MAMELA

DOCTORS WITHOUT BORDERS (MSF) SOUTHERN AFRICA
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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

CELEBRATING THE STORIES OF OUR

YOUNG PATIENTS

OUR 5 GOALS FOR GLOBAL CHILD HEALTH

HOW PLAY ENABLES CHILDREN TO HEAL

YOUNG PATIENTS OUR STAFF WILL NEVER FORGET

WE GO WHERE NEEDED
WORLDWIDE

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Hawa'u brought her son to an MSF clinic in Zamfara State, Nigeria, where they discovered he had malaria. © ALEXANDRE MARCOU

Insulin pens are changing the way children like 6-year-old Siwar (middle) live with diabetes. © CARMEN YAHCHOUCHI

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

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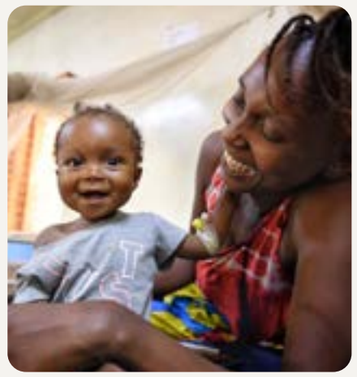
ON THE COVER

Ramatu Kamaraplays with her daughter, who is feeling much better after being treated at the MSF-supported Magburaka hospital in Tonkolili, Sierra Leone. © MOHAMMED SANABANI



OUR TEAMS
SOUTHERN AFRICA

CELEBRATING THE RESILIENCE OF OUR YOUNG PATIENTS

Reflecting on almost a decade of being part of MSF, I'm reminded of the countless young patients we treat at our projects around the world. These projects are not just about providing medical care, they are about bearing witness to the determined spirit of children in some of the harshest of circumstances. Children under 15 years of age make up more than 60 percent of patients in our projects, and many arrive in a critical condition or the late stages of an illness.

Children are the future, and their wellbeing is crucial for the stability and development of their communities. In conflict zones and areas hit by disasters, children suffer the most, both physically and mentally. Providing targeted care for them is essential to mitigate the long-term impact of these traumas and help them build a better future. At MSF, we strive to make a difference, but the support of the international community is vital to sustain and expand these efforts.

The need for long-term donors like you to address the health and wellbeing of children affected by war, malnutrition and famine cannot be overstated. The global landscape

© MSF

is rife with ongoing conflicts in places like Gaza, Sudan and Nigeria, creating widespread and urgent needs. While MSF and similar organisations advocate for the people affected, broader support and intervention are essential to provide comprehensive care and prevent future crises.

In regions like Afghanistan, we also face post-conflict challenges, such as transportation and the need for rehabilitation services. Collaborating with other NGOs to provide comprehensive care, including prosthetics and physical therapy, is often necessary to address the severe injuries sustained by children. The lack of resources and accessibility in these regions exacerbates the difficulties faced by young patients, highlighting the need for infrastructure development.

Despite myriad challenges, there are always success stories that highlight the resilience of children and the importance of early intervention. In Sierra Leone, we witnessed children recovering from severe cerebral malaria, leaving the hospital healthy and underscoring the lifesaving impact of timely medical care. However, the emotional toll of seeing many children succumb to their illnesses is significant, affecting both the staff and the families involved.

In this issue of *Mamela* you will read more about the challenges, heartbreak and joy that come with treating young patients around the world. As someone who has completed 10 assignments around the world, I can tell you that there are so many children you never forget; children who amaze you with their strength in incredibly difficult times.

I can also tell you that your support is more important than ever in helping us respond to millions of children who are in desperate need of medical humanitarian assistance.

Thank you for allowing us to secure their futures.

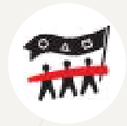
ABOUT DOCTORS WITHOUT BORDERS (MSF)

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
KENYA | NIGERIA | MADAGASCAR

NEWS FROM THE FIELD

FROM NUTRITION PROGRAMMES TO TREATING MALARIA AND PROVIDING MENTAL HEALTH CARE, THERE ARE SO MANY WAYS WE'RE TRYING TO MAKE CHILDREN HEALTHIER.

