Dispatches

Autumn 2020
No. 98

Chasing COVID-19 across the Amazon

SEE PAGE 4

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

Contents

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FEATURES

Front cover: MSF nurse Nara Duarte teaches a child the correct way to perform hand hygiene during a mobile clinic at Lake Mirini in Brazil’s Amazonas state.
Photograph © Diego Baravelli/MSF

Médecins Sans Frontières/Doctors Without Borders (MSF) is a leading independent humanitarian organisation for emergency medical aid. In more than 70 countries worldwide, MSF provides relief to the victims of war, natural disasters and epidemics, irrespective of race, religion, gender or political affiliation. MSF was awarded the 1999 Nobel Peace Prize.

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About Dispatches
Dispatches is written by MSF staff and sent out quarterly to our supporters to keep you informed about our medical work around the world, all of which is funded by you. Dispatches gives our patients and staff a platform to speak out about the conflicts, emergencies and epidemics in which MSF works.

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How we supply our projects during a pandemic

Getting medicines and equipment to our teams around the world is a challenge even in normal times. But with lockdowns and production freezes occurring due to COVID-19, sourcing vital supplies has become even more complex.


Photograph © Borja Ruiz Rodriguez/MSF

WHAT KIND OF SUPPLY ISSUES HAS MSF FACED DURING THIS PANDEMIC?

Shortly after the COVID-19 emergency hit Europe and the US, MSF faced the same challenges as governments and other health organisations in sourcing personal protective equipment (PPE). We also had difficulty getting hold of oxygen ventilators and other vital equipment, plus we had separate issues due to time delays and transportation problems. As a result, we quickly began looking to Asia for these items and hastily set up a coordination and procurement system.

For the past few years, we have been aware that our supply chains need to be expanded, and we have been working towards that goal. But the COVID-19 pandemic has underscored the urgency of expanding the number and the geographical spread of our suppliers, whether for PPE, medicines or other items vital to our work.

IS MSF THE ONLY ORGANISATION AFFECTED BY THESE CHALLENGES?

No. Globalisation has resulted in previously localised and varied supply chains becoming reliant on procuring items and equipment from single sources, whether that’s in Europe, China or elsewere. Due to our own organisational history, MSF supply centres are all located in Europe, and a long list of often vital supplies have regularly been sourced from single European suppliers. COVID-19 has dramatically demonstrated the shortcomings of this system.

WHAT IS MSF DOING TO CHANGE THIS?

Some years ago, MSF began working to rectify this through our own “shift away from Europe”. Since 2015, MSF’s Japan Innovation Unit and MSF Logistique (an MSF-run supply centre) have stepped up their search for a wider spread of suppliers.

While Asia represents 50 per cent of global GDP, only 13 per cent of MSF’s international procurement occurs in the Asia region (predominately generic drugs from India and Toyota Land Cruisers). Countries like South Korea and Malaysia now have sophisticated standards and regulatory systems for drugs and medical devices, so there’s no reason why we shouldn’t be looking at these countries as reliable sources for medicines and medical devices.

WHAT WILL BE THE IMPACT OF THIS NEW APPROACH?

In the past few months, the Japan Innovation Unit had been concentrating on sourcing supplies for MSF’s enormous movement-wide COVID-19 response. Now the supply situation has become more stable, the unit has resumed its original project plan. This Asian procurement project is an opportunity to bring balance to our conventional supply lines and deepen their resilience. This promises to reduce stock ruptures and decrease purchase and transportation costs. That will save money and ensure that our doctors and nurses will never be without the medicines and equipment they need.

BRAZIL

Chasing COVID-19 in the Amazon

MSF nurse Rebecca Alethéia provides PPE training to the staff of the regional hospital in Tefé. Photograph © Diego Baravelli/MSF

MSF teams in Brazil are working to reach remote indigenous communities before the coronavirus pandemic takes hold.

From the metropolis of São Paulo to the vast Amazon rainforest, COVID-19 has swept through Brazil.

The country is now one of the worst affected in the world, with more than 2.7 million infections and more than 94,600 deaths as of early August.

Back in April, with COVID-19 already hitting hard in urban areas, MSF launched an emergency response to reach remote communities living in the state of Amazonas – an enormous region in the country's northwest covered almost entirely by the dense jungle of the Amazon Basin.

With limited transport and long distances to health facilities, tracking the pandemic and treating patients in this region meant that MSF's outbreak response was like no other.

"We had COVID-19 response teams in Rio de Janeiro and São Paulo, and then the bad news started coming from the interior," says MSF medical coordinator Antonio Flores. "When I arrived in Manaus [the capital of Amazonas state], the gravediggers were working beyond capacity, all the hospital intensive care units were overflowing with dying patients, and there were hundreds of severely sick patients waiting in health centres for an intensive care bed to become free. It was worse than we had feared."

BOAT CLINIC

Recognising that indigenous people in remote areas would be at risk, the team travelled by boat along rivers and tributaries, giving medical consultations and introducing infection prevention and control measures in order to slow the spread of the disease.

