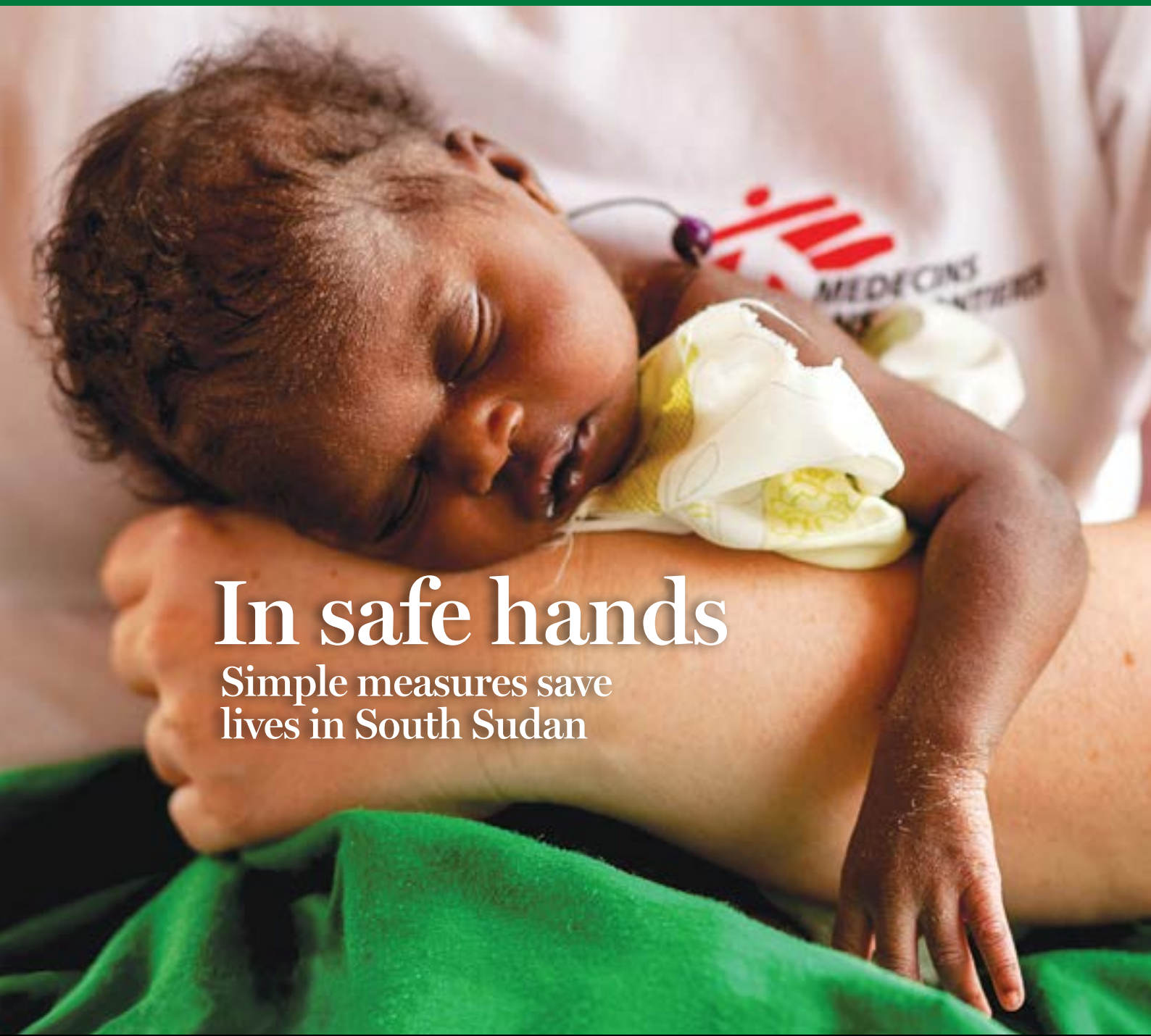
DISPATCHES



In safe hands

Simple measures save lives in South Sudan

A baby is cared for at Gogrial Hospital in South Sudan, where MSF runs the only major medical and surgical facility for miles around Photograph: © Isabel Courthier/MSF, 2013

Autumn 2013
No 70

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

INSIDE

Iran
Aiding Tehran's poorest

MSF has been working in Darvazeh Ghar, one of Tehran's poorest neighbourhoods south of the Grand Bazaar, for more than a year.

Merchants, customers and street vendors rub shoulders with drug addicts, sex workers and street children. Obtaining medical care can be particularly difficult for these people.

"Most people like me don't know Darvazeh Ghar," says MSF midwife, Mona. "When I tell my family and friends that we have a clinic here and that we treat lots of very poor people, they can't believe it."

The Grand Bazaar draws all kinds of business and day workers survive on small handling or construction jobs. Housing in the neighbourhood is inexpensive, but often poorly maintained. This is where people end up if they lack the resources to live elsewhere.

"We treat refugees and pregnant women here every day. It's hard for them to pay for their treatment and they can't travel further to the Ministry of Health clinics," Mona explains. "Here it's all free."

Mona sees approximately 30 patients a day, offering prenatal, maternal and newborn care, family planning advice and contraception.

"This clinic offers some hope to Tehran's poorest residents," says Zarha, a nurse. "When they come for the first time, they are suspicious, but by the third visit, they're completely changed.

"They are more at ease because they know that we want to help them and that we are here for them. This is the only place where they can receive the medical care they need."

