Doctors Without Borders (MSF) Southern Africa
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mamela

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How MSF works

Reaching patients, building hospitals, saving lives

It takes a team

Who works for MSF in the field?

mamela

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EDITORIAL

How does MSF work?

A dedicated global network of fieldworkers and donors allows us to help patients, whomever and wherever they are, writes Guilhem Molinie, General Director of MSF Southern Africa

Providing life and limb-saving surgery to a child on the frontlines of war. Bringing an AIDS patient back from the brink within 10 days. Diagnosing deadly cerebral malaria far away from a laboratory.

Reaching people trapped in places where there are no roads. Bringing clean water to a refugee camp. Mobilising support and donations to save lives.

How does Doctors Without Borders do it?

It's a simple enough question, yet there are at least as many different answers as we have patients all over the world.

In this edition of *Mamela*, we take a peek behind the scenes to share some of the tools, techniques and approaches we use to do our work.

Working in our medical projects for many years, I've seen the magic of MSF first-hand.

From the most basic nutritional assistance for malnourished children to the most complex medical research, all our work is guided by principles set out in our charter: medical ethics, impartiality, bearing witness on behalf of our patients, accountability to our donors and our beneficiaries, and preserving our independence.

It takes teams of skilled, committed and highly motivated people – working 365 days a year in projects all over the world – to make MSF happen, people who apply their minds and muscle to the toughest challenges in order to bring medical care to human beings in dire situations.

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Today, 38,000 staff in more than 70 countries – logisticians, administrators, nurses and doctors – work together in teams, using the right tools for the job and constantly finding better ways to serve our patients. They are not satisfied with half measures or yesterday's solutions – they innovate.

Case in point: the Mobile Unit Surgical Trailer, a specially developed operating room on wheels we're using in Iraq that is already evolving into a second iteration with improvements that make the work of our fieldworkers – like operating theatre nurse Jonine Lotter and emergency doctor Vanessa Naidoo – a little bit easier.

This life-saving tool would not have exisited if it weren't for the core relationship that binds MSF: logisiticians and medical staff.

Logisticians with their can-do attitude, methodical planning and swift implementation reply in a practical way to the question of "how" so that medical staff can focus on quality patient care.

Without a solid logistics backbone MSF's medical heart would falter. From the complex to the simple and reliable – like our Land Cruiser field ambulances – this is the span of their capacity.

At the heart of being able to provide clean water, life-saving antiretroviral drugs (ARVs), or medical consultations under a tree in a remote area, sits our single-mindedness to go wherever our patients are in need.

We are able to make that decision and follow through on it because every month, a global network of dedicated donors commits to support our work. From donors, through fieldworkers, to patients.

This solid chain of commitment has enabled MSF to save lives for over 40 years, and it permits us to reach out and act fast in times of crises.

MEDICS IN ACTION

Medical MUST-have: The hospital on wheels

From brick and mortar hospitals to outreach facilities in tents and mobile clinics in cars, the mobile unit surgical trailer (MUST) is a new, fully equipped hospital on wheels, another way we bring life-saving medical care to the frontlines of need

Setting up the MUST

ARNAUD BARDINIER
PROJECT MANAGER

The idea had been floating around MSF for a while, and when the conflict flared up in Mosul, Iraq, people saw how useful it would be to have a surgical facility that was near the frontlines, but could be packed up and moved quickly if the fighting got too close. It enables an MSF team located close to the frontline of a battle, or in the middle of an emergency to conduct 100 surgeries without the need to bring in more supplies. The unit can be set up and ready for use in under three hours. Everything inside it can be strapped down and stored for quick transportation.

Working in the MUST

JONINE LOTTER
SOUTH AFRICAN OPERATING THEATRE NURSE IN MOSUL

When working in the MUST, inside the operating theatre, you could be anywhere. It's got everything you need to do a surgery and it's the same as doing an operation anywhere else in the world. Only once you come out of the theatre you remember where you are and what's around you. You realise MSF is providing the medical care here, there is a hospital here, a theatre here, that can do any kind of surgeries to save a patient's life. Just the fact that MSF can provide something like this in Iraq, so close to the frontlines, is incredible. And it's still quicker to put up these types of containers than to try and build a hospital out of bricks. So MSF is moving forward with the technology available to offer our patients excellent care. The care we were providing was always good, but the MUST lets us give excellent care in places where there is nothing else.

