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.

DISPATCHES

In March, MSF launched a unique project that saw UK donors and MSF staff in Zimbabwe exchange audio and video messages. Over a period of weeks, donors explained why they gave to MSF, and staff talked directly about their work. For staff working in difficult situations, the messages were an important morale boost — bolstering their sense of connection to MSF and to the outside world.

Over the coming months, we would like to expand this conversation to include more of our supporters in the UK. Teamwork is vital to the work we do, and you're an important part of that team. With your copy of Dispatches you will find a flyer where you can jot down a message for our field staff in Zimbabwe, explaining why it is you support our emergency medical work. Or you can send a message via our website: **www.msf.org.uk/send**
In the next issue, we will publish some of these messages and their responses.

Thanks for your support.

MSF

MSF's Epworth project has 5 international and 135 local staff. Our primary focus is providing treatment for patients with HIV and TB.

TRIBUTES

Are you celebrating a wedding or birthday? You could ask your friends and family to make a donation to MSF instead of giving a present. You can also mark special family occasions with a donation to MSF and a celebratory card, whether it's to welcome a new baby, to say 'good luck in your exams' or to wish someone a happy retirement. Visit **www.msf.org.uk/celebrate** to send a card and make a donation.

↓ Sylvia and Maurice live in Newcastle and give regularly to MSF.

"When we were married 10 years ago, we looked around to decide which charity we wanted to give to," says Sylvia. "Both of us together decided it would be MSF. Whenever we'd seen a disaster on the television or heard about it on the radio, MSF always seemed to be the first people there and doing the most.

"We started giving a monthly donation and, because we're old and retired and don't want any presents when we have a birthday, we ask our friends and family to give a donation to MSF instead whenever one of our birthdays comes around. That happened recently when Maurice turned 80. Often, we make a little extra donation if we find we have some extra cash or somebody has given us something we can pass on."

→ Tendai Mhlanga is an ICT officer

"The thing that touched me most was the simplicity of the people giving. Before, when we thought of donors, we thought they were all rich people with lots of money. But I saw that the people who give to MSF are people just like me, just like my parents, my younger brother and sister — they're simple people giving as much as they can. It really touched me."

← Ever Tsikiwa is a nurse at the Epworth project in Zimbabwe

"The messages from the donors were a real eye-opener for me, and they made me admire MSF more. Finding out where the money was coming from — that it wasn't coming from really wealthy people, but from people who just wanted to help others, that really impressed me."

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**

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.

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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**

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One man's race to save his wife and daughter

Aboubacar and his sick wife, Mariama. Read their story on pages 6-7

Photograph: © Julie Remy/MSF, Niger, 2012

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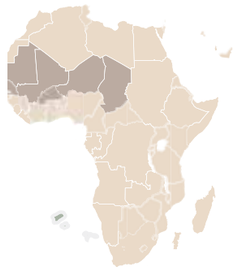
MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

INSIDE

The Sahel region of Africa is facing severe food shortages, with three million children under five at risk of malnutrition, and more than 600 children dying every day due to lack of food. MSF teams are currently ramping up our emergency response in the areas most affected in Niger, Mali, Mauritania, Senegal, Chad and Burkina Faso.



1.179m

square miles of Africa are covered by the Sahel, a strip running across the continent which marks the transition between the Sahara desert and the savannahs

PHOTOGRAPH: © ANDREA BUSSOTTI/MSF, CHAD, 2012

Mauritania

Thousands of Malian refugees fleeing violence have crossed the border. Food insecurity threatens both refugees and local people, and the arrival of refugees creates even more pressure on Mauritanian families already stretched to their limits by bad harvests.

Additionally, a lack of qualified doctors in the country and shortages of drugs make providing medical care a unique challenge.

"The presence of armed groups and political uncertainty in Mali is generating fear and panic among the people," says Jean-Paul Jemmy, MSF medical coordinator in Mauritania. "People are suffering from respiratory infections and diarrhoea due to a lack of access to water, exposure to extreme temperatures and frequent sand storms…

"We're still expecting several thousand refugees in the coming weeks… we have to act quickly to provide shelter, water and reinforce medical assistance."

100

communal latrines for 57,000 people in Mbéra camp in eastern Mauritania

9

litres of water per person per day. The humanitarian standard is 20

PHOTOGRAPH: © FRANCOIS TALLA/MSF, MAURITANIA, 2012

Chad

Food and water are scarce in the eastern city of Biltine, and some families are extremely short of food, says Dr Kodjo Edo, MSF head of mission in Chad. As a result, malnutrition rates among children are soaring. Elsewhere in the country, measles and a deadly epidemic of meningitis have broken out.