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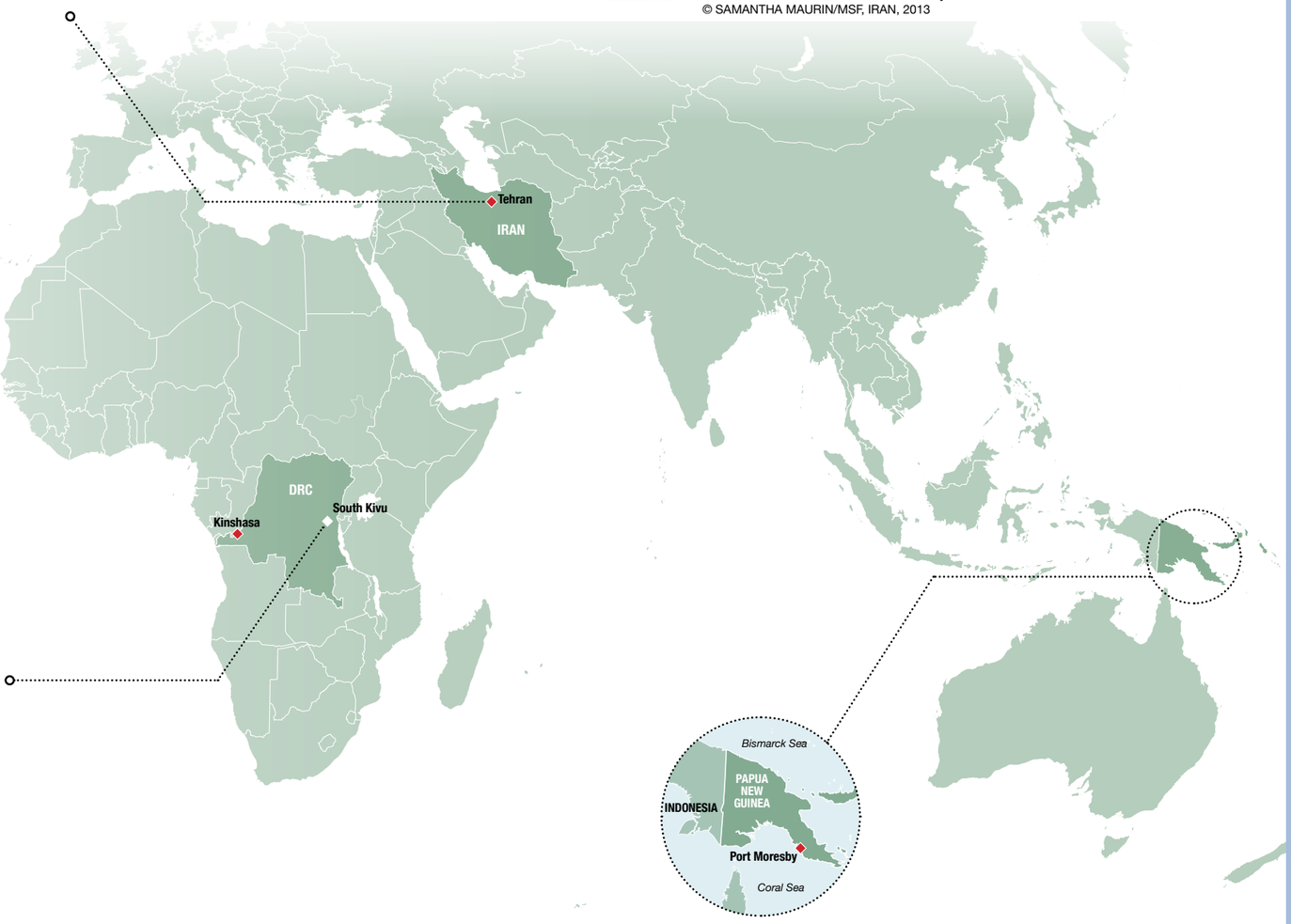


Congo DRC
Malaria outbreak

© JOSE SANCHEZ/MSF, DRC, 2013

An outbreak of malaria in Lulingu, South Kivu province is affecting large numbers of people, prompting MSF to launch an emergency response, with teams treating more than 2,500 people since the start of May.

Local authorities initially feared they were facing an outbreak of meningitis, after health facilities were flooded with patients suffering high fevers and convulsions. Most were children under 15, with the mortality rates at the hospital above the emergency threshold of one in 20 patients.

Once the alarm was raised, the emergency team in South Kivu immediately sent a six-member medical team to the area, using motorbikes to negotiate the tracks though the forest. The team carried out tests and established that the patients were suffering from malaria rather than meningitis, which can have similar symptoms. Malaria is endemic in the region.

In Lulingu, the team has treated 1,526 people since 4 May for malaria with the drug artesunate and with blood transfusions when required. Malaria can cause severe anaemia and patients frequently need transfusions, with blood generally provided by members of their own family.

Since the team started work, mortality rates among malaria patients in Lulingu have dropped from more than 5% to 1.29%. The teams have also provided local communities with information about protecting themselves from malaria, and emphasised the importance of seeking medical help as soon as symptoms appear.

"Early detection is vital to shorten the time of recovery," says Liliana Palacios, MSF's medical coordinator for DRC, "but prevention and information, such as stressing the importance of a correct use of mosquito nets, for example, is also indispensable in stopping the spread of the disease." The teams expect their emergency malaria response to last until the end of August.

Papua New Guinea
Care for the survivors

MSF has opened a new project in Port Moresby, the capital of Papua New Guinea, providing medical and psychological care to survivors of family and sexual violence.

Papua New Guinea has one of the highest rates of domestic and sexual violence in the world, yet medical care remains inadequate and, in some places, is not available at all. In the first month since it opened, the team at MSF's 9 Mile Clinic has already cared for dozens of survivors.

A doll used to help patients explain how they have been assaulted

"One lady who came in to the clinic had been beaten by her husband when she was two or three months pregnant," says clinical supervisor Martha Pogo.

"Beaten, kicked and punched all over, including on the abdomen. She lives just a few houses away, but she couldn't come in straight away because she had a miscarriage after the incident and she was bleeding. She was so weak, she was crawling."

In addition to providing direct medical care, the 9 Mile Clinic is gaining a reputation as a safe place where survivors can come and talk, whether they suffered sexual violence an hour ago or years ago.

"We're in a settlement area, not necessarily a safe area, but the clinic is turning into a place where people want to come and share their stories because they know that quality care is being offered," says nurse Rolling Morgan.

Plans are underway to expand the project to more urban health centres, plus larger family support centres in Port Moresby's main referral hospitals.

This two-tiered approach means that survivors can receive care close to home at the urban health centres, but also access more in-depth care at the family support centres if needed.

© PHILIPPE SCHNEIDER/MSF, 2013

Kidnapped MSF staff released after 644 days

MSF is relieved to confirm that Montserrat Serra and Blanca Thiebaut, abducted from the Dadaab refugee camp, Kenya, on 13 October 2011, have been released. Having been held for 21 months in Somalia, the two MSF aid workers flew back to Madrid on 19 July where they were reunited with their families.

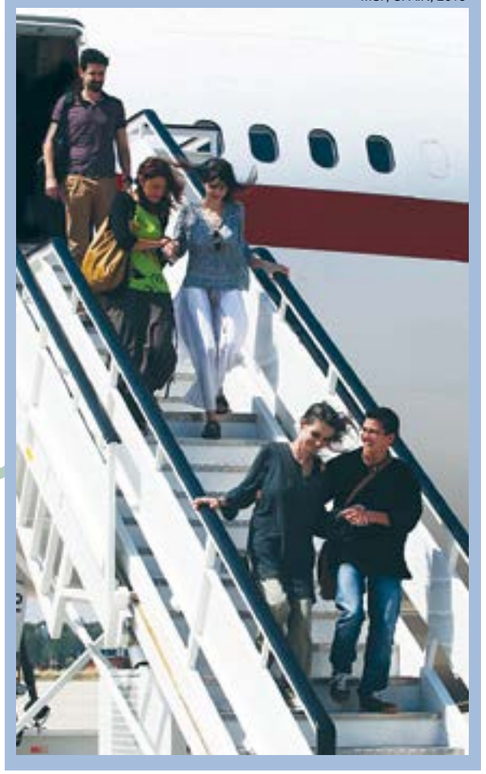
"MSF would like to thank everyone for the support and solidarity shown to the families of Mone and Blanca," says MSF Spain's President, Jose Antonio Bastos. "Once again, MSF strongly condemns the attack against these humanitarian aid workers who were providing medical assistance to the most vulnerable Somali population fleeing hunger and war in their country."

MSF continues to offer full support to Mone and Blanca and their families as the two women adjust to their freedom.