Our patients

VANESSA NAIDOO
SOUTH AFRICAN EMERGENCY DOCTOR IN MOSUL

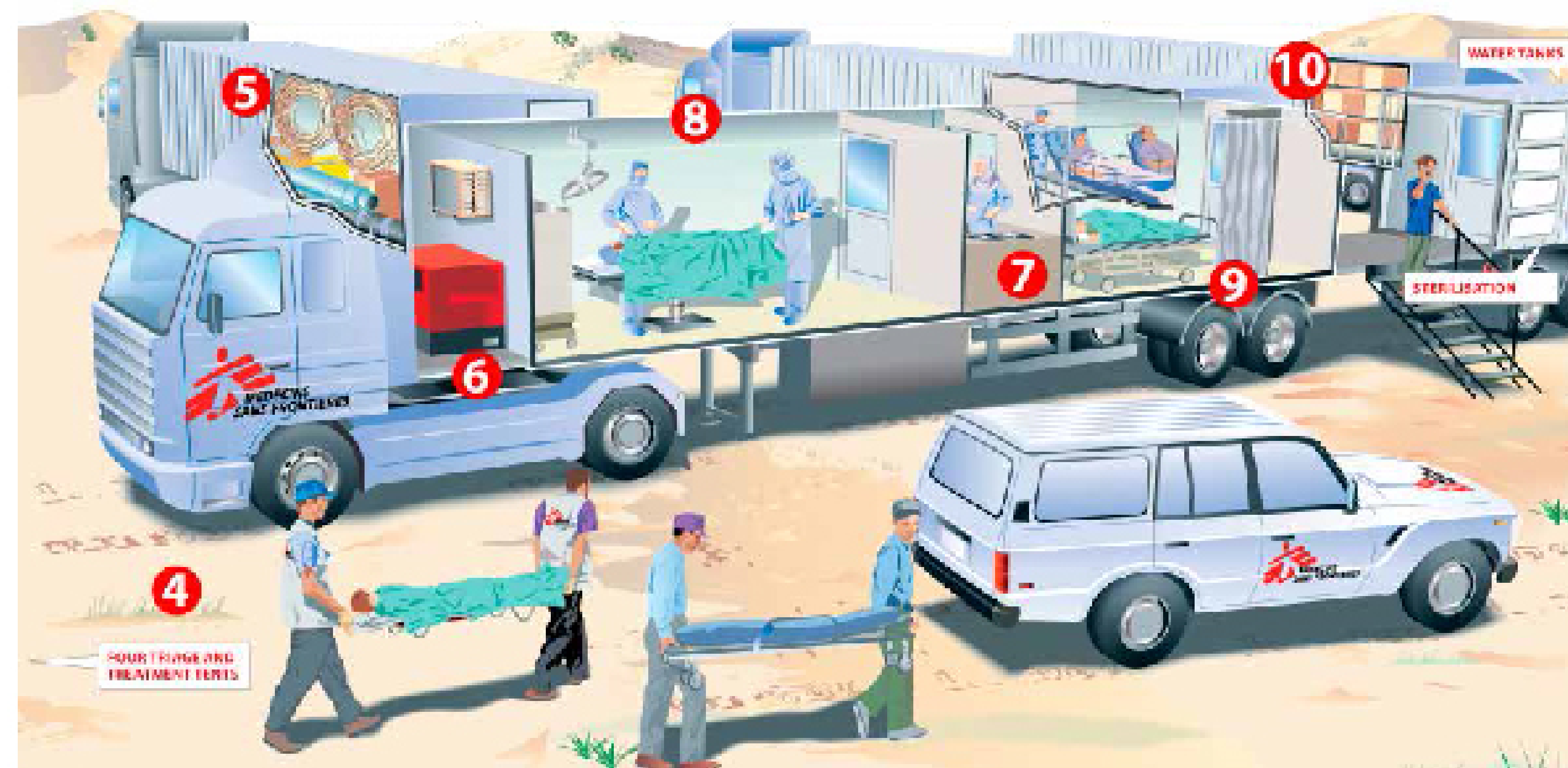
Our hospital, although it wasn't directly on the frontline, was close enough that we could hear the airstrikes and see patients with some of the worst injuries. One day, a nine-year-old boy with severe burns was brought by ambulance to the hospital. He was injured in an airstrike near a market where he lived. His father was killed while he suffered multiple fractures and burn wounds. When he arrived he screamed continuously for hours, his shrieks could be heard across the hospital all day, and when he had nightmares I could hear him from my bed in the MSF office more than 500m away. His mother was amazing, she had carried him out of the besieged area – moving through different neighbourhoods amidst active fighting for four days until they reached the military beyond the active fighting zone who brought them to our hospital. When he arrived, he was ill, in pain and severely psychologically traumatised. We treated him for six weeks, with multiple surgeries and wound debridement. All our staff got really close to him as we watched him recover and the screams grow less frequent. When he was finally discharged we could hardly believe the change. He had gone from this fragile, tortured being – almost having lost his life – to a little boy again.

