

MAMELA

DOCTORS WITHOUT BORDERS (MSF) SOUTHERN AFRICA

ISSUE 35 / JULY 2025



THE QUIET FIGHT

HIDDEN HEALTH CRISES



WE GO WHERE NEEDED
WORLDWIDE

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1. MSF health promoter Aisha B. accompanies 80-year old Aisha G. to the MSF clinic in Adré transit camp, eastern Chad. © ANTE BUSSMANN/MSF

2. Aliyanesa Nkunya (middle) attends a chemotherapy session at the Queen Elizabeth Central Hospital in Blantyre, Malawi. © DIEGO MENJIBAR

3. Nicole Gazard pictured in Pibor County, South Sudan where she and the MSF team were looking to deliver medical assistance to nomadic cattle herders. © TADEU ANDRE

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COVER CREDITS

Ibrahim Mohammed, 73, displaced from Al Jazirah State, receives care at MSF's cholera treatment unit in Al Gedaref city, Sudan. © FAIZ ABUBAKR/MSF



EXCLUSION FROM HEALTHCARE
SOUTH AFRICA

NON-COMMUNICABLE DISEASES DESERVE OUR URGENT ATTENTION

There are massive differences in how people live and thrive in different parts of the world. At times, we tend to forget or look the other way when we see someone suffering. Worse still, we may place the blame on the individual or group affected. As a result, a lot of human suffering is hidden, ignored, or goes unnoticed.

To me, being a humanitarian means looking at the most vulnerable and the most neglected people and trying my best to contribute towards easing some of this burden. My work with Doctors Without Borders has shown me that the fight against suffering goes beyond emergencies; slow-burning crises like non-communicable diseases (NCDs) demand equal attention.

NCDs are diseases that cannot be directly transmitted between people, like heart attacks and hypertension, asthma, diabetes and cancer, and many are chronic, meaning that they affect people for life. In many humanitarian contexts, health responses are built around urgency: trauma wounds, cholera outbreaks or malnutrition, but NCDs are often overlooked until it's too late.

Approximately 74% of deaths worldwide are NCD related. Diabetes and



hypertension are often called silent killers because the disease develops slowly; the symptoms are more insidious and many people only realise they have the disease once complications develop. These diseases profoundly affect people, especially in rural areas with poverty, limited transportation and poor access to health facilities. These conditions require long-term care and follow-up, but many people are unable to access consistent treatment, leading to complications such as diabetic foot, cataracts, kidney failure, stroke and even death.

In South Africa we're currently rolling out a vital health project in Butterworth, Eastern Cape, in collaboration with the Eastern Cape Department of Health. Launched in October 2023, the initiative focuses on tackling the growing burden of NCDs in the Amathole District, where

conditions like type 2 diabetes and hypertension are responsible for nearly half of all recorded deaths.

Diabetes and hypertension are the second and third leading causes of death in the Eastern Cape, according to 2020 data from STATS SA, only next to COVID-19. They are often undiagnosed and uncontrolled, leading to complications.

In response to this, during health promotion sessions in the community, we try to raise awareness of the risk factors and symptoms of NCDs. We've heard troubling stories, like a patient who had to travel from the Eastern Cape to Cape Town (over 1000km) just to access diabetes medication. These stories expose a serious disconnect between communities and the health systems meant to serve them.

In this issue of *Mamela*, we explore other neglected, under-reported, silent, or hidden medical crises that highlight why our humanitarian care is needed beyond immediate emergencies.

Dr Jan Krisna Rodriguez is part of the medical team in Butterworth, Eastern Cape, South Africa.

ABOUT DOCTORS WITHOUT BORDERS (MSF)

Doctors Without Borders (MSF) is a global network of principled medical and other professionals who specialise in medical humanitarian work, driven by our common humanity and guided by medical ethics. We work together in teams, small and large, to respond to the medical needs of people affected by conflict, disasters and epidemics and people excluded from healthcare.

We strive to practically provide medical care that matches the realities of patients, adapting care in order to be relevant and specific. At times, this may include partnering with other individuals and organisations, and working with local experts. MSF team members are on the ground, working directly for and alongside patients, every day.

We bear witness and describe what is happening, to raise awareness about the experiences of the people we assist and the situations where we work. We alert the public to emerging crises, acute emergencies and serious challenges, such as exclusion from healthcare. We mobilise support for MSF's work and social mission. We communicate to provoke change.