Curtis (left) and David (right) paint a mural on the wall of the Dandora Youth Friendly centre in Nairobi, Kenya. © Lucy Makori

KENYA | YOUTH FRIENDLY CENTRE REPORTS REMARKABLE IMPACT

With numbers just in, we are proud to report that in 2023, MSF supported 21,661 youth at the Dandora Youth Friendly Centre in Nairobi, Kenya. Since opening in 2021, the Dandora Centre has continues to provided a safe space for young people aged 10 to 24.

"Safe spaces enable you to express yourself freely without fear of contradiction, intimidation, coercion, or anything else," explains Daniel Katavi, a young man benefiting from the centre's services.

Beyond medical care, the centre offers a range of social support services, including health educational talks, life skills and mentorship training, career development training, computer classes, library services, recreational activities like pool and board games, and linkages to other organisations.

In general, parents and caregivers actively support their children's involvement. "I trust the information here. I know my 12-year-old son receives health education when he comes to the clinic," says Purity Toyo, a parent. "I believe he may be more open to speak about issues he goes through with the healthcare workers in the clinic than with me sometimes."

YOUR SUPPORT AT WORK IN KENYA, 2023

11,500 MENTAL HEALTH CONSULTATIONS CONDUCTED

1. The health promotion team in Maiduguri, northern Nigeria sees an average of 115 children per day. © Ehab Zawati

NIGERIA | RECORD ADMISSIONS OF SEVERELY MALNOURISHED CHILDREN

MSF inpatient facilities in northern Nigeria are recording an alarming increase in admissions of severely malnourished children with life-threatening complications, doubling last year's numbers in some areas. More concerning is that the high influx of patients, and the increase in acute malnutrition that accompanies it, is occurring before the usual peak in July.

"We've been warning about the worsening malnutrition crisis for the last two years. 2022 and 2023 were already critical, but an even grimmer picture is unfolding in 2024. We can't keep repeating these catastrophic scenarios year after year. What will it take to make everyone take notice and act?" says Dr Simba Tirima, MSF's Country Representative in Nigeria.

The crisis is driven by factors like inflation, food insecurity, insufficient healthcare, security issues and disease outbreaks worsened by low vaccine coverage. Since 2021, MSF has been scaling up our malnutrition response but, sadly, despite the severity, the humanitarian response remains inadequate.

2. The Ikongo district is one of the most severely affected by malaria, with a high prevalence of malnutrition among children. © Coralie Mulliez

MADAGASCAR | CLIMATE CHANGE AT THE HEART OF A MALARIA CRISIS

The Ikongo district in Madagascar is struggling with a dual crisis of malaria and malnutrition, worsened by geographical challenges.

"We have at least one new case of a malnourished child who also suffers from severe malaria every week during the rainy season," says Dr Nantenaina from the Intensive Therapeutic Feeding Centre (ITFC) operated by MSF.

It becomes extremely difficult for people to access health centres during the rainy season, which coincides with peak malaria season, from October to May, due to roads becoming become muddy, flooded and unusable.

"After seeing my son's condition deteriorate, I decided to go to the nearest health centre. To get here, I had to walk for four hours and cross through water, carrying my son on my back," says Soanary the mother of a 4-year-old boy suffering from malnutrition and malaria.

MSF currently supports seven primary health centres and two intensive nutritional clinics. These health centres are used to diagnose and treat malnourished children in the Ikongo district.

WE SPEAK OUT
WORLDWIDE

OUR WISHES FOR CHILDREN WORLDWIDE

Malnutrition activities in Zamzam camp, Sudan. © Mohamed Zakaria

CHILDREN ARE DISPROPORTIONATELY AFFECTED BY HUMANITARIAN CRISES AND, TRAGICALLY, A SIGNIFICANT NUMBER OF THESE CHILDREN SUCCUMB TO PREVENTABLE ILLNESSES. HERE IS OUR 'WISHLIST' FOR ALL CHILDREN, AND SOME OF THE WORK MSF IS DOING TO ACHIEVE THESE GOALS.

