



DISPATCHES

Médecins Sans Frontières is a leading independent organisation for emergency medical aid. In over 80 countries world-wide, 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.

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A premature baby is tended to by an MSF nurse in Makeni, Sierra Leone



Simple measures save lives

Sierra Leone's bitter civil war, with its breathtaking violence, may be over, but five years of peace have brought little improvement to the level of suffering and preventable early death in the country. Sierra Leone seems welded to the bottom of almost every international study of morbidity and mortality: three of every ten babies born alive will die before they are five and the average life expectancy is under 40 years.

There are many reasons why the situation is so bad including a government health spend of just \$34 US per person per year, poor infrastructure and corruption. In addition, there's the lack of trained personnel: at the last count, the public sector had just one surgeon for every one million people and one midwife for every 26,000.

In MSF's twelve years of working in Sierra Leone, our teams have witnessed a great deal of preventable suffering. But in a recent report, MSF suggested three simple and relatively low-cost measures that have been implemented in the places where we work and that we know would make a significant difference if applied country-wide.

“When my eldest son got sick five years ago he went to hospital but could not receive treatment because we did not have the money. He died.”

Simple measures save lives



Very poor countries like Sierra Leone often make patients pay for health care to balance their books and try to discourage frivolous visits to the doctor. However a recent MSF study clearly showed that in a country where 97% of people live on less

than \$1US a day, people are dying from relatively simple health problems that they cannot afford to have fixed. In theory, the most vulnerable groups are exempt from payment, but MSF's study showed this was very rare in practice. Desperate or greedy health workers frequently charge what they think they can get away with. Very often, families go into debt when a member falls sick.

Momoh Turay (pictured above) is a 60-year-old man who was admitted to MSF's surgery ward on 22 July 2006, crying with pain. He had been unable to pass urine for days, a chronic complaint complicated by a hernia. A catheter could not pass through his urethra, a surgeon needed to put it directly into his bladder. The treatment was simple enough, but without it he would have eventually died a painful death from renal failure. He considered himself immensely lucky to have treatment for free:

“I am a farmer who grows to eat. If I fall sick I depend on friends to give me money or my family would have to borrow money. When my eldest son got sick five years ago he went to hospital but could not receive treatment because we did not have the money. He died. Today it would still be difficult to raise the money. If MSF was not here most of the people in the villages would be dead because they cannot afford treatment.

“I have many relatives who have died. They tried to buy cheap drugs from the ‘pepe doctors’ who sell in the villages. By the time they come to the hospital it is too late.

“When I had this pain my family had to borrow the money to pay for the transport for me to get here rather than to die in the village.”

MSF believes that providing care free of charge at the point of delivery is vital if patients are not to be put off seeking the help they need. MSF does not charge at all in its facilities and believes that the government, with the support of international donors, should do the same.

There are many problems with the health system in Sierra Leone and many obstacles to overcome. But MSF's experience shows that practical measures such as introducing effective malaria treatment and maternity waiting houses, save lives. Reducing the toll of malaria, cutting deaths among mothers and babies and increasing everyone's access to medical care must be immediate priorities.

Malaria treatments that work

Malaria is the single biggest cause of death in Sierra Leone – one MSF survey found it caused between 25% and 39% of all deaths, including 63% of deaths of children under five. Resistance to the cheapest medicine, chloroquine, is very high, and two years ago, the government finally agreed to change to an effective combination of two better drugs instead. MSF uses these where we work, but even now, Ministry of Health clinics are still waiting for their supplies. Patients across the country are being sold medicines that don't work and thousands die as a result.

On 27 July, a young woman, Adamu Kanu, brought her thin and feverish two-year-old son Chernor into the MSF paediatric ward in Kambia hospital. A quick test revealed he had malaria and he was promptly treated with effective drugs (an injection of Artemeter and a three-day course of Artemisine-based Combination Therapy or ACT). Within a few days he was on the mend, a very different outcome from that of his sister a year earlier. His mother explains:

“My daughter got sick last year, she had a continuous fever. For four days I gave her native herbs from the traditional healer in the village. Then I took her to the other [government] hospital and they gave me some pills.

“So I went home and the baby was a bit better. But after the pills finished the baby got sick again straightaway. I did not have any money to go back to the hospital. The day after that the baby died. I was very sad because this was my favourite, it was my daughter and I loved her very much.