MSF PRINCIPLES



WE ARE INDEPENDENT,
IMPARTIAL, NEUTRAL



WE ARE
A NETWORK



WE GO WHERE
WE ARE NEEDED



WE BEAR
WITNESS



WE SPEAK OUT



WE GO WHERE NEEDED
GLOBAL | PALESTINE

NEWS FROM THE GLOBE

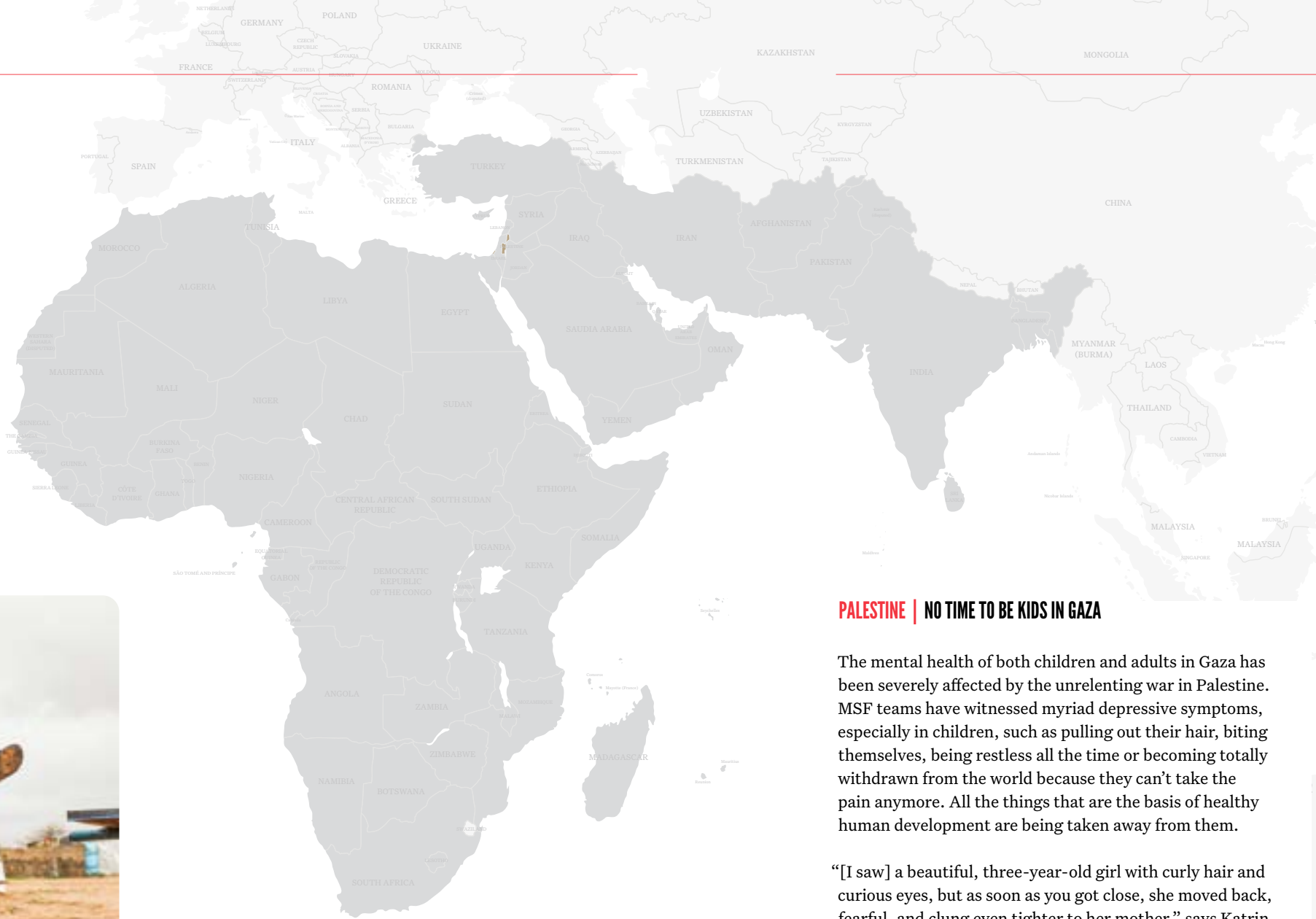
**OUR WORK FOCUSES ON PREVENTING THESE
CRISES FROM FADING INTO SILENCE BY
MAINTAINING GLOBAL ATTENTION.**



GLOBAL | HUMANITARIAN FUNDING CUTS WILL COST LIVES

Since the start of the Trump administration, the United States has terminated much of its funding for global health and humanitarian programmes. The US has long been the leading supporter of humanitarian aid, responsible for around 40% of all related funding. Abruptly ending this support is already having devastating consequences for people who rely on aid, including people at risk of malnutrition and infectious diseases and those trapped in humanitarian crises.

“We are an emergency response organisation, but we have never seen anything like this massive disruption... The risks are catastrophic, especially since people who rely on foreign assistance are already among the most vulnerable in the world,” says Avril Benoît, MSF executive director in the US. In South Africa, vital HIV and TB services are being particularly disrupted. Healthcare workers are losing jobs,



1. MSF health promoter Aisha B. accompanies 80-year old Aisha G. to the MSF clinic in Adré transit camp, eastern Chad. © ANTE BUSSMANN/MSF

and patients are facing longer waits at clinics or missing care

altogether. MSF does not accept US government funding, so we are not directly affected by these changes. We remain committed to providing medical care where it is needed most, however, no organisation can do this work alone.