"We thought we were lost," says Vilmar da Silva Matos, a Yanomami indigenous leader. "We felt fear when we heard the disease was getting closer. We were especially concerned for the elderly and we were afraid of losing our leaders, who are like our dictionaries, our storytellers."

In São Gabriel da Cachoeira, MSF set up a centre for treating patients with mild and moderate symptoms of COVID-19. The centre is adapted to local traditions. Carers are allowed in and hammocks are available for patients and companions. Traditional medicines, widely used in the region, are accepted at the centre and can be taken alongside the treatment offered by MSF, as long as the combination does not cause adverse effects. Shamans – the spiritual leaders of these indigenous communities – can visit and perform rituals. The only requirement is that they use personal protective equipment to avoid infection while in contact with patients.

Photograph © Enri Canaj/Magnum Photos

GREECE

Nine-year old Yasin, from Afghanistan, tends his family's sunflowers outside their makeshift shelter in Moria refugee camp, on the Greek island of Lesbos. Once a week he sees a psychologist at MSF's paediatric clinic to help cope with his nightmares.

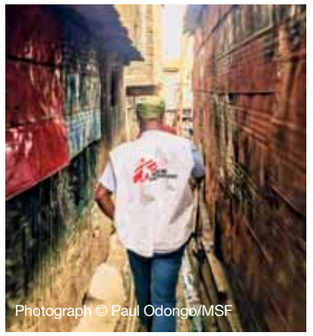
msf.ie/greece

Photograph © Veejay Villafranca

PHILIPPINES

Militant groups affiliated to Islamic State attacked the city of Marawi in the southern Philippines in 2017, resulting in a five-month long siege. Much of the city centre was damaged or destroyed, including many health facilities. MSF is running three health posts in the city.

msf.ie/philippines



Photograph © Paul Odongo/MSF

KENYA

MSF logistician Ruphas Kafera walks through an alleyway between houses in Mathare, a deprived neighbourhood of the Kenyan capital, Nairobi, where MSF provides emergency medical care.

msf.ie/kenya

HONG KONG

MSF volunteer Jojo talks to a homeless person in Tsim Sha Tsui. As well as distributing food, drinking water and hygiene kits to the homeless, MSF emergency teams also provide medical care and follow-up appointments to those in need.

Photograph © MSF

MALI

Amadou, an MSF community outreach worker, spreads messages about things people can do to protect themselves against COVID-19 in the Niono market. Since 2019, MSF has been working in this region of Mali, providing paediatric and maternal healthcare.

Photograph © MSF

Photograph © Mohamad Chehlak / MSF

LEBANON

MSF teams support Beirut's health services in aftermath of blast

On 4 August, a powerful blast ripped through warehouses in the port area near central Beirut in Lebanon, after highly explosive material being stored there ignited. More than 100 people were killed and nearly 5,000 were injured. Two days later the death toll was still growing as more bodies were found under the rubble. The blast generated seismic shockwaves that shook the ground, shattered windows and smashed buildings across the Lebanese capital. It was the most powerful explosion in years in Beirut, a city already reeling from an economic crisis and a surge in COVID-19 infections.

"The situation in Lebanon was already critical before the explosion," says Emmanuel Massart, MSF's operations coordinator. "The number of COVID-19 cases has been on the rise in recent weeks and some hospitals were starting to become overwhelmed dealing with these patients. More people were also struggling to access healthcare because of the economic crisis. The blast transformed what was already a very difficult situation into chaos in just a few seconds."

MSF PROVIDES ASSISTANCE

"Some of our colleagues went spontaneously to health facilities to see how they could assist the medics dealing with the emergency," says Jonathan Whittall, MSF's emergency response coordinator in Beirut. "We also donated first aid dressing kits in the immediate aftermath." MSF has organised additional donations of medical supplies and is setting up a mobile team to provide medical care. There are an overwhelming number of people with superficial injuries who are still struggling to access treatment. "We are continuing to identify additional ways we can help the people of Lebanon in the wake of this tragedy," says Whittall.

Pandemic in a conflict zone

As COVID-19 spreads through Yemen, hospitals across the country have been pushed to the edge

At Sheikh Zayed hospital in the Yemeni capital, Sana'a, MSF is supporting a new COVID-19 treatment centre.

Dr Abdulrahman, doctor

"Oxygen consumption is very high. Patients in a critical condition in the intensive care unit can consume up to 10 bottles of oxygen a day. Your eyes have to be on the patient, the monitor and the oxygen meter at all times.

I'm concerned about possible infection, especially with all the news about health workers contracting the virus. But I'm a doctor; it's impossible for me to stay at home.

There are shortages of medical staff both in this hospital and countrywide. It's my duty to come to this hospital every day and provide a meaningful service to people while I can.

While we've noticed more patients with moderate symptoms coming to the hospital, many others are arriving very late and need to go to intensive care straight away."