"Many families only have half a month's worth of food stocks left, and have had to cut down on the number of meals they eat each day," says Dr Edo. "The variety of food has also dwindled. Some people are walking for over seven hours to fetch water. It is a major concern: the water shortage has a direct link with malnutrition in children…

"Between January and March we admitted 1,600 children with malnutrition – almost twice as many as at the same time last year. To make things worse, we are experiencing a measles outbreak. We are really concerned, because measles increases the likelihood of children becoming malnourished …

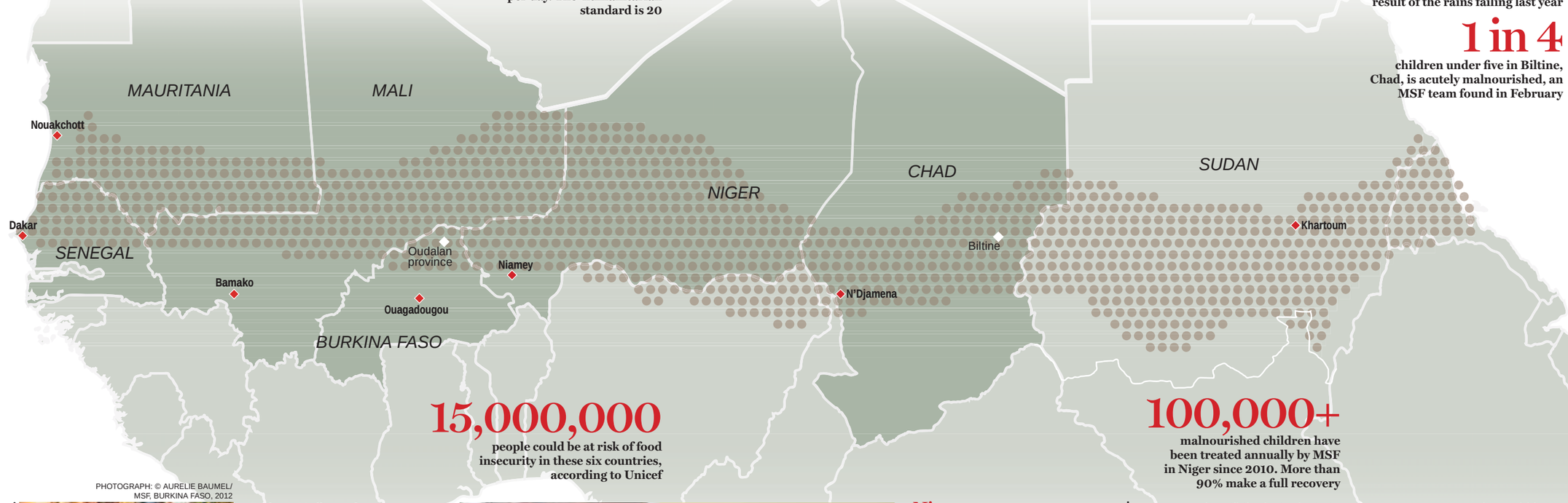
"There's a real, urgent need for food distributions. No one expects 2012 to be a 'good' year for Chad, but MSF teams are doing all they can to prevent it from becoming any worse."

25%

Rise in food prices in Chad as a result of the rains failing last year

1 in 4

children under five in Biltine, Chad, is acutely malnourished, an MSF team found in February



15,000,000

people could be at risk of food insecurity in these six countries, according to Unicef

100,000+

malnourished children have been treated annually by MSF in Niger since 2010. More than 90% make a full recovery

Burkina Faso

In the wake of violent clashes between Mali's army, Tuareg rebels, and other groups active in northern Mali, nearly 46,000 Malians have fled their country to take refuge in northern Burkina Faso since mid-January. This influx is exacerbating the existing problem of food insecurity.

Jean Hereu, head of mission:
"This is putting Burkina Faso's hospitality to a severe test. The area where the refugees have settled has been hit hard by the lack of rainfall, which affects the cereal harvest and has a direct impact on household food security."

PHOTOGRAPH: © AURELIE BAUMEL/ MSF, BURKINA FASO, 2012

35,000

of the Malian refugees are in Oudalan, in camps in Férrerio and Gandafabou (above)

Fatima, Malian refugee in Ferrerio Camp:
"Living conditions are poor in the refugee camps, and I don't know why. Where is the international community? Where are the humanitarian aid workers? Where is the planet of justice and generosity? We really need assistance. Women and children have been living out in the sun without shelter for three months – why?