We work closely with other organisations to deliver services, and many of our activities involve programmes that have been disrupted. It will be much more difficult and costly to provide care when so many ministries of health have been affected globally, and there are fewer community partners overall. We also face fewer places to refer patients for specialised services, as well as shortages and stockouts due to hamstrung supply chains.

This is a full-scale humanitarian catastrophe, and it demands immediate action, cooperation, and a global approach that prioritises the lives of people above all else.

PALESTINE | NO TIME TO BE KIDS IN GAZA

The mental health of both children and adults in Gaza has been severely affected by the unrelenting war in Palestine. MSF teams have witnessed myriad depressive symptoms, especially in children, such as pulling out their hair, biting themselves, being restless all the time or becoming totally withdrawn from the world because they can't take the pain anymore. All the things that are the basis of healthy human development are being taken away from them.

“[I saw] a beautiful, three-year-old girl with curly hair and curious eyes, but as soon as you got close, she moved back, fearful, and clung even tighter to her mother,” says Katrin Glatz Brubakk, an MSF psychotherapist. “First, the family were bombed, and the girl was injured. Then they didn't have enough food, and her little sister, just one year and two months old, starved to death. After that, this little girl started to cling to her mother constantly.”

The horror of this war will live on in children for years to come, which is why we remain committed to providing mental health support for all victims of conflict.



**MSF supported facilities implementing the
WHO recommended treatment decision
algorithms have seen:**



TACTiC
Test Avoid Cure TB in Children



GLOBAL | CLOSING THE GAP IN CHILDHOOD TB CARE

Alarming, every three minutes across the globe, a child dies from TB, a preventable and curable disease. Thanks to dedicated donors like you, our TACTiC (Test, Avoid, Cure TB in Children) project is bringing lifesaving TB diagnosis and treatment to children across Africa and Asia by implementing the World Health Organization's (WHO) paediatric TB care recommendations. As a result, more children are being accurately diagnosed and started on treatment at MSF projects!

In 2022, WHO revised its guidelines to improve the diagnosis, treatment, and prevention of TB in children and adolescents. If these recommendations are globally adopted, they could save thousands of young lives. TACTiC helps countries put these best practices into action by supporting health workers, generating research, and advocating for policy change. The WHO estimates that 1.25 million children and young adolescents fall ill with TB each year, but only half are diagnosed and treated. TACTiC is working to close this gap and give every child a fair chance at life.

IN NUMBERS - IN 2024



23,400

**PEOPLE WERE STARTED
ON TREATMENT FOR TB
IN MSF PROGRAMMES**

MSF psychologist, Marwa Abu Al Nour, gives mental health support to a group of children in Gaza through play therapy. © MSF



HUMANITARIAN
SUDAN

SUDAN, A FORGOTTEN CRISIS

CONFLICT IN SUDAN HAS TRIGGERED ONE OF THE WORST HUMANITARIAN CRISES IN MODERN HISTORY, AND NO ONE SEEMS TO BE TALKING ABOUT IT. OVER HALF THE POPULATION IS IN URGENT NEED OF AID, AND FAMINE HAS BEEN DECLARED IN MULTIPLE LOCATIONS. WE NEED TO TALK ABOUT SUDAN.



Since April 15, 2023, when fighting erupted between Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF), Sudan has spiralled into one of the worst humanitarian disasters of our time. Over 50 million people are caught in the crossfire, with 60% needing humanitarian aid just to survive.

Compounding the crisis is the near-total collapse of Sudan's healthcare system. Since the outbreak of war, MSF has recorded over 80 violent incidents involving our staff, infrastructure, vehicles, and supplies. Clinics have been looted or destroyed, medicines stolen, and healthcare workers attacked or killed. The WHO reports that over 70% of health facilities in conflict-affected areas are barely functioning or entirely shut down. In Nyala, South Darfur, 26% of pregnant women seeking care are acutely malnourished, highlighting one of the worst maternal and child health crises in the world.

Outbreaks of measles, cholera and diphtheria are spreading rapidly, driven by poor living conditions and disrupted vaccination campaigns. Meanwhile, mental health support and care for survivors of sexual violence remain painfully scarce. "These compounding crises reflect not just the brutality of the conflict, but the dire consequences of the crumbling public healthcare system and a failing humanitarian response," says Marta Cazorla, MSF emergency coordinator.

Nisreen Mukhtar Ahmed, (pictured right), has been displaced several times since the war began. "After the war started, I was shot, and I was displaced from Khartoum to Sennar, then to Al Dinder, and finally to Al Gedaref, where I am now in the school site for internally displaced people," she says. "I don't know where the bullet in my leg came from because there was a lot of crossfire and a lot of fighters. All I cared about at that time was my children."



Displaced families arrive in Tawila, Sudan, fleeing violence, shelling, and rising food prices in El Fasher and nearby camps. © MSF

"MSF's presence in Sudan is about more than simply providing medical aid. It is a reminder to the people of Sudan that they are not forgotten. That someone, somewhere, still cares about them."

