Doctors Without Borders / Médecins Sans Frontières (MSF) South Africa
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mamela

MSF surgeons administer an epidural on a patient inside one of the inflatable operating rooms used to convert caves into makeshift hospitals

Syria Two Years On: The human cost behind the frontlines and headlines

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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

At a Glance...

How your donation works

More than 80 percent of every rand you donate goes right to where it's needed most. Here's how MSF does it

R200

82% Operations

Logistics

Medicines

Doctors

Materials

18%

Other expenses

Administration, Communication, Fundraising

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Editorial

Strike a woman…

Following several high profile rape cases, including that of Anene Booysen, MSF SA Head of Programmes Sharon Ekambaram and Programmes Officer Fezile Kanju write about MSF's response to sexual and gender-based violence

Sharon Ekambaram

Fezile Kanju

In April, MSF partnered with the Treatment Action Campaign to hold a community dialogue about rape in Khayelitsha, just 200 km away from Anene's hometown of Bredasdorp. It's just one way in which MSF is working to address sexual and gender-based violence (SGBV).

We also continue to work in partnership with the Department of Health to address survivors' needs.

But there is a need to do more. Today alone, 144 women in South Africa will report having been raped to their local police stations today alone. Countless more survivors, both men and women, will never come forward, according to studies from the Medical Research Council.

At its recent annual general meeting, MSF South Africa joined past and present MSF employees from southern Africa in calling for SGBV services to be integrated into more of MSF's regular programmes.

The South African public health sector is also desperately in need of better models of care for SGBV survivors. That's why MSF partnered with civil society and government in 2006 to improve services in Khayelitsha through the Simelela centre. The centre offers 24-hour medical care and the collection of forensic evidence, as well as counselling and follow-up care to survivors all under one roof. In 2009, MSF handed the centre over to the the South African NGO, Mosaic Training, Service, and Healing Centre for Women.

MSF works in more than 60 countries around the world, many of these – such as Zimbabwe, Haiti and the Democratic Republic of Congo – are also no strangers to high rates of SGBV.

• In Zimbabwe, MSF pioneered the provision of healthcare for SGBV survivors in the high-density Harare suburb of Mbare. In 2011, MSF opened its Mbare clinic where specially trained health workers provided healthcare, including post-exposure prophylaxis (PEP) to prevent HIV infection, to survivors as well as follow-up care.

Around 80 percent of the clinic's patients were children. Perpetrators were rarely convicted.

• In Haiti, rape was not a criminal offense until 2005. Violence against women was a problem in Haiti long before the 2010 earthquake, but the dangers for women have only been heightened in the earthquake's aftermath.

Most rape survivors seen by MSF live in the insecure areas around Martissant in the south of Port-au-Prince, where rape at gunpoint is common. In October 2010, MSF increased its capacity to treat SBGV survivors in Port-au-Prince, offering comprehensive medical and scarcely available psychological treatment.

• In the Democratic Republic of Congo (DRC), MSF continues to respond to high levels of SGBV in the conflict-ridden country. MSF has stood by its principle of speaking out on behalf of its patients, collecting and recounting survivors' testimonies to condemn the crimes and raise alarms about the need for emergency medical care, including PEP.

In this issue of ***mamela***, we look at what MSF is doing to help SGBV survivors in the DRC as we profile the country's neglected crisis alongside that of its neighbour, the Central African Republic.

MSF fieldworkers take you inside Syria as we introduce you to five Africans who have made a difference in the country as the conflict enters its third year.

We look at how MSF uses technology to address the needs of populations trapped by war – and some fun initiatives that could shape the future of humanitarian technology.

The magazine also follows South African superstar Lira to the Mother City as she learns about the painful realities of drug-resistant tuberculosis (TB) from a young woman who is not only a patient but an international advocate.

We also hear from a South African MSF veteran-turned-author as he prepares to launch his new book about aid work. We also feature a letter from Afghanistan penned by a first-time MSF fieldworker. Finally, in the first of a new series, we check in with a former fieldworker who's left the field for South Africa's public sector.

We hope you enjoy the issue!

News from the Field

Floods, cholera ravage southern Africa region

Our emergency teams swung into action to respond to local disasters while MSF South Africa received coveted distinction for financial management and accountability

South Africa © Laura Lopez Gonzalez

The Treatment Action Campaign (TAC) and MSF picketed a Department of Technology and Industry (dti) February forum, demanding that dti fix South Africa's patent laws to safeguard affordable medicines. Find out more about the campaign, visit: www.fixthepatentlaws.org

When heavy flooding in the region affected more than a quarter of a million people early in 2013, MSF teams were ready to respond in South Africa, Mozambique and Malawi.

In January, flooding displaced 800 people in Musina. While MSF teams set up a mobile clinic and handed out sanitation kits in the South African border town, emergency teams were dispatched to the hardest hit areas about 800km east in Mozambique. There, the government had issued a red alert for southern and central provinces where the bulk of the region's flood-affected were resettled in temporary shelters.

In Chokwe, Mozambique, flooding forced the closure of 75 percent of all health centres while drug stock-outs were also reported. Days after the red alert, MSF teams were already seeing at least 700 patients daily. In just under a month, teams had conducted more than 10,000 medical consultations.