"We've fled war. We've fled violence in northern Mali. We were chased away by the army; people were killed. We left everything when we fled our country. I am with my children. We have nothing."

PHOTOGRAPH: © JULIE REMY, NIGER, 2012

Niger

Mirko Tommasi, head of mission:
"Malnutrition is a chronic crisis in this region. Last year, we treated 104,000 severely malnourished children in Niger, but at the moment, it's not easy to say how big the nutritional crisis is going to be. We have mobile teams doing evaluations and assessments in remote areas.

"We're screening children, and if we have any indication of a surge in the numbers suffering from malnutrition, we'll be ready to intervene. We have good stocks of food and medicines and teams ready to go. We can't wait until the last minute to make these preparations.

"The distances in this country are vast. People have to walk for hours to get to a health post and, even then, there are no guarantees it will be equipped with the medicine, equipment or food they need. Where roads exist, they're very bad, and most of the time there are only sand tracks. Because of this, MSF mobile teams travel by jeep to remote villages. We set up temporary clinics and help whoever is in need. Sometimes you arrive too late. Even in the middle of a crisis, when people are suffering, what you have to remember is that if MSF weren't here, even more people would be suffering and dying. People are glad that we're here. For me, that's motivation enough."

PHOTOGRAPH: © ANDREA BUSSOTTI/MSF, CHAD, 2012

MSF team treats injured in Syria

In late March, an MSF team crossed the Turkish border into Syria to provide medical aid in the Idlib region of north-west Syria.

The two-person team – a surgeon and an anaesthetist – found that Syrian medical workers were so terrorised they would offer only first aid in cases of extreme emergency. To treat broken bones, for example, they would simply use makeshift splints. In dealing with haemorrhages, they applied compression bandages even when they had access to technical resources enabling them to provide more appropriate and complete care.

"They told us that the risk was too high," the MSF surgeon, who must remain anonymous, said. "We were told that 'being caught with a patient is worse than being caught with a weapon'. A Syrian colleague also told me that meant death both for the patient and for him."

The team observed the targeting of hospitals and medical facilities by armed forces. In a small town they visited, a health centre that served as an improvised hospital had been burned down. There was nowhere else to treat the wounded. Another health centre, still in good repair, had only one consulting room.

In another town, the team found a functioning, well-equipped hospital. "We performed as many procedures as we could," the MSF surgeon said. "We operated on 15 wounded people and then had to pack up and leave in less than 10 minutes after being warned the army was coming to launch an attack on the city. Later, we heard that the hospital had been severely damaged and has not yet resumed functioning."

Above, treating the injured in Idlib province; below, the remains of a burnt out clinic Photograph: © MSF, 2012

'We were told that being caught with a patient is worse than being caught with a weapon. A Syrian colleague told me that meant death for the patient and for him'

Fear is ever-present. Elsewhere in the Idlib region, the team was greeted at a public hospital whose operating room remains closed. The staff refuse to perform surgery for fear of reprisals and provide only first aid services that take 10 to 20 minutes.

"If the tanks arrive, I can be warned in time," the chief doctor explained. "I can get all the patients out and remove all traces of their presence."

"We asked what happens if a patient is in a serious condition," said the MSF surgeon. "The Syrian doctor responded with a helpless shrug. Then he added that some patients had managed to reach Turkey.

"The doctors felt threatened, and they discouraged us from setting up a medical facility because the situation was so risky. You can see medical equipment and supplies. The resources and infrastructure are there, but the fear and risk of capture are so great that doctors hesitate to treat patients."

MSF CALLS FOR HEALTHCARE FOR ALL WOUNDED

"We only have a partial view of the medical situation inside Syria due to the lack of authorisation," says Brice de le Vigne, MSF director of operations in Brussels, "but the information we obtained in Idlib confirms what we know from Homs. In both locations we saw militarised healthcare facilities, meaning that access to medical care depends on which side you belong. Health facilities are being targeted, thus endangering patients and preventing healthcare workers from doing their jobs."

"A number of Syrian colleagues are reported to be missing," says Marie-Noëlle Rodrigue, MSF director of operations in Paris. "The authorities and all parties to the conflict must ensure that medical workers can operate without fear of retribution and that wounded people can safely seek and receive immediate life-saving care, without resorting to inadequate improvised clinics for fear of arrest, or worse."

Still without official authorisation to operate inside Syria, MSF continues to support networks of Syrian doctors in Homs, Derah, Hama, Damascus and Idlib, delivering supplies and medicines from nearby countries. MSF also treats those wounded or tortured in Syria at a surgical hospital in Amman, Jordan. Additionally, MSF is providing primary healthcare and psychological support to Syrian refugees in Lebanon.

