

MAMELA

Médecins Sans Frontières / Doctors Without Borders in South Africa

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Haiti © Kadir van Lohuizen / NOOR

Ruth Clerge (13) and her family used to live in a house in Port-au-Prince's Carrefour area. Her construction worker father Nelvis (55) built the house by himself over 25 years and it was home to Ruth's mother Elvire (45) and her six other siblings. The 12 January earthquake destroyed everything and Ruth's younger sister Neemi (8) was killed. The Clerge family now live in a shack next to where their house once stood, along with some of their neighbours. Elvire got injured and is at the MSF hospital. They haven't received food or other help so far.

MAMELA

THANK YOU !

Haiti Earthquake 12 January 2010

Médecins Sans Frontières / Doctors Without Borders (MSF) was overwhelmed by the generosity of people around the world providing financial support for the organisation's response in Haiti. By the end of May, MSF had already spent €53 million following the disaster, mounting the largest response in the organisation's history. Our current budgets foresee that around €89 million will have been spent on direct assistance to the earthquake victims by the end of 2010.

MSF takes the expectations of donors seriously and decided to discontinue active fundraising for the victims of the earthquake in the days following the disaster. While MSF continued to welcome donations, pro-active earmarked fundraising for Haiti was put on hold. Instead, MSF called upon donors to continue to support the organisation's current and future emergency work in general.

MSF South Africa would like to thank all our donors who have contributed to facilitate our operations in Haiti and elsewhere. In South Africa, donors raised R 1,203,072.00 for the Haitian crisis and the MSF Emergency Relief Fund.

Your support helps us save lives and bring treatment to those who need it most!



Read the full 6-month report on MSF's activities in Haiti, and watch videos about the survivors and on how MSF is helping them: www.msf.org/Haiti-After-The-Earthquake

Get in touch with us:

Write to the MAMELA readers' page and if your letter is selected, you get an MSF supporters T-shirt.

Email: mamela@joburg.msf.org

Postal Address:

P.O. Box 32117, Braamfontein 2017, South Africa,
Tel: +27 (0) 11 403 4440 Fax: +27 (0) 11 403 4443

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Find out more about Dr Liz Thomson, MSF SA's new General Director: http://bit.ly/liz_thomson

REKINDLING THE DREAM OF CHANGING LIVES

Dear Friends

Hi, I am Liz Thomson the new General Director of MSF South Africa.

I used to lecture chemistry, but I always had a romantic ideal that I could make a real difference in the lives of people across the world. In pursuit of this dream, I went back to university to study medicine and I graduated 32 years ago.

In April this year, I took up the challenge of working with Médecins Sans Frontières / Doctors Without Borders (MSF) after initially thinking I would end my career fighting for the dignity of the mentally ill as the medical manager of a psychiatric hospital. I have spent 11 years working in various anti-apartheid health projects and organisations, 11 years in rural hospitals and seven years in South African public sector HIV and AIDS programmes. I had settled down; a lot less romantic; but still idealistic. Then, when I saw the Director General of MSF SA position advertised, I suddenly I thought that my dream might be within my reach and I applied.

I started working for MSF on 1st April 2010 and spent three weeks working in an MSF project in Burundi. Whereas before I sometimes thought “been there, done that” thanks to years spent working in South Africa’s rural health sector, working in Burundi, I started to understand what the “without borders” part of MSF was all about. South Africans often say that we have enough problems of our own and wonder why we should want to worry about other people in the world. But in Burundi, one of the poorest countries in the world with the third lowest GDP per capita, people live on the brink of perpetual disaster. One drought would mean famine; heavy rains mean a malaria epidemic and maternal mortality figures remain among the highest in Africa.

In Burundi, MSF works to ensure life-saving maternal care thanks to an Obstetrical Emergency Centre to help women who face complicated births, as well as responding to emergencies such as cholera and malaria outbreaks.

So far, MSF has helped me hold on to my ideal that people can make a difference. The articles you will read in this edition of MAMELA confirm this and highlight MSF staff working against all odds to ensure those in the greatest need get medical care.

In response to the devastating earthquake in Haiti, MSF launched an unprecedented emergency response with doctors from all over the world helping the Haitian people regain their health and dignity. This is the same determination exhibited by MSF doctors such as Fahad Hendricks from South Africa, who worked in volatile Pakistan and Jenna Broome from Britain working in far-flung Papua New Guinea.

You will also read about the hope for a future that Tsepang, a young TB and HIV patient in Lesotho, clings to – emphasising the importance of the work we are doing to ensure access to antiretroviral (ARV) treatment in the future.

And while the FIFA World Cup was hosted on African soil for the first time, football teams of people living with HIV, and MSF fieldworkers took to a dusty soccer field in Johannesburg to raise the alarm about international donors reducing funding for ARV drugs and HIV programmes through a unique tournament called HALFTIME!. The six teams proved that living with HIV is not a death sentence and that halftime is no time to quit on funding life-saving ARV treatment.