"Chokwe reminded me of a post-war scene as the majority of the population was evacuated to temporary shelters," said MSF medical coordinator Lucas Molfina. "There are obvious issues related to sanitation and public hygiene because of dirty, stagnant water and the presence of dead animals on the streets."

Meanwhile, in southern Malawi, MSF provided soap and mosquito nets to thousands of families displaced by rising waters. Teams saw a three-fold increase in medical consultations, comprised mainly of young children suffering from diarrheal conditions and fevers.

MSF also donated medicines to help community healthcare workers respond to people's needs.

MSF SA gets clean financial audit

MSF South Africa has received a clean audit with no qualifications for its 2012 financials, according to independent auditors RSM Betty & Dickson.

MSF South Africa Head of Finance and Administration Zoya Naidoo gave much of the credit to the Resource Mobilisation Department, which has worked tirelessly to build sustainable and accountable financial reporting systems since the opening of MSF's first African office in 2007. MSF SA now obtains better audit results than many other large NGOs in South Africa.

"It's a testimony to our rigorous fiscal controls," said Ludivine Houdet, head of resource mobilisation.

"This audit reassures donors that money is being shepherded appropriately, and that we adhere to stringent fundraising ethics."

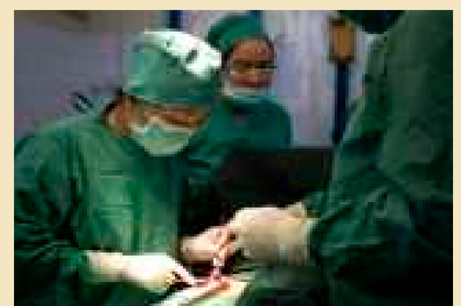
From the field to the classroom

MSF surgeon Lynette Belarmino Dominguez took time off from overseeing MSF's surgical projects in Syria, Afghanistan and Haiti to speak to South African surgeons – and find the next generation of MSF fieldworkers.

Lynette started with MSF in 2005 as a surgeon in Indonesia as the country recovered from war and natural disasters. She went on to work in post-conflict countries like Liberia and Sri Lanka.

In April, Lynette visited the Wits Surgical Society and the university's chapter of Friends of MSF (FoMSF). LcateFour other campuses are home to FoMSF at the universities of Cape Town, Stellenbosch, Free State and Pretoria where medical students build support for MSF's work. We hope some will also eventually join us in the field.

To find out more about FoMSF, email fomsf@joburg.msf.org



Lynette Belarmino Dominguez

MSF Donors

Reaching out to say thank you

From benefit concerts to book launches, we're holding a series of events this year and you're invited!

Swedish jazz musician Nils Landgren played an exclusive concert for MSF donors at the Swedish Ambassador's Residence shortly before visiting our TB projects in Khayelitsha with Lira

Ever wonder how we gain access to the world's most dangerous places, or what inspires our fieldworkers to leave the comfort of home for muddy tents in refugee camps? If so, you're in luck.

In April, MSF South Africa kicked off its 2013 donor events with a benefit concert in Pretoria by renowned Swedish jazz musician Nils Landgren. Held at the Swedish Ambassador's residence, the concert drew MSF donors from all over Gauteng. Days later, Nils – himself a longtime MSF supporter – joined forces with local superstar Lira to visit MSF TB projects in Khayelitsha.

MSF donor Michael White, attended the concert with his family.

Michael first heard about MSF years ago while living in Canada, and signed up as donor in 2011 after meeting with our Face-to-Face fundraisers – and a little encouragement from his then 11-year-old niece – at Menlyn shopping mall.

"The concert was fantastic," Michael says. "It was nice meeting the MSF fundraising staff and the jazz was great."

Later that month, MSF South Africa General Director Daniel Berman and MSF fieldworker Dr Vanessa Naidoo teamed up to host an exclusive donor briefing in Johannesburg. Vaness recently returned from Syria.

Daniel and Vanessa, discussed the difficult work of negotiating access to populations trapped in conflict - and what it's like to work behind frontlines.

In May, MSF donors also attended a lively debate on humanitarian aid at the University of Cape Town, featuring former fieldworker Mohammed Dalwai. Mohammed has worked as an emergency room doctor in Pakistan, Libya and Syria.

This was followed up by invites to our annual "Science Day." Streamed online, MSF's Science Day showcases the best in our operational research.

Historically, research like this has helped us positvely influence everything from national guidelines to advice issued by global health authorities.

Events like these help MSF SA meet donors, and offer you opportunities to engage directly with MSF's work. You'll hear about the difference your donation has made the world over from our best ambassadors – our fieldworkers.

- If you missed out on these events, don't fret. In September, MSF SA will host a special charity dinner at Johannesburg's Wanderers Club to introduce Band-Aid for a Broken Leg – a book by former MSF fieldworker, Damien Brown, reflecting on his time in the field with us.

  Seats at the dinner can be secured through donations of R750 per person.

  If you are interested in attending, or booking a table for your company, please contact Head of Resource Mobiliation and Fundraising, Ludivine Houdet on 011 403 4440 | ludivine.houdet@jobrug.msf.org

It's your party

Are you planning an event soon and want to make it extra special? Try mixing fun with a good cause.

Whether you're a soon to be married couple who would prefer donations that save lives in lieu of gifts or you're celebrating your birthday - donating to MSF in honour of a special occassion can extend the goodwill beyond the day.