MSF reiterates its call for authorisation to work inside Syria. The organisation stands ready to quickly mobilise its medical and surgical teams, and is determined to operate independently, providing care to anyone requiring it.

Fashion show in DRC

In the Democratic Republic of Congo (DRC), MSF helped organise a fashion show featuring women living with HIV/AIDS. The aim was to help fight discrimination, and alert the public to the tragic lack of access to treatment in the country. It is estimated that 300,000 people with HIV/AIDS in DRC currently lack access to life-saving antiretroviral drugs.

PHOTOGRAPHS: © DANIEL MANGEL/MSF, 2012

New hospital in Haiti

In April, MSF opened a new 108-bed trauma and surgical hospital in the capital, Port-au-Prince. The centre treats victims of accidental trauma, such as falls and road accidents, and victims of violence, such as beatings, assaults and bullet wounds. It is the fourth hospital built by MSF in Haiti since the 2010 earthquake.

PHOTOGRAPHS: © YANN LIBESSART, HAITI, 2012

In Niger, the period between May and July is called 'the hunger gap' and MSF teams are on high alert. Here, MSF photographer Julie Remy captures a family caught in crisis during this dangerous time

1 Aboubacar is one of many parents who have brought their sick children to MSF's intensive feeding centre in Dakoro, southern Niger. This year, the food situation is particularly worrying, and it looks likely that cereal stocks will run out sooner than usual.

Aboubacar and his two-year-old daughter, Aïcha, travelled from their village by donkey cart. "My daughter was vomiting and she had diarrhoea," says Aboubacar. "The MSF doctor said she is suffering from gastroenteritis with severe dehydration and anaemia." Too weak to eat, Aïcha, who weighs only 5.1 kg (just over 11 lbs), is being fed through a tube inserted into her nose.

Children who are malnourished are especially vulnerable to illnesses like diarrhoea, malaria and respiratory infections. When they fall sick, they often lose their appetite, making them even weaker, and creating a deadly spiral of malnutrition and disease from which it is difficult to escape.

Just two days after arriving at the feeding centre, Aboubacar receives terrible news. A neighbour calls the centre to tell him his 20-year-old wife, Mariama, who is six months' pregnant, has just lost the baby, and now her life is in danger....

<2 "It is time to buy a shroud for your wife," the neighbour tells Aboubacar. Believing there is nothing he can do to save his wife, he starts to cry in despair. By the time he reaches her she may already be dead. "How will I feed Aïcha if she dies?" he asks.

<3 MSF medical staff ask Aboubacar to phone back and find out more details. The neighbour says that Mariama is bleeding heavily, but is still breathing. Half an hour later, a vehicle is ready.

>4 Aboubacar refuses to leave without Aïcha, so they go together. There is no road to the village, and the 8 km journey takes 45 minutes.

5 When they arrive, they find Mariama huddled on the floor of the house.

6 Aboubacar carries Mariama to a stretcher.

<7 Mariama embraces her daughter for what she fears may be the last time. Aïcha cries in distress.

8 The stretcher, with Mariama in it, is laid carefully in the back of the vehicle.

11 Meanwhile Aboubacar returns to the feeding centre with Aïcha.

>9 When they arrive at the maternity unit at Dakoro hospital, the gynaecologist examines Mariama and diagnoses an infection of the uterus. She has lost a lot of blood.

10 However, the infection is easily treatable with the right medicines, and she is going to be ok.

>12 All the medical treatment that MSF provides is free of charge, which is especially important in a place like rural Niger, where seeing a doctor is a luxury for most people. With good treatment and care, Aïcha and other children in the ward are likely to make a complete recovery.

Dakoro in numbers

Dakoro hospital serves 50,000 to 65,000 people. In 2011:

40,000 women had antenatal consultations

3,400 babies were born, including 300 caesarean deliveries

1,451 children with severe malnutrition and medical complications were treated in the inpatient feeding centre

11,110 children were admitted as inpatients

12,524 malnourished children received outpatient treatment

‘The woman came to us with no living children. She had been pregnant twice before, but both pregnancies resulted in stillbirths. In the first pregnancy, she had laboured for days, and the baby died during labour. In the second pregnancy, she had pushed and pushed, but the baby did not deliver. A caesarean was done, but the baby died anyway.