As the World Cup drew to a close in July the underlying xenophobic tensions started simmering once more, while the plight of thousands of Zimbabweans who run the border gauntlet seeking elusive refuge in South Africa remains largely ignored.

So, MAMELA readers and MSF supporters, I’m counting myself in for the next few years to make difference. Are you?

Yours sincerely;

Dr Liz Thomson

General Director, MSF South Africa



THE MONTHS AFTER THE EARTHQUAKE

One million still living under canvas while a nation's slow recovery faces new threats



Haiti © Julie Remy

“More than one million people are still living in deplorable conditions, beneath tents or plastic sheeting, without a clear sense of what’s ahead in the coming months.”

Months after the devastating magnitude 7 earthquake ripped through Haiti’s capital Port-au-Prince, laying waste to thousands of buildings, killing more than 200,000 and leaving over one million survivors affected, a vulnerable nation remains on the brink.

When the quake struck, MSF responded immediately, and today, the teams continue to adjust their activities to meet the changing, but still major, medical needs. But the wider needs of the Haitian people for the restoration of dignity and hope to their lives has been painfully slow while other aid actors are having a hard time organising themselves and the hurricane season looms on the immediate horizon.

MSF has been working in Haiti since 1991 and was able to react swiftly to the disaster – working out of temporary facilities after its own structures were damaged, performing emergency triage and surgical interventions wherever possible. It was MSF’s 19 year history that played a great part in being able to act rapidly.

As part of one of the largest responses in MSF’s history, the organisation brought in

hundreds of tons of supplies on an almost daily basis, including an inflatable hospital.

All of this was done with the active and tireless participation of Haitian staff members who had themselves suffered great losses in the earthquake.

Now following the aftermath and during the long process of rebuilding lives, MSF continues to provide primary and secondary care to the population at no cost, working from approximately 20 sites and operating several mobile clinics.

“More than one million people are still living in deplorable conditions, beneath tents or plastic sheeting, without a clear sense of what’s ahead in the coming months,” Stefano Zannini, MSF’s head of mission in Haiti says. “In the meantime, the rains are intensifying, flooding the sites where earthquake victims live several times a week.”

Many people who escaped from the collapsing buildings six months ago are still too afraid to seek shelter in the ruins. They remember the aftershocks and have heard



Haiti © Kadir van Lohuizen / NOOR



Watch videos on MSF's work and see the interactive timeline: www.msf.org/Haiti-After-The-Earthquake

the scientific gossip about the possibility of more quakes to come. They continue to huddle under the flimsiest tarpaulin or tents, recovering them when they get blown away.

These conditions produce heightened health risks. Since 12 January, MSF has provided medical care to over 173,000 patients. The diseases treated in primary healthcare facilities today specifically include respiratory and waterborne illnesses, such as malaria and diarrhoea, as well as typhoid fever, a disease linked to poor hygiene conditions.

In a country where 60% of the medical facilities suffered serious damage or were destroyed, MSF is working to meet medical needs by managing or supporting hospitals and specialised medical facilities. "There are patients who were wounded during the earthquake and need orthopaedic and revision surgery, but everyday medical needs – such as car accidents and domestic accidents – are also returning to the fore," explains Dr. John Pratt, who practices at MSF's Saint-Louis Hospital in Port-au-Prince.

In the beginning of the response the medical needs were brutally obvious: life-saving surgery and wound care, but needs are evolving and so do MSF's activities.

Treating obstetrical cases remains a priority and MSF has also set up the country's only specialised department for severe burn victims at the inflatable Saint-Louis Hospital, which has a total bed capacity of 250. The unit includes three tents and 27 beds for severe burn patients, both children and adults. Most are children who were burned during household accidents that occurred in the makeshift shelters that often house large families.

Three specialised MSF facilities continue to provide functional rehabilitation therapy, including physical therapy, psychological assistance and other follow-up services. This post-operative care, both in-patient and out-patient, is also provided in other facilities that MSF manages or supports in Haiti.



Haiti © Frederic Sautereau



Haiti © Julie Remy

Psychologists have treated over 81,000 earthquake victims at MSF medical facilities and in camps. "Months after the earthquake, many Haitians still feel the earth move and the noise is ever-present," says MSF psychiatrist, Dr. Maryvonne Barges. "We see many people who are experiencing an onset of acute psychosis. There is a collective depression behind the smiles that pre-earthquake Port-au-Prince evokes. People know that the unsettled nature of their lives will not be resolved for a long time. They are discouraged, but not resigned."

With the rain already sowing misery and the hurricane season approaching, MSF is gradually shifting its medical activities from tents to permanent or semi-permanent structures. In Léogâne, for example, construction of a 130-bed hospital, built out of containers, began in early May to replace the hospital destroyed by the earthquake. Extensive rehabilitation work has also been performed at public medical facilities that MSF supports.