Blocking aid is not only inhumane but against the rules of International Humanitarian Law. These blockages are hampering us to effectively deliver care. In places like Gaza and Sudan, blockages of aid are preventing children from receiving timely and lifesaving care.

Since the onset of the conflict in Gaza, pregnant women and children are not receiving the care they need. Although MSF is providing postnatal care in its primary healthcare centres, it is next to impossible to support mothers and their newborns in the critical weeks following birth.

While many women manage to breastfeed effectively, others face difficulties. Formula milk is scarce, and there is a lack of clean drinking water to mix it with or to properly clean bottles. Overall, nutrition and supplies for babies are either completely absent, inappropriate or prohibitively expensive.

"We have the expertise and the means to do much more," says Sylvain Groulx, MSF emergency coordinator, "but today all this remains absurdly impossible. Without the entrance of meaningful humanitarian assistance, we will continue to see more people die."

Around half of preventable deaths in young children are linked to malnutrition. This is because children suffering from acute malnutrition have weakened immune systems and are at far greater risk of death from other diseases.

In war-torn Sudan, MSF is currently the only operational health provider in Zamzam camp – one of the largest and oldest camps for internally displaced people in the country.

"What we are seeing is absolutely catastrophic. We estimate that at least one child is dying every two hours in Zamzam camp."
- Claire Nicolet, head of MSF emergency response, Sudan

In 2022, MSF provided lifesaving treatment to over half a million children suffering from malnutrition, a number that doubled from 2021.

Between 2019 and 2021, a concerning 67 million children missed out on routine vaccinations. This decline is partially linked to the challenges posed by the COVID-19 pandemic.

As a result, many diseases like HIV, TB and malaria have seen resurgences.

"Despite the progress made in expanding global vaccination coverage, nearly 11 million of un- and under-vaccinated infants live in fragile or emergency settings," says Dr Sharmila Shetty, MSF vaccines medical advisor. As a result, we still see low vaccination coverage and outbreaks of preventable diseases, like diphtheria and measles.

We continue to call upon Gavi, The Vaccine Alliance, to ensure that all children up to age five are given the chance to catch up on their vaccinations.

"Gavi must ensure agreements are in place with Ministries of Health so that NGOS can maintain the operational freedom to vaccinate children in hard-to-reach places and have systematic and independent access to Gavi-funded vaccine does", says Alain Alsalhani, head of MSF vaccination working work.

Currently, one-third of the world lacks access to essential medicines, with this figure rising to half in the poorest parts of Africa and Asia.

The situation is dire for children, who struggle to get the right medicines for their age and size. For instance, access to TB care is severely limited, with over half of all children living with TB never diagnosed. Even more alarming, a child dies every three minutes of this preventable and treatable disease.

In 2023 MSF launched a global initiative called "TACTiC" (Test, Avoid, Cure Tuberculosis in Children) inspired by new recommendations from the World Health Organization. This project aims to increase the number of children diagnosed with TB, enhance their treatment experience, and prevent new cases.

Play therapy harnesses the healing power of play to help children, either individually or in groups, navigate and express their emotions, enabling them to process difficult experiences.

In 2022, the play team at MSF's Mother and Child Hospital in Kenema, Sierra Leone, developed a comprehensive Play Therapy Toolkit.

The toolkit explores creating therapeutic spaces, the theory and science behind play and making toys and play activities with limited resources. It is an invaluable guide for project staff, equipping them to initiate play therapy sessions and optimise paediatric care.

"The addition of play therapy was more than just play," says Katherine. "It was understanding the science behind children's stress and coping abilities. It was returning hope to MSF's youngest patients. As we work towards providing holistic healthcare…an investment in play therapy is an investment in the future of children."