- Dr Cathy Branthwaite

"In Sudan, the fighting never feels far away," says MSF paediatrician Dr Cathy Branthwaite, based in North Darfur. "There are people in military fatigues with guns everywhere. The people here have seen their lives torn apart by violence."

As the conflict rages on, famine and hunger are unfolding. According to the UN, Sudan is now the only country in the world where famine has been officially declared in multiple locations. What began in August 2024 with the declaration of famine in Zamzam displacement camp has since spread to 10 more areas, with 17 additional regions now teetering on the edge.

Since April 2023, more than 1.7 million people have sought medical consultations at hospitals, health facilities and mobile clinics MSF supports or is working in. More than 320,000 people were admitted to our emergency wards. Sadly, however, this is a mere drop in the ocean; the global humanitarian system is failing to deliver even a fraction of what's required. "MSF's presence in Sudan is about more than simply providing medical aid. It is a reminder to the people of Sudan that they are not forgotten. That someone, somewhere, still cares about them," says Branthwaite.

#TALKABOUTSUDAN
ON YOUR SOCIAL MEDIA CHANNELS



Nisreen Mukhtar Ahmed was shot in the leg while fleeing.
© CHARLIE KIMILU

HOW IS FAMINE DECLARED?

For famine to be declared by *IPC, three conditions must be met:

1. AT LEAST 20 % OF THE POPULATION IN A PARTICULAR AREA IS FACING AN EXTREME LACK OF FOOD.
2. AT LEAST 30 % OF CHILDREN ARE TOO THIN FOR THEIR HEIGHT.
3. AT LEAST 2 PEOPLE OUT OF EVERY 10,000 ARE DYING EACH DAY DUE TO OUTRIGHT STARVATION OR DUE TO THE INTERACTION OF MALNUTRITION AND DISEASE.

*The integrated food security phase classification (IPC) works together with governments, UN agencies, NGOs and other stakeholders to analyse food insecurity and determine famine.

**Gynecological
Oncology OPD 4c**

HOLISTIC CERVICAL CANCER CARE

SINCE 2018, MSF'S CERVICAL CANCER PROGRAMME AT QUEEN ELIZABETH CENTRAL HOSPITAL IN BLANTYRE, MALAWI, HAS GROWN FROM OFFERING BASIC SCREENING AND TREATMENT TO PROVIDING A COMPREHENSIVE PACKAGE OF CARE, INCLUDING HEALTH PROMOTION, VACCINATION SUPPORT, SURGERY AND PALLIATIVE CARE IN PARTNERSHIP WITH THE MINISTRY OF HEALTH. HERE ARE SOME OF THE PEOPLE WE'VE HELPED.

PHOTOS BY DIEGO MENJIBAR

1. Diagnosis: Each year, more than 3,600 women in Malawi are diagnosed with cervical cancer, the most common cancer among women in the country. Tragically, 60% do not survive—a devastating toll for a disease that can be largely prevented through vaccination against the human papillomavirus (HPV).

2. Chemotherapy: Aliyanesa Nkunya (below, middle) attends a chemotherapy session at the hospital. "Before I started treatment I was in a lot of pain and couldn't eat or sleep at night. Since I have started [chemotherapy], I feel much better," she says.



2



3



4



5



6

3. Peer support: Gathered in a circle, cervical cancer patients learn about the importance of nutrition and healthy eating to promote healing.

4. Screening: A woman steps out of an MSF screening truck in the rural community of Mmaliha, Blantyre District. This mobile clinic allows us to treat patients in hard-to-reach areas.

5. Palliative care: MSF physiotherapist, Vitumbiko Phiri talks with a patient who has just returned from Kenya for radiotherapy, a treatment that is not available in Malawi. Pelvic Physiotherapy is important to prevent vaginal stenosis (narrowing) as part of her recovery.

6. Spousal support: Social worker Kumbukani Kaliwo leads a group session with husbands of cervical cancer patients. Though attendance is low due to work schedules and sometimes limited interest, the sessions have a positive impact on participants through discussions on how the husbands can support their wives.

9



“IF YOU ARE STRONG, NOTHING WILL SHAKE YOU”

THEY DIDN'T KNOW IT AT THE TIME, BUT THE CHOICE TO GET A HEPATITIS E VACCINATION FROM MSF WOULD BE A LIFESAVER FOR MOTHERS NYASEBIT AND NYAKUOLA.



1

“It was on 20 November 2024 that this disease called hepatitis E infected me,” says Nyasebit Chan Khor, 28, a mother of two who relocated to Old Fangak, South Sudan, during the height of a hepatitis E outbreak in the county.

Luckily, Nyasebit had heard about the MSF hepatitis E vaccination campaign aimed at women and girls of reproductive age. “When I arrived in Old Fangak, I found that people had already been vaccinated; I wanted to be vaccinated too,” she explains.

With the outbreak of the less-commonly known disease hepatitis E, there are several factors that can influence its spread and treatment. One is the lack of information or misinformation around the disease, which can deter people from getting vaccinated. Another is that the disease might be misdiagnosed as a more common illness, which is exactly what happened to Nyasebit.