TWO BOYS' FIRST STEPS TO RECOVERY

“They already have to cope with the trauma of the earthquake and the trauma of losing loved ones, so an amputation is yet another layer to their suffering.”

Jerry

Jerry is seven, and was severely injured in the 12 January earthquake that devastated Port-au-Prince. Trapped under the rubble when his house collapsed, he emerged with a severe open fracture to his femur.

Louisemerre, Jerry's mother, lost two of her five children in the quake. Determined not to see a third child die, she immediately brought Jerry to one of the MSF hospitals in Port-au-Prince, where he received emergency medical care.

MSF put Jerry on antibiotics straight away to keep the infection in his open wound at bay. He was then taken to an operating theatre (OT), where an MSF surgeon performed a debridement – a complete cleaning of the wound. A few days later during checking and cleaning of Jerry's wound, the doctors discovered that the infection was still raging, and they became extremely concerned that it would spread to the rest of his body and threaten Jerry's life.

“The wound was very near the groin, so if the infection went above it there would have been very little we could have done to

save him. We knew we had to amputate if we wanted to keep him alive”, says MSF's Dr. Karin Lind in Port-au-Prince.

In the 20 days following the earthquake, MSF teams treated more than 11,000 patients. In some cases, MSF had no other choice than to carry out an amputation. During that time, MSF surgeons worked around the clock, carrying out over 1,300 surgical operations. Amputations were always the last resort of surgeons in the effort to save the life or limb of the patient.

“We cared for scores of open fractures as a result of this disaster, and we managed to save so many peoples' limbs,” explains Rosa Crestani, MSF's emergency medical coordinator in Haiti. “But sometimes a doctor has no other choice than to carry out an amputation – either because a limb is in such a bad state that it is impossible to save, or because the wound is so badly infected that keeping the limb means risking the patient's life.”

An amputation only goes ahead once MSF surgeons receive a patient's consent. Then, MSF psychologists work with people before their operation, to help them come to terms with the loss of the limb, and also work with the patient's family to mentally prepare them for what this means for their shared future.

“They already have to cope with the trauma of the earthquake and the trauma of losing loved ones, so an amputation is yet another layer to their suffering,” says MSF psychologist Renaud Sander.

Once the amputation is finished, physiotherapy begins. Physiotherapy is essential to improve mobility and prepare the patient for prosthesis (the artificial substitute for the missing limb).

Physical recovery after major surgery can take a long time and patients need specialised care. In addition, many of MSF's patients lost their homes in the earthquake,



Jerry stands up for the first time after the operation. The physiotherapy routine should start straight away. He needs to strengthen his other leg and his arms and keep his mobility, so that in three months time, he is ready to receive a prosthesis and can start walking again.

so without a clean shelter in which to recover, leaving hospital too early after surgery would be a major threat to their recovery process. To cope with the large numbers of patients in need of prolonged assistance, MSF set up several medical structures specialising in post-operative care.

One such place is Mickey, a former kindergarten, which MSF turned into one of its post-operative centres to cope with significant needs for this care.

MSF team of nurses, doctors, psychologists and physiotherapists work together to closely follow-up on the conditions and needs of patients - cleaning and dressing wounds, providing psychological support and helping them through a routine of exercises. It's here where young Jerry went to take his first steps back to recovery after his amputation, under the attentive eyes of his mother, Louisemerre.

Walderson

For more than a month, Walson and his wife have been keeping watch at the bedside of their five year-old son, Walderson, at the MSF Saint-Louis Hospital in Port-au-Prince. They take turns at the hospital while caring for their other three children. The family lives in the Delmas 33 neighbourhood, in a little tent set up in front of their house, which was badly damaged by the earthquake that hit the island on 12 January.

Some time ago, Walderson suffered third-degree burns to his right leg. His mother was cooking in their tent while Walderson was playing with his twin brother. His pants caught on a pot of boiling water and he was scalded over 12% of his body. "Ca faisait mal ampil," the child says, in Creole. "It hurt a lot."

"He had blisters on his skin and he was in pain," Walson explains. He is wearing the protective clothing required in this sterile unit, which is under a tent. "Walderson used to go to the operating room and receive his treatments under anaesthesia, but now we just change his dressing every other day."

The emergency surgery team at MSF's tent hospital, set up on the playground at the Saint-Louis school, operated on Walderson. In early April, when MSF established the island's only specialised treatment unit for victims of severe burns, Walderson was admitted.

All 27 beds in the unit are occupied. Some patients were injured in car accidents, while others were electrocuted while repairing wires damaged in the earthquake. Most are children burned by boiling water or oil.

Living conditions for the hundreds of thousands of earthquake victims – in Port-au-Prince and elsewhere – create considerable risk of domestic accidents. In cramped spaces that house large families, meals are prepared on the ground, over burning coals.