IN NUMBERS

60% OF MSF PATIENTS ARE UNDER THE AGE OF 15

WITHOUT ADEQUATE CARE, A CHILD'S EARLIEST YEARS CAN BE THE MOST DEADLY IN MANY LOW-RESOURCE COUNTRIES

First 28 days
In the first 28 days of life, the proportion of newborn deaths sadly continues to increase. The main causes of newborn deaths are prematurity and low birthweight, sepsis and birth asphyxia. The majority of these complications are preventable or treatable.

Under 5s
For children aged 1-59 months, the most deadly threats are pneumonia, diarrhoea and malaria, but these will also often complicated by malnutrition – and vice versa. In the African region, infectious diseases still account for 60% of under-five deaths, many of which are vaccine-preventable.

5-14 year old
This group still face concerning levels of preventable deaths and illness, especially in poorer countries. While infectious disease continues to play a big role, older children can be affected by chronic diseases such as diabetes, asthma and epilepsy, which they will live with for the rest of their lives.

WE ARE A NETWORK
WORLDWIDE

HEALING THROUGH PLAY

IN THE AFTERMATH OF TRAUMA – MEDICAL OR OTHERWISE – PLAY BECOMES A BRIDGE TO RESILIENCE, OFFERING SOLACE AND RESTORATION. HERE, WE SHARE SOME OF THE LIGHT-HEARTED MOMENTS OF OUR YOUNG PATIENTS AT PLAY AS THEY HEAL FROM HURT BOTH VISIBLE AND INVISIBLE.

1. A young woman has some fun with kids collecting water at the Katsikas refugee camp for asylum seekers in Greece. © J

2. Community mental health worker Waleed Ameen uses sport as play therapy for children at Al-Khuseif camp for internally displaced people in Marib, Yemen. © Hesham Al Hilali

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3. An MSF nurse blows up a surgical glove for 2-year-old Sheku Kamara to play with as he recovers from malaria, pneumonia and malnutrition in Hangha Hospital, Sierra Leone. © Peter Bräunig

4. Amaka Joseph, plays with her recovering sons, John and Jerry, who have been treated for malnutrition at Specialist Hospital in Sokoto, Nigeria. © KC Nwakalor

5. Following the death of their father, three brothers receive psychotherapy with MSF psychologist Wissam in the MSF clinic of Nablus, Palestine. © Laurie Bonnaud

6. Raida, 27, a refugee from Somalia shares a joyful moment with her son Abdul, who needs specialised care for paralysis and epilepsy, at an MSF supported clinic on Lesbos Island, Greece. © Anna Pantelia

7. A young boy playfully rolls a hoop in Kinyandoni village north of Goma in the province of North Kivu, in the DRC. © Gwenn Dubourthoumieu

8. Kids enjoy a bit of afternoon table football at the Baobab Wellness Centre - a place of psycho-social wellbeing for refugees in Tongogara camp, Zimbabwe. © Dorothy Meki

HEALTHCARE EXCLUSION
LEBANON

1

INSULIN PENS: A LIFELINE OF HOPE

TRANSITIONING FROM SYRINGES TO INSULIN PENS CAN COMPLETELY CHANGE THE WAY A CHILD LIVES. OUR LONG-TERM PATIENT MOUSSA IS PROOF OF THIS.

Ten-year-old Moussa Al-Beik enjoys typical childhood activities like building Lego blocks, colouring comics and playing football. For many children, this is a normal part of everyday life. For Moussa, however, this represents a triumph over the challenges he faces daily.

Moussa is living with diabetes while navigating the harsh conditions of the town he has been forced to call home.

" The MSF teams helped me a lot and guided me to better deal with the situation, on how to give him the injection, what his lifestyle should be, what to feed him, and what he should do."

In 2013, he and his family fled Syria and found refuge in Arsal, a remote northeastern town in Lebanon. Moussa, together with his parents and four siblings, lives in a single room. Nearly 77,000 Syrian refugees reside here, and the severe living conditions exacerbate the difficulties of managing chronic illnesses.