Chernor recovers from malaria after receiving ACT at an MSF clinic

“Now Chernor got sick with the same fever and I was very afraid that he was also going to die. People in the village told us that the hospital in Kambia does not charge. When I came here they made lots of tests and they gave him some medicine. After four days he was getting better. I am very happy that he will not die.

“When I go home I will tell everyone they should go to Kambia hospital because they have the right medicine and because everything is free, the medicine, even the food. And the medicine here is stronger than the other one. Here it works.”

The continuing lack of ACT drugs in government health facilities is a scandal. There appears to be no satisfactory explanation for the cumulative delays in purchasing, shipping, distributing and training.

Maternity waiting houses

Childbirth is extremely risky in Sierra Leone. Put simply, one in six women will die from having babies during their lifetime, and one in six babies will die at birth. Trained midwives are in short supply and most births take place at home – one of the biggest causes of death is that it is hard to quickly transfer a woman having problems in labour to hospital, mainly because of poor transport infrastructure. Too often MSF teams have seen women arriving at hospital too late to be saved.

A cheap and practical way to solve this problem is for women at high risk to spend the last few weeks of their pregnancy close to medical help, and MSF has invested in simple ‘waiting houses’ near the district hospitals in Kambia and Magburaka. They are open to any pregnant woman, but they are mostly used by expectant mothers who are considered by MSF to be particularly at risk because of problems during current or previous pregnancies. Despite selecting for those most at-risk pregnancies, the latest figures for women using the ‘waiting house’ show they are

“Childbirth is extremely risky in Sierra Leone. Put simply, one in six women will die during childbirth, and one in six babies die at birth.”



Kandeh and her first healthy baby, born by caesarian section.

© Pep Bonet

seven times less likely to die in childbirth as the average for district hospital intakes.

25-year-old Kandeh Jolleh (pictured above) gave birth to a healthy baby girl on 23 July. This was her fifth baby, but the first to be born alive, thanks to an emergency caesarean section carried out by MSF doctors at Magburaka hospital.

“The hospital closest to my house is two days walk. There is no road that a car could go on. And when you get there they make you pay. We are poor so I had to stay at home and my babies came out dead. There was nothing I could do. The distance was too far and we had no money.

“This time when I was pregnant I did not want to depend on the traditional helpers again. And now there is a road for some of the way. When I left home I was not in labour. I saved money by walking to another village that is on the new road. That took one whole day. The rest of the journey cost a lot of money – \$6.50 – which had to come from selling what we grow on our farm.”

Kandeh went into labour and things progressed well until a midwife monitoring the foetal heartbeat heard signs of distress. Kandeh was moved into the operating theatre for an emergency caesarean section.

“The hospital has done the best for us. I have had all the traditions in the village but I never had a child. Now I have a live baby. The next time I will come here again and I will come early.”

As Kandeh’s story showed, having to pay prevents many needy patients from seeing a doctor.

 To read the report in full, please visit www.uk2.msf.org/dispatches/



The violence in Darfur does not stop at the borders of Sudan. Governments of the neighbouring countries of Chad and Central African Republic are both also fighting with armed rebel groups vying for power, and each accuses Sudan of harbouring and supporting them. The situation is complicated further by the activities of bandits. Naturally those who suffer most are the luckless civilians caught in the middle of this triangle of violence. Many are forced to flee their homes and seek safety elsewhere, either inside their own country or a neighbouring one. MSF runs programmes across the region to try and help, but our work is far from easy.

A crucible of violence



A family taking shelter in Southern Chad after fleeing increasing violence in neighbouring Central African Republic.

In Chad

Between 2003 and 2004, over 200,000 men, women and children from Darfur became refugees in Chad. Most have settled in large camps close to the border where MSF provides medical aid including paediatric, nutritional and maternal care. Eastern Chad is proving to be no place of safety though. Violent attacks in the area have increased, and since December 2005, some 65,000 Chadian civilians have also found themselves having to flee their homes, sometimes repeatedly. Villages are being burned and looted, and there have been several massacres.