Today, Walderson is working very hard. He sits on the bed, stands, takes a few steps, then lies down again. The burn unit's large sterilized tent has become his playground, but Walderson already has other plans. "I want to go to school to learn and play soccer outside," the boy says.



VOICES FROM THE AFTERMATH

MSF staff tell their stories



Haiti © Chip Somodevilla/
Getty Images

“When we started surgery we didn’t have electricity in the hospital. We were working off two makeshift operating tables in the courtyard and we just went from one patient to the next.

These were brutal wounds. They were deeply infected after three or four days when people were still being brought out. The surgery isn’t very complex; it’s an almost primitive and brutal surgery of removing dead and damaged tissue and amputating limbs. The decision you have to take surgically is whether you can preserve that limb

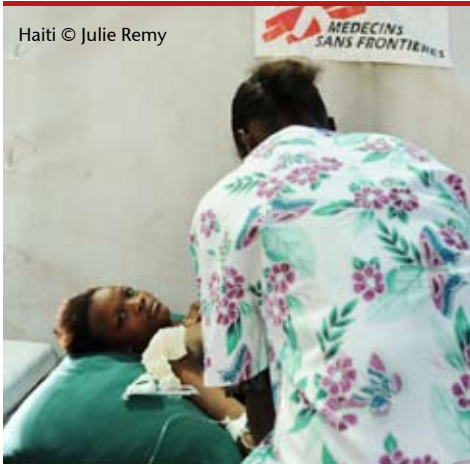
or whether it must be removed. Amputation is clearly the last resort you want to turn to. Having to amputate the limbs of children who have already been deeply traumatised by their experiences is always hard to do. There is often a feeling of helplessness, or wanting to do more. And so the emotions and the feelings are very strong.” – **Dr Paul McMaster**, a surgeon who reached Haiti less than a week after the earthquake struck.

“I remember one patient - a little three year old girl called Anelka. She asked her mother, ‘Mummy, mummy give me my legs - I want to play with the other kids!’ Her mother asked me if it would be possible to give her crutches and I said no way - I knew I’d never be able to find anything for a three year old. So I made some for her myself and she tried to walk with them. I said ‘Oh my God, I’m sure she’ll fall down, she’ll never manage’. But two days after that she walked very quickly with these crutches. Now she has an artificial leg. But the problem for kids is that you have to change their artificial limb every three months because they grow so fast.” – **Gilles Lavigne**, a physiotherapist who arrived in Haiti a week after the earthquake.



Haiti © William Daniels

Haiti © Julie Remy



“The day after the earthquake, although I was still crying for my mum’s death, I took all the drugs I had, found someone who had a car and went to treat people who needed help. There were many wounded everywhere. I treated, treated... I treated so many people. There were many injured, people who had to be amputated or that are now psychologically unstable. I am Haitian and I want to help my fellow citizens.” – **Geraldine Agustin**, Haitian nurse who joined MSF two weeks after the devastating disaster. She was heading to her University for her medical studies when the earthquake hit.

Letter from the field

LITTLE RAYS OF SUNSHINE

Dr Jenna Broome, MSF Medical Doctor,
working in Tari, Papua New Guinea

I'm exhausted after the last few weeks and half asleep at the moment. Patients keep coming and they seem to present more sick each time. I'm tired of seeing people die; of seeing babies die before they've even had a chance in this world.

I know some of the deaths cannot be avoided because the patients were just too sick, but some of them are preventable. I just can't control the feeling that if I or someone else could have just been there sooner instead of doing whatever we were doing elsewhere in the hospital, they might have had a chance. But we can't be everywhere; we can't do everything.

I've been surprised at how much I enjoy working and playing with the kids and the babies. Sometimes they are little rays of sunshine in my day. Dare I say it; I think I would like a family and children of my own one day, but I cannot begin to imagine the loss if that child dies.

I got called to a 3 week-old baby who I'd been treating for sepsis from pneumonia. She hadn't responded and continued to have severe respiratory distress and got weaker and weaker. She had already died when I was called, but in fact I was surprised that she had fought as long as she had. Seeing her pale lifeless body in her mother's arms as tears poured down her face was too much. "Sorry" is such an inadequate word, but it was all I had. I'm not sure how much longer I can do this but, as I think that, I remember that these people do it every day. I can go home in a few months back to my life; they can't. They are already home. This is their life.

So I'm trying to focus on the positives. Last week, we had a 10 year-old boy rushed to hospital after having been in a house

fire. He has quickly become my favourite patient. He had first and second degree burns all over his back, right arm and left hand. These had been treated at the local health centre and it was now four days since



Papua New Guinea © MSF

it had happened. He came to us in pain, dehydrated and very short of breath and hypoxic (deprived of adequate oxygen supply). He had noisy breathing and a hoarse voice, so in all likelihood he had airway burns and swelling that were making it hard to breathe. One week later, lots of steroids, antibiotics, nebulizers and oxygen, he is doing well. He is so strong, no matter what happens or how much pain he's in when I go and see him, he smiles and gives me the thumbs up. He's an amazing kid! One of the rays of sunshine.