Vanessa Naidoo with the nine-year-old boy she nursed back to health

1 Arrival
Wounded people arriving at the unit are received in the general triage tent, one of four tents set up in front of the trailers

2 Triage
Medical staff assess the patients. Less urgent cases are transferred to another tent for treatment, while serious cases are moved to the surgical triage tent

3 Transfer
Patients in the surgical triage tent are prioritised according to the severity of their injuries. From there they are carried by stretcher to the trailers for surgery



INSIDE THE MUST

4 The site
The site for the MUST needs to be at least 40 square metres to accommodate all the trailers and tents, and to be as flat as possible. A reliable source of water close by is a priority

5 Logistics storeroom
Contains 4 square metres of storage space for supplies, including water, hygiene and IT equipment

6 41 kVA generator
Along with two other generators, it allows the unit to function without an external power supply for days

7 Scrubbing and preparation
Operating theatre staff change their clothes in this area and the surgical team scrub up at the sink. Patients are transferred to a second stretcher to prevent the outside stretcher from contaminating the operating theatre

8 Operating theatre
One surgical procedure can be conducted at a time. Within the operating theatre, and the unit as a whole, strict surgical care procedures and infection prevention and control protocols are maintained

9 Recovery and intensive care unit
After surgery, patients are moved first to the recovery room, and then either to the three-bed intensive care unit or to the referral tent, to be taken to the nearest hospital

10 Pharmacy
Contains 4 square metres of storage for medicines, vaccination fridges, surgical clothing and bedsheets

INSIDE AN MSF AMBULANCE

King of the road: Saving lives in four-wheel drive

Strong, simple, almost indestructible – the four-wheel drive Toyota Land Cruiser is MSF's sturdy workhorse, used since the early 1980s in our projects all over the world. From transferring patients and moving medical supplies to transporting building materials, these cars are made to cope with any road surface – and in some places, no surface at all!

Oxygen cylinders

Seat

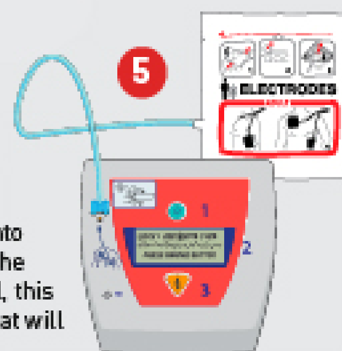
Trolley

1 **Magnetic blue light**
It gets plugged into the Land Cruiser's cigarette lighter and stuck on the roof to indicate an ambulance is approaching

MSF Stickers 2
For visibility! Because MSF is neutral and impartial, in many places it aids the safety of our staff and patients when people see that we are MSF

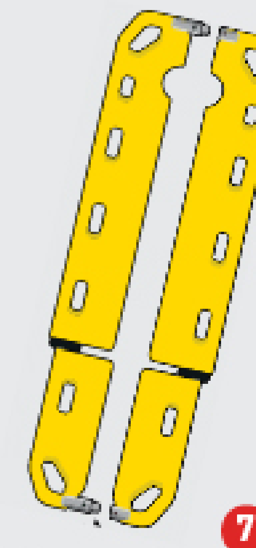
3 **Mobile oxygen concentrator**
Battery powered device that takes in air and concentrates it to produce oxygen. It's expensive but essential in areas where oxygen cylinders aren't available

4 **Pulse oximeter**
This small mobile device does two important jobs: it electronically counts a patient's pulse while also calculating the amount of oxygen in their blood



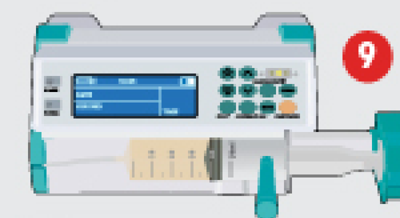
5 **Defibrillator**
If someone goes into cardiac arrest on the way to the hospital, this is the only thing that will keep them alive

6 **Suction unit**
To clear an airway so that the patient can breathe. If someone is shot in the chest, for example, you can get a lot of blood coming out of the mouth, which makes breathing difficult