Initially, Moussa's insulin – supplied by the MSF clinic in town – was administered via a glass vial and syringe by his mother, who constantly worried about dosing

2

3

1. Now 10 years old, the introduction of insulin pens has allowed Moussa more freedom and confidence. © Carmen Yahchouchi

2. Moussa was diagnosed with type 1 diabetes at 6 years old, which is when MSF teams started treating him. © Jinane Saad

3. Moussa's mom, Nada Al-Beik, walks him to the bus stop to get to school. © Carmen Yahchouchi

accuracy. Incorrect dosages can lead to hypoglycemia, a potentially life-threatening condition. Receiving injections at home meant Moussa often missed school, impacting his education, independence and confidence.

Moussa's mother, Nada Al-Beik, recalls their initial struggles with his treatment: "At first, we had to admit him into the hospital since I didn't know a lot about diabetes, insulin and treatment. The MSF teams helped me a lot and guided me to better deal with the situation, on how to give him the injection, what his lifestyle should be, what to feed him, and what he should do."

Syringe injections were painful for Moussa, causing stress and reluctance to take his doses. Since July 2022, however, all children and adolescents undergoing treatment at MSF's clinic for diabetes have been receiving insulin pens from MSF to help control their disease. In the past, many of them, like Moussa, used glass vials and syringes.

Recently, MSF decided to extend the provision of insulin pens to all patients with type 1 diabetes, not just children.

The switch to insulin pens has significantly eased Moussa's challenges, providing a safer, more reliable way to manage diabetes in unstable conditions. He can now inject himself, giving him autonomy and confidence. His mother appreciates the simplicity and precision of the pens, which come pre-filled with insulin, reducing the risk of dosing errors.

"I have been using insulin pens for the last year," says Moussa. "When I don't take it, my sugar level increases, and I get headaches. I take it at home or at school, and even when there's a party. I'm used to it now."

Dr. Beverley Prater from MSF's Arsal clinic highlights the importance of normalcy for children, especially refugee children facing numerous hardships. "Life with diabetes is a challenge at baseline for any of us," she says. "But for people who lack a safe space or proper housing, food security, refrigeration, or access to electricity, insulin pens ease their daily lives and facilitate long-term health. In an unstable life situation, this also allows for hope, for long-term vision of growing up and growing old with diabetes."

MSF has been supporting both the refugee and local Lebanese community in Arsal for the past decade, providing treatment for chronic diseases like hypertension, epilepsy, and diabetes.

DID YOU KNOW?

SOUTH AFRICA IS FACING SHORTAGES OF INSULIN PENS. FIND OUT MORE AT WWW.MSF.ORG.ZA

WE BEAR WITNESS
CENTRAL AFRICAN REPUBLIC | BANGLADESH | DEMOCRATIC REPUBLIC OF CONGO | PALESTINE | CHAD

STAFF VOICES

OUR TEAMS FROM AROUND THE WORLD SHARE STORIES OF YOUNG PATIENTS THAT THEY WILL NEVER FORGET

PELÉ KOTHO-GAWE | NURSE AND PROJECT MEDICAL REFERENT | CENTRAL AFRICAN REPUBLIC

After working at MSF for 10 years, one girl who was seriously injured particularly sticks in my mind.

She needed an operation immediately to survive, but we had to cross 13 military roadblocks to get to the next hospital.

The violence was immense at the time, and the parents were terrified. But we made it and brought the child safely to the hospital.

I leave it to you to imagine the family's joy when the girl was able to return home after four months of treatment.

I am glad that Doctors Without Borders was accepted by all parties to this conflict. Your donations also make this possible. They give us the necessary independence from state or other interests.

DANIEL KHARAZIPOUR | DOCTOR BANGLADESH

Our emergency room was already overcrowded when a father came in with his son in his arms. Two-year-old Samin could not breathe properly.