I cannot imagine what that must feel like. In the US, a stillbirth at term is a huge event. Privacy is paramount. A subtle sign is placed on the patient’s door so that staff know not to enter unnecessarily. A sympathetic nurse is chosen, one who will comfort the patient. Aggressive pain control is offered, because pain can only make grief worse. And the woman carries that loss with her for the rest of her life.

In South Sudan, it is unusual for a woman not to have lost at least one child. They die in childbirth, or they die later of malnutrition, malaria, infection, or unexplained illness. I have seen women who have delivered four children but have only one living child. When a woman arrives, the first question asked is “how many children have you had?” The second question is, “how many are alive?”

It may be a part of life here, but it would be hard to argue that these women suffer less. I truly cannot speak for them, nor know what they feel, whether they have different expectations or a more effective way of processing grief than we do. But in my opinion, grief is grief, and whether you acknowledge it or bury it, it is there and always will be. It is only how you process it that differs.

I have noticed that there is a lot of psychosomatic illness here. Some women have generalised body pain with no apparent source and no real description. Often, they will fully admit that they are having major emotional upheavals for one reason or another, and they will agree that the pain is probably related to the emotions. Often I give them Tylenol or ibuprofen and, depending on the severity of emotions, a mild sedative, and let them rest in the hospital for a day or so for TLC (tender loving care). Everybody needs a damn break sometimes.

We examine the woman with two previous losses, and decide that her pelvis is terrible and no baby will fit through it alive. She should have a caesarean. Although it means that she will be having her second caesarean and will now require the procedure for any future deliveries, it also means she might finally have a living child.

I am glad I decided to do the caesarean. Her pelvis is tiny, like many of the women here, and I have a hard time even getting my hand in there to lift out the baby’s head. The baby cries right away; it is a girl. I clamp the cord twice, and hand it over to the waiting nurse. The baby is cleaned off, examined and wrapped in a towel. Katie, the Australian midwife, brings the baby to the mother’s face so that she can see her while we are finishing up. The mother makes no expression, but tears roll down her face when she sees her healthy baby.’

Veronica Ades is an obstetrician-gynaecologist on her first MSF mission in Aweil, South Sudan

PHOTOGRAPH: © ROBIN MELDRUM/MSF, 2012

A small boy is treated at a clinic in Doro, South Sudan

MSF PREPARES FOR SOUTH SUDAN EMERGENCY

MSF staff in South Sudan are preparing for multiple emergencies as tensions and hostilities continue with the country’s northern neighbour, Sudan.

Massive refugee influxes as a result of the violence mean that resources are overstretched.

“There is a continuing need for humanitarian action in South Sudan, where multiple problems face the country,” says MSF operations manager Chris Lockyear, who recently returned from the country’s capital, Juba.

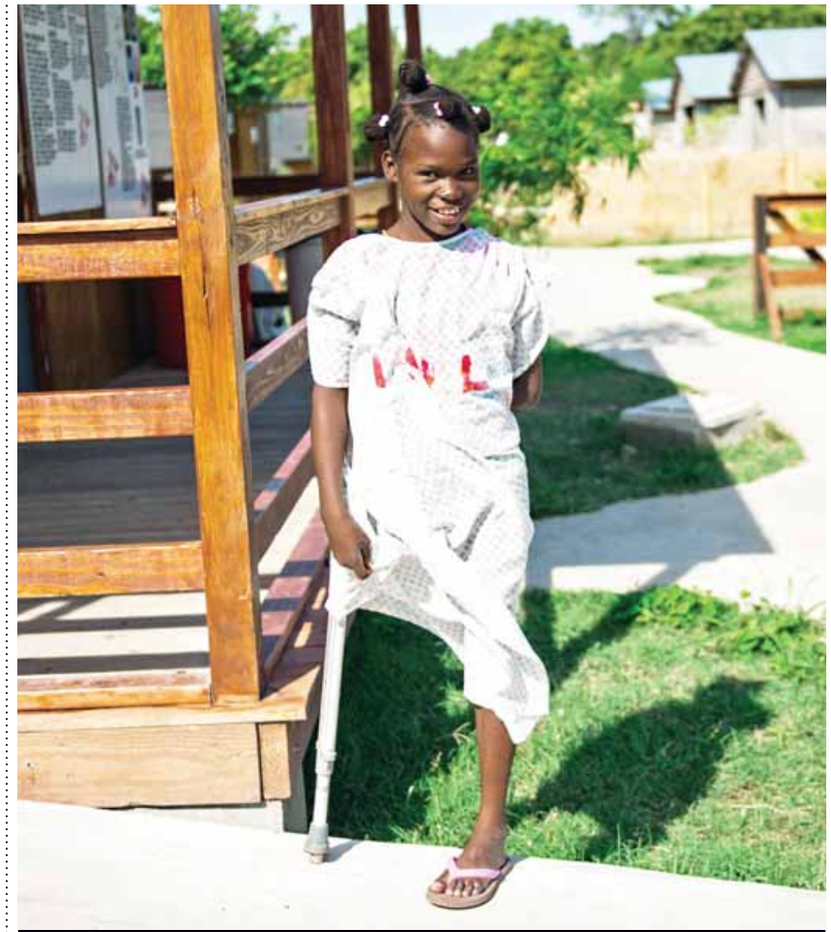
MSF is providing life-saving surgery to victims of violence, and donating medical supplies to local hospitals and shelter materials to people affected by the conflict. However, violence is not the only challenge to the county. In Warrap state, on the country’s northern border, MSF is undertaking an emergency mass vaccination campaign for around 40,000 children in response to an outbreak of measles.