Ansaf, nurse assistant

"I contracted COVID-19 while protecting people and performing my duty. I started isolating myself and followed the advice. I also worked on my psychological state, telling myself that this time will pass.

After the illness, I resumed working because of my determination and desire to tackle this pandemic. I did not wish to see people in the same pain that I experienced. I wanted to help people and to come back stronger to aid them."

Muthanna, infection prevention and control supervisor

"As well as supporting staff in the hospital, I advise people in the community on how to stem the spread of the virus and get early medical care. However, some people are circulating false information and baseless rumours through social media.

We see patients who are terrified – for their loved ones and for themselves. I tell people to stay optimistic, strong and determined and to keep in their minds that they can overcome this disease and recover. We are all are working at maximum capacity to provide the best possible medical services."

Nawfal, logistician

"My main daily concern is securing oxygen. Do we have enough today for the patients whose lives depend on it?

All the hospitals need this lifesaving substance, so there is a lot of pressure on suppliers. There are limited cylinders and noticeable delays in deliveries, but it's my job to make sure the hospital always has what it needs.

MSF is treating patients with respiratory symptoms in four dedicated COVID-19 centres in Sana'a and Aden and in six other locations across Yemen.

msf.ie/yemen

Above: MSF nurse Mohammed puts on a protective gown, mask and face shield before entering the triage area in Sheikh Zayed hospital. Photograph © Maya Abu Ata/MSF

Portraits © Maya Abu Ata/MSF

The fear we might run out of oxygen is constant because consumption is so high. There is always a time of the day, nearing dusk, when we see that our reserve quantity is coming to an end and the tension starts to rise.

It can be a nerve-wracking job, but it's very rewarding."

Nabil, 40-year-old patient

"When I was first admitted, I was in constant need of oxygen – it was even difficult to walk. I lost my sense of smell and taste and I couldn't eat normally.

I was in a private hospital before, but I couldn't afford the treatment there. Here, the doctors and nurses have been checking on me around the clock.

It has been difficult being in this room, away from my family, as no visits are allowed. But I've been in contact with them on the phone. I've been in this hospital for 19 days and I'm told I'll be discharged tomorrow.

Once I leave, I plan to raise awareness in my community about coming to hospital early. As soon as people start experiencing symptoms of the virus, they should go before it's too late.

There are rumours going around at the moment, but they are false – they are nothing but lies. The evidence is that here I am, in Sheikh Zayed hospital, and I've recovered."

Nabil has now been discharged from hospital and is back with his family.

First names have been used to protect identities.

'Do we have enough oxygen for the patients whose lives depend on it?'

Below: An MSF medic takes a baby's temperature in Taiz. Photograph © Katrin Mielck/MSF

Making do in an emergency

Due to global shortages, personal protective equipment (PPE) is in short supply in Yemen. To make up for the shortfall, our teams have been forced to find ingenious alternatives.

"We needed to find ways to ration the scarce medical PPE so that it was kept for the use of health workers, while coming up with safe alternatives to protect our staff," says Annie Marie Morales, MSF medical team leader in Marib.

"By deploying the skills of our teams, commissioning local tradespeople and using readily available materials, we were able to fashion a range of items, from protective visors and aprons to facemasks and foot-operated handwashing points."

"We bought waterproof jumpsuits as an alternative to disposable gowns and placed a large order for non-medical masks from the local market," says Katrin Mielck, MSF project coordinator in Taiz. "These are meant for our non-medical staff, their families, patients and caretakers, and would not work for our medical staff, who need more specialised PPE. We also had the idea of producing face shields, inspired by our sister MSF project in Marib."

DESPERATE TIMES CALL FOR DESPERATE MEASURES

"We identified suitable materials in the local market and made some protective items using simple methods," says Christian Hillemeyer, MSF all-round logistician in the Marib project. "For example, for face shields we used sheets of clear plastic and staples, and we hired local tailors to help us produce non-medical masks. The production is ongoing and so far we've managed to produce 100 face shields and 100 non-medical masks. We also procured 10 builders' face shields and 20 pairs of protective goggles."

AN UNFAMILIAR SITUATION

"This is the first time we've been faced with such a situation, as we've always had enough PPE in our projects before," says Annie. "I think we took it for granted but now we realise its importance. It's a difficult situation and we are trying to adapt as events unfold rapidly.

Having this protective equipment during the pandemic has allowed us to continue caring for our patients with our staff properly protected."

‘No one chooses to be a refugee’

Barthelemy, from Burundi, is an MSF supply manager in Nduta camp, northwestern Tanzania, where MSF is the sole provider of medical care for 75,000 refugees. As a refugee himself, Barthelemy embarked on an extraordinary journey to reach safety and begin a new life with his family in Tanzania. This is his story…

“When I think of my hometown, I remember warm days, cycling on the sunburnt tarmac by the golden shore of Lake Tanganyika, where hippos peek from the surface and children play in the water at sunset. I remember the bright-coloured garments of friends gathering by the blue-and-white church and the echo of the pastor’s voice from the sunlit pulpit. I remember the day I graduated from university: my girlfriend’s proud face, the dimples in her cheeks, and I remember I was happy.