7 **'Scoop' stretcher**
With the patient lying on the ground, you push this underneath them and it clips together. It is excellent for trauma care, because the patient does not need to move This is especially important if they have a neck injury

8 **Tyres**
Our field vehicles use 4 types of tyres for different terrain: sand, mud, road, and heavy-duty (to transport building materials)



9 **Syringe pump**
For giving a patient emergency drugs at the correct rate, either very slow or very fast. Also used for intravenous fluids and infusions

Equipment not drawn to scale   GRAPHIC JENNY RIDLEY

We couldn't do our work without them

ROBIN VINCENT-SMITH
MSF LOGISTICIAN

"The Land Cruiser's an incredible vehicle – it's basically pretty much indestructible. There are no electronics, everything's accessible, and the design has barely changed since it was invented. There's nothing to beat it – as motoring show Top Gear proved when they tried to destroy one and failed. At our logistics headquarters, we kit them out, pimp them up, then ship them to the countries where we work. When the Land Cruiser arrives in the field, you literally turn it on and drive away. It's kitted out with everything – it's plug-and-play. The newest vehicles go to the most challenging places – to nurses doing mobile clinics deep in the bush – that's where they're most needed. The old ones go to the coordination team in the capital. For me, as a logistician, they're a lifeline. You can't move in the projects we work in unless you've got Land Cruisers. You fall in love with them after a while. I give them all names when I'm in the field, and I know which one is coming home by the sound it makes. That's how important they are to me."

A lifeline for patients in remote areas

STELLA NTHIGA
MSF NURSE

"The Dolo Zone of northeast Ethiopia is a region where communities of nomadic pastoralists live, rearing animals like camels and goats. People move from one place to another looking for water for pasture. So, as MSF, we focused on the areas where people moved to, and set up outreach clinics to treat them where they were. There were 11 outreach clinics in total and we would drive over 166km to and fro – every morning and evening. The team would load ourselves into one vehicle, with a week's worth of supplies – including drugs and equipment – packed into another. We also left some space in the car in case we found a patient who needed to go back to the hospital in a hurry. We'd then go out to do daily interventions which included maternal and child care, immunisations and nutrition treatment. Many of the communities we met had settled in isolated areas, some over 80km away from any medical care. So if we expect everyone to come walking all the way to the health centre, they will never come. It's better to go out to find them."

LOG LIFE

Water works

Water treatment, hygiene promotion and latrine building are not usually associated with Doctors Without Borders. But logisticians and water and sanitation (WatSan) specialists are core to MSF's world. Their work lays the foundation for our medical activities

Safe water and good sanitation are essential for health and for our medical activities. Without it, our ability to treat patients would be a much bigger task. Especially in emergencies, drinking water is among the first priorities. But in many places where MSF works – dry, remote or inhospitable regions of the world – there is a lack of infrastructure and basic services to ensure a steady water supply. Where a safe water source cannot be found close to our projects, water is trucked in. And if the water source is an untreated river or lake, our WatSan teams first treat it before they transport it. In northern Uganda, near our hospital treating refugees who have fled across the border from South Sudan, this is how our water treatment plant works:

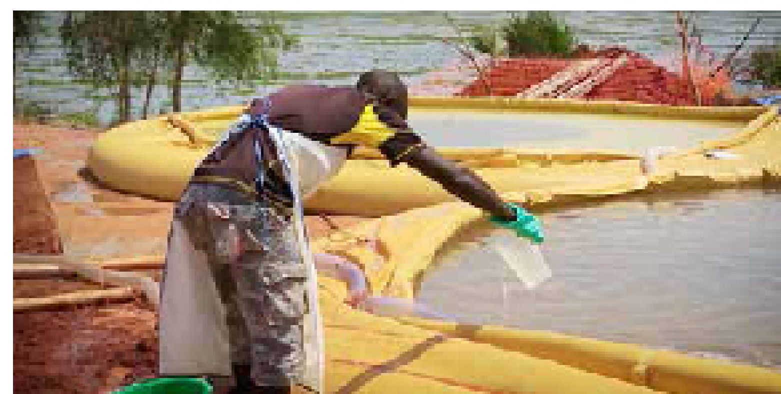
CRAIG KENZIE
WATSAN TEAM LEADER IN PALORINYA CAMP, NORTHERN UGANDA

"To me, delivering water to the refugee camp is one of the most important things that we can do for people in the camp who are in this really acute phase of the emergency. If they're not getting any water to start off we're just going to have all our health facilities filled with dehydrated people. So at least making sure they have basic access to water can prevent so many other of the diseases and sicknesses and issues that we have to see in our clinics."

