacist*
Uzbekistan Maeve Lalor *Epidemiologist;* Yvonne Ovesson *Logistician*
Zambia Emily Bell *Field Coordinator;* Maria de los Llanos Ortiz Montero *Medical Coordinator;* Heather Toner *Nurse;* Sally Howdle *Nurse*
Zimbabwe Tharwat Al-Attas *Deputy Medical Coordinator;* Amir Shroufi *Epidemiologist;* Paul Foreman *Head of Mission;* Philippa Millard *Project Coordinator*

80-90 Number of blood transfusions carried out each week at Abobo Sud hospital, Abidjan, many for children with malaria

95,000 Number of people MSF has provided medical care to since the crisis began

Providing healthcare in rural areas of Ethiopia remains a challenging task. Access to care and medical facilities is further complicated by weather conditions. Some roads become impassable during the rainy season. Here, MSF's Dr Mohammed travels by boat with a medical team from Matar to Jikawoa.

1 We usually leave early in the morning, between 6.30 and 7. It's the rainy season, so the river is the only mode of transport.

2 With our logistical and medical equipment loaded, we set out for the three-hour journey to Jikawoa.

3 The journey gives me ample time to talk to my health officials about the cases we saw during our last visit, and it also helps us plan our priorities for when we arrive.

4 Soon after we arrive in Jikawoa, I'm approached by an elderly man who tells me about a patient in the village who has been sick for a long time and can hardly walk. He asks me to follow him to the man's tukul (hut).

All photographs: © Francois Servranckx

5 On arrival at the man's tukul, I notice an elderly man who can not sit or even walk. He is in hypothermic shock and can't talk. We set up an IV line and are able to resuscitate him. We stabilise him and tell them we will be coming back next week to see how he is doing.

6 Much of the area surrounding our mobile clinic is flooded fields and swamps.

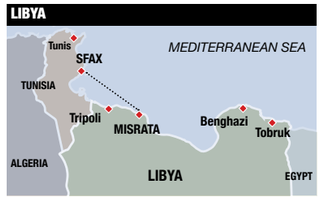
7 Arriving back at our working area we see a number of other patients. Our main focus here is treating malnutrition, malaria, and respiratory infections.

8 We find a one-year-old girl who was brought in by her mother after sustaining severe burns in her groin region. We give first-aid to this young girl and decide to take her with us as she needs urgent inpatient care.

9 It's been a long, challenging and eventful day. We've seen a lot of patients and have helped a lot of people. I'm smiling as we head home.

‘There were sick people who needed to get out’

The battle between government forces and insurgents in Libya has been going on since February. When fighting intensified in Misrata, MSF stepped in to evacuate patients from the war zone by boat



In April, MSF evacuated 71 patients by boat from the Libyan city of Misrata, where violence had overwhelmed medical facilities.

Speaking from the boat, logistician Annas Alamudi described the medical evacuation: “We spent a couple of days preparing the craft, stripping it of most of its seats, laying plastic sheeting down, putting mattresses in and tying ropes up for IV lines. Our idea was that it would be a basic, floating ambulance to get the wounded out as quickly as possible.

“We sailed with two MSF nurses, two MSF doctors and a small team of Tunisian volunteers.”

In Misrata, six and a half tons of

emergency medical materials were donated to help health facilities cope with the war-wounded.