Samin and his family live in the largest refugee camp in the world with about a million other Rohingya refugees.

The boy looks exhausted and tired. His chest rises and falls rapidly. We examine him, and it soon becomes clear that he has pneumonia. His bronchial tubes are constricted. We immediately took care of Samin, giving him antibiotics, and we showed the father how to put on a mask for the boy to inhale medication.

Eventually, he could breathe more freely, and there was even a smile flitting across his face again. Soon we would be able to discharge him in a stable condition.

EMMA KINGHAN | DOCTOR DEMOCRATIC REPUBLIC OF CONGO

In Walikale, a town in eastern Democratic Republic of the Congo, MSF runs a large mother and child hospital where I worked as the medical activities manager.

One child, about 12 years old, suffering from severe pain and gangrene, left a lasting impression on me. His father had travelled for days through the forest to bring him to us. Despite our efforts and telemedicine consultations, the local weather and security issues delayed his transfer for specialist care. So, we focused on nutrition, antibiotics and wound care while our mental health team supported the family.

After 10 days, he was flown out. Months later, they returned. The boy, once so ill, was now standing and walking, with partial use of his hands. It was profoundly moving to see his transformation.

"Life has essentially stopped while they wait in fear for what feels like the inevitable."
Scarlett Wong, MSF psychologist in Gaza

Young boys of displaced families complete the arduous task of collecting water in Rafah, Gaza
© MSF

SCARLETT WONG | PSYCHOLOGIST PALESTINE

What strikes me about being in Rafah? The stifling sense of being trapped, under drone surveillance. The juxtaposition of high-tech drones circling above flimsy makeshift shelters and barefoot children who fled their homes months ago and have now outgrown their shoes.

The children of Gaza being the cause of both tremendous hope and of deep sorrow. Seeing dozens of colourful homemade kites flying gleefully in the sky alongside planes dropping smoking bombs and gunfire.

Too many stories of well-loved children who leave behind grieving parents and siblings. The kids are used to going to school, their parents are used to going to work. Now, they are living in tents, with no school, no work, no food, no shelter, and life has essentially stopped while they wait in fear for what feels like the inevitable.

MICHAEL MALLEY | PAEDIATRICIAN CHAD

If there is one story that demonstrates the incredible effort and success of MSF's neonatal care unit in Adré, in eastern Chad, it is little Mikaela.

A mother arrived with her premature newborn girl. The team meticulously monitored her vital signs and blood sugar, administered antibiotics and ensured the feeding tube was correctly placed. We also supported the mother, who had escaped a war and given birth prematurely.

Keeping an 800g baby alive required extreme attention to detail and dedication, especially since many team members were not neonatal specialists.

After two months she was fit to leave the hospital. The mother, grateful for the team's efforts, named her Mikaela, after me.

OUR TEAMS
LIBERIA

“I’M PUTTING MY CHILD IN YOUR HANDS”

PAEDIATRIC SURGEON DR NEEMA KASEJE SHARES THE STORY OF YOUNG DIASHA – ONE OF THE MANY MEMORABLE PATIENTS SHE MET WHILE WORKING IN LIBERIA.

Dr Neema Kaseje holds a 5-month-old baby in recovery after receiving intestinal surgery at Bardnesville Junction Hospital in Monrovia, Liberia. © NEEMA KASEJE

When Diasha came down with a high fever, her mother took her to a community clinic in Liberia, where she was diagnosed with malaria. But when the fever didn’t go away and Diasha began to have severe stomach pain, her mother knew something else was wrong.

Back at the clinic, she was told: “You need to take her to MSF. They can help her there.” This is exactly why I started working for MSF. I believe in our commitment to provide medical care to the people who need it most – to those who sometimes walk for days to reach us because we’re the only hospital in the area.

I first went to Liberia in 2018 to join the only paediatric surgery project in the country. The needs were tremendous. Children were suffering from severe burns, hernias, intestinal obstructions and other life-threatening conditions that require special expertise.