Blanca Theibaut, above and below left arriving in Madrid in July

Montserrat Serra, above, and below right in white trousers

© ANNA SURINYACH / MSF, SPAIN, 2013



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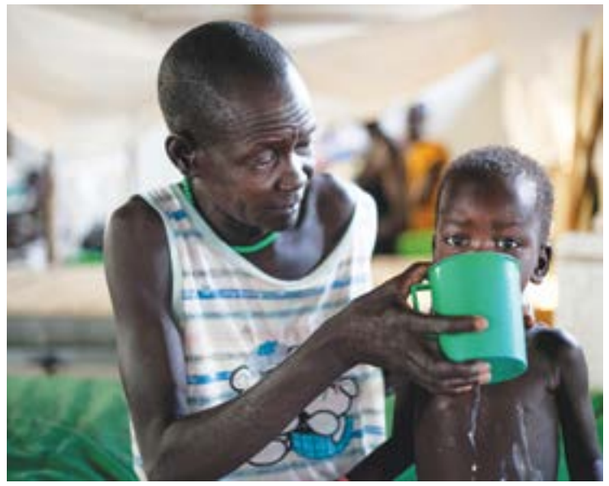
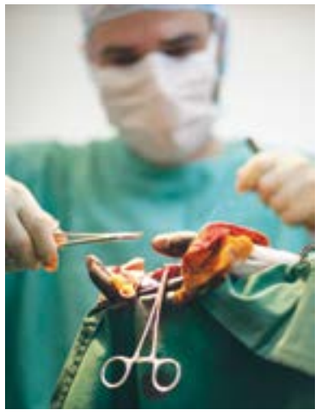


Gillian Goldberg, doctor in South Sudan, one mission

'Laptop with plenty of music. On my next mission, I'm going to take one of those squeeze-dry travel towels, and also a better water container to keep my water cooler. The one I had was rubbish. And finally, something to give myself a manicure and pedicure. My feet were disgusting by the end of my time in South Sudan.'

Clockwise from left: women, some of them traditional birth attendants, at a welcome ceremony for an MSF visit in Gogrial; a child with malnutrition receives milk from a caretaker at the MSF hospital in Gogrial; a surgeon treats a gunshot wound in a man's hand; and a boy plays with a kite near the facility
Photographs: © Isabel Corthier/ MSF, 2013



The medicine isn't difficult – but it is life-saving'

Gillian Goldberg is a doctor from Glasgow who has just returned from six months in Gogrial, South Sudan, where MSF runs the only major medical and surgical facility for miles around

'I was working with a fantastic team of twelve people and my role was to supervise the overall medical work, paediatrics, TB treatment and the intensive therapeutic feeding centre for malnourished children.

Most of the children we saw were suffering from malnutrition, diarrhoea and malaria, and there was a lot of TB as well. We also saw a lot of adults with infectious diseases, meningitis and we even had an anthrax outbreak and plenty of snakebites. Snakebites are certainly not something you see much of in the UK, so it was challenging work.

People have very little in South Sudan and for a lot of our patients, even getting to the hospital was difficult. Some would walk for days; others would drive for many hours. I remember one woman who came to us in the middle of the night with a six-month-old baby who was very ill. The twin of this child had already died and the baby carried a wooden stick doll to represent the dead twin. The woman's husband had forbidden her to come to the hospital, so in the end she ran away with the child and came to us with the child dehydrated and malnourished.

We were able to treat the child and both mother and child ended up leaving us happy and well. But that's the thing about working in South Sudan. The medicine isn't usually that difficult, but it is life-saving.

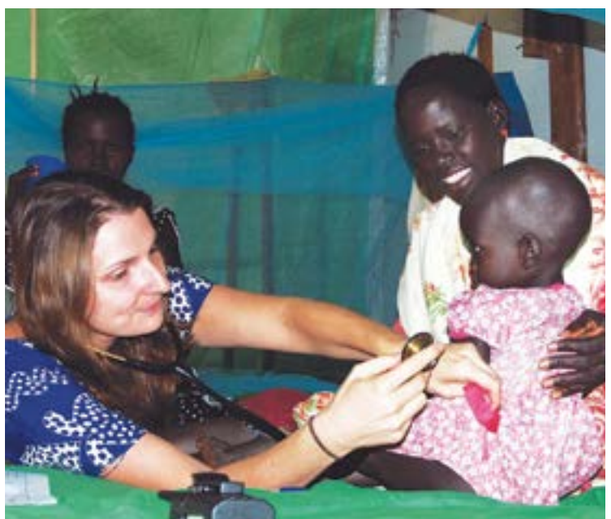
To see a child come in dehydrated and dying and to then see them survive because of something very simple that you and the team have done is fantastic.

People are surviving who wouldn't be if MSF weren't there and if you could see it for yourself, I think you'd be proud of the work we're doing.'

Concrete and cold water

'The living conditions are basic: concrete huts to sleep in, cold showers and we would all eat together under a big tree. Initially, I used to run in the mornings on my one day off a week, but during the dry season it would be 50 degrees during the day which was really too hot to do anything but listen to music and drink a lot of water.

But I had a good experience and I'll be going out with MSF again in October.'



Dr Gillian Goldberg examines a child at the MSF clinic in Gogrial, South Sudan

'To see a child come in dehydrated and dying and to then see them survive because of something very simple that you and the team have done is fantastic'

Dealing with casualties

'There are a lot of cattle raids in the area and, as a result, a lot of gunshot wounds. One of the worst incidents occurred after a big cattle raid to the north of us.

The police and army went and one of their vehicles turned over on the way. Twenty-five people were injured and suddenly we had a mass casualty incident on our hands. We'd practiced for just such an event so we were well-prepared.

We triaged outside, with logistics sorting out lighting and the administrators working as stretcher-bearers. We pulled together as a team and dealt with all the injuries.'

Read Ben and Stefan's blogs at blogs.msf.org/afghanistan

Snowed in with nowhere to go

The number of people living in Kabul has tripled over the past decade, with tens of thousands of displaced people fleeing less secure areas of the country. Thousands live in appalling conditions in makeshift camps. Ben King, (right) a logistician working in Afghanistan, describes an emergency mission to provide basic healthcare to these camp-dwellers

"As children scramble to help carry whatever they can, our Land Cruiser leans precariously to one side, almost at tipping point. With the supplies unloaded, the crowd around the vehicle rally together to push. It takes the full strength of the engine combined with the arms and legs of twenty individuals to dislodge our vehicle from the sticky mud. Ibrahim — affectionately known as Papa Ibrahim — has worked for MSF for about 17 years and is now at the wheel of the vehicle, barking commands at the people around him, always with a smile on his face. Tires spin and mud flies, hands push and feet slide. Slowly, slowly, the vehicle inches towards firmer ground from where it is possible to get it back onto the roadway.

Countdown to curfew

We rush to get everything inside the tent we put up earlier as the sun dips low. We have a curfew we mustn't break: 6pm inside the 'safe box' – an area drawn onto a map around our compound considered to be relatively safe for movement. Our scramble to prepare has paid off. There's only a small amount of work to do in the morning before we can begin consultations.