The next day, a young girl was rushed in after she had eaten poisonous mushrooms. She had dropped her conscious level and had started to repeatedly fit. We managed to stop her fitting and again, I had a sleepless night wondering whether the decision not to intubate (inserting a flexible plastic catheter into the trachea to protect the airway) was the right one and what I would do if she remained unconscious, I wasn't sure. I was dreading going in the next morning. But, when I did, I had the best surprise. She was awake, talking and smiling at me! Today she was discharged home.

For all the fights we lose, there are some we win, and it's a great feeling when we do.

Jenna

FIGHTING TB AND HIV IN LESOTHO'S HIGHLANDS

The daring hope of a 13 year-old girl

Solo Robis has seen the ebb and flow of life and death in the small village of Mofoka in rural Lesotho. But a worry still weighs on him. How can he ensure HIV/AIDS and TB does not become a death sentence for his bright young granddaughter Tsepang; like it has for so many other villagers?

Tsepang was diagnosed HIV positive two years ago. She has just overcome a tough battle with TB after six months on treatment in a country where HIV/AIDS related complications, like TB, claim 18, 000 lives each year.

In Lesotho, funeral home and burial service signs dot the roadside – a reminder of the massive toll HIV/AIDS and TB have exacted during the last two decades. Solo knows this all too well. “It is really bad. It was even worse in the past decade because people are dying at a very young age,” says Solo. “There were at least two funerals per week, and all around deaths in the family became

commonplace - like my wife and like Tsepang’s mother.”

Solo has been Tsepang’s guardian since her parents separated and her mother died of AIDS in 2006. He took Tsepang, then aged 9, to the nearest MSF-supported Mofoka clinic because she was getting sick regularly – she was suffering from chronic diarrhoea, skin rashes, vomiting, high fever and severe coughs. MSF’s Selibeng sa Tšepo (meaning “Wellspring of Hope”) project, which aims at increasing access to integrated HIV and TB care, was already running then. So it was there, where Tsepang was initiated on antiretroviral (ARV) treatment at the clinic close to where she lives.

Ever since Tsepang tested HIV positive, Solo has been looking after her carefully, taking her to the clinic for medical follow-ups, child support sessions, and ensuring that she takes her ARV medication. But he knows he will not be able to look after her

“But what will happen to Tsepang when I am gone? I am old, and the time will come that she will be left alone in the world. I always ask myself what will happen to her...”



Lesotho © Zethu Mlobeli /MSF

Tsepang Robis, aged 13, is living with HIV and has recently completed her 6 month-long TB treatment. Tsepang’s mother died of an AIDS-related illness when she was 9 and she now lives with her grandfather, Solo Robis, in Mafoka village, Lesotho.





Watch the photo slideshow: http://www.msf.org.za/lesotho_slideshow

forever. “I will always take care of Tsepang and make sure that she is well, for as long as I live. But what will happen to Tsepang when I am gone? I am old, and the time will come that she will be left alone in the world. That is worrying. I always ask myself what will happen to her. She is still very young...”

Hunched over a piece of coloured paper, pencil in hand, Tsepang is lost in her own world as she draws during a child support session at the Mofoka clinic. Sessions like these have made a difference to how children living with HIV see themselves. Here Tsepang is able to draw, sing, dance, and laugh with other children who share her HIV positive status.

MSF nurse Patricia Nyoni describes how the MSF counselling group for child patients evolved. “We started these support sessions for children in 2008. That was when we started seeing an increasing number of children who were testing positive for HIV and/or TB.”

At school, Tsepang is a bright and promising grade five pupil, with a talent for drawing and English. “My favourite subject is Math. I want to become a nurse someday, so I will study hard,” Tsepang says. “I want to be like Nurse Makaloba Ntabelala at the Mofoka clinic, because she helps the children a lot.”



Lesotho © Zethu Mlobeli /MSF

Tuberculosis (TB) kills over 1.6 million people worldwide every year and another nine million are suffering from the disease. It is the biggest killer of people living with HIV/AIDS in Africa.



Lesotho © Zethu Mlobeli /MSF

Almost half a million people develop multi drug-resistant strains of the disease every year.

TB is a contagious disease that spreads mainly through the air like a common cold, usually affecting the lungs. This form of the disease (pulmonary TB) is characterised primarily by a persistent cough, shortness of breath, weight loss and night sweats. Only one in ten people infected by the bacteria will actually go on to develop the disease, because a healthy immune system will keep the infection dormant. But these infections can reactivate decades later if the immune system becomes weak.