On 15 November, the Chadian town of Koloye, close to the Darfur border, was attacked and looted by armed men. The whole population of the town, including some 5,000 people who were seeking safety there after their own villages had been attacked, had to flee. "For several

kilometres around Koloye, everything is completely deserted," reports Filipe Ribeiro, MSF's head of mission. "There is nothing left except shoes and gourds abandoned at the side of the road. Our clinic and pharmacy were looted and destroyed and we found bloody compresses at the clinic, a clear sign that people were wounded."

MSF provides health care to both refugees and locals, including surgery, in two hospitals. Further MSF teams are working with Chadians who have been displaced in the interior of the country, providing water, medical aid and survival supplies. MSF keeps emergency medical supplies in the hospital in the regional capital of Abeche in case of further violence, such as the rebel attack on the city on the 25 November, when over 40 people needed treatment for their wounds.



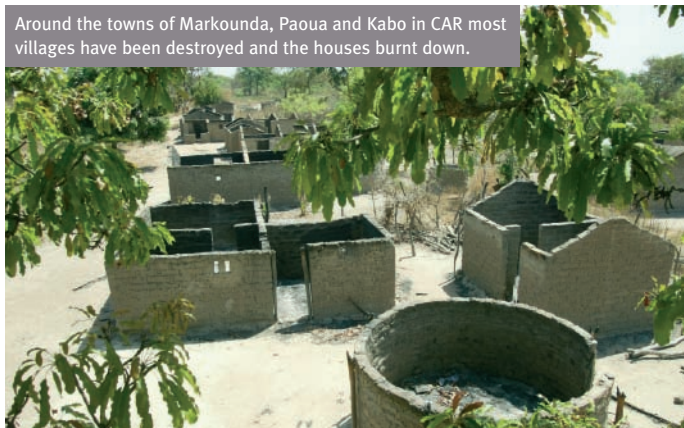
Among the population word has got around that MSF mobile teams visit the deserted villages around Markounda, Northern CAR. Every day hundreds of people come and queue to get medical assistance.

In Central African Republic (CAR)

Fighting started between the army and rebel groups about a year ago, causing about 40,000 people to flee north to Chad. MSF works in the camps they have settled in at Gondje and Amboko, and also runs a 50-bed hospital in the town of Goré.


MSF works inside CAR too, providing health care in the north of the country for people who otherwise have none. October brought a fresh wave of fighting and as well as working in five hospitals and health centres, MSF has been sending mobile clinics out to meet the needs of tens of thousands of people hiding in the bush. They are living in disastrous conditions, sheltering under leaves and twigs, desperate to escape the violence that has seen many villages in northern CAR burned and looted.

© Ton Koene



Around the towns of Markounda, Paoua and Kabo in CAR most villages have been destroyed and the houses burnt down.

Bush living takes its toll on peoples' health. MSF mobile teams see an average of 1,800 patients a week, many of whom are children under five years' old. The main health problems are malaria, worm infestation or acute respiratory infections, conditions often caused by living outdoors. The recent fighting has made outreach work difficult however, and MSF is concerned that the people who are in greatest need, particularly those in the northeast of the country, are unable to reach medical care.

 The situation in Darfur, Chad and CAR is changing rapidly. To find the most up-to-date information, please visit www.uk2.msf.org/dispatches/

In Darfur

MSF is extremely concerned about recent developments in Darfur where attacks against civilians continue, both in South and West Darfur. People are again being forced to flee as villages and camps are attacked and burned.

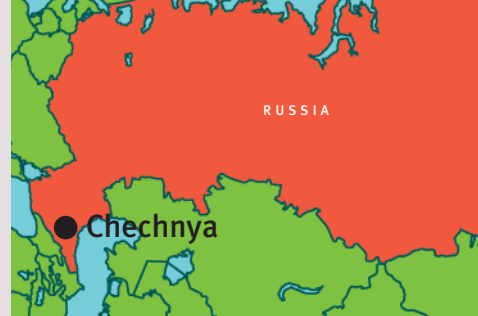
In early November, an MSF team went to the Jebel Moon region of West Darfur. They found Se Leah town in a state of siege. On 29 October, 21 villages in the region, including Haijelihah camp (with 10,000 inhabitants), were attacked and emptied. Several dozen men, women, and children were reported to have been killed. As access to the town was impossible, the 51 injured people who were able to reach the Se Leah clinic had to wait several days before being transported to the MSF-supported hospital in El Geneina, the only surgical facility in the area. Four patients died because of the lack of adequate care. Some vehicles transporting the wounded were then attacked en route, sometimes more than once.