Sub-zero conditions

These people live in incredibly difficult conditions, surviving by their pure will to live in deep snow and sub-zero conditions. Thick, sticky mud covers the ground both inside and outside their makeshift homes, often freezing at night. Haphazard shelters have been hastily built from whatever materials are available. Sometimes, an abandoned building is re-purposed for a living space.

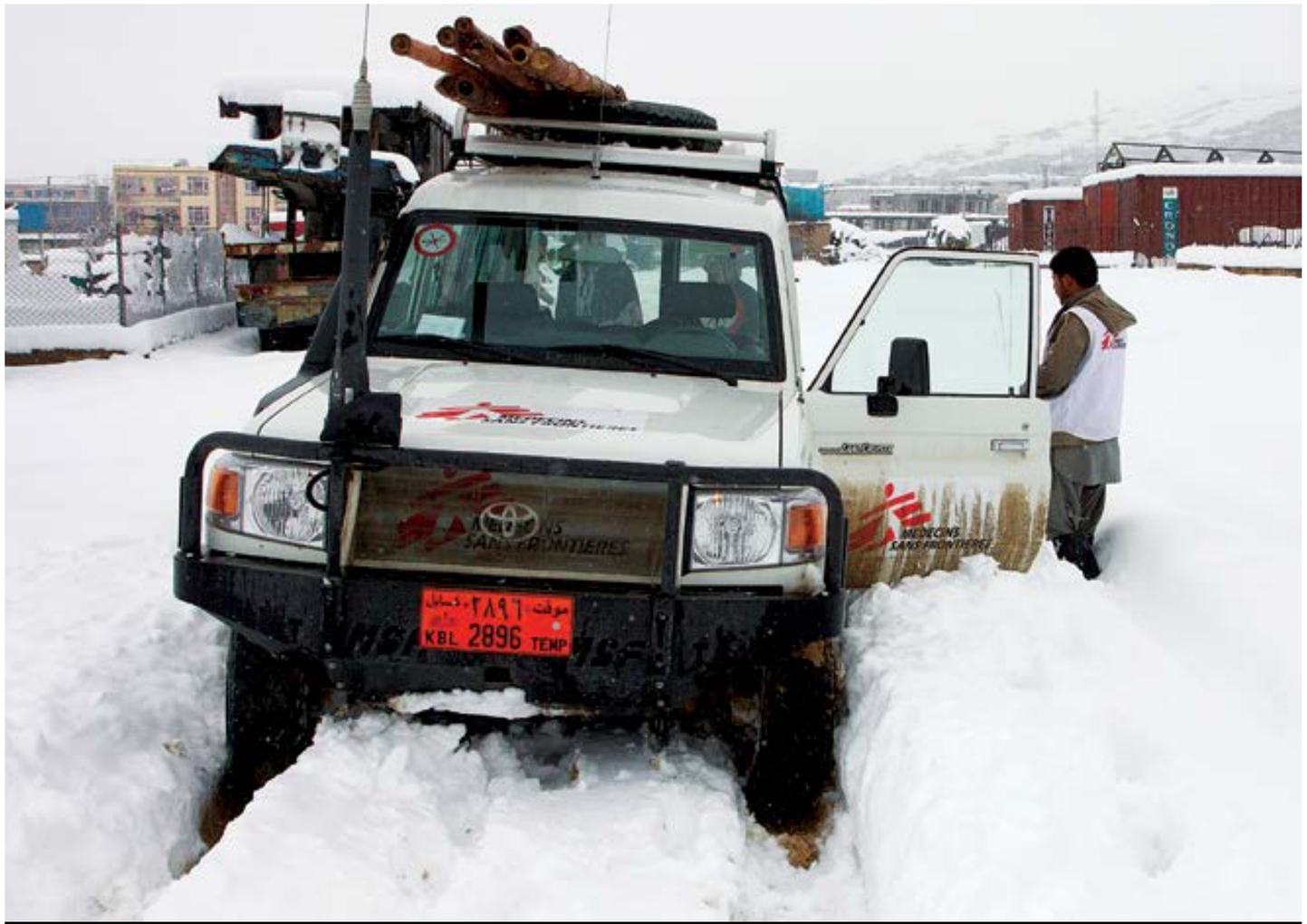
These people are some of the toughest and most resilient I have come across anywhere.

We are working in six camps within Kabul city. This will continue until the worst of the winter weather is over and the small children get some respite from the cold and their respiratory illnesses.

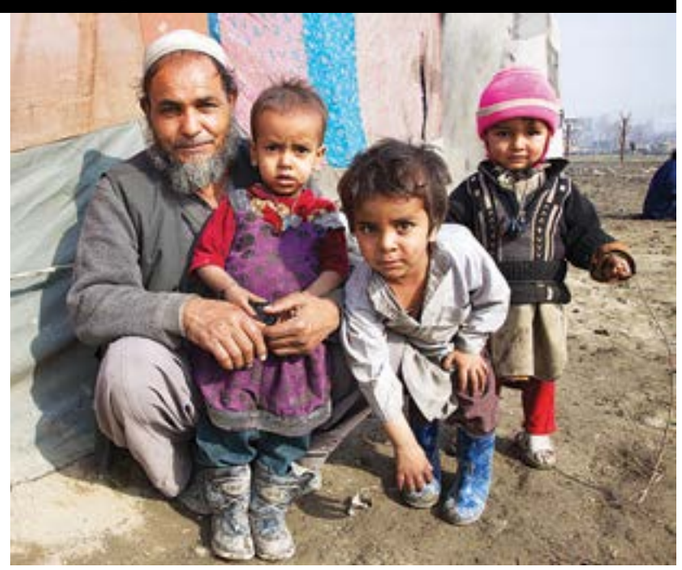
My job is to set up the clinic and see that the patient flow works so we don't see people twice or get them mixed up. We need four spaces: a triage/waiting area, a male consultation room, a female consultation room and a pharmacy. If space is available in an abandoned building, we use that. Otherwise we put up an MSF tent. Key is for it to be a comfortable space that is warm(ish) and dry.

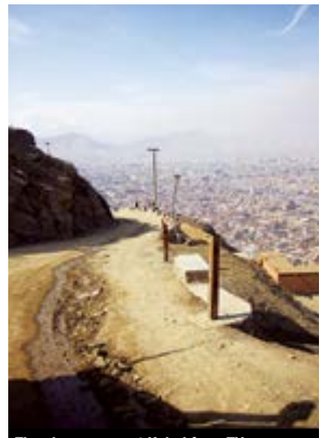
These pictures give an idea of the challenging conditions we're working in. Despite the difficulties, being able to help people in such need has been fantastic. I've loved every minute of it."

MSF provides medical care free of charge in Afghanistan. We rely on private funding in Afghanistan and do not accept money from any government for our work.