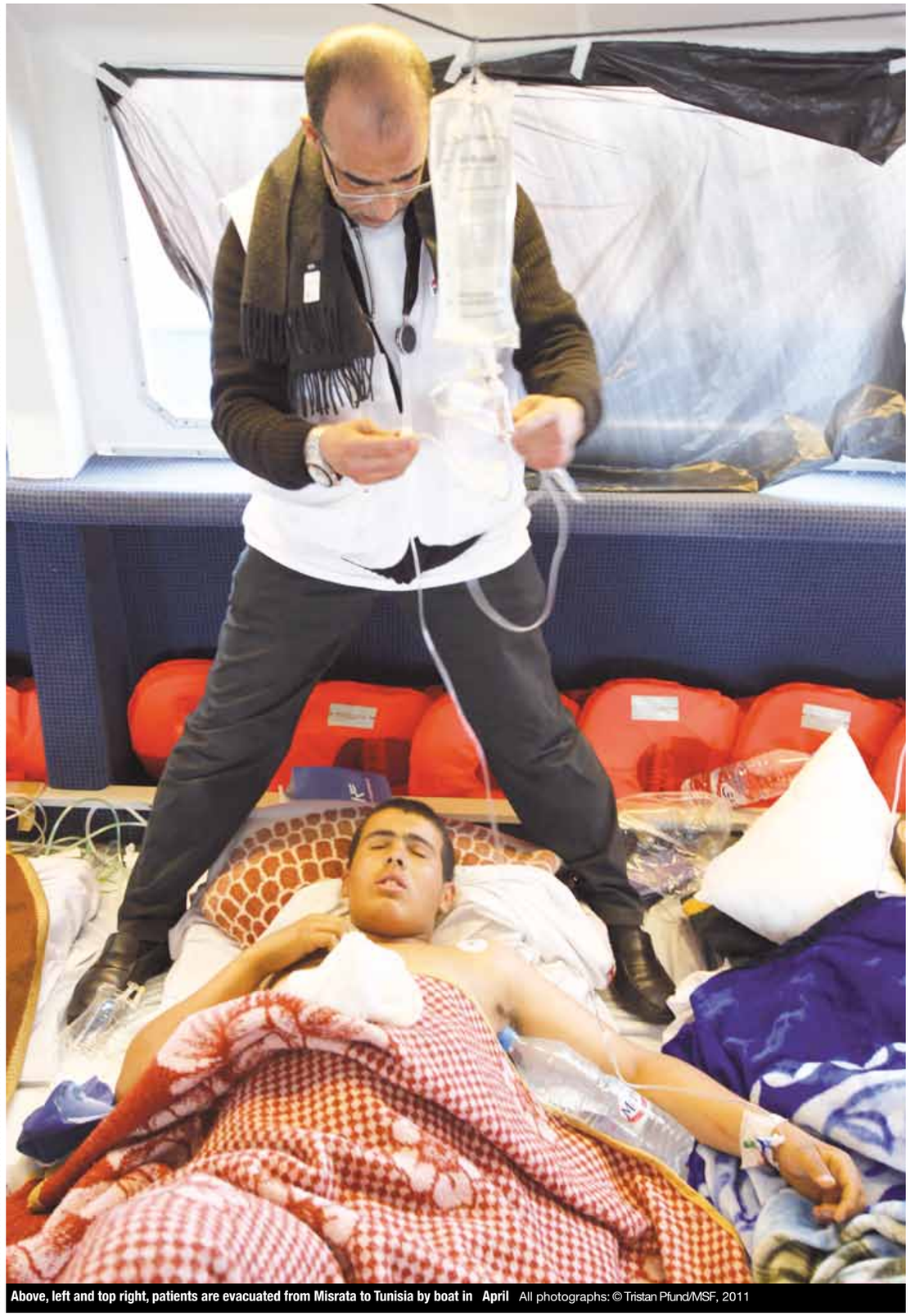
“We unloaded and then started to carry patients in on stretchers from the dock,” Annas explained. “There were burn victims, people with open fractures and a variety of other injuries. Time was of the essence here, as we had to be out in international waters before sundown.

“The captain ended up gunning it out of there at a good rate of knots, as we really didn’t want to be there after dark,” said Annas. “It was incredibly choppy, a lot of patients were suffering from seasickness and, at times, it was too rough to stand. But the nurses were still there, crawling around on their hands and knees attending to everybody, while one of the doctors was down there helping patients to pee into bottles. I was just busy trying to hold on while hanging IV lines.”

The boat arrived early Monday at the port-city of Sfax, Tunisia, and the patients were transferred to hospitals.

“It was a wonderful sight seeing 36 ambulances lined up waiting for the patients.

“As far as I’m concerned, it was a successful operation. There were sick people who needed to get out, and we got them out. Job done.”



Above, left and top right, patients are evacuated from Misrata to Tunisia by boat in April All photographs: © Tristan Pfund/MSF, 2011

INSIDE THE BESIEGED CITY OF MISRATA

We are working in the besieged city of Misrata, which has become one of the principal battlegrounds between Libyan state forces and insurgent rebels. Our Emergency Coordinator, Alan Lefebvre, talks about the situation on the ground.

What is MSF doing in Misrata at the moment?
Currently, there are 20 MSF staff working with Libyan staff to address surgical needs. We’re also working in a maternity hospital and assist around 15 deliveries a day, including caesarean sections. The other structures where women could come to deliver are closed or have been destroyed.

What wounds are you seeing as a result of the conflict?
A few weeks ago there was a lot of heavy fighting occurring in the city, with snipers shooting randomly at people. One week ago there was heavy shelling on the port and we received a lot of dead people. One man lost his brother, his sister and two very young kids. His wife was severely injured by the shrapnel from the rockets.

This morning I saw patients with bullet wounds. If there is shelling over the city again, we will receive mostly dead bodies and people with shrapnel or internal wounds.