It's easy to spread the joy and touch lives through our emergency medical care. Just create your own online donation page on the GivenGain website, www.givengain.com, and stipulate MSF as your beneficiary. Then use the web and social media to spread the word to families and friends.

You can also create a special fund by reaching out to MSF SA's Donor Services Officer: (011) 403 4440 | email donorservices@joburg.msf.org.

Crisis

Out of the shadows, into the headlines

The deaths of South African soldiers thrust the Central African Republic into the headlines. We look at the latest from this neglected crisis and DRC

CAR © Corentin Fohlen / Divergence

In CAR. access to health care remains a major problem, even in areas not directly affected by conflict. Several mortality surveys conducted by MSF in particular regions of the country highlight mortality rates up to five times higher than those typically found in emergency settings.

In April, as headlines announced the deaths of South African National Defence Force members in the Central African Republic's (CAR) capital of Bangui, MSF teams there and in the country's north were facing looting and threats by armed groups.

By mid-April, MSF staff had been evacuated from the northern towns of Batangafo and Kabo. The evacuation of the teams left 130,000 without access to medical care as MSF was the only medical humanitarian organisation providing care in northern CAR at the time this magazine went to print.

Following the coup d'état, MSF has called on the new government to assume responsibility for establishing control over lawless armed groups, in part to ensure civilians' access to health care.

"MSF remains extremely concerned for the well-being and health of the people," said Sylvain Groulx, MSF head of mission in Bangui. "Even in times of peace, people endure daily hardships just to survive."

"Before recent events, mortality rates related to preventable and treatable diseases were already above emergency thresholds in many areas of the country," Groulx said. "Insecurity pushes already fragile coping mechanisms to the limit."

International MSF fieldworkers were also forced to evacuate the northern town of Boguila. While a skeleton staff stayed behind to run Boguila's hospital, teams were unable to access areas farther afield such as Bossangoa, where the hospital was looted and fearful health ministry staff fled.

MSF teams in the Bangui area continued to operate, providing medical support at one hospital, Hôpital Communautaire.

Although the situation in the capital has stabilised, recent confrontations and shootings in some areas mean there are still injured patients who require care.

Meanwhile, the lack of running water and electricity in the capital has made providing care to people in need difficult. Qualified local medical staff are also scarce.

DRC © Tristan Pfund

A healthworker washes latex gloves for re-use at public clinic in DRC, where conflict has raged for the last 15 years and medical supplies are often lacking.

MSF has worked in the CAR since 1997 and operates seven projects in five of the country's seven health districts. Collaborating with the health ministry, MSF supports seven hospitals and about 38 health posts where activities range from basic healthcare to surgery and other specialist healthcare.

Democratic Republic of Congo

In May, heavy fighting in Pinga, eastern DRC made it difficult for MSF teams to carry out vital work. As of early May, thousands of the town's inhabitants had fled into the surrounding forests, and eleven of MSF's Congolese staff members were missing.

Residents who remained in Pinga sought refuge at the local hospital only to be forced out by armed men. Houses had also been looted and a combatant had been decapitated, fuelling panic among the population.

"MSF is very concerned about civilians who routinely exposed to this violence – this is the eighth time that control of Pinga has changed hands since 2012." said Jan Peter Stellema, MSF's Operations Manager in Goma.

A number of patients had to be transferred for emergency surgery to Goma.

In the past year, an MSF team has managed to support Pinga's hospital and

a large clinic, and – at times – clinics in the surrounding area.

However, negotiating access with the multiple armed actors and alliances in the area remains challenging. Health centres have been looted and medical equipment destroyed.

....

Meanwhile. MSF teams remained concerned about ongoing sexual and gender-based violence prevalent just a few kilometers west of Goma in the Mugunga III camp where displaced people have sought refuge.

In 2012, the MSF team working in Mugunga III treated 95 survivors of sexual violence. In December, MSF teams reported a spike in trauma injuries directly related to sexual violence, which translated to a daily average of six medical consultations for such cases.

Survivors recounted strikingly similar stories of attacks carried out close to the camps or in villages while women and girls searched for food and firewood.

"I went out to look for food in the fields," said one rape survivor.

"Two armed men in uniform appeared and told me that if I didn't want to die, I would have to have sex with them."

Attacks are also common in the camp itself.

"Violence is omnipresent," MSF psychologist Marie Jacob said. "It is violence based on power, the law of the strongest, the law of the person with a weapon."

The increased presence of soldiers and armed groups near displaced persons' camps creates a chronic state of insecurity in which rape has become an everyday occurrence.

> "It is a violence based on power, the law of the strongest, the law of the person with a weapon."

Thierry Goffeau, MSF head of mission in Goma, said those who control the areas do nothing to stop the abuse:

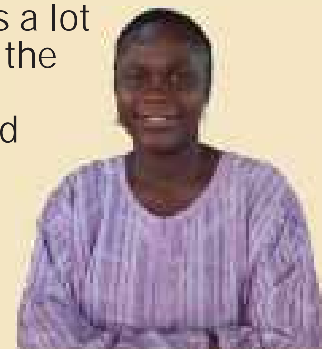
"The perpetrators act with impunity and are rarely punished," Goffeau said. "Very few survivors file charges because they are afraid of reprisals."