But it’s painful for me to remember the day I left it all behind in 2015. The previous days were scattered with gunfire and explosions, and those sad memories never leave my mind. Things in my country were changing. One evening, two men with guns broke into my home and forced me down onto my stomach, threatening to shoot me as they stole my possessions. After that, the bitter taste of fear lingered at the back of my throat as violence erupted around my home every day.

319,100
outpatient consultations conducted by MSF in Tanzania in 2019

Above: Sosthene Arakaza cycles around Nduta camp installing mosquito traps in order to control malaria.
Photograph © Ellie Kealey/MSF

I knew I had to leave, though I didn’t want to desert my work, my family, my church and my home. As I kissed my girlfriend goodbye, I felt tears on her eyelashes. ‘I don’t know where I’m going, but I will write to you when I get there,’ I promised her.

I set off on my bicycle, carrying a backpack with some clothes, my Bible, a mobile phone and about US$80 in my pocket. I cycled for hours, hiding behind buildings and trees when I heard gunfire. I rode through bustling towns where fighting chimed like church bells on the hour; I cycled up through the fresh, clear air of mountain tops and hitched rides on trucks down winding village roads lined with eucalyptus trees.

After five days of cycling and sleeping in local villages, I crossed the Tanzanian border. My clothes were soaking wet and my face sagged with fatigue. This is where my life as a refugee began…

SHIVERING FROM THE DAMP

At first I stayed with around 20 men in a hall in a refugee transit centre near the border. We slept on mats on the hard mud floor and ate maize diluted with water as there wasn’t enough to go around. I sang for the guys, and together we prayed that we would find shelter, water and safety. After a week, I was transferred by the UN to Nyarugusu camp, home to some 150,000 refugees from Burundi and Democratic Republic of Congo.

When I arrived in the camp the rain fell relentlessly and all I could see was a sea of sludgy mud scattered with white plastic sheeting held up by rusty poles. I shared my tent with six other men, sleeping on a mat on the hard floor, fully clothed and shivering from the damp. The rain leaked through the plastic sheeting and soon there were lice everywhere: in my hair, in my clothes, in the bedding.

I WAS NOT ALONE

I was lonesome at first, but the other men around me gave me energy. We collected firewood and sat around the flames at night, cooking porridge and sharing stories about our hometowns and families. I realised I wasn’t alone and that many of my brothers here had suffered much more than me. We had each other and we stuck together – not as refugees, but as human beings.

After two and a half months, I was transferred to a different refugee camp called Nduta in the northwest of Tanzania. I went from sleeping under plastic sheeting to living in a tent, to eventually building my own home from dry wood and mud. Together with the members of the local Christian congregation, we also built a new church for the camp.

‘What happened to us can happen to anyone on earth.’

Above: A mother hands her baby to an MSF staff member, before climbing into an ambulance that will take them to the hospital in Nduta refugee camp.
Photograph © Pierre-Yves Bernard/MSF

Below: A mother brings her baby for a check-up at the maternity ward of MSF’s hospital in Nduta camp.
Photograph © Ellie Kealey/MSF

I soon got a job with medical organisation MSF as a supply manager. At MSF, I work with doctors, nurses and engineers from all over the world, including Tanzanians, and I feel a great sense of belonging. We are the only health service in the camp and we provide lifesaving treatment for malaria, measles, diabetes and dozens of other life-threatening problems that people are exposed to in the camp.

In June 2016 my girlfriend left Burundi to embark on the same journey and we were finally reunited in Nduta refugee camp. After a year of separation, fearing for each other’s lives, we were married in the church in the camp, and today we have a baby boy named GoodLuck Tena.

WE ARE HUMANS JUST LIKE YOU

I have lived as a refugee for five years in Tanzania and all I ask is: please, don’t judge us because we are refugees. We are not wicked or evil, we are humans just like you, living and feeling, with fears and dreams, as any man. What happened to us can happen to anyone on earth. No one chooses to be a refugee.

I hope that one day I will be able to return to my motherland, to a safe place. I miss my church and our colourful congregation, and I miss my family. One day, I will build my own home on the land I own there, and once more I will cycle along the shoreline of Lake Tanganyika at sunset, with my son and wife beside me.”

Surname has been removed to protect Barthelemy’s identity.

COVID-19 treatment centre

In Bihar, India, MSF has repurposed an indoor sports stadium to become a 100-bed COVID-19 treatment centre, complete with triage, isolation rooms, oxygenated beds and pharmacy, all operating under full infection and prevention control measures.

"After a sharp rise in the number of cases in Bihar, MSF was invited to set up the treatment centre to help relieve pressure on local hospitals," says medical coordinator Jacob Goldberg. "However, converting an old sports stadium into a sterile and manageable environment was a challenge. First, we had to lay vinyl flooring over the old wooden flooring, and then we erected a large tent inside the stadium to serve as the main treatment area."