Aid work in Darfur is becoming harder and more dangerous. MSF teams alone have experienced over 40 serious security incidents since the beginning of the year. Nowadays we are generally limited to working in the biggest camps and towns, and there is only one road left, in a region the size of France, that we consider safe enough to drive down. All other travel must be by air. MSF's international president, Dr Rowan Gillies, has recently returned from Darfur:

"The situation has certainly changed since I was there in July 2004. Then, large swathes of the population had suffered from widespread violence and tens of thousands of people had been newly displaced from their homes. The crisis required a massive and urgent increase in humanitarian assistance and the response was just starting to scale up.

Today, the situation is quite different. In the large camps for displaced people in the government-controlled towns, some of the medical indicators are tolerable in terms of nutrition and mortality rates. However, there is a crisis of human suffering. These people have been stuck in these camps for more than 30 months. They cannot go outside the camp to collect basic necessities like food and water because of the high risk of being killed or raped. They have no idea if or when they will have a future."

A patient who has been operated on as part of MSF's reconstructive surgery project which opened in Hospital Number 9, Grozny, in July 2006.



Few people working there would describe Chechnya as being entirely 'at peace', but thankfully, the carpet bombing and pitched street battles of the last decade are no longer a daily reality. Nonetheless many Chechens still literally suffer the pain of war due to their poorly-healed wounds and physical scars. To improve their quality of life, MSF recently started reconstructive surgery in Grozny's main referral hospital.

Healing old wounds

Photos © Misha Galustov

"We realised that many people with long-standing injuries and chronic disabilities sustained in the war are simply unable to access surgical services," says Dr Manana Anjaridze, the MSF Medical Co-ordinator in Russia. "Most people are only able to scrape together the money for an expensive operation when it is life-saving. But there are many surgical procedures that can dramatically improve quality of life."

Potential patients are identified by hospital staff at the trauma and orthopaedic outpatient clinics. Those whom MSF can help with surgery are admitted, and all care and drugs are provided for free. The MSF team includes a trauma specialist, plastic surgeons and anaesthetists. A physiotherapist is available for post-operative follow-up. The 20-bed trauma department shares a ward with vascular surgery, and so patients admitted for vascular operations are also supported by MSF.

MSF is fortunate to work with excellent Chechen medical staff, like Professor Yandarov, a surgeon, and Dr Khunarikov, a vascular specialist. Both men worked in Chechnya during some of the heaviest phases of the war, living in basements and operating on patients in makeshift field-hospitals.

Stories like that of Rustam, whose left leg and foot was injured in a mine explosion five years ago, are common. "When he came to us, he had already endured several painful and unsuccessful surgeries. Now we have begun to reconstruct his limb, pinning and bracing his shin in an



A minor procedure being carried out in the neurosurgery department of Hospital No.9 in Grozny.

external metal frame, so the damaged bone can re-grow. The next step will be to realign his twisted foot. We are hopeful that in three months he'll be walking again," explains Chechen surgeon, Professor Yandarov.

MSF has refurbished and re-equipped the trauma department. An oxygen generator now provides patients with safe oxygen – before, they used unstable industrial oxygen, much of which had to be purchased by relatives. The 'patient flow' through the sterile and non-sterile areas of the department has been re-organised to reduce the risk of infection.

Since the programme began in July 2006, 52 patients have had operations. MSF doctors have catalogued the accidents, burns, bullets and mine explosions that caused their injuries. Some have had a number of failed or poor quality operations in Chechnya or neighbouring republics over the years, and many will now face a series of reconstructive surgeries to correct past trauma or operative error.

MSF UK volunteers currently in the field

Other MSF work in Chechnya

MSF mobile teams bring essential health care services direct to people living in temporary accommodation centres in Grozny as well as ten settlements on the outskirts of the city. Each team conducts around 1,000 consultations a month. Another multi-skilled team provides a similar number of consultations in Karagalinskaya, in Shelkovskoy district.