The Kingdom of Lesotho is a small, mountainous, extremely poor country where more than half of the 1.9 million mostly rural inhabitants live below the poverty line in one of the world’s poorest nations. The Basotho have the odds stacked heavily against their survival due to the high rates of TB, HIV, and HIV/TB co-infection that brings a crushing burden to bear. The country has the third highest HIV prevalence in the world (after Swaziland and Botswana, but poorer than these two countries), and the fourth highest rate worldwide of TB incidence at 637/100 000 cases per year. Disturbingly, every year approximately 18,000 people (about 1% of the population) die due to AIDS-related complications, including TB and Multi-Drug Resistant TB (MDR-TB).

MSF has been working in Lesotho since 2006, pioneering the decentralisation of access to healthcare by employing strategies such as “task-shifting”. Trained, mentored and empowered nurses assume high levels of clinical responsibility for HIV care and treatment, which makes nurse-driven ARV and TB initiation possible. It also makes it possible to overcome the acute shortage of doctors in the country and this novel strategy allows for the full integration of HIV and TB services at the primary healthcare point of care. MSF primarily provided support to Scott treatment initiation Hospital in Morija, and to 14 clinics in Mafeteng and Maseru districts. In June 2010 MSF handed the project over to the Lesotho Ministry of Health and Social Welfare.

SELIBENG^{sa}
HIV/AIDS programme **TSEPO**

BLOWING THE WHISTLE ON REDUCED HIV/AIDS FUNDING



The global HIV/AIDS emergency is far from over.

An estimated 33.4 million people worldwide are living with HIV and 2 million people are still dying of AIDS each year. Today, more than 9 million people are in urgent need of life-saving antiretroviral (ARV) treatment still do not have access to it in 2010 – the year by which world leaders had committed to reach universal access to ARVs to achieve the Millennium Development Goals.

While only one in three people in need of ARVs has access, there are signs that international donors are backtracking on HIV/AIDS funding commitments and cutting spending on ARVs and HIV programmes. This threatens to widen the HIV/AIDS treatment gap and means more people are at risk of dying before they get access to treatment.

During July 2010, MSF launched HALFTIME! at the halfway mark of the 2010 FIFA Football World Cup, offering an alternative take on football to highlight the disastrous reversal in the fight against HIV/AIDS.

Protesting against this reversal, HALFTIME! brought together people living with HIV from across Southern Africa to compete in a unique five-a-side football tournament in Johannesburg. Six teams of people living with HIV and MSF staff working in HIV treatment projects from South Africa, Zimbabwe, Mozambique and Swaziland participated. Other matches were hosted in Belgium, Switzerland, Germany and Malawi.



Mambinhas from Mozambique



HIV Conquerors from Swaziland



HALFTIME! © Lisa Skinner

The OI Bombers entered the tournament as underdogs, but quickly proved their mettle by becoming the top scoring team with 12 goals and winning the tournament – proving to the world and international HIV/AIDS treatment funders that halftime is no time to quit!



Find out more, read the Extra-Time blog and watch the video: www.msf-halftime.info



HALFTIME! © Lisa Skinner

Siyaphila from Khayelitsha, Cape Town



HALFTIME! © Lisa Skinner

Fluconazole Pirates from Ekurhuleni, Johannesburg



HALFTIME! © Lisa Skinner

ARV Swallows from Zimbabwe



HALFTIME! © Lisa Skinner

ARV Swallows ace striker Janet Mpalume beats Siyaphila defender Nomafu Boo's attempts to prevent the Swallows' attack.





Watch the video on Zimbabwean migrants: http://bit.ly/vulnerable_existence

RUNNING THE BORDER GAUNTLET

Desperate migrants caught in a cycle of violence and vulnerability

“After crossing (the border) we met guma guma gangs... We were raped by these men. I was raped by two of them and the other ladies were also raped by two people each. When they finished raping us they searched us and took away some money that we had. They then told us to go,” – Zimbabwean woman and rape survivor

The reality of thousands of migrants arriving and existing on the margins in South Africa is grim. They lack access to proper healthcare, shelter and safety, while also facing violence, physical and verbal abuse, police harassment and xenophobic attacks.

In Musina, on the border with Zimbabwe, where MSF runs medical programmes, the number of attacks, robberies and rapes by gangs active on both sides of the border has been on the rise since the beginning of the 2010. Criminal gangs known as the “guma guma” rob women and men of their belongings, before raping them. Often more than one perpetrator will rape every woman in a group of people who have travelled together hoping for safety in numbers. Men are often forced to rape wives, sisters or aunts; and if they dare refuse, they themselves are raped by the guma guma.

In its clinic in Musina, MSF treated 156 survivors of sexual violence in the first six months of this year, 117 between March and June alone.

A Zimbabwean woman who survived the terrible ordeal recounts running the perilous border gauntlet: “We walked from Beitbridge to the river. When we got to the river we crossed the river and the border. After crossing we met guma guma gangs. We were four ladies and three men. The guma guma told the men to go and said

the women should stay behind. When we were left behind we were raped by these men. I was raped by two of them and the other ladies were also raped by two people each. When they finished raping us they searched us and took away some money that we had. They then told us to go.”