There are also very young children, just two or three years old, who are worried about dying the next day. They’re facing things a child isn’t supposed to face.

Above and top, life goes on in Misrata, despite the fear of shelling every day

Are medical structures in Misrata able to cope with the pressure?
The Libyan doctors have done an amazing job. Capacity is improving although there’s still a lot to do. These structures aren’t adapted to receive mass casualties.

What is the security situation like?
It’s changing from day to day. We’re working in a so-called ‘safe zone’, which isn’t actually safe as parts of the city are in range of shelling. It’s a strange experience to hear bombing all the time, although over the last few days it has reduced a little. This morning I could hear the sounds of birds, which was a first. However, the city is still not a safe place to be.

What is life like for ordinary citizens?
There’s a strong solidarity among the population. They all wish for the end of the conflict so they can get back to their normal lives.

Long journey's end means healing begins

At the biggest refugee camp in the world, near the Kenyan desert town of Dadaab, new arrivals from Somalia can finally get the medical treatment they need, writes Natasha Lewer

A man in a green bandana beckons: "Quick, you must follow me," and strikes off across the desert. We stumble after him, towards a strange cluster of objects that hover, mirage-like, above the sand until, getting closer, we see they are built of fragile branches swathed in blankets and polythene. Each the size of a child's den in the woods, there really are children inside, watching us with wide eyes.

The man in the bandana is Yahya, an MSF community health worker. At one of the flimsy shelters he halts, and a man and four children crawl out. A fifth, smaller child is passed out by invisible hands. His thin legs can barely support him. He is whimpering, and his lips and teeth are red with blood.

The child, Abdelhafit Abdullimi, is six. He arrived here with his parents and four brothers eight days ago, after leaving their home in Baydhara in central Somalia. The angular goats they led out to graze each day died after a relentless drought. They feared violence in the village might erupt at any time, as militias fought for control in a bitter 20-year conflict. Leaving their life behind in Somalia, and carrying just the clothes they were wearing, their savings and some maize, they had embarked on a dangerous ten-day journey to the Kenyan border, hoping to find safety on the other side.

In this remote region of eastern Kenya, where the thermometer regularly hits 50C, where bandits roam the border and hyenas hunt in packs, there are three gigantic refugee camps, named after the nearby one-horse town of Dadaab, established 20 years ago when Somalia unravelled into civil war. Initially there was space for 90,000 people. But the refugees never stopped coming, and now 345,000 people are squeezed into their brushwood perimeters.

Today Dadaab is full and, with nowhere else to go, the exhausted newcomers are camping in handmade shelters of polythene and sticks. To get food, they must register as refugees, and it take 12 days on average before the initial rations – of flour, beans, maize, porridge, oil and salt – are in their hands.

Abdelhafit's family have had no food, and can't afford to buy any because, on the final stage of their journey, bandits robbed them of all their savings. They know no one here, and are relying on more fortunate families to share their rations with them. Thanks to such kindness, they are surviving – but only just. Abdelhafit is severely malnourished, and clearly has other medical problems too; he needs to see a doctor, fast.

Five minutes later, Abdelhafit and his father are in the back of an MSF vehicle bumping towards the nearest health post, one of five run by MSF. Things happen fast: in the busy health post he is weighed, measured, tested for malaria and then referred straight to the hospital.

MSF's hospital is the only one to serve the 113,000 long-term residents of Dagahaley, one of the three giant camps, as well as many of the 30,000 newcomers who are living in the desert. It's busy – there are tents in the grounds for the overspill of severely malnourished children, and the maternity ward is groaning with women in labour – but it's surprisingly calm and spacious. Families sit on the ground in little huddles, children chatter, women hang patterned scarves on washing lines, birds sing and share dust-baths.

The newly arrived refugees from Somalia are living in the desert in makeshift shelters. Below, children can receive treatment for malnutrition at the camps Photographs: © Nenna Arnold/MSF, 2011

SOMALIA MALNUTRITION EMERGENCY APPEAL

"Over the past few weeks, I've seen hundreds of malnourished children – more than I have ever seen in my life before and more than I ever want to see again" – nutritional supervisor Osman Mohammed Noor.

Prolonged drought in Somalia is hitting children the hardest. Almost one in three is suffering from severe malnutrition with very low weight, signs of wasting and nutritional oedema.