"Authorities must assume their responsibility and ensure that the most vulnerable are not subject to violence or reprisals." he added.

MSF created a women's village inside the compound of the Masisi Hospital in eastern DRC. It is a weapon-free zone where pregnant women and rape survivors receive the treatment and follow up care . Here, the women list to a health Information session

More than a t-shirt

Our logo means a lot - it may mean the difference between life and death, as MSF SA fieldworker Sedi Mbelani explains



You've seen MSF's logo, or "the running man," on our t-shirts and pubilcations. Adopted in the 1990s, the "running man" marked a departure from traditional aid iconography, which had been religiously rooted, towards a more general concern for human life, noted author Peter Redfield in his recent book on MSF, Life in Crisis.

The "running man" has also come to symbolise MSF's identity as a neutral, impartial medical humanitarian organisation. Our logo, moreover what it stands for, helps us access dangerous contexts. We also rely on the "the running man" and what it stands for to help keep our fieldworkers safe.

MSF South Africa fieldworker and nurse Sedi Mbelani is currently working in South Sudan but recently returned from a difficult assignment in CAR.

During November and December 2012, Sedi and her team came very close to the conflict as armed groups advanced through Kabo.

"As MSF, we're always careful about security," Sedi said. "We're always listening and if we hear rumours we don't dismiss them - we're always evaluating the security situation."

Because of this, MSF teams were on the alert for much for December as some staff was were evacuated as a precautionary measure.

"My bag was packed and ready in case we had to leave for almost two months," she remembers. "For those months, I lived in my white MSF t-shirt so I could be identified as a medical aid worker if we encountered armed men."

Write in and win!

Have feedback about mamela or a great experience to share with us about MSF?

Let us know and you could win your own t-shirt with the running man logo - email donorservices@joburg.msf.org

In Focus

Syria: the human cost behind the frontlines, headlines

Take a look as MSF shows you the conflict's real impact

Syrian civilians face an immense humanitarian crisis as the conflict enters its third year. The medical needs inside the country and in neighbouring states continue to grow. Meanwhile, medical services have become politicised and the country grapples with shortages of medicines.

MSF teams are responding to not only to conflict wounds, but more often general medical needs, including those related to women's health.

Take a look through photos taken by MSF staff as they show you the impact of the conflict.

© Michael Goldfarb

© Nicole Tung

© Nicole Tung

Captions (clockw
refugee camp; a
northern Syria; a
after a landmine
man's shrapnel

*Meet our fieldworkers

MSF SA has sent five fieldworkers to address the medical needs of Syrians, including pregnant women.

Garret Barnwell, Liaison Officer
Hometown: Sedgefield, Western Cape
Garret helped coordinate MSF's early response to the conflict in 2012

Mohammed Golo, Head Nurse
Nairobi, Kenya
Mohammed assisted in the operating room and pharmacy, while training locals in first aid

wise): A young Syrian girl in a Lebanese
n MSF doctor assesses newborn twins in
an amputee in an MSF clinic four months
e took his leg; an MSF nurse tends to a
wounds following shelling.

© Nicole Tung

Vanessa Naidoo, Anaesthetist
Howick. KwaZulu-Natal
The only female doctor in the area, Vanessa helped fill the gap in maternal and infant health

Mohammed Delwai, Doctor
Cape Town
Mohammed helped set up one of MSF's early field hospitals in a cave

Adeline Oliver, Operating Theatre Nurse
Johannesburg
Retired, Adeline assisted war-wounded inside the cave hospital

Drug-resistant TB

SA women pens international TB manifesto

Phumeza was a student until she contracted drug-resistant TB. Now, she's written the world's first manifesto on it to international acclaim

South Africa © Sam Reinders

Pumeza Tisile

At 22-years-old, Phumeza Tisile was told by her doctors to speak to family and friends, see a priest and make arrangements for her own funeral. Two years after contracting extremely drug-resistant TB (XDR-TB), her treatment – even with MSF-sponsored access to better drugs – wasn't working despite doctors' efforts.

"The worst part was she'd been the perfect patient," said MSF TB doctor, Jennifer Hughes, who's been treating Phumeza since 2011. "She did everything we'd asked her to do."

"We gave her the choice to continue treatment"Jennifer remembered. "I said, 'look if you do this, we'll do everything we can to support you, but I can't make any promises.'"

XDR-TB is resistant to both the most commonly used anti-TB and as well as at least one second-line, injectable anti-TB drug.

At this stage Phumeza had already been forced to drop out of university, been misdiagnosed in the public sector and suffered a collapsed lung.

The worst part? Phumeza had gone completely deaf due a side-effect of treatment from her initial misdiagnosis.

"I was on a day pass out of the Brooklyn Chest Hospital and I woke up and thought there was something in my ear blocking my hearing," Phumeza said. "I turned on the TV and realised there was no sound. I knew I'd gone deaf."

When doctors told her XDR-TB treatment wasn't working, Phumeza drew on her faith and continued taking her treatment, which included the drug linezolid. Due to its high cost, linezolid is not available in the public sector in South Africa and MSF had to specially buy the drug for Phumeza.

She blogged throughout her ordeal on MSF's patient TB&ME patient blog, blogs.msf.org/tb, and became an advocate for others battling drug-resistant TB (DR-TB).