MSF also provides health services in fixed locations such as polyclinics 1 and 2 in Grozny, (seeing a total of around 2,000 to 3,000 patients per month). For polyclinic 1 MSF has installed a temporary prefabricated building to allow MSF doctors to work alongside government health staff while MSF rebuilds the destroyed permanent structure.

Women's and children's health is a particular focus and as well as providing gynaecologists and paediatricians in all teams, MSF supports the Republican Maternity Hospital in Grozny. Medical equipment and drugs are also supplied to the hospitals of Shatoy, Sharoy and Itum-Kale.

The problem of tuberculosis (TB) in Chechnya has been made worse by the conflict and MSF supports treatment of the disease in four TB hospitals in Nadterechnaya, Gudermez, Karagalinskaya and Shali. Counselling for TB patients is also provided and mental health care activities are integrated into all MSF's work around the troubled region.

In 2006, MSF made a series of one-off donations of non-food items, including mattresses, blankets, jerry cans, buckets and hygiene items, to 1,200 people in the settlement of Stariy Poselok in Grozny. MSF also built showers, toilets and water tanks. To be ready for an emergency, MSF keeps stocks of outpatient, hospital and surgical kits available in Nalchik, Nazran and Grozny.

“One of my patients, Madina, was 18 in 2002, and living in Vedeno (a southern part of Chechnya where fighting was, and is, prevalent) when she was shot in both hips by a sniper with explosive bullets,” recalls Professor Yandarov.

“Her hip bones shattered, riddling her legs with fragments, and she lost a lot of blood. It took two days to get her to hospital, on terrible roads and through numerous checkpoints. She was just alive when she reached us. I managed to stabilise her and do a basic operation with the equipment I had available but I had to discharge her quickly as we were running out of space in the ward.

“Last August she came to see me again, and although one of the legs that I had hurriedly repaired was OK, the other had not healed well and was crooked, causing her to have a painful limp. This time I could do what I needed to: we broke her leg again, straightened it, took a bone transplant and fixed a metal plate. Now she is able to walk normally.”

Already the word is spreading about MSF's work. “At the start, patients could not believe they were going to get such operations for free, and they tried to press money upon us. But we refused, and now they have got used to it. We expect the numbers coming to the clinic to rise,” says Dr Khunarikov. MSF plans to do between 25 and 30 operations of varying complexity each month.

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Flooding increases humanitarian needs in Somalia



Heavy rains in November caused flooding of the Juba and Shebelle rivers in southern Somalia, the most densely populated region in the country.

Thousands of families saw their homes destroyed and were displaced. They are now living in the open, exposed to torrential rains, facing increasing risks of respiratory infections and malaria. The greatest concern is the lack of drinking water. Over 70% of the shallow wells on which people depend are contaminated, bringing a greater risk of water-borne infections such as cholera.

Many families have lost food stocks or crops for the forthcoming December harvest. Large numbers of goats and cattle have drowned. The area, which already knows chronic food shortages, now faces an increased risk of malnutrition.

© Brendan Bannon



11 November 2006: MSF provides medical care to the displaced Somali refugees in Dadaab camp, Kenya, after heavy rains flooded their homes.

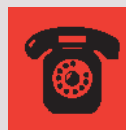
Julie Neubuhr works for MSF in Marere, north of Kismayo. She told the BBC, "The situation is getting worse day by day. Hundreds of settlements and small villages along the river have been partly cut off and flooded. The water levels continue to rise. People are drowning, there are many people here who are unable to swim. Our hospital is surrounded by water and is definitely at risk."

The floodwaters are preventing patients reaching the MSF hospital, and MSF is supplying boats to help people move around. All roads have been destroyed and MSF has to bring extra supplies in by air, including the specialised food for 750 severely malnourished children in our feeding centre in Marere. But it is clear that other humanitarian agencies must quickly intervene to help respond to the urgent needs.

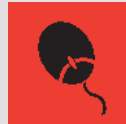
MSF is currently working in a number of locations in south and central Somalia including Mogadishu, Jowhar, Galkayo, Galgaduud, Huduur, Dinsoor and Marere. MSF teams are also responding to the floods that have affected the Dadaab refugee camps, situated on the Kenya/Somali border.

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Dispatches also gives our patients, staff and volunteers a voice to speak out about the conflicts, emergencies, and epidemics in which MSF works, and about the plight of those we strive to help.

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