“A lack of healthcare infrastructure, massive public health problems, recurring outbreaks of infectious diseases and inter-communal violence have come together to form a perfect storm in terms of a humanitarian crisis,” says Chris.

“With the onset of the hunger gap and the rainy season about to start, things are only going to get worse. Our logistics will certainly become more complicated and expensive than usual.”

MSF is engaged in a race against time to bring in efficient medicines and equipment before roads in Upper Nile state – which hosts 90,000 refugees – become impassable.

In 2010, we told the story of Mirlanda, a 10-year-old girl who had lost her leg and suffered crush injuries in the devastating earthquake in Haiti that January. For months she underwent operations and rehabilitation at MSF’s Saint-Louis hospital, where she became a favourite with patients and staff. Two years on, we catch up with this amazing girl.



Mirlanda at one of MSF’s hospitals in Port-au-Prince earlier this year Photograph: © Yann Libessart/MSF, 2012

Mirlanda, the survivor still beating the odds

She’s taller, but her smile is still the same. Outside the MSF hospital, Mirlanda is shyly posing for the camera. After spending so much time at the clinic, she’s back to have an operation on her damaged left hand, which has developed a bacterial infection.

“Where I live is very steep,” she says. “My father won’t let me go and play at the bottom of the ravine. But sometimes I go. And now that my hand hurts, my father says that’s because I didn’t do what he told me. We play games that make us laugh and we play dolls. But it’s hard for me because I’m not supposed to touch the ground.”

As determined as ever, Mirlanda seems more concerned about missing school than about the operation. “I’d like to go back to school,” she says. “It’s time for exams … These days I’m always at the hospital.”

On 12 January 2010, Mirlanda was in the home of a family friend in Port-au-Prince when the 7.0 magnitude earthquake struck.

“[I remember] my dress got caught on an iron rod, so I was stuck there,” she says. “And then the house collapsed on top of me. I thought it was a tractor that had destroyed the houses. There was a group of children who were playing cards nearby. They died, too, on the spot. I had a section of the wall fall on me and on my foot and I couldn’t move. I gave up. I just thought I would end up there, under the debris.”

She was rescued after a few days, and taken to the MSF hospital. Her badly crushed right leg had to be amputated, while her damaged left arm required plastic surgery and a number of operations. During the difficult months of rehabilitation, Mirlanda became the unofficial hospital mascot, looked after by everyone. Her determination to learn how to walk with her prosthetic leg, to play football and to dance won everyone over.


DISPATCHES

‘The first time I met Mirlanda she told me she wanted to play football’

“I had lots of friends at Saint-Louis,” she smiles. “They took care of me and taught me lots of games.” This energy and determination has seen her through some difficult times, including putting up with bullying. “Some of the children are not my friends. They call me a gimp and make fun of my arm,” she says

The day after the successful operation, Mirlanda does craft work with other child patients. She says the operation went well. “I want my hand to be better now and I want to have a better life.”

What do you want to be when you grow up? She suddenly goes shy. “I want to become a nurse,” she replies. “When I was at the Saint-Louis hospital, I liked watching the nurses work.”

Her father, Myrtho, who looks after her and her younger sister, Samantha, is not surprised by this goal.

“She goes to school and she has a good time, just like the other children,” he says. “Sometimes children fight and they say things to her. But it’s not a source of frustration for her. I’m frustrated for her and her situation, but she feels at ease and is able to do everything, without any problem.

“That’s just the way she is.”

Ambulances help drive for better healthcare

Niklas Bergstrand meets Paul Sefoi (above) who has driven ambulances for MSF for 15 years, and who helped to save countless lives during Sierra Leone's brutal 11-year civil war.