South Africa © Samantha Reinder

Busisiwe Beko, anMDR-TB, counsellor leads the DR-TB support group at Lizo Nobando

Phumeza is now just one month away from potentially being officially cured of XDR-TB.

Ahead of World TB Day in March, Phumeza teamed up with Jennifer to write the world's first DR-TB Manifesto, entitled, "Test Me, Treat Me." The pair had help from MSF DR-TB patients and counsellors in Khayelitsha.

The manifesto lays out their demands for better treatment for DR-TB patients the world over.

"We wrote the manifesto so we could get word out there on things that we, as people infected with TB, demand from the people responsible for giving treatment to us all," Phumeza said.

"We talked about the urgent need to take fewer medications,"Phumez added. "Today, we often have to swallow more than 20 tablets per day with side-effects that often make you feel more sick than you already are."

"We want stronger drugs that we only have to take for a month, instead of two or three years, so that we can get on with living our lives," she said.

"I hope the manifesto will be taken very seriously and land in the right hands so that something can be done immediately. she said The longer we wait, the more of us die."

DR-TB patients and their doctors, psychologists, nurses and counselors from around the world have now signed onto Phumeza's manifesto – from as far afield as Uzbekistan, Colombia and the Philippines.

Read and support Phumeza's manifesto online by going to www.msfaccess.org/TBmanifesto/ and signing on

Funk for Life

Lira lends her voice to a good cause

SA songbird Lira takes an emotional - and inspirational - trip to speak to DR-TB patients

© Dan Sermand

Lira and Swedish jazz musician Nils Landgren (right) don protective masks to prevent TB infection as they visit Lizo Nobanda, MSF's community-based DR-TB treatment and care facilitiy in Khayelitsha

Before Phumeza Tisile, 22, lost her hearing as a side-effect of MDR-TB treatment, Lira was one of her favourite local singers. She can still hear the melody of one of Lira's trademark songs, "Feel Good," in her head, she says. So when Phumeza, an MSF patient-turned-activist, invited Lira to her home in Khayelitsha, Lira couldn't resist.

In April as crowds gathered for Cape Town's International Jazz Festival, Lira and Swedish jazz-funk saxophonist friend Nils Landgren headed to Khayelitsha to visit Phumeza and write the latest chapter in Nils' Funk for Life project, which supports MSF's activities through music.

Prompted by a letter home from Nils' own godson, a former MSF fieldworker in the refugee camps of South Sudan, Funk for Life was born in 2009.

"He wrote that on top of being forced to flee their homes and leave everything behind, that people in the camps lacked anything meaningful to do, especially the children," he remembers. "My wife and I came to the conclusion that music could make a difference."

"XDR-TB hit me so hard - at first there was no hope at all."

The Funk for Life group recorded an album to benefit MSF, recording some of the tracks in Nairobi's Kibera slum where MSF works.

The musicians also distributed musical instruments and held music workshops with school children while the group learned about the slum's cramped conditions and lack of sanitation impacted on residents' health.

Funk for Life lands in South Africa

Closer to home, cramped conditions contribute to high rates of TB in Khayelitsha, which accounts for about 25 percent of all TB cases in the entire Cape Town metropolitan area

When Funk for Life decided to come to Khayelitsha to learn about TB, Lira was a natural choice.

Funk for Life jazz artist and producer Magnum Coltrane Price explained:

"Lira's one of the most real people I've met. She doesn't have an ounce of diva in her, she's really all heart."

For Phumeza, it was a chance to bring Lira to Lizo Nobanda, MSF's community-based DR-TB treatment centre that had been her home away from home for months during XDR-TB treatment.

The Lizo Nobanda facility has been vital in moving treatment of MDR-TB and XDR-TB treatment, out of over burdened far-away hospitals, closer to patients' homes in the own communities.

During her visit Phumeza took the opportunity to tell Lira what life was like with drug-resistant TB.

"I had heard about TB but never in a millions years did it occur to me that I would be a patient," Phumeza said. "XDR-TB hit me so hard – at first there was no hope at all."

"I lost a dear friend – we were close while we were in Lizo Nobanda," Phumeza said. We shared almost everything."

What touched Lira most was Phumeza's ability to stay positive through years of treatment and setbacks.

"You amaze me. You are a hero," Lira told Phumeza. "I only learned bout XDR-TB today, but I want to speak about it."

South Africa © Samantha Reinders

Now completely deaf, Phumeza communicates with her doctor, MSF's Jennifer Hughes via mobile messanging and a computer

Innovation in the field

Coping with conflict - telemedicine

When the field becomes too dangerous and medical needs remain, MSF is pioneering new technology to treat those trapped by conflict

Despite four decades of experience in conflict settings, MSF is presented with touch choices with each new eruption of violence – decisions that balance the risk to our fieldworkers with the needs of people on the ground.

Somalia © Peter Casaer

Mothers with young children waiting to be seen by the medical doctor in the telemedicine consultation.

In 2008, three MSF fieldworkers were killed in Kismayo, Somalia. This attack, and the risk to our staff, forced MSF to decrease operations in the country.

To continue providing medical care to Somalis in volatile areas of the country, MSF pioneered the use of telemedicine in the paediatric ward of its Guri'El hospital, 450 kms north of Mogadishu.