An MSF driver gets ready to battle snow in Kabul; below left, women explain the problems of living in the camps; below right, a family wait to be seen by doctors Photographs: © Ben King/MSF, 2013





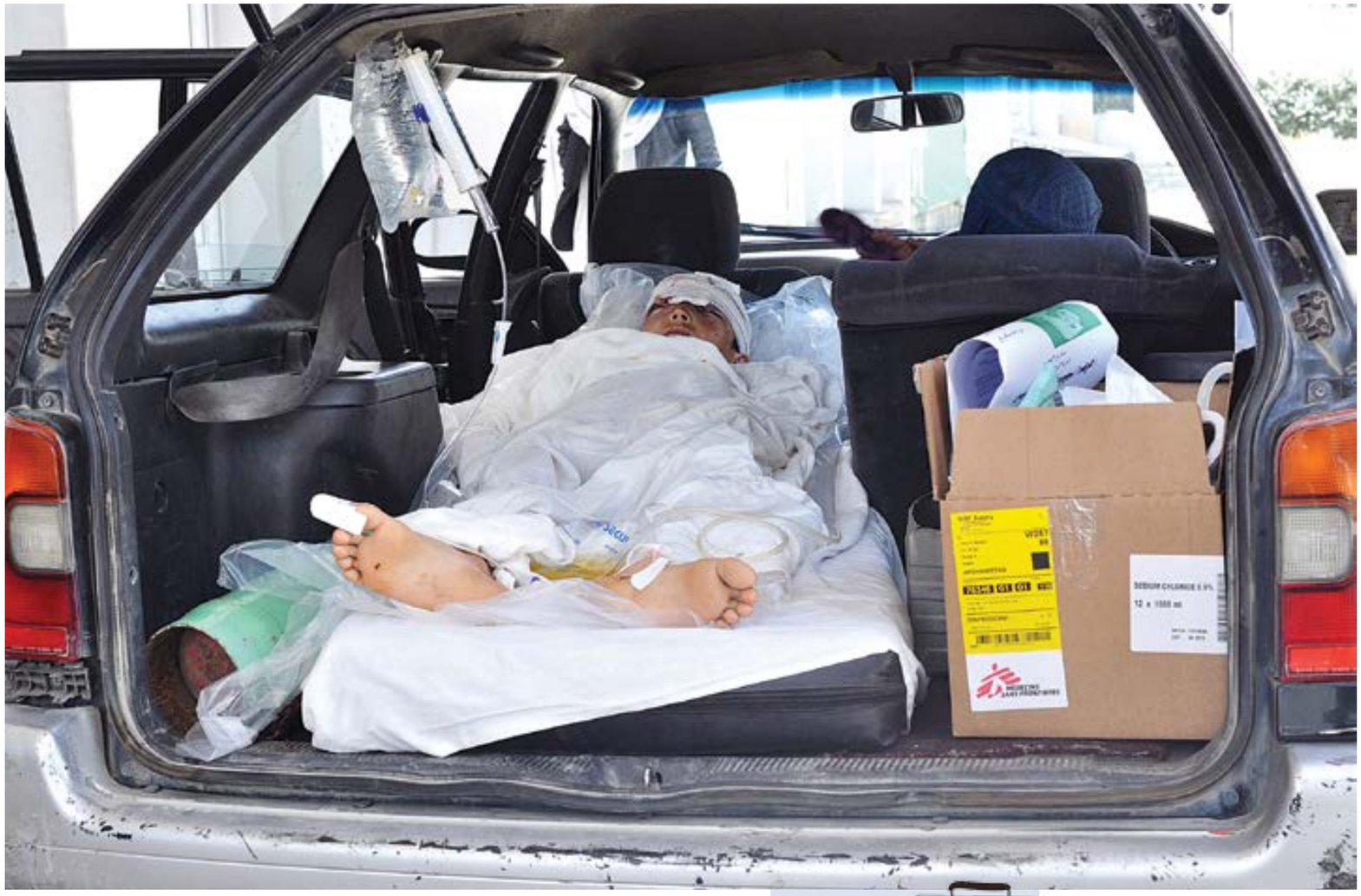
The view over east Kabul from TV Mountain. Many roads in the country are in poor shape after decades of conflict

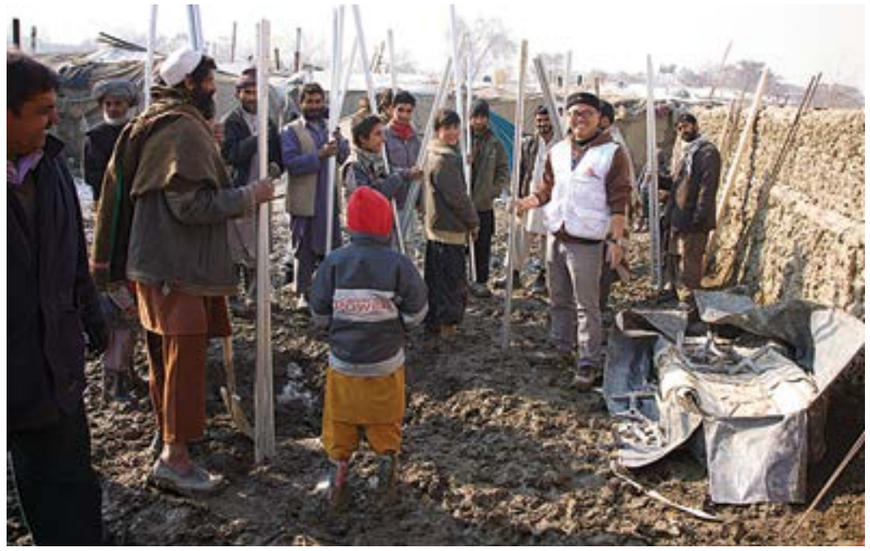
Taxi to the unknown

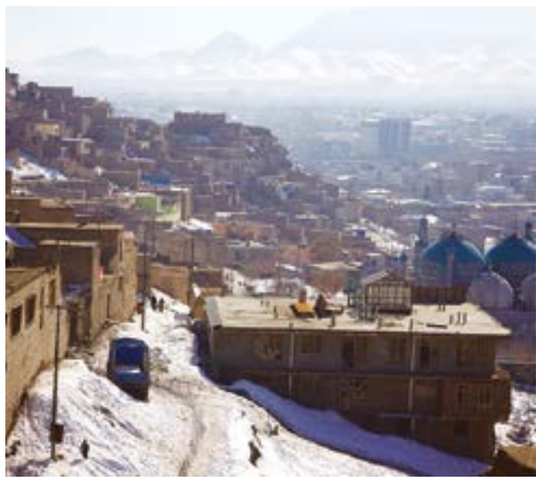
Dr Stefan Kruger works in the emergency department of MSF's Kunduz Trauma Centre. The hospital is the only one of its kind in northern Afghanistan, providing high quality and free surgical care to victims of general trauma as well as those with conflict-related injuries from blasts or gunshots

"No one said it was easy working in Afghanistan. This patient, for example, has a head injury with a large fracture of the skull. The open wound and broken fragments of skull are an entry point for all kinds of infections, but the position of the fracture makes it tricky – it overlies one of the great venous sinuses, which, if perturbed, can give rise to catastrophic bleeding. Consensus is reached that this injury ought not to be touched in our trauma centre.

The young boy has been stabilised as much as possible and his level of consciousness is surprisingly good for the moment. But the clock is"







Left: the boy is placed in the back of the taxi in Kunduz before the long journey to Kabul; above, Waibing Xu from China instructs camp volunteers on how to assemble an MSF tent for a temporary clinic in Kabul; the view over the east of the city; and an MSF doctor sees to a young patient in Kabul
Photographs: © Ben King/MSF, 2013

stubbornly ticking away. Now what?