With temperatures reaching 40 degrees inside the stadium, creating a temperate treatment environment was vital. "Working in full PPE (personal protective equipment) in that sort of heat is very difficult. It is also vital that the centre is properly ventilated so the virus can't build up in the air." The team installed six extractor fans on the roof of the tent and ran 10 air-conditioning units along the sides of the tent. By turning the fans on for ten minutes every half hour, cross-ventilation and an even temperature can be maintained.

ZONES
The centre is divided into two zones. The red zone is the patient entrance, triage and treatment areas where all non-patients must wear full PPE at all times. The green zone is the staff entrance, changing rooms and pharmacy where PPE does not have to be worn.

NURSES' STATION
An unmovable concrete plinth was converted into an elevated nurses' station. The beds surrounding the plinth are the designated oxygenated beds, with oxygen masks for patients with breathing difficulties. The centre currently has 70 oxygen concentrators.

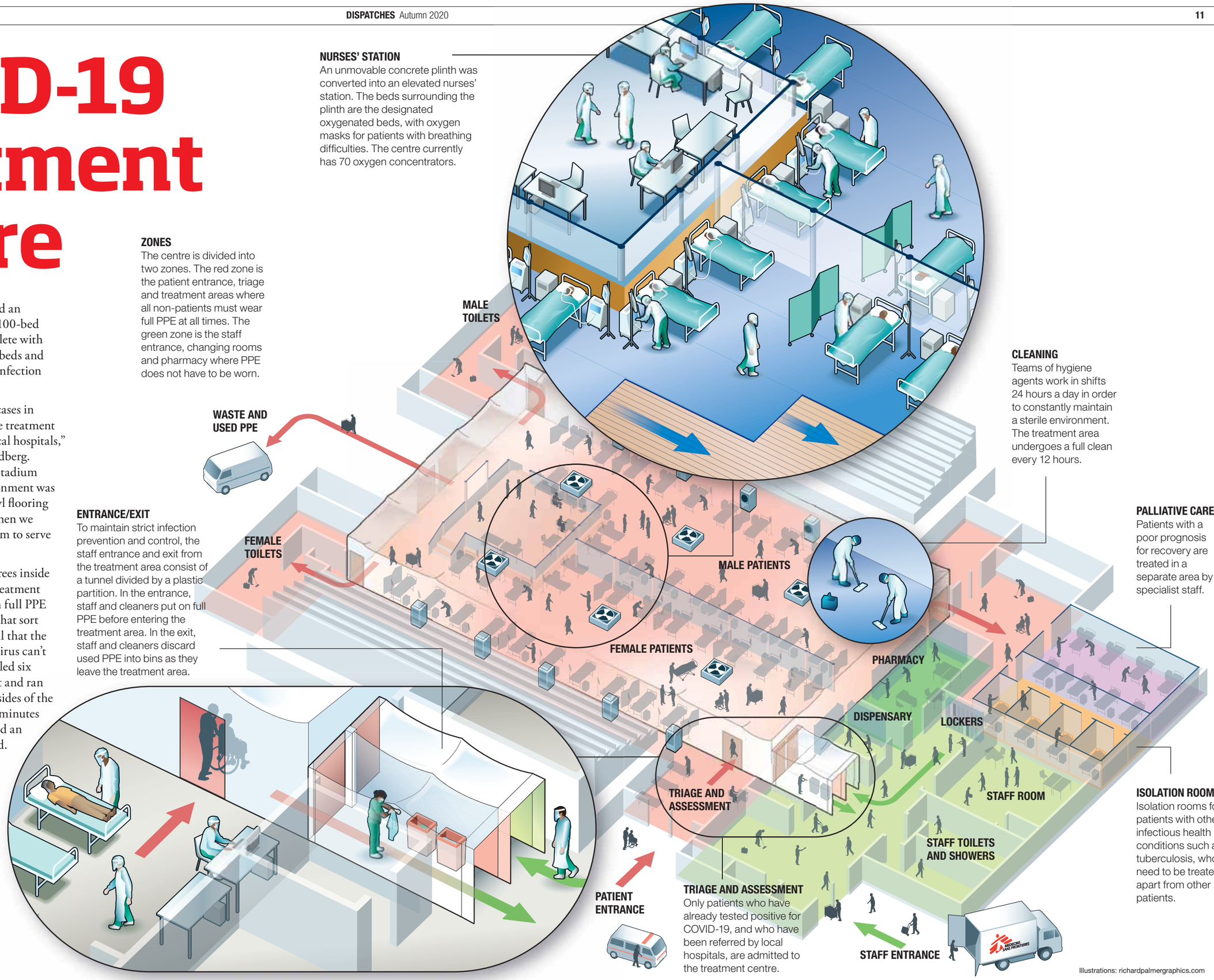
CLEANING
Teams of hygiene agents work in shifts 24 hours a day in order to constantly maintain a sterile environment. The treatment area undergoes a full clean every 12 hours.