Telemedicine uses webcams and satellite links to put local Somali doctors in touch with MSF doctors in Nairobi who help diagnose and manage difficult cases in real time.

Dr Abdisalan, a Kenyan-Somali paediatrician was part of the project and worked closely with Dr. Osoble in Guri'El to manage complicated cases like that of 13-year-old Farah Abdulani.

When Farah's father brought him to hospital, Farah was thin, malnourished and barely had the energy to move. He weighed just 22 kg.

Like many in Somalia, Farah's family were pastoralists whose goats died in the 2011 drought estimated to have killed nearly 260,000 Somalis, according to the United Nations. Children accounted for the bulk of these deaths.

With Dr Abdisalan's guidance, Dr Osoble checked Farah's central nervous system and noted stiffness in the neck. "We're looking at malnutrition and pneumonia, and what seems to be meningitis," Dr Abdisalan explained. On screen, Dr Osoble nodded in agreement.

Both doctors suspected Farah also had TB. They stabilise him before he is transferred to the main MSF hospital in Galcayo 250km away.

From his desk in Nairobi, Dr Abdisalan saw via the webcam that Farah's father was also thin. Dr Abdisalan advised that both Farah and his father receive therapeutic food.

Despite being seperated by thousands of kilometers, Abdisalan and Osoble developed a strong bond.

"It's been wonderful to see how successful this approach has been in improving the quality of care," Dr Abdisalan said. "Equally important is the way it has enabled us to show solidarity with our colleagues in the field - they know we care about what they're doing and we support them medically."

In 2011 alone, more than 500 patients like Farah received medical care through this techno-medical innovation.

In more than half of all telemedicine consultations, expert input led to a significant change in treatment. In a quarter of consultations, MSF experts detected a life-threatening condition that local doctors had initially missed, accoring to resulting research published in the September 2012 edition of the Tropical Medicine and International Health medical journal.

• After concluding support to Guiri'El in 2012, MSF will now bring telemedicine to its hospital in Burco, Somaliland.

Random Hacks of Kindness

MSF stays at the cutting edge of things like telemedicine with a little help from our "hacker" friends.

In June, thousands of digital experts from the activist group, Random Hacks of Kindness donated their time and tech savvy to helping our fieldworkers overcome hurdles in the field.

In response to tech wish lists from our workers in the field, hackers from more than 30 countries participated in a marathon session of programming, developing and coding during a "hackathon."

The resulting produce will be designed for use in MSF projects that treat millions of patients annually.

"Technology can have a powerful impact on the people we treat."

"'Digital' doesn't just mean websites and social media – new technology can have a powerful impact on the people we treat," said MSF Digital Manager, Ben Holt.

'Whether it's new ways to talk to patients, to streamline recordkeeping or to speed up logistics, there is a huge potential for us."

Working with organisations such as the Red Cross in the past, Random Hacks of Kindness has come up with solutions to increase young people's access to family planning services and clean water as well map food security.

Voice from the Field

Aid work by the book

Originally from Plumstead in the Western Cape, Damien Brown left South Africa as a boy and later returned to southern Africa's shores as an MSF fieldworker. Now, he's written a book about it

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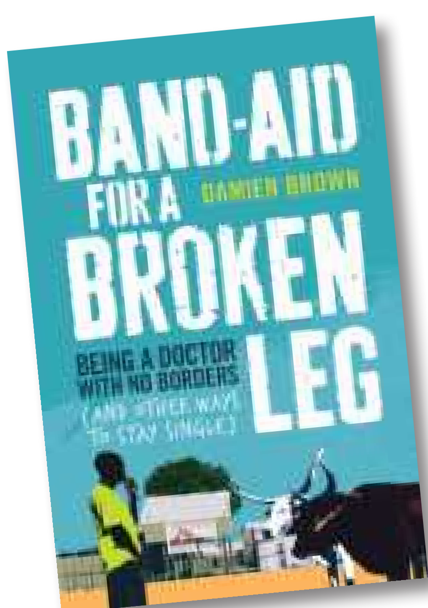
Band-Aid for a Broken Leg is a sometimes funny, often moving account of humanitarian work. It may be Damien Brown's first book but it's not his first foray into writing, which he says became a kind of therapy while on assignment with MSF. Currently completing his Masters of International Health, Damien told **mamela** a bit about himself ahead of the book's September launch in South Africa.

Question: Your family moved to Australia when you were young. Do you come back to South Africa at all?

Answer: "I love Australia – it's an incredibly welcoming, easy country to live in – but South Africa is where I grew up. It's never until I step off the plane when I return that I remember just how much of who I am is tied to South Africa. I'd have no trouble basing myself there again."

Q: What made you join MSF?

A: "As a medical student, I was drawn to working in resource-poor settings and returning to Africa. When I started to look at how I could work most effectively as a doctor in the field, MSF seemed the right option. I agree with their principles and MSF has the resources to back their programmes, which means that as a medical worker, I can just get on with my job."



Q: Your book describes your work with MSF in Angola, Mozambique and Sudan. What was the hardest moment for you while on assignment?

A: "Angola was my first posting - a six-month position as the only doctor in the isolated town of Mavinga, in the southeast. It was a place really devastated by the civil war. I arrived four years after the ceasefire, but almost no reconstruction had taken place. MSF was the sole provider of healthcare and clean water to the area's 20,000 people.