“When I went to the hospital for a blood test [the first time], they told me it was malaria.” After being treated for malaria and enduring two challenging weeks at home, feeling stiff all over, she returned to the hospital, and a blood sample finally confirmed that she had hepatitis E.

Launched in December 2023, the vaccination campaign included multiple interventions to ensure that as many women as possible in Old Fangak and the remote communities of the flooded marshlands across Fangak County could be reached. For Nyasebit, the two doses of the three-dose vaccine she received from our teams helped lessen the severity of her infection.

Globally, hepatitis E is the leading cause of acute viral hepatitis, affecting an estimated 20 million people and resulting in about 44,000 deaths annually. It's often spread through contaminated

food and water. Large outbreaks usually happen where water and sanitation facilities are inadequate, such as in mass displacement camps. Unfortunately, there's no specific treatment for hepatitis E, which can have a fatality rate of up to 25% among pregnant women and poses increased risks of miscarriages and stillbirths.

Now, Nyasebit has put some distance between herself and the struggles of recent years. She encourages women to be strong, “Because if they don't get strong, what affects them will not go away easily,” she says. “If you are strong, nothing will shake you.”

For Nyakuola Nguot Gang, a 40-year-old mother of six, her experience was just as challenging. She had given birth to all her children in MSF's long-standing maternity ward in the far north of South Sudan, where she lives with extended family. Her youngest, daughter, Nyamuch, was born on 1 January 2025.

“When I arrived in Old Fangak, I found that people had already been vaccinated; I wanted to be vaccinated too.”

“I almost lost my life while I was pregnant in September,” says Nyakuola. “I was diagnosed at the hospital. I thought it was only symptoms of my pregnancy, because my body was aching and I had a fever. I went for a blood test and that's when the hepatitis E was discovered.”

Nyakuola's pregnancy meant that she was in the highest-risk category if she caught hepatitis E. Deaths had already occurred in the community since the outbreak was first declared in Old Fangak. The virus had continued to circulate due to a lack of a sustainable clean water supply and waste management in the flood-affected region.



1. Nyasebit Chan Khor received two hepatitis E vaccine doses from MSF after moving to Old Fangak in 2024.
© PAULA CASADO AGUIRREGABIRIA/MSF

2

“I was experiencing abdominal pain, pain in the chest and an infection in both kidneys. This also affects the baby, and the mother feels like the baby wants to come out,” says Nyakuola. “The fate of my baby was the same as mine. If I died, the baby would've died.”

But Nyakuola had the advantage of being vaccinated before she conceived. She wasn't fully vaccinated, but had managed to participate in two of the three MSF campaign rounds.

“The vaccination announcement was explained in the whole area. People came to us here to campaign and to give us information. People in this community were vaccinated, all girls starting from the age of 15 and above. We were all vaccinated,” says Nyakuola.

“It was a personal decision to get vaccinated although other people did not want to receive their vaccination. Those who lived in the city or town before knew the importance of the vaccine, but others did not. Those who have witnessed people who have been vaccinated and live have made the decision to also get the vaccine.” In line with all the other services MSF provides, the vaccination was free.

“I thank and appreciate MSF. If it wasn't for MSF I wouldn't be here today,” she says. For a family like Nyakuola's it would be impossible to stay healthy without free healthcare. Your dedicated support saves lives like this every day.

2. Women queue to receive hepatitis E vaccines at Hai Matar, Jonglei State, South Sudan. © GALE JULIUS DADA/MSF

3. Nyakuola Nguot Gang sits with MSF midwife on duty, Duol, and midwife assistant Dor, after giving birth to her daughter Nyamuch on 1 January 2025 in Old Fangak. © MSF



3

DID YOU KNOW? IN 2024



58.5%
OF MSF'S
492 PROJECTS
WERE BASED IN AFRICA.



WE BEAR WITNESS
NIGERIA | CENTRAL AFRICAN REPUBLIC | SUDAN | LEBANON

STAFF VOICES

FROM DIABETES TO CHOLERA AND SEXUAL VIOLENCE, OUR PROJECT STAFF SHARE THEIR EXPERIENCES OF TREATING MEDICAL CONDITIONS THAT ARE OFTEN NEGLECTED OR UNEXPECTED.



ALAIN NDIKUNDAVYI | PROJECT COORDINATOR, NIGERIA

I saw the pain and loss a cholera outbreak in remote communities in Ebonyi State, Nigeria when I was a project coordinator there. Though the outbreak has passed, the memories of this difficult time remain. Every day, patients came in weak, dehydrated and scared.

We had to act fast. One family lost two members, but luckily we managed to stabilise the rest of them. Seeing the patients recover and smile again gave me hope.

Collaboration between MSF and the Ministry of Health helped set up treatment centres and bring critical care to the affected areas enabling a speedy end to the outbreak. The experience taught me that quick action, teamwork and compassion can save lives.