PALLIATIVE CARE
Patients with a poor prognosis for recovery are treated in a separate area by specialist staff.

ISOLATION ROOMS
Isolation rooms for patients with other infectious health conditions such as tuberculosis, who need to be treated apart from other patients.

ENTRANCE/EXIT
To maintain strict infection prevention and control, the staff entrance and exit from the treatment area consist of a tunnel divided by a plastic partition. In the entrance, staff and cleaners put on full PPE before entering the treatment area. In the exit, staff and cleaners discard used PPE into bins as they leave the treatment area.

TRIAGE AND ASSESSMENT
Only patients who have already tested positive for COVID-19, and who have been referred by local hospitals, are admitted to the treatment centre.



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Waiting for the wave

How do you prepare for a pandemic in a camp packed with 120,000 people? For MSF doctor **Ayla Emmink** and the team at Bentiu Protection of Civilians camp in South Sudan, it's a race against time…

"It's hotter than ever and here I am, covered in sweat, squeezed in between two very tall South Sudanese men in a tiny propeller plane.

I'm on my way to Bentiu, where I will support the medical team in MSF's 150-bed field hospital, which treats both the inhabitants of the camp and the surrounding communities.

FEARS FOR BENTIU

As the plane descends, hundreds of huts and people walking through markets slowly grow to life-size.

The scale of the camp begins to sink in. It makes me a little scared, as it's obvious how closely packed together people live here. The limited living space and limited water supplies make it almost impossible to practice social distancing, hand hygiene or self-isolation.

A few days ago, the first COVID-19 case in South Sudan was confirmed. The risk that the virus will reach Bentiu suddenly seems hard to ignore.

PREPARING PATIENTS

Due to the gaps in the team, my colleagues have been on call every other night for the past few weeks.

I try my very best to get familiar in this new setting and do my share of the nights on call. I become the supervising clinician of the paediatric ward, the neonatology department and the nutrition ward.

In preparation for COVID-19, we must reduce the number of patients staying in the hospital for other conditions. We discharge as many people as possible without compromising the quality of their care.

In the paediatric ward the turnover remains as high as ever.

Acute watery diarrhoea is the biggest challenge, while young patients with respiratory infections, meningitis and other infectious diseases fill the rest of the ward.

GOOD AND BAD DAYS

Some days are peaceful. I make balloons out of gloves to entertain the children on the nutrition ward, I teach children how to use a stethoscope and I feel relieved when newborns are carried away in their mothers' arms after days or weeks in a critical condition.

Other days, I hardly know how to remain positive. When the morning starts with the realisation that the treatment we have to save a young life isn't enough. When the night brings one or more resuscitations that I need to end, calling the death because we tried everything, yet it was not enough.

Still, I am grateful for the unexpected moments of joy.

The meerkats running ahead of us during our morning run. A malnourished girl finally strong enough to walk. A sunset volleyball match with my colleagues. The older kids in the ward teaching me Nuer [the local language]. Sharing Nutella with my friend the midwife when we return from the hospital together after midnight.

THE TIDAL WAVE

The first rains have fallen and the mosquitoes are multiplying daily. Soon malaria will dominate all of the wards.

We will need to open extra beds and extra wards to host all the patients. The likelihood of malaria season and COVID-19 hitting at the same time is an unpleasant thought.

Shortly after the rains begin, we receive the first positive COVID-19 test result from one of our patients.

THE FIRST CASE

The good news is that the patient is stable. The bad news is that he hasn't left the camp for months. This suggests that transmission is already happening here.

We activate all the plans we've prepared. We trace and test the patient's contacts, ask them to self-isolate, and try to continue our normal activities.

But underneath the surface, all of us are slightly paralysed by the surreal situation we're in. It's as if we can all see an enormous tidal wave approaching in slow motion.

OXYGEN

We have many concerns. In Bentiu we have no option to mechanically ventilate a patient. If they struggle to breathe, we won't be able to do anything about it. Possibly we won't even be able to offer them much palliative treatment if we are already short of beds and equipment, medicine and staff.

Once the virus breaks out it is possible that the medical team will have to use triage to decide who is most likely to recover and who to let go – unless we are lucky and, for some reason, the impact of the virus isn't as bad as we fear. At the moment we understand too little of how the virus will affect the people here.

IN THIS TOGETHER

Despite all the uncertainties of the situation – the workload, the number and severity of cases, how quickly the virus will spread, the continuity of our supply chain, how long lockdown will last – there is one thing we know for sure: we have all chosen to stay and we will continue performing our tasks and responsibilities.

In the happy moments and in the stressful times, we know we're all in this together."

Above: Four-year-old Ran keeps his mother and baby sister company in an inpatient feeding centre
Photograph © Igor Barbero/MSF

Below: Women and children with jerrycans and buckets queue up at a water point in Malakal camp.
Photograph © Igor Barbero/MSF

'We activate all the plans we've prepared. We trace and test and try to continue our normal activities.'