"In three years of practicing medicine in Australia, I'd never seen a child die. I saw it within days of arriving to Angola.

"Nothing prepared me for that. On the upside though, that was a relatively uncommon event in our hospitals; the majority of kids made full recoveries."

Q: What was the most absurd moment?

A: "Living conditions on assignment provided a lot of the book's lighter material. The stand-out moment for me was one night in South Sudan when a gunfight erupted nearby as I was getting out of the shower. I'd never been anywhere near a gunfight before. My colleagues took cover in our safe room, but I was paralysed by fear on the ground. Suddenly I became aware of another problem: I wasn't wearing any clothes – just a small towel around my waist.

"I came to the panicked conclusion that I needed underwear because we could be stuck in that room for hours, if not days. If I was going to be shot or holed up, it wasn't going to be without underwear. In nothing resembling an act of fearlessness, I made a mad dash to my mud hut – in the opposite direction from the safe room. I found my underwear before making a run for the safe room.

"That all seemed sensible to me at the time, but looking back I'm not entirely sure..."

Q: People often have a certain idea of humanitarian work before they go to the field. What was yours and how did being in the field with MSF change it?

A: "I came to realise that, although the needs are vast, I learned that they're also not insurmountable. Organisations like MSF do help. Most of all, I realised that the problems aren't conveyed by statistics, or images of 'victims.'

"These people are individuals. They're mothers and fathers; they have weddings, and romantic flings; they're charismatic and proud... They don't want to be pitied. They don't want to be stuck in hospital, or waiting for a food handout. They just want to get on with things, like the rest of us."

Q: Your book has been well received in a number of different countries, what do you think struck a chord with readers?

A: "Firstly, the book is concerned with people – rather than with places, or statistics or politics; and secondly, it's honest. I had no agenda other than to tell a human story, and MSF was happy for me to write whatever I wanted.

"Simply, it's a story about some incredible people I met – people who just happen to live in difficult circumstances."

• Band-Aid for a Broken Leg is available at Exclusive Books

Where are They Now?

Life after the field

In a new feature, mamela profiles former MSF fieldworker and Tygerberg Hospital paediatrician Dr Lisa Frigati to see what life is like after working with MSF.

Dr Lisa Frigati found herself at a crossroads. Having finished her medical degree, she was not ready to start her specialisation. Nor was she particularly enthused about spending another year working with the British health service, so in 2003, she took a decision that would change her life.

A graduate of the University of Cape Town, Lisa joined MSF, packed her bags and headed out for her first assignment to Myanmar.

"I believed in what MSF stood for and I suppose I might have been looking for a bit of adventure," she recalled.

Myanmar itself was also at a crossroads – after years of military rule and violence the country was gripped by the early stages of its HIV epidemic. Prevention of mother-to-child HIV services started just three years before Lisa arrived.

For a South African, it was a reality that resonated. Working in Myanmar Lisa would witness antiretrovirals (ARVs) at work for the first time.

"I'd never seen ARVs in action before because we still didn't have them in South Africa at the time," added Lisa, remembering how she watched ARVs bring severely ill patients back to life.

"It was literally like seeing people rise up from the dead."

While AIDS denialism would keep ARVs out of reach for thousands of South Africans for another year at least, Lisa's experiences as a community service doctor in South African rural hospitals in a high HIV burden country made her a valued commodity at a time when doctors from many other parts of the world lacked first-hand experience treating the virus.

With a growing passion for neglected and infectious diseases, Lisa left MSF field work after a year in Myanmar for the London School of Tropical Medicine lecture halls where she would complete a masters degree in Tropical Medicine and International Health.

But she wasn't gone for long. Like many of our fieldworkers who pursue advanced degrees in related fields, Lisa returned to MSF in 2006 – this time as an HIV advisor based at an MSF headquarters in Amsterdam. From here, she undertook field assignments Haiti, India and Liberia.

As an HIV advisor, she helped MSF teams treat difficult cases and improve treatment programmes, she also negotiated with governments to establish new projects – something that her Myanmar assignment helped prepare her for.

Although Lisa left MSF for good in 2007 to return to the South African public health sector, she's kept in contact. She has maintained the strong professional networks she developed while working with MSF, co-authoring papers for international journals on topics like ARVs in conflict settings, TB prevention in HIV-positive children, with former colleagues who remain at the top of their fields in other international organisations.
Lisa has also been an active member of MSF South Africa's fieldworker Association, serving on the board of MSF South Africa and liaising vaccine issues alongside MSF SA General Director, Daniel Berman.

She continues to work with the Drugs for Neglected Disease Initiative (DNDi), which MSF helped co-found.

For Lisa, her time as MSF fieldworker broadened her perspective on how health systems function, while organisation's values, such as speaking out to end suffering mirror her own sense of sense of social justice.

> "You have to keep pushing whether you're negotiating with governments, or bringing in new drugs or fighting patents - that is what still inspires me today."

"Something that will always stay with me is this ability to push boundaries and to expect that your patients – and patients everywhere – should access the same quality of medicines and treatment that people in Europe or the United States do; the idea that you can do something for someone even with limited resources," Lisa explains.