We know that there is a specialised neurosurgical department at one of the hospitals in Kabul.

From Kunduz, it is a trip of 350km (almost 220 miles) but the road is in poor repair and it will take a minimum of eight hours. We have one ambulance, but sending it to Kabul is not allowed because it would significantly impact all other activities in our trauma centre. Transport by air is not possible either.

Salang Pass our only hope

We have only one option – the patient is to be transferred by taxi. From Kunduz they will take the A76 Asian highway and turn toward Kabul at the Salang Pass.

The pass is the main connection between Kabul and northern Afghanistan. At an altitude of 3878m (12,723ft), it traverses the Hindu Kush Mountains with its snow-capped peaks all year round. From the pass it should take another hour or two to reach the capital.

'We have one ambulance, but sending it to Kabul is not allowed because it would significantly impact all other activities in our trauma centre'

From what we understand, the pass is closed at 6pm every day for a combination of maintenance and security reasons. This means that the taxi needs to leave Kunduz by no later than 1pm. It is 11am and the team begins making arrangements as if their own lives depended on it.

The field coordinator reviews our plan and obtains special permission from the head of mission. Logisticians manage to find a taxi driver, with a station wagon, who is willing to drive to Kabul and back.

We find a nurse who is willing to accompany the patient in the car. (Unfortunately, for security reasons, expats are not allowed any travel by road outside Kunduz. In this case the expat would not just be placing himself at risk but also the patient and his parents.)

We pack a box with supplies for basic life support, some drugs, IV fluids, oxygen masks and a portable suction machine to ensure the patient's airway remains clear.

When the taxi arrives, everyone helps and it is soon transformed into a makeshift ambulance. The cleaners clean out the back of the station wagon, the stretcher bearers find a small mattress for the patient to lie on and the radio room operators help to bring two large oxygen bottles and fit them into the car like Tetris blocks.

Clock is ticking

The patient's father watches as we load his son into the back of the taxi. He understands that this is an incredibly risky transfer and that anything might happen on the way.

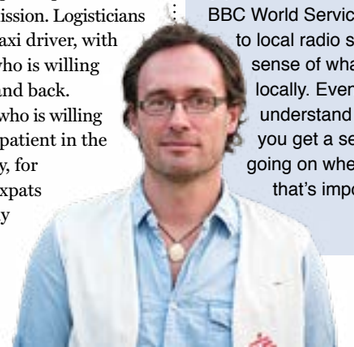
He also understands that we have reached the limit of our therapeutic capabilities in Kunduz, and keeping his son in our hospital would guarantee a poor outcome.

He is grateful for our trouble and comes to thank everyone personally before he joins his son in the car. They leave the gates of the hospital at 12:40pm.

'The stretcher bearers find a small mattress for the patient to lie on and the radio room operators bring two large oxygen bottles and fit them into the car like Tetris blocks'

Jean-Marc Jacobs. MSF field coordinator in Bo, Sierra Leone. Six missions.

'The essential item I always bring is chocolate, mainly because it's a great way to introduce yourself to the team when you arrive. Also my portable radio to listen to the BBC World Service, but also to local radio so you get a sense of what is going on locally. Even if you don't understand every word, you get a sense of what is going on where you are, and that's important.'



Roadblock

The nurse calls us from the back of the taxi at 10pm to say that they have successfully cleared the Salang Pass, but they were held up at a roadblock for almost an hour. The patient, thankfully, has not deteriorated at all.

At midnight they arrive in Kabul and our patient is admitted. His condition is stable, but he is certainly not out of danger.

Sincerely, I think we will have to wait and see whether we have helped this boy or simply shifted the problem to another hospital. But the team is hopeful and they take pride in the fact that they gave their best effort.

Fake bombs and buckets of blood are best training

To prepare for the kind of multiple casualties they might face in the field, MSF staff face gruesomely realistic training, writes Nick Owen

An explosion rips through the courtyard. Within seconds, screams erupt from all corners. A pregnant woman lies prone with a broken leg; a man has severe burns from head to toe. The injured stumble over each other dazed and frightened. At least four people are fatally wounded.

Or so it would seem. Outside MSF's office in Brussels, 22 MSF staff have volunteered to act as bomb blast victims in a gruesomely realistic training exercise. Their job is to prepare MSF medics and logisticians – the teams who keep our hospitals running and supply lines open – for a multiple casualty situation in the field.

"In a western setting, it's often the paramedics who deal with this kind of situation rather than the actual doctors and nurses themselves," explains Robin Vincent-Smith, a logistics training officer from the UK and coordinator of the MSF exercise.

"For this training, we put people in a situation as close as possible to real life in the field. The team learns in a controlled environment so that when the real thing happens, they'll be better prepared."

Within seconds of the 'explosion' – which in reality is Robin shouting 'BANG' – the medical and logistical teams are outside under the glaring sun. The heat only adds to the tension already evident on their faces. Once met with the sight of the 'wounded' volunteers, they begin to make quick assessments. Injuries range from simple cases of shock to open head fractures.