MSF IRELAND'S FIELD STAFF

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Gift in wills

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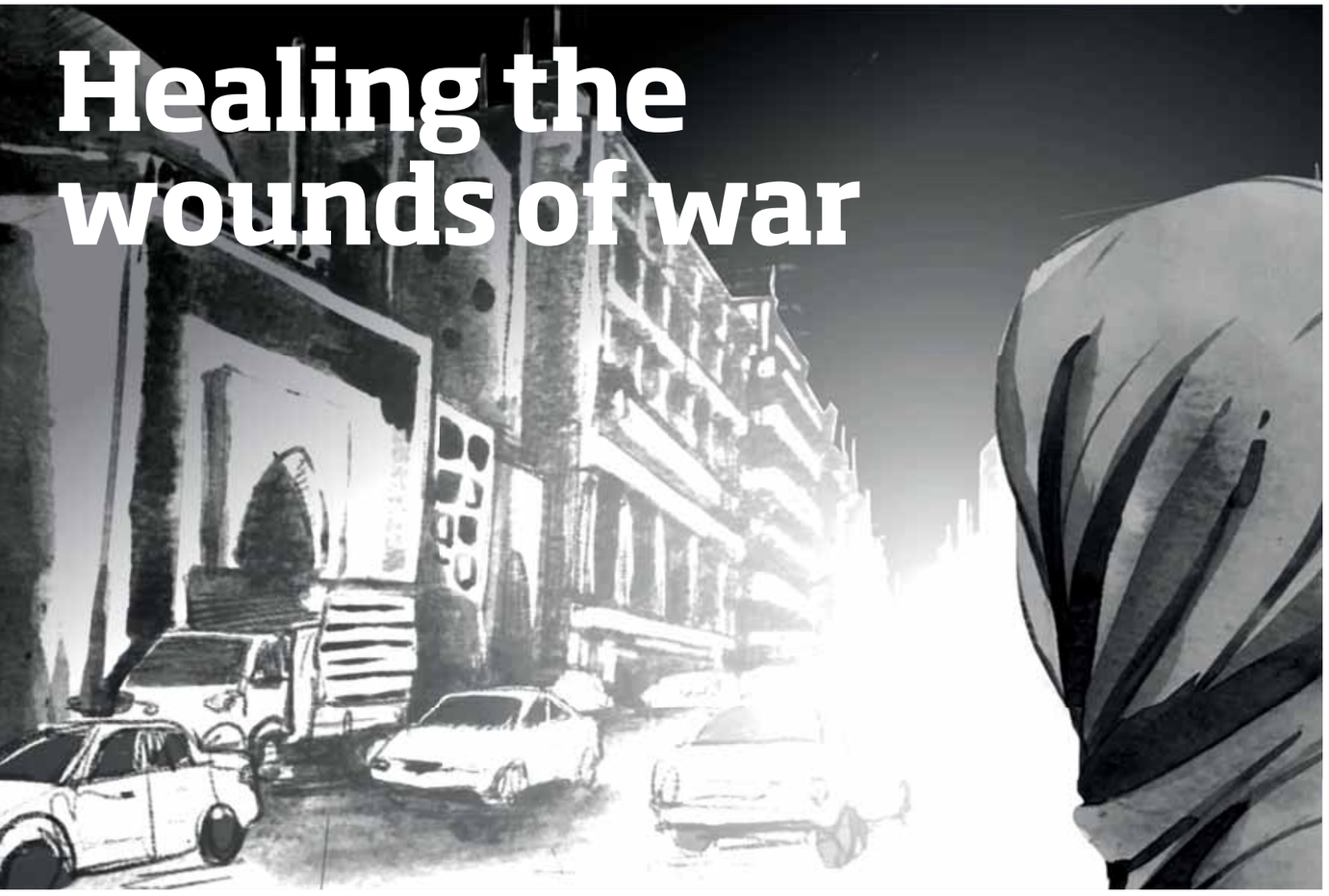
MSF will be ready to respond to the next emergency. Gifts left in Wills play a vital role in ensuring we have the funds to deliver medical care where and when it's needed.

For more information on how you can support MSF's work this way, please contact **Ruth Hanahoe** at **01 660 3337** or **Ruth.Hanahoe@dublin.msf.org**

Healing the wounds of war



Eight years ago, Amal Abdullah's life in Syria was turned upside down after being injured in a bombing. A new animation tells the amazing story of her injury and recovery.

"All my life I had lived in Aleppo; life there was beautiful.

But then the war began. Everything changed and we lost the life we had.

On the evening of 1 August 2012, my cousin and I were walking home when suddenly a bomb fell close by. I saw the flash and heard the explosion. We were pulled into a building by strangers, but we decided to make a dash for it to a relative's house nearby. As we were running, a second bomb fell in between two buildings. The street was filled with panic: people were running and shouting and there were wounded people on the ground. Again, strangers pulled us indoors and we sheltered in an apartment on the first floor.

People were lighting candles. I sat down on a sofa to wait it out.