The security situation surrounding our clinics in Somalia is complicated, but because we are an impartial medical organisation and rely on donations instead of government funding, we are able to provide free life-saving medical care to hundreds of malnourished children. To donate to our work in Somalia, visit **www.msf.org.uk/somalia** or call **0800 088 7460** 24 hours a day

Clinical officer Christopher Karisa Charo looks at Abdelhafit with concern, and examines the child's swollen belly. "This is not just malnutrition. We must test him for kala azar," he says. The lethal, little-known disease of kala azar is rare here – there have been only three cases in the hospital in the past two years – but Abdelhafit's Somali village may well be home to the sandflies which transmit the disease. Kala azar would explain his bleeding gums, his severe anaemia and his low weight, as well as the swollen stomach disguising an enlarged spleen. Christopher takes a sample of blood for a rapid diagnostic test. The hospital's lab can have the results back in an hour.

Meanwhile nurse Nenna Arnold is back in the 'new arrivals' area outside the camp, checking in with her network of 78 community health workers – all Somali refugees themselves – and alert to anyone new who might need help. There is no shortage. After so many years of civil war, Somalia's health system is no longer functioning, and many of the people here will never have seen a doctor. They are destitute, exhausted, hungry and sick.

'I have the best job in the whole project. It's so nice to be able to come out here to the arrivals area and help the people who need it most'

But far from feeling overwhelmed by the scale of the task, Nenna is full of enthusiasm. Due to return home after a six-month stint in Dadaab, when this new wave of refugees began to arrive, she decided to stay on. "I love my work," she says. "I think I have the best job in the whole project. It's so nice to be able to come out here to the new arrivals area and help the people who really need it most."

The results come back from the lab, and they are positive: Abdelhafit has kala azar, and will need to start treatment as soon as the drugs can be sent from Nairobi. He will need injections every day for a month – they are painful, but the alternative is far worse. Without treatment, kala azar is fatal in 95 percent of cases. If Abdelhafit hadn't been diagnosed, he would almost certainly have died. Now he has a future to look forward to.

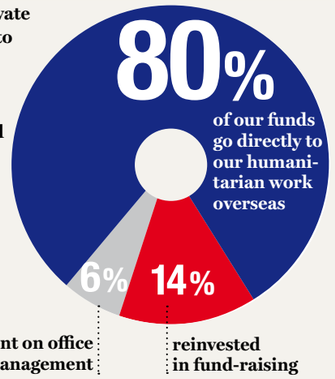
Number of refugees the camps were built to house **90,000**

350,629 Population of the camps today

Photograph: © Gwenn Dubourthoumieu, 2011

MSF and Ministry of Health staff give vitamin A to a child as part of the vaccination campaign against measles in Lubumbashi, Democratic Republic of Congo

We rely on private contributions to supply our teams with the medicines, equipment and instruments they need to save lives. Thank you for your support.



BOOKS

Quick guide to staying alive in world's danger zones

When approaching a checkpoint manned by gun-toting teenagers, remove your sunglasses and be sure to carry some new sports socks. Just some of the advice offered by Al Jazeera journalist Rosie Garthwaite in her book of practical tips for those travelling in dangerous places, How to Avoid Being Killed in a Warzone: The Essential Survival Guide for Dangerous Places (Bloomsbury, 2011).

As a self-confessed "wannabe war junkie", she began her career in Basra in Iraq, where she met her most threatening interviewees in the local ice cream parlour. Her experiences are interspersed with those of foreign correspondents and aid workers, including reporter John Simpson and veteran MSF-er Marc DuBois, who combats stress with a squash racket. Other topics include how to avoid booby traps and how to skin a small furry animal. Deadly serious and humorous by turn, it will make you laugh, but might just save your life too. Thirty percent of the royalties are being donated to MSF.

ABOUT US

Why we are changing our name in the UK

A small change is being made in the way we refer to ourselves in the UK. From now on you will notice that we use both the French and English versions of our name - Médecins Sans Frontières and Doctors Without Borders. This will help more people in the UK understand who we are and what we do. Most of the time we will continue to refer to ourselves in Dispatches and with you our donors simply as 'MSF'. We'd love to hear from you with comments and questions. Contact James Kliffen at **james.kliffen@london.msf.org** or on 020 7067 4202.

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**

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

CAN WE HELP?

If you have any questions about your support of MSF's work we would be delighted to hear from you. Please contact us by the methods listed or email **anne.farragher@london.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.

CHANGING YOUR ADDRESS?

Please call **0207 404 6600** or email **anne.farragher@london.msf.org**

CHANGING A REGULAR GIFT

To increase or decrease your regular gift, please call us on **0207 404 6600** or email **anne.farragher@london.msf.org** with your request. Please also get in touch if your bank details have changed.

0207 404 6600

www.msf.org.uk/support

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