In our hospital in Monrovia, I not only performed urgently needed surgeries but also trained my Liberian colleagues. This way they could continue the work after I returned home.

“We’re going to do everything possible to save your child.”

That day in Monrovia, with Diasha’s fever and stomach pain getting worse, I knew we had to act quickly. In the operating room, my Liberian colleagues assisted. After further examination, it became clear that she had acute appendicitis. Luckily, we caught it in time and were able to successfully remove her appendix.

When Diasha woke up, I got to see something new: her sweet smile. Within a couple of days, she recovered and returned home with her very relieved mother.

I could tell you so many stories just like this. Stories of people fighting for their lives in more than 70 countries where our teams are working right now. In Central African Republic, Haiti, El Salvador, Yemen, South Sudan...

I keep a list of every one of the cases I’ve worked on so that I can follow up with my patients and their families. The last time I spoke with Daisha’s mother, I learned that she had returned to school with her twin brother. Diasha is doing well.

The families of our patients often say to me, “I’m putting my child in your hands.” Your support helps ensure that our teams will have the resources we need to look those parents in the eye and confidently tell them, “We’re going to do everything possible to save your child.”

WE ARE A NETWORK
SOUTH AFRICA

THE POWER OF GIVING

INSPIRED BY HER MOTHER’S COMPASSION, SANDRA KHOZA HAS BEEN A DEDICATED MSF DONOR FOR YEARS. SHE EXPLAINS HER COMMITMENT AND WHY SHE HAS NO INTENTION OF STOPPING ANY TIME SOON.

Please tell us more about yourself, Sandra.
I am a 35-year-old South African Black woman. I am an accountant and I enjoy my job, theatre, art galleries, and music, and I love travelling.

You have donated to us since 2018, why the continuous support?
I see the work that MSF does all over the world, and I am glad I am in a small way a part of that. I am aware of the many people who still need help, so I cannot stop. Giving has the power to affect not only a person’s life, but also, their hearts.

Which aspect of our work resonates with you the most?
Providing healthcare to those who do not have access. I hope that my contribution can alleviate this pain for someone somewhere. It is heartbreaking to see people with no access to healthcare suffering, to see a child suffer from a curable disease or sickness or, in some cases, even lose their lives.

In this issue of Mamela, we’re celebrating children. Why do you think child health is important?
Children are vulnerable and must be cared for and protected, as this contributes to the type of adults they become. Caring for children ensures a sound foundation for healthy adults who will be responsible for the future of our African continent. Suffering without assistance can lead to hopelessness. In the

“Caring for children is ensuring a sound foundation for healthy adults who will be responsible for the future of our African continent.”

developmental stage of life children need to experience compassion to understand the importance of Ubuntu. Healthcare is a basic right that children should have access to, and the work MSF does ensures that child patients are protected.

Why do you think donors should support MSF long-term?
There will always be natural disasters, epidemics and conflict, and organisations like MSF will always brave on to assist those in need at these times. The difference that MSF has made in the lived realities of millions of people around the world is invaluable, and for this work to continue it requires consistent long term donors.

A little giving from individuals can have a monumental impact, so when you can, however much you can afford, try to give to a worthy cause. You never know whom it may reach and how it may affect a life and change a heart.

I know I am not the only one. We – the givers, the carers, the ones who believe in kindness and paying it forward – are many, so let us each do our part. I want to say to the MSF employees: we see your hearts. Thank you.

DONATE TODAY

YOUR SUPPORT MAKES THESE STORIES POSSIBLE. SHARE THIS MAMELA WITH A FRIEND AND SPREAD THE LOVE!

Catherina Peter Eduat holds her two days old baby Amel Akoi Garang while MSF nurse Regina Abuk Thor examines her, at the MSF runs maternity unit in Aweil State Hospital in Northern Bahr el Ghazal, South Sudan.

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

→ **WORK WITH US**

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→ **DONATE TODAY**

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