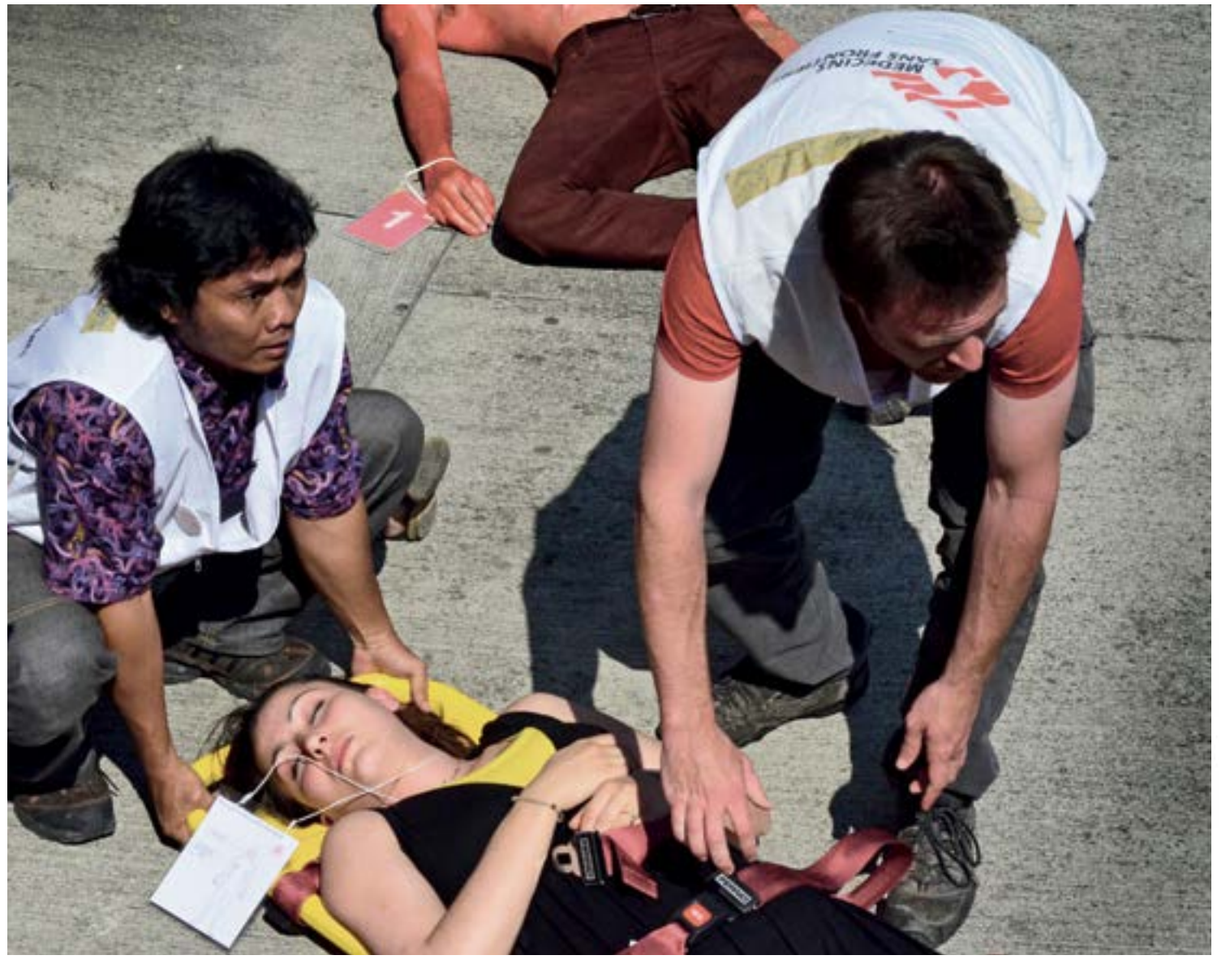
"We've got to get the walking wounded inside," someone shouts. "No, we've got to get the severely wounded out first," replies a medic.

With such a large group of patients to triage – the process of prioritising who needs to be treated first –it's clear from the outset that this isn't an easy task. The team is having trouble coordinating itself and establishing a clear chain of command. With an ideal window of just ten minutes to get the job done, time is slipping away.

"It took them a while to set up a security cordon and start the triage process properly. They made some mistakes such as not removing the walking wounded from the disaster site first – they should have gone from patient to patient to find those who could walk immediately," explains Robin after the exercise.

"But that's the entire point; we put them in a stressful situation where they're set up to fail, to a certain extent. When the real thing happens in the field, they'll be better prepared. I think they did as well as could be expected today."

And Robin certainly hasn't made it straightforward for the team. As well as dealing with the large number of wounded there are the added pitfalls of a meddling journalist, played by myself, and an opportunistic thief – who by the end of the afternoon has managed to 'steal' five pairs of shoes, a few wallets and a couple of mobile phones from the injured.



'We put them in a stressful situation where they are set up to fail ... when the real thing happens they'll be better prepared'

The exercise is part of a gruelling two-week programme for MSF medics and logisticians who have completed one mission. Ultimately, they will each be responsible for the medical or logistical work of an MSF mission and will be potentially faced with situations such as this. With a vast array of shared experience between them, some in the team are new to the concept of triage while others are seasoned experts.

"Being a nurse for MSF, I could find myself in any one of the positions where I have to organise the emergency preparedness of a mission or be in charge of responding to a multiple casualty incident," says Josie Gilday from Hertfordshire.

"The triage is the hardest thing to do because you have to decide who you are able to save. In the UK, you often pick up the most severely wounded first, but in a multiple casualty situation in the field you can't because resources are limited and the most severely wounded are the most likely to die. It's a lesson to teach us that we can't always save everybody."

With three MSF missions under her belt, Josie is no stranger to multiple casualty incidents. During her first mission in Haiti, a car crashed directly outside the MSF house where she and her team were staying.

"With all of the Haitian staff at the hospital, we had a really small team," she explains. "We only had three medics and three logisticians to deal with seven casualties, so it made it really hard. In that instance, we had to use the same triage system.

"There was one man we couldn't save. The logisticians kept the crowds away while we looked after the rest and prioritised who needed to be seen first. It was definitely a warm-up for the future." Back in the courtyard, the team has finally hit its stride. After 15 minutes most of the casualties have been brought to the makeshift triage room, prioritised with red, yellow and green cards and the medics have got to work treating the most severe cases.

Five minutes later, the exercise is over. As everyone gathers in the triage room, the volunteers break from character and the medics breathe a collective sigh of relief.

As the conversation settles down, Sonia Peyrassol, responsible for emergency preparedness within MSF, begins to debrief the wounded, asking them to be as honest as possible about how the team handled the exercise.

According to Pamela Jackson, a volunteer 'wounded' from MSF UK's fundraising team, the team could not have been more impressive: "I was playing the part of a traumatised young man, completely unresponsive and unable to move.

"Within 20 short minutes everyone was diagnosed and stretchered off for treatment. It really was everything you would expect from a real-life emergency. The team was fantastic; professional and so passionate - just what I expected from MSF."

As the debrief ends and the dust settles in the courtyard, the volunteers make their way out of the office to quench their thirst in the afternoon sun. While some felt the exercise could have gone better, all agree that the next time they hear that 'BANG' they will be much better prepared.

Above and left, two volunteers at MSF's Brussels HQ play injured bombing victims for the training exercise
Photographs © Nick Owen/MSF, 2013

Els Geerts, midwife in Sierra Leone.

'Something I always take with me is brightly coloured underwear. I know it sounds very strange, but in MSF everyone has to put their underwear in the same laundry basket and girls always have black underwear so it is very difficult to find your own again, so I have pants that stand out and are obviously mine. That means I never lose them and, hopefully, nobody will take them.'