ZEINAB HAMMOUD | COUNSELLOR, LEBANON

I may be unable to change the settings in which the patients are living in, but I can definitely influence their mindset so they can better cope with their diabetes.

I remember a patient that came regularly to the clinic several months ago with uncontrolled blood glucose. He was struggling to stick with his treatment.

So, during one session we had together, I asked him about his motivation. His eyes lit up as he began to speak about his daughters who, at the time, were still in Syria. For this man, thinking of his two daughters gave him the motivation to improve his blood sugar.

Understanding our patients is in no way less significant than giving them information about their disease.



MARK MCNICOL | MSF DOCTOR, SUDAN

A woman arrived at the hospital with the worst ankle infection I've seen after she had been bitten by a snake four or five years before.

She had been through years of pain, and the strong odour from the infected tissue meant that she was also facing stigma in the community. It was clear that antibiotics were not going to be enough; amputation was the only way to stop the infection from spreading.

This was a complicated decision, as it meant she would have to rely on crutches in an area where almost all travel is done by foot. The operation went smoothly, but the impact of being bitten is going to be with her for the rest of her life.

"Snakebites are a neglected health crisis, and an ambitious approach is required to tackle it."

– **Mark McNicol**
MSF Doctor

Aguek Deng, 14, accompanied by her mother, Achol Ngor, is treated for a snakebite on her arm at Agok Hospital in South Sudan
© FANNY HOSTETTLER/MSF



VERONICA EMEH | THEATRE NURSE, NIGERIA

I always say that noma is a wicked disease. Noma is an infection that affects the face, eating the soft tissues and often destroying the bones completely. Many patients come from poor communities and can't afford the cost of travelling to see a doctor, so by the time they do, the damage is often severe.

One of the most memorable patients was a young boy whose nose was completely gone. He was discriminated against and bullied in his community; he stopped going to school because of his condition.

After receiving lifesaving care, most people didn't recognise him. There is nothing more joyful than when you see a patient who came to us with facial deformities and has had aesthetics and function restored.



LIEVIN SHANYUNGU | MENTAL HEALTH MANAGER, CAR

In Bambari, Central African Republic, as part of our care for sexual violence cases, we counselled a teenager who was experiencing several symptoms of post-traumatic stress after being raped by two strangers a month prior.

Once we completed three counselling sessions, she shared: "All I could think about was death, I no longer wanted to live or go back to school. I thought the rape was my fault because I went to the field alone that day.

"Thanks to the various sessions I had with you, I've regained my zest for life, and I've returned to school. I can once again walk with my head held high within my community because the blame for my incident lies with the perpetrator, not me."

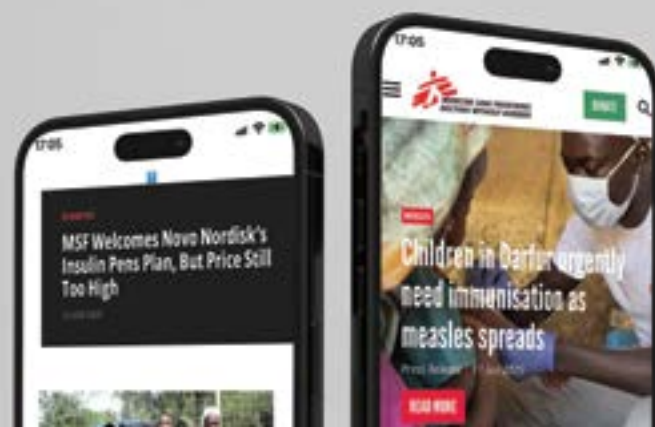


JOHN CANTY | PROJECT COORDINATOR, SUDAN

One day, a community leader arrived at our most remote clinic after a two-day donkey journey with a dire message: a measles outbreak had claimed numerous lives in his village, and more were falling ill. Could MSF help? Once travel was safe, we quickly loaded medical supplies onto camels and donkeys. On arrival, our team went house to house checking on children and starting treatment.

When the outbreak was brought under control, we continued to neighbouring villages in the area. By the time I left six weeks later, MSF had treated over 3,000 measles cases, many in unvaccinated children under five. Many children have missed out on their vaccinations due to the fighting, but a measles vaccination campaign followed in collaboration with the Ministry of Health.

STAY CONNECTED
WITH US AT
WWW.MSF.ORG.ZA



**YOUR SUPPORT ALLOWS US TO
BRING ATTENTION TO FORGOTTEN
& NEGLECTED HEALTH CRISES.**

THANK YOU FOR YOUR HUMANITY



IN 2024, YOUR DONATIONS HELPED
MSF TEAMS ASSIST OVER
16.4 MILLION PATIENTS
WORLDWIDE. THANK YOU!



OUR TEAM
DEMOCRATIC REPUBLIC OF CONGO

BREAKING THE SILENCE ON SEXUAL VIOLENCE

MSF MIDWIFE HANNAH EFRAT VOLTMER SHARES SOME OF THE ESSENTIAL WORK OUR TEAMS ARE DOING TO TREAT AND COUNSEL SURVIVORS OF SEXUAL VIOLENCE.