The victims, often stripped of all their goods, desperately seeking help in an environment unfamiliar to them. And as a consequence, MSF has only seen 56% of rape cases reported within the crucial first 72 hours of the incident occurring.

The vast majority of these attacks and rapes occur when people cross the border irregularly – a problem that would be eliminated if people could cross legally without a passport but with some other form of valid documentation to assist them in seeking care.

Despite sexual violence occurring consistently along the border between Zimbabwe and South Africa for years now there has been virtually no coherent attempts by relevant authorities to act.

Having crossed the border, these vulnerable migrants risk facing arrest, or remain stranded for days or weeks in overcrowded shelters while applying for asylum. Some try to find jobs nearby or resort to other means to survive.

Their journey often takes them to Johannesburg, where their struggle is far from over. Many of them have no other option than trying to find shelter in derelict buildings, with no water, sanitation or electricity, putting at risk their health and personal security.

In Johannesburg, MSF set up a primary health clinic for these migrants who are often turned away from already burdened South African health facilities because they do not speak the language or don't have the money to for pay the consultations.



South Africa © Darryl Evans



South Africa © REUTERS/Finbarr O'Reilly



Dr Fahad Hendricks (right)

Pakistan © MSF

IN THE FIELD: FAHAD HENDRICKS

Medical Doctor, Pakistan

Your first mission with MSF was in a region known for tensions and politically driven conflict. How did you adjust to treating people in NWFP where conditions are often difficult?

The adjustment was a lot easier than everyone had said it would be. I think it helped a lot being Muslim myself, and so adjusting to the social norms here and gaining acceptance from the locals was much easier than I imagine it would be for a lot of other people. The situation in Dargai was stable when I had arrived there, so I did not see any war wounded. But chronic diseases abound as do the number of motor vehicle accidents and gunshot trauma cases.

What did you appreciate most about your job and the new environment?

More than anything I was swept up in the genuine enthusiasm of all the MSF staff members, both expatriate and local. It was the first time I had worked in an environment where almost everyone was dedicated to their duty with a passion that I have often found lacking in my old job. Things didn't always happen timeously or with the efficiency of back home but it is more than countered by the sheer energy of everyone in their daily comings and goings. It was addictive and I felt honoured to be a part of such a devoted team.

What were the main challenges working as a doctor there?

Working in an emergency room in Pakistan, there are no ambulance services, no roadside medical assistance after an accident or a shooting. The other massive difference, which I had never dealt with

before was a mass casualty incident. In South Africa you have a triage system where the most seriously injured get transported to the hospital and those with minor injuries are treated on site. In Dargai, when you have a big traffic accident injuring 40 to 50 people, you are the only doctor in the emergency room with two or three nurses and all the patients flow in at the same time. For me that was something I had never experienced before. Part of the challenge was setting up a triage system where you classify patients according to their condition; red, orange, yellow, blue, etc. This was a concept that was unheard in the emergency room in Dargai.

Pakistan experienced an escalation of violence in 2009, how did you cope with it?

There are security briefings every day, you are aware of the political situation and you take the necessary precautions governed by the MSF guidelines. Dargai was very stable compared to the rest of NWFP. We did not have any suicide bombings during the time I was there or large scale politically motivated violence. But in Timurgara, which is in a much more volatile area, there were about three suicide bombings while I was working there. In the last suicide bomb attack 160 injured arrived at the hospital. It does take its toll on the team but also on the townspeople.