We're in a 4x4 driving along a dusty road not long after sunrise. Already, it feels as if the whole world is awake. Chickens are clucking, children on their way to school are singing, and the morning traffic is already drumming up a cloud of yellow dust.

At the wheel in a blue cap is Paul Sefoi, MSF veteran of 15 years here in Sierra Leone, and one of several drivers who man the three ambulances that transport critically ill patients from rural health centres to MSF's Gondama Referral Centre — a 220-bed hospital outside Bo, Sierra Leone's second biggest town.

It's a hectic, intense job — and one that comes with its fair share of troubling memories.

"During the war, there were checkpoints all along this road," he says, as we head towards Sumbuya, a rural outpost. "You would find a lot of dead bodies along the road between Bo and Freetown. Every time I had to take that road, I would not be able to sleep the night before. There would be attacks, and they would kill a lot of people."

MSF ran projects in numerous locations around Sierra Leone during the civil war, which lasted 11 years and claimed more than 50,000 lives. Activities ranged from war surgery to providing healthcare to people otherwise unable to afford it. During the war, Paul, like many others, witnessed numerous atrocities. He remembers the times when bands of drug-fuelled child soldiers used as human killing machines rampaged through the villages and towns.

But over the years he has also shared many laughs with colleagues, and has helped save the lives of countless women and children. Nowadays, MSF focuses on providing obstetric care and treating children with malnutrition and malaria in and around Bo. Each month, MSF admits more than 700 children and assists in more than 100 deliveries at its hospital.

Paul steers the car across a bridge. A group of people are bathing in the blue river below, brushing their teeth and washing their clothes. In the distance, small clay huts with straw roofs dot the landscape. "You see this village there – it was all burnt down during the war," he says. "The local hospital further down this road was also burnt down ... MSF helped rebuild it."

The smiling faces of the children, the laid-back chitchat by the roadside stalls, and the tranquil pace of life make it hard to imagine all this happened little more than a decade ago.

"Now it's better. Now you can go anywhere, people are friendly with

you." says Paul. "When I have a day off, at the weekends, I usually watch football. I'm a Manchester United supporter."

Although times are more peaceful, the MSF ambulances are still busy saving lives. Sierra Leone has some of the worst health indicators in the world, and people are still dying from diseases that should be easily prevented and treated. One of the main problems is malaria, which kills more than 20 people in the country every day. And many of the pregnant women who arrive at MSF's hospital are in a critical condition. But through the referral system, MSF has managed to bring down the number of maternal deaths in Bo district to half the country's average.

"When you have a pregnant woman in the car, you have to drive very carefully. Last time I came with one, she delivered in the vehicle. The lady was really bleeding, but both her and the child were OK in the end."

Clockwise from above: a boy with malaria is taken to Gondama Referral Centre by Paul Sefoi; the ambulance; Paul talks to the radio operatoer; and his travel book Photograph: © Niklas Bergstrand/MSF, 2012

'During the war you would find a lot of dead bodies along the road ... every time I had to take that road I would not be able to sleep the night before'

In the late morning, the radio makes a crackling noise, and the voice of the radio operator calls out for Paul to drive urgently to the Jimi Bagbo health centre. Paul puts his foot on the gas and speeds down a narrow

dirt track that cuts through the lush greenery, doing his best to avoid the worst bumps and humps ahead.

Arriving at the health centre, we see a woman clutching a small boy in her arms. Her eyes are wide open, signalling a mixture of fear and confusion. The child's breath is heavy and fast. He is suffering from severe malaria and needs to be taken to the hospital urgently. The two are led into the ambulance, the doors slam shut, and off they go for a bumpy one-hour ride.

"I really like my job, I like driving," says Paul, after he has safely dropped off the boy and his worried mother at the hospital's emergency room. "These ambulances are of huge benefit to the community, because now it's easy for people to get free transport to the hospital when they're sick. If

'These ambulances are a huge benefit to the community because now it's easy for people to get free transport to the hospital when they're sick'

the ambulances weren't there, how would people afford this money to pay for transport? People are happy we're here."

As the shadows lengthen and the day draws to a close, Paul drops me off at the MSF compound before driving off to pick up one final patient before the end of his shift – another boy with severe malaria, whose future would have been uncertain without the help of Paul and the rest of the team.