“One of the most important pieces of information for people is where the nearest free medical assistance is located.”

(left) Since 2017, MSF has supported the Kananga Referent Hospital with surgery for violent trauma, and care for survivors of sexual violence and conflict-related trauma.
© CANDIDA LOBES/MSF

(below) Hannah Efrat Voltmer, MSF midwife, has provided life-saving care to mothers and newborns in Iraq, the Central African Republic, and now the DRC.
© HANNAH EFRAT VOLTMER

It's just before 8am at our clinic in Kananga, Democratic Republic of Congo, where we provide medical, psychological and social assistance to survivors of sexual violence. And we're dancing. Our bodies move, full of emotion. The music and dance in the morning are a way for the team to create cohesion and strength because we know that the day ahead will challenge us emotionally and psychologically.

In treatment room 1, a healthcare worker examines a woman in her early 50s. Her personal belongings were stolen and her clothes torn in several places. While her wounds are being tended to, she shares that she was stopped on the road by armed men who then sexually assaulted her. She is given fresh clothing as well as medication. Treatment room 2 is also already occupied; a midwife is giving comfort and medical care to a seven-year-old boy who was sexually abused by his teacher.

This morning, our health promotion team will visit several communities in the surrounding villages and hold

engaging information sessions about sexual violence with the help of music, loudspeakers and support materials. One of the most important pieces of information for people is where the nearest free medical assistance is located. The next thing is the important 72-hour window for receiving HIV post-exposure prophylaxis (PEP).

Nearly two-thirds of survivors of sexual violence do not reach our medical assistance until well after the 72-hour window, which is extremely important for preventing infections and unwanted pregnancies. For children, the reason for the delay in seeking help is often fear. They are also afraid of the consequences of telling their parents about what they have experienced.

Our data show we are reaching significantly fewer male survivors with our medical care, even though we know that there is a great need. Male survivors also often mention pride as a reason for delaying looking for care after a sexual assault.



Sexual violence is often experienced in private spaces such as one's own home or the home of the perpetrator. It is not uncommon for survivors to report multiple perpetrators. Sexual assaults also often take place in public spaces, at the market, on the road, at school, in a field, in displacement camps or when people flee.

We know we're only reaching the tip of the iceberg. For so many people here, barriers exist that put adequate medical care out of reach.



WE ARE A NETWORK
SOUTH AFRICA

FROM MSF DONOR TO MSF STAFF MEMBER

MSF COMMUNICATIONS MANAGER NICOLE GAZARD REFLECTS ON HER UNIQUE JOURNEY FROM BEING AN MSF DONOR TO BECOMING PART OF THE TEAM.



1. Nicole with colleagues Saahiel Nishand and Tadeu Andre in Boma, South Sudan.
© TADEU ANDRE

2. Nicole interviews MSF nurse Martha Korok, one of the first female nurses in Boma.
© TADEU ANDRE

3. Nicole and the MSF team were looking to deliver medical assistance to nomadic cattle herders in Pibor country, South Sudan.
© TADEU ANDRE

I started donating to Doctors Without Borders (MSF) in March 2011. I signed up because I resonated with the organisation's tenacity and commitment to impartiality, independence and going where the needs of people are greatest. I had always admired the work MSF did in all corners of the globe. Little did I know that nine years later I would be working for Doctors Without Borders in Johannesburg.

I got butterflies in my stomach when I saw the vacancy for a position in the communications department; this felt like a job made just for me. I had been itching to enter the NGO space, but a chance to work at one that I already supported seemed serendipitous. I spent hours on my CV and cover letter, and 10 hours completing the test that they sent.

By the time I got to the interview I was beyond nervous. Luckily, I got a call from HR the following day – a Friday – to offer me the role and could I start on Monday? Yes! Of course I could. That was 2 March 2020, just 3 weeks before South Africa went into a COVID-19 lockdown.

My job quickly made me realise how much I did not know – not only about the world, politics and medical humanitarian issues, but also about the scope of what Doctors Without Borders does. It was

overwhelming, and I spent hours reading reports, books, articles, press releases and blogs from MSF staff, patients and advocacy teams. The breadth of MSF's work over the last 50-plus years is, quite frankly, mind-blowing. Millions of people's lives are impacted every year that we continue to exist. Hundreds of thousands of people are given access to medical care – for myriad health conditions, injuries or illnesses. Our work saves lives every single day.

“Millions of people's lives are impacted every year that we continue to exist. Our work saves lives every single day.”

When I arrived at the office, I was fascinated to meet so many people who had been with MSF for 10, 12, even 20 years. I couldn't believe that anyone could stay in a job that long! Now I understand why. MSF's principled actions, the dedication to our patients and communities, the passion that sparks endless heated debates – coupled with the ever-growing needs around the world – keeps you fully committed.

Being a donor and an employee means that I have a granular understanding of the impact I make, and I wish that all our donors could see how far their donations travel. I ask you to trust me when I say that your contribution, no matter how small, makes a difference to people who have absolutely nothing. When there is no food, water, shelter or medical care, we will be there. Often, we are the only lifeline for people, especially in conflict areas.