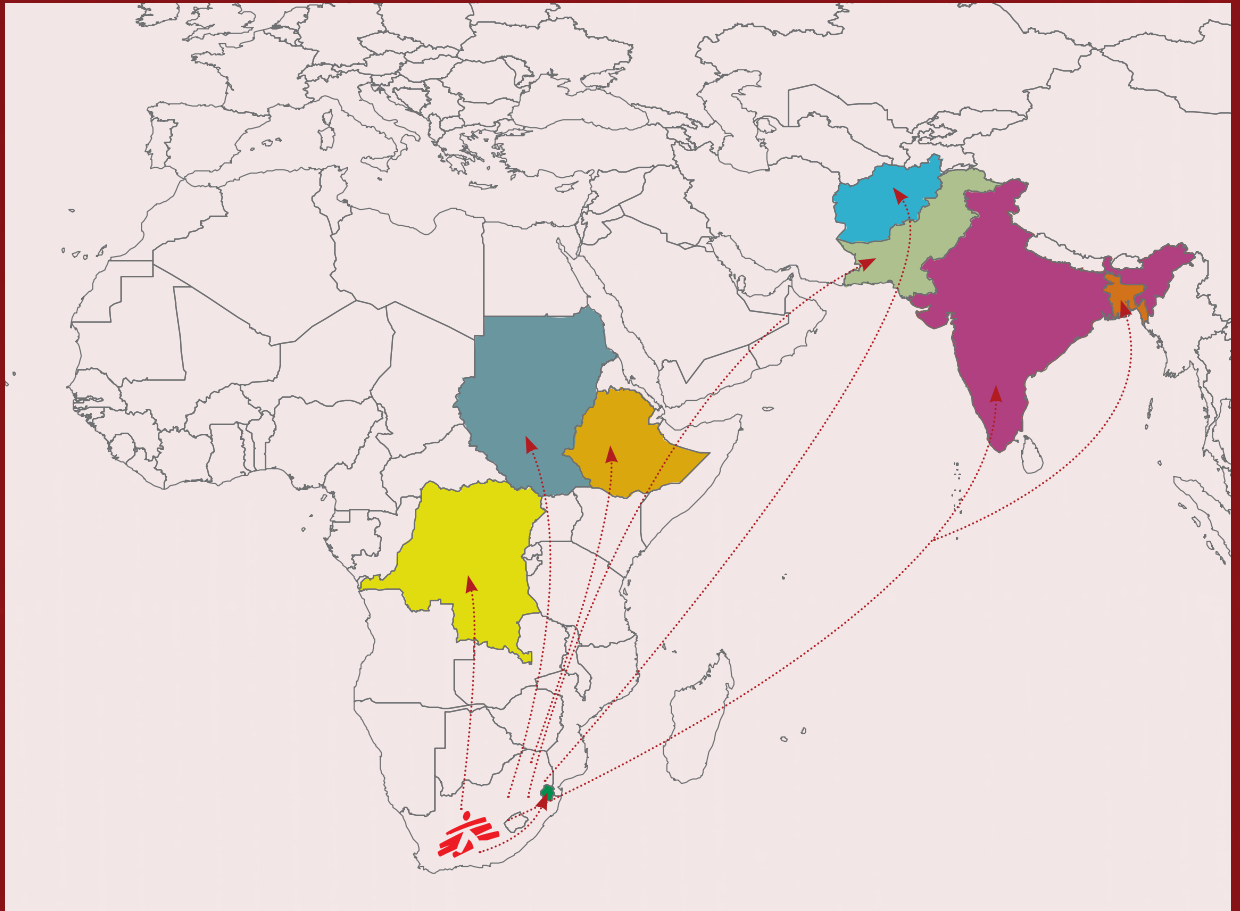
Did you ever doubt your choice to work with MSF in Pakistan?

Not once. This has been a dream of mine for the longest time and I made the most of every minute here. The context was interesting, the politics complex, the security situation uncertain but most importantly, the people were the most welcoming and fascinating I have come across. The need for my particular set of medical skills is huge and so I found the work gratifying.

Fahad Hendricks, aged 30, was born and raised in Cape Town, South Africa. He studied in South Africa and also in United Kingdom. In December 2009, Fahad joined MSF setting off for Pakistan's often volatile North West Frontier Province (NWFP) for his first mission. MSF is one of the only international organisations present in this region and Fahad worked in the Emergency Room of the Tehsil Head Quarter (THQ) hospital in the busy town of Dargai. He recently returned home after 9 months in Pakistan.

Médecins Sans Frontières / Doctors Without Borders (MSF) is an independent and international medical humanitarian organisation providing medical assistance to people affected by armed conflict, epidemics, natural or man-made disasters without discrimination based on race, religion, politics or gender. MSF is committed to bearing witness and speaking out about the plight of the populations in distress we assist.

For more information visit www.msf.org.za



MSF South Africa: Our recruits on missions in the field in 2010

Africa:

1. Dr Hermann Reuter – **Swaziland** – HIV/ TB Doctor
2. Dr Martha Bedelu – **Swaziland** – MDR TB Doctor
3. Jaquiline Dallimore- **Swaziland** – TB Nurse and mobile clinics
4. Dr Angela Muriuki – **DRC** – Doctor with Obstetrics and Gynaecology
5. Marilize Ackermann – **DRC** – Administrator / Finance and Legal
6. Dr Kathryn Chu – **DRC** – Surgeon
7. Candice Cronje – **South Sudan** – Nurse / Midwife
8. Mohammed Faheem Araie – **South Sudan** – Supply Manager
9. Virginia Kinyanjui – **Ethiopia** – Nurse / Midwife

Asia:

10. Kate Ribet – **Afghanistan** – Communications Officer
11. Brendan Curie – **Afghanistan** – Logistician
12. Jonathan Whittall – **Afghanistan** and **Pakistan** – Deputy Head of Mission
13. Mohammed Golo Abdi – **Pakistan** – Operating Theatre Nurse
14. Dr Fahad Hendricks – **Pakistan** – Emergency Room Doctor
15. Dr Yashoda Manickchand – **Pakistan** – Emergency Room Doctor
16. Emmanuel Fajardo – **India** and **Bangladesh** – Laboratory Expert