MSF UK VOLUNTEERS

Afghanistan Niamh Nic Carthaigh *Communications Officer;* Rosalind Hennig *Doctor*
Bangladesh Aoife Fitzgerald *Doctor*; Benjamin Pickering *Project Coordinator;* Danielle Wellington *Nurse;* Laura Richardson *Doctor*
Burundi Sophie Dunkley *Epidemiologist*
Central African Republic Alvaro Mellado Dominguez *Project Coordinator*; Timothy Tranter *Project Coordinator*
Chad Louise Keane *Pharmacist*
Dem Rep Congo Catherine Sutherland *Doctor*; Eleanor Hitchman *Mental Health Specialist*; Hayley Morgan *Logistician*; John Buckels *Surgeon*; Louise Roland-Gosselin *Humanitarian Affairs Officer*; Maria del Mar Estupiñán-Fernández de Mesa *Pharmacist*; Oliver Steighardt *Nurse*; Sophie Sabatier *Project Coordinator*; Sunmi Kim *Logistician*
Ethiopia Don Srimal Darren Ranasinghe *Doctor*; Ilaria Rasulo *Logistician*; Jens Pagotto *Project Coordinator*
Guinea Benjamin Le Grand *Logistical Coordinator*
Haiti Anna Carole Vareil *Administrator*; Elizabeth Ledger *Doctor*
India Christopher Peskett *Nurse*; Edward Armstrong *Doctor*; Luke Arend *Head of Mission*; Mark Blackford *Financial Coordinator*; Sakib Burza *Medical Coordinator*
Jordan Leanne Sellers *Nurse*
Kenya Johan Brieussel *Logistical Coordinator;* Anna Rom *Doctor*
Kyrgyzstan Rebecca Welfare *Nurse*
Lebanon Aoife Doran *Doctor*
Myanmar Duncan Bell *Head of Mission*; Raquel Orcajo Miranda *Midwife*; Rebecca Roby *Administrator*; Rebecca Inglis *Doctor*; Richard Kinder *Project Coordinator*; Shaun Richards *Logistician*; Simon Tyler *Deputy Head of Mission*; Victoria Hawkins *Deputy Head of Mission*
Palestine Theresa Jones *Mental Health Specialist*
Pakistan Elaine Badrian *Medical Team Leader*; Judith Nicholas *Midwife*; Niall Holland *Logistician*; Steven Waters *Logistician*
Nigeria Simon Tyler *Head of Mission*
Papua New Guinea Andrew Burger-Seed *Logistician*; Benjamin Gupta *Anaesthetist*
Sierra Leone Jose Hulsenbek *Head of Mission*
South Africa Andrew Mews *Head of Mission*; Amir Shroufi *Deputy Medical Coordinator*
South Sudan Alison Turner *Nurse*; Alison Buchanan *Nurse*; Andrew Dennis *Nurse*; Angelica Orjuela *Water & Sanitation Expert*; Anthony Channing *Logistician*; Deirdre Lynch *Doctor*; Emma Pedley *Nurse*; Kieran Turner *Logistician*; Matthew Arnold *Water & Sanitation Expert*; Neal Russell *Doctor*; Richard Delaney *Logistician*; Shaun Lummis *Project Coordinator*; Siu Ling Poon *Doctor*; Sylvia Garry *Doctor*; Zoe Allen *Logistician*
Syria Declan Barry *Medical Team Leader*; Diane Robertson-Bell *Nurse*; Emma Rugless *Nurse*; Forbes Sharp *Project Coordinator*; Gillian Conway *Midwife*; Helen Ottens-Patterson *Medical Coordinator*; Laura Smith *HR Coordinator*; Lynsey Davies *Doctor*; Robert Allen *Logistician*
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Turkey Conor Prenderville *Project Coordinator*; Natalie Roberts *Doctor;* Terri Anne Morris *Intersectional HR*
Uganda Christopher Hall *Logistical Coordinator*
Uzbekistan Marielle Connan *Nurse*; Emily Wise *Doctor*
Yemen Shama Khan *Doctor*
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MEDECINS SANS FRONTIERES
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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.

Kangaroo care keeps babies alive

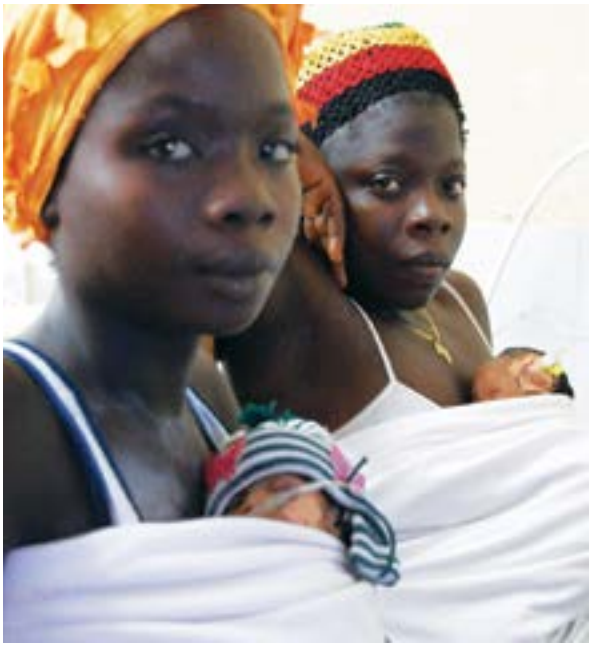
Ten years after the end of the long civil war which devastated Sierra Leone, the country still has some of the world's worst health indicators. One woman dies in childbirth for every 112 births, and nearly one in five children die before they reach five years of age.

At the Gondama Referral Hospital, near the city of Bo, MSF is doing its part to help bring those numbers down. Aisha Dodwell reports.

The first thing you notice about the hospital is the running. None of the medical staff ever walk anywhere — they all run. That's because only the most serious emergency cases are referred to this 210-bed hospital. And when everything is an emergency, there's no time for dawdling.

Nowhere is this more the case than in the neo-natal ward. Not long ago, the infant mortality rate here was 30%. However, through a lot of hard work and new procedures, this has dropped to 16% over the past six months.

"It's difficult, because you know you cannot do more than what you are doing," says Dr Marco Fossati, a laid-back Italian paediatrician whose casual manner belies an intense dedication to his work. "We just don't have the equipment or the facilities, and many of our patients come to us when it is already very late. But it's hard when you know that if this child was in Italy or anywhere in Europe, saving their life would be possible. It's even harder when you see the relatives crying and you just cannot do anything. But you can only do what you can do."



Kangaroo care in action with the twins Sao and Jina. Below, DrMarco Fossati at the hospital in Bo.

Watch videos at msf.org.uk/sierraleone

What the staff have been able to do here is impressive. One simple, life-saving practice introduced back in January has already helped reduce the number of child deaths. Around the ward, women can be seen with tiny babies wrapped tightly to their chests, with only their woolly-hat-covered heads visible. Called 'kangaroo care', this treatment for premature and low-weight babies was first developed in South America where babies were dying because of a lack of incubators.

The baby is wrapped skin-to-skin in a 'frog' position against the mother, like a joey in a pouch. The warmth and bonding provides numerous physical and psychological benefits, including normalised heart and respiratory rates, weight gain and greater ease with breastfeeding.

I'm introduced to Cicilia, a young mother of twin girls named Sao and Jina who were born prematurely, weighing only 1.4kg (3lbs) each. Jina is wrapped tightly against her mother's chest, while Cicilia's sister has Sao in a similar position. Cicilia admits that, although she found the kangaroo care method strange at first, she now enjoys the close contact. Dr Marco is hopeful that the twins will soon be strong enough to leave the hospital.

"In a place like this where resources are limited and the latest technological equipment just isn't available, MSF often needs to come up with innovative solutions to problems," says Dr Marco. "MSF didn't invent kangaroo care, but we have no incubators here, so it seemed a good solution."

It's one of many solutions that, in a small way, is beginning to improve the odds for some children in this country.

Christmas cheer from MSF

MSF Christmas cards will be available to order online from mid-September. There are nine designs to choose from, including images from our work around the world and two new original designs from artist Delia Cardnell. The beautifully designed cards come in packs of ten for £5 per pack, of which MSF receives £3.30. To view the cards and place a purchase, go to msf.org.uk/cards or call Anne Farragher on 020 7067 4214.

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