More than 97% of our funds come from individual donors like you and me. How incredibly inspiring and empowering is that? In these uncertain times where humanitarian aid is being slashed and people's lives literally hang in the balance, we need individual donors more than ever to keep our independence alive.

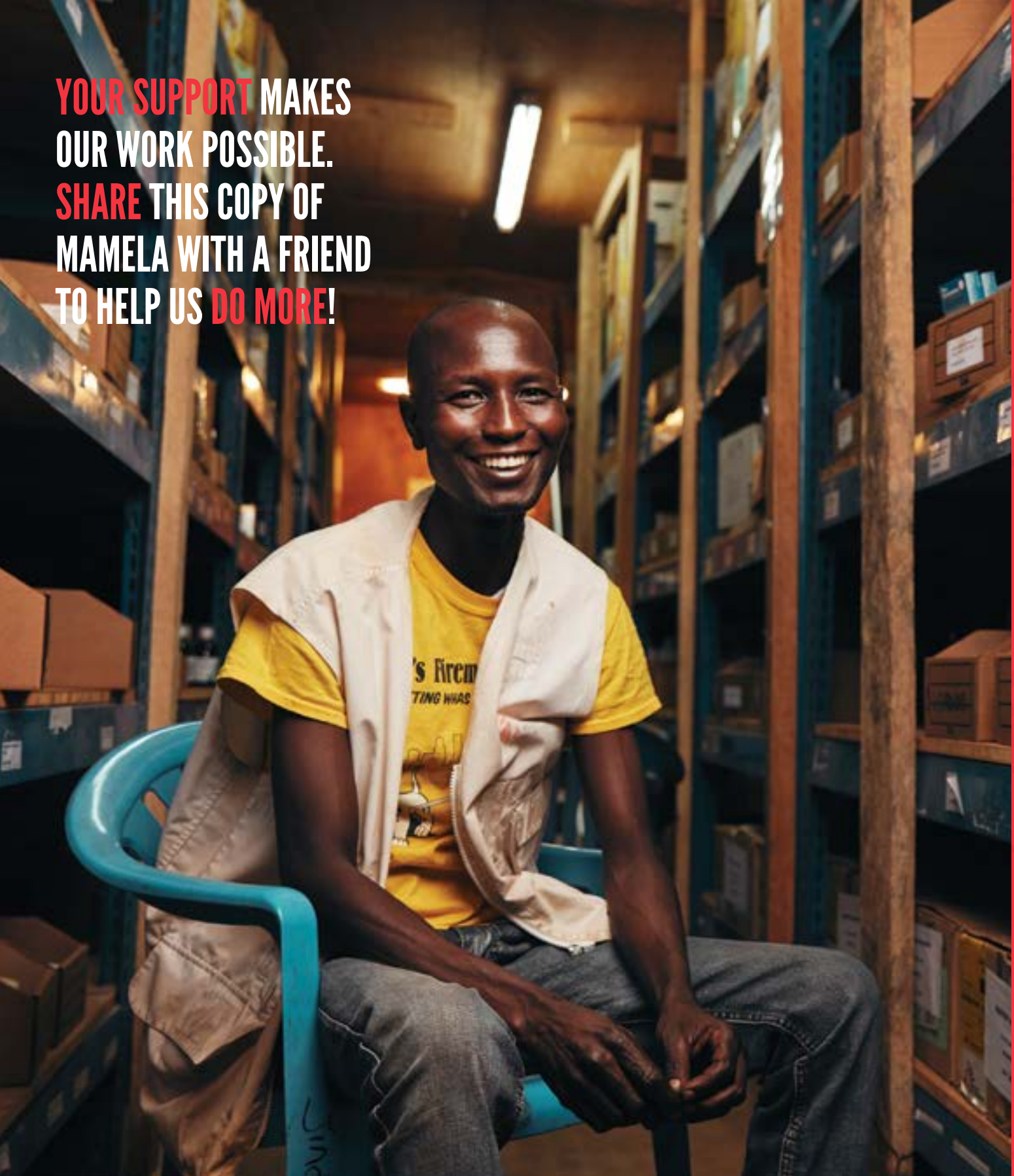
If you're ever in doubt about the impact you're making, pretend you just got hired as a new communications specialist and start learning more about what MSF has been able to do in 50 years, thanks to the generosity of donors like you.

DID YOU KNOW?

97%

OF DOCTORS WITHOUT BORDERS (MSF) FUNDS COME FROM INDIVIDUAL DONORS LIKE YOU!

**YOUR SUPPORT MAKES
OUR WORK POSSIBLE.
SHARE THIS COPY OF
MAMELA WITH A FRIEND
TO HELP US DO MORE!**



Andrew Daoud, an MSF pharmacy assistant, was displaced from Sudan with his family in 2011. Now, he helps others rebuild their health one prescription at a time at Doro Hospital in South Sudan
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