The next moment I saw a bright light and heard a loud explosion. I was fully conscious and screaming but didn't feel any pain. The woman who had been standing next to me was on the floor, dead. I was rolled onto a blanket and carried downstairs. I heard people calling for an ambulance.

In the field hospital, they gave me an anaesthetic and tried to stop the bleeding. The force of the explosion had thrown me against the wall, smashing the bone in my elbow.

My leg was almost severed by shrapnel and I had shrapnel wounds in my hand, arm, chest, ribs and abdomen.

I was transferred to Al-Razi public hospital. It was a hectic, dangerous journey: there was shelling going on and I was still bleeding. The whole area was being bombed.

They carried me straight into the operating theatre and I was operated on for ten hours – from ten that night until eight the next morning. I was unconscious for five days.

When I was discharged, there was no safe place to go.

Every day and every night we heard bombs. A stray bullet landed in the garden, injuring my sister. There was no electricity and no communications. I kept on having flashbacks to the day I was injured. After a month, we managed to leave the city and escape to Jordan.

In the four years after I was injured, I had 20 surgical operations to repair the damage to my leg, arm and hand. After a year of bone grafts and follow-up care in MSF's reconstructive surgery hospital in Amman, I was ready to be discharged. I walk with crutches, but I've got an artificial joint in my hand so I can move it freely now.

For me, my hope is just to be like any normal girl, to have a life like I had before. I feel lucky for having had such good medical care and I hope to make a full recovery."

Name has been changed.

MSF's reconstructive surgery hospital in Amman, Jordan, provides specialised medical care and rehabilitation for patients wounded and disfigured in conflicts throughout the region. This includes orthopaedic, plastic and maxillofacial surgery, physiotherapy, mental health support and the fitting of prosthetics. Since 2016, we have been using a 3D-printer to produce upper-limb prosthetic devices which can help patients regain their physical integrity and autonomy. We treat an average of 200 patients a month in the hospital. In 2018, our teams performed 1,160 surgical interventions.

Watch the animation at msf.ie/amal-aleppo

Providing healthcare in the Indian jungle

For Irish MSF Project Coordinator **Sarah Leahy**, a day's work starts with a trek to a health clinic deep in the Indian jungle, while keeping an eye out for snakes...

The car comes to a halt. A herd of cattle blocks the road on which our mobile clinic team is travelling in convoy from our base in Bijapur, a small town in Chattisgarh, India, to a remote village in the surrounding jungle. We are en route to conduct our daily primary health care clinic in the village. I am here to support the team in my capacity as Project Coordinator, a position I have held since January 2020.

The last 8km of our journey is off-road. Monsoon rains have made it impossible for the cars to make it the whole way, so we trek through the mud for the last 3km. Each clinic member carries up to 12 kgs of vital kit on their back, consisting of medicines, PPEs, plastic sheets, nutritional paste for malnourished children, bed nets, lab testing kit and vaccines. As our clinical activities take place under trees for shelter, it is always necessary to make sure no snakes are around!

The Bijapur district is a place of a longstanding low-intensity conflict, and MSF provide primary health care services to the people affected through mobile clinics in five locations in the jungle.

Below: MSF staff and patients at a mobile outreach session in rural India. Photograph @ Tadeu Andre/MSF

Malaria, respiratory infections and skin disorders are common ailments treated at our clinic, as well as malnutrition. There's also a strong emphasis on reproductive health. Last year, we treated over 24,000 patients at our mobile clinics. These are patients who, without the presence of MSF, would have little or no access to basic healthcare.

A BABY SAFELY DELIVERED

As our team reach the clinic site, a young woman expecting her first baby arrives in advanced labour; she had walked over 5km through the jungle. Our team immediately jump into action and put the woman at ease. After a safe delivery by nurse Lata, vaccines are administered, and we take the mother and her child to the nearest hospital for observation. It gives the team a real morale boost when these beautiful occasions happen.

During the COVID-19 lockdown, we lost access to our clinics and communities for two and a half months. To our great relief, we resumed our activities in June and have been back working as normally as possible since.

HEALTH PROMOTION DURING COVID-19

Our health promotion team, led by nurse Priyanka, focuses on educating the communities where we operate (including visiting schools and markets) on health needs such as the prevention and treatment of malaria, diarrhea, skin disease and other common ailments. More recently, a major focus has been put on the importance of hand washing, physical distancing and wearing face masks. For people who have no access to running water, and where many live together in one room, these practices are a luxury not always afforded to them.

In just one day at the clinic, we treat 149 patients - a high number for July. We immediately sent one seriously ill patient to hospital by MSF car and nine other ill patients the following day.

We trek back to our cars and make the bumpy ride over rough terrain to reach home, now exhausted. At 7pm I'll call it a night, ready for another day in the jungle tomorrow. It's an immense privilege to bear witness to the lives and struggles of our beneficiaries in Bijapur. Falling asleep, I cannot help but feel like the luckiest girl on earth to have my job.