"You have to keep pushing whether you're negotiating with governments, or brining in new drugs or fighting patents – that is what still inspires me today," Lisa said.

Lisa is currently completing her sub-specialisation in paediatric infectious diseases at Cape Town's Tygerberg Hospital.

Crossing Frontlines

Letter from Afghanistan

Stefan Kruger
Medical doctor

Assignment Location:
Kunduz, Afghanistan

Hometown:
Middelburg, Mpumalanga

University of Cape Town graduate Stefan Kruger is on his first MSF assignment in Kunduz, Afghanistan where he is one of two South Africans helping care for trauma patients in one of the country's most violence provinces. He tells us what it's like being in the field for the first time.

Every day starts with a staff meeting during which security, hospital and administrative issues for the day are discussed. Then I'm off to the emergency room and it usually gets busy by 10:00 am or 11:00 am as the patients start coming in. We are a trauma centre – so we see a wide range of injuries.

> "We are the only hospital in the province with a functioning ICU, capable of mechanical ventilation and advanced monitoring."

There are the war wounded, as expected, who come after sustaining gunshot wounds and blast injuries. But we also receive many patients with injuries stemming from road traffic accidents, domestic violence and even buzkashi, which is the national sport. Buzkashi is like polo just without sticks and the ball is a dead goat. The players fight for control of the carcass while on horseback. We even treated trauma patients with injuries related to an earthquake once.

"There is very little access to specialised trauma care in the north of Afghanistan. Our centre is one of a handful that has full orthopaedic capabilities, including internal fixation of fractures during which patients are operated on in order to fix fractures. We are also the only hospital in the province with a functioning intensive care unit that is capable of mechanical ventilation and advanced monitoring.

"Without widespread public healthcare in the country, private healthcare is available but at a prohibitively high cost. The idea is that we should provide complete care to patients: emergency care, surgery, intensive care and rehabilitation of injuries – in most cases we are able to do this and it is free of charge.

"Before working with MSF, I worked for the Department of Health in Nelspruit's Rob Ferreira Hospital, East London's Frere Hospital and in various Cape Town casualty departments. I think South African public hospitals are good training grounds for international trauma care.

"The main difference from any of my previous jobs is that I am now responsible for a team of people – it definitely adds an interesting element to the job. My job is to ensure that injured patients are seen to promptly and effectively.
I also support Afghan doctors and get involved to help with patients suffering critical injuries. In between, there are various organisational issues to look after – training doctors, organising the emergency room, record-keeping and fine-tuning the hospital's mass casualty plan, which springs into action after a big bomb blast or road traffic accident.

"The mass casualty plan involves practically all staff in the hospital and everyone needs to know what their role is and how to do what is expected of them during big emergencies.

"Fortunately, the support from both the international MSF team and Afghan staff has been terrific.

"Kunduz is interesting because of the area's rich cultural diversity, but unfortunately this is often a source of conflict. I expected the cultural differences to be a source of difficulty, but my experience has been quite the opposite.

"The best part of my job has been getting to know some of patients and staff better. People are generally very accepting of MSF and grateful for the work the hospital does.

Here's Stefan's top five reasons to love his job:

1. It's a completely different kind of working experience.
2. The MSF team here is very committed but fun.
3. The gratitude from patients and their families.
4. Afghan food!
5. Working alongside a fantastic group of Afghan doctors.

MSF South Africa thanks all our fieldworkers for their enormous contributions to MSF operations worldwide. MSF is always in need of medical professionals, particularly doctors, surgeons, nurses, midwives, epidemiologists and laboratory scientists.

Are you qualified and interested or know someone who is?

Apply now at www.msf.org.za or submit CVs and motivation letters directly to recruitment@joburg.msf.org

MSF South Africa: Recruits in the field

Stefan Kruger, Doctor – Afghanistan

Adeline Oliver, Operating Theatre Nurse – Afghanistan

Tabitha Mutsyekwa, Nurse – Uzbekistan

Alain-Godefroid Ndikundavi, Nurse – Central African Republic

Joyce Njenga, Midwife – Pakistan

Nirav Patel, Emergency Room Doctor – Somaliland

Duncan Owino, HIV/TB Doctor – Yemen

Sedi Mbelani, Nurse – Sudan

Christopher Crede, Administrative Logistician – India

Bashir Ahamed, HIV/TB Doctor – Uzbekistan

Patricia Nyoni, Nurse Anaesthetist – Afghanistan

Jorge Hechavarria, Emergency Room Doctor – Afghanistan

Alec Mkwamba, Epidimiologist – Mozambique

George Mapiye, Nurse – Somalia

Guillermo Martínez, Health Officer - Malawi

Teresa Bonyo, HIV/TB Doctor – Zimbabwe

Priviledge Ruredzo, Administrative Logistician – South Sudan

Caroline Tamburai, Nurse Director – Afghanistan

Agustine Majiku, Nurse – Mali

Vanessa Naidoo, Anaesthetist – Afghanistan

Svetlana Luchoo, Obstetrician Gynecologist – Afghanistan

Daca Ermesto Paiva, Logistician – Mauretania

Emilie Venables, Anthropologist - South Africa

David Oyango Midigo, Murse - South Sudan

Emma Mafara, Aministration and Finance - South Sudan

Patricia Chipo Zhande, Nurse Anaesthetist - Afghanistan