MSF UK VOLUNTEERS

Afghanistan Declan Barry *Doctor*
Bangladesh Judith Nicholas *Midwife;* Stephen Sercombe *Financial coordinator*
Cameroon Emma Warwick *Finance/HR coordinator*
Central African Republic William Turner *Logistician;* Warwick Strong *Logistician;* Judith Starkulla *Midwife*
Colombia Robert Allen *Logistician;* Conor Prenderville *Project coordinator;* Stephen Hide *Head of mission*
Democratic Republic of Congo Orla Condren *Nurse;* Geraldine Kelly *Midwife;* Victoria Hammond *Water & sanitation expert;* Timothy Tranter *Logistician;* Chloe Roberts *Nurse;* Oliver McGrath *Water & sanitation expert;* Julian Barber *Water & sanitation expert;* Lynsey Davies *Doctor;* Sarah Maynard *Logistical coordinator;* Robert Malies *Logistician;* Elaine Badrian *Medical team leader;* Andrew Mews *Head of mission;* Helen Rafferty *HR coordinator;* Angeline Wee *Doctor;* Henry Gray *Logistical coordinator*
Egypt Mario Stephan *Head of mission*
Ethiopia Yvonne Ovesson *Logistician;* Richard Kinder *Logistician;* Ailsa Stott *Medical team leader;* Niall Holland *Logistician;* Yashovardhan *Logistician;* Donna Love *Nurse*
Guatemala Maria de los Llanos Ortiz Montero *Medical coordinator*
Guinea Benjamin Le Grand *Logistical coordinator*
Haiti Benjamin Caulfield *Water & sanitation expert;* Joanne Connell *Anaesthetist;* Nicole Hart *Nurse;* Sylvia Garry *Doctor;* Caroline King *HR coordinator;* Sunmi Kim *Logistician;* Paolo Fresia *Financial coordinator*
India Colin Herrman *Logistician;* Alistair Iveson *Logistician;* Sakib Burza *Medical coordinator;* Emily Goodwin *Project coordinator;* Luke Chapman *Doctor;* Mark Blackford *Financial coordinator;* Marianne Stephen *Doctor;* Luke Arend *Head of mission*
Lebanon Alison Jones *Medical coordinator*
Malawi Estelle McLean *Epidemiologist*
Morocco Susan Sandars *Humanitarian affairs officer*
Myanmar Thomas How *Project coordinator;* Pawan Donaldson *Project coordinator;* Ricardo Donati *Logistician;* Victoria Hawkins *Deputy head of mission;* Jane Bell *Doctor;* Duncan Bell *Head of mission*
Nigeria James Lewis *Logistical coordinator;* Claire Hudson *Nurse;* Terri Anne Morris *Head of mission;* Chang Bum Shin *Administrator;* Carolyn Henry *Nurse;* Susan Lake *Nurse*
Pakistan Natalie Roberts *Doctor;* Andrew Moscrop *Doctor;* Jens Pagotto *Logistician*
Palestinian Territories Yvette Godwin *Surgeon;* Shaun Lummis *Logistician*
Papua New Guinea David Dalrymple *Financial coordinator;* Jonathan Henry *Project coordinator;* Diane Robertson-Bell *Nurse;* Shobha Singh *Mental health specialist*
Russia Jonathan Heffer *Head of mission*
Sierra Leone Alan Mackinnon *Doctor*
Somalia Elizabeth Harding *Project coordinator;* Eleanor Gray *HR coordinator*
Somaliland Harriet Rees-Forman *Midwife;* Carol Pye *Nurse;* Lesley Wills *Midwife;* Adam Thomas *Head of mission*
Sudan Jose Hulsenbek *Head of mission;*
South Sudan Jean-Marc Jacobs *Deputy head of mission;* Louise Roland-Gosselin *Humanitarian affairs officer;* Kirrily de Polnay *Doctor;* Danielle Wellington *Medical team leader;* Krystle Lai *Information officer;* Simon Tyler *Project coordinator;* Alison Bishop *HR coordinator;* Josie Gilday *Nurse;* Benjamin Pickering *Deputy head of mission;* Georgina Brown *Midwife;* Cormac Donnelly *Doctor;* Zodiac Maslin-Hahn *Financial coordinator*
Tajikstan Kartik Chandaria *Doctor*
Thailand Paul Cawthorne *Consultant*
Uganda Anna Carole Vareil *Administrator*
Uzbekistan Elsa Margarida Oliveira Barbosa *Biomedical analyst*
Yemen Nur Lubis *Anaesthetist*
Zimbabwe Amir Shroufi *Epidemiologist;* Johannes McGavin *Doctor;* Kiersten Simmons *Doctor;* Paul Arobmoi *Biomedical analyst;* Paul Foreman *Head of mission;* Tharwat Al-Attas *Deputy medical coordinator;* Sidney Wong *Medical team leader*