EMERGENCY RESPONSE

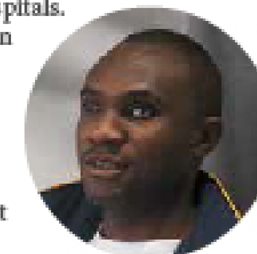
More than half a million Rohingya refugees have already fled from Myanmar into Bangladesh late this year. MSF teams are on the ground right now responding to the crisis – providing medical care and emergency water and sanitation solutions to a desperate population. Follow our work as we respond to this emergency by visiting: **www.msf.org.za/rohingyacrisis**

1. MSF's water treatment plant on the Nile River produces about 2 million litres of water a day
2. A bank of 8 motor pumps carries untreated water directly from the Nile River
3. This water is pumped into 14 massive sedimentation tanks, ranging from 30-70,000 litres
4. 7.5cm hoses are positioned in each tank at an angle, creating a spiral effect with the water, so that all the dirt collects at the centre of each tank
5. As raw water from the river starts filling into the tanks, water treatment teams dose the water with chlorine
6. They then slowly add in aluminium sulphate
7. The aluminium sulphate binds with the dirt and debris in the water, making them heavier than the water so they collect at the bottom of the tank
8. This leaves only clean water nearer the surface
9. Pumps carry the clean water from the surface of the tanks to nearby water trucks (which hold around 20,000 litres each)
10. Once filled, the trucks distribute the water to tanks across the refugee settlement



A nation's sanitation

With conflict still ongoing across Borno State, Nigeria, the security situation is tense. People caught up in the fighting between Boko Haram and the military continue to flee in search of safety and medical care. An influx of people into an area often requires MSF teams to spring into action with an emergency response – not just for medical needs, but also sanitation solutions for the hundreds of new arrivals at our hospitals.



Ruphas Kafera, WatSan manager in Maiduguri, Borno State, explains:

"MSF WatSan teams in Borno State usually do the construction of two types of latrines: The first are ventilated improved pit (VIP) latrines, which are semi-permanent with a chimney or outlet pipe that traps flies and minimises odours. It is a longer process that involves preparing designs, buying materials and facilitating external contractors from the local community.

"During the emergency first response, when masses of people have just arrived to a new place after being displaced, we usually don't have time to gather proper materials and construct permanent or semi-permanent sanitation facilities. But services are still needed, so we put up what we call 'emergency pit latrines'.

"We dig pits – about 1.5m to 2m deep. We use pipes, some plastic sheeting and plastic slabs to enclose the area around the latrine. Initially we estimate about 50 people per latrine. It's a quick solution that can be completed in even in a day's time if necessary, so that people have facilities they can start using almost immediately. Then we gather the proper materials to construct a more solid VIP latrine."

COMBATING CHOLERA

Cholera is a water-borne, acute gastrointestinal infection caused by bacteria, transmitted by contaminated water or food, or direct contact with contaminated surfaces. In non-endemic areas, large outbreaks can occur suddenly and the infection can spread rapidly. It is most common in densely populated settings where sanitation is poor and water supplies are not safe.

Typical at-risk areas include peri-urban slums, where basic infrastructure is not available, as well as camps for internally displaced persons or refugees, where minimum requirements of clean water and sanitation are not met.

In MSF's Cholera Treatment Centres: An adequate, clean water supply is essential to the successful treatment of a cholera outbreak, as treatment involves rehydrating patients for the fluids they've lost through diarrhoea and /or vomiting. The water is chlorinated to ensure that bacteria levels are safe for human consumption. For every 100 patients, 6,000 litres are required daily.

Human waste that carries the bacteria is infectious and contributes to the spread of the disease. Good sanitation and sufficient latrines are a core part of MSF's cholera treatment centres. They ensure the containment of human waste and prevent the cholera from spreading.

ON THE MOVE

Going the DISTANCE for patients

Whether by land, air or sea, MSF teams use all available means to provide medical care in some of the least accessible areas of the world. Despite challenging environments, these are **10 ways we travel** to ensure we are where we need to be

© Diana Zeyneb Alhindawi

Motorbike: Some terrain is too tough even for 4x4s. In the DRC, MSF runs mobile clinics by motorbike. The 'bikers without borders' provide a lifeline to thousands

© Sarah Vuylsteke/MSF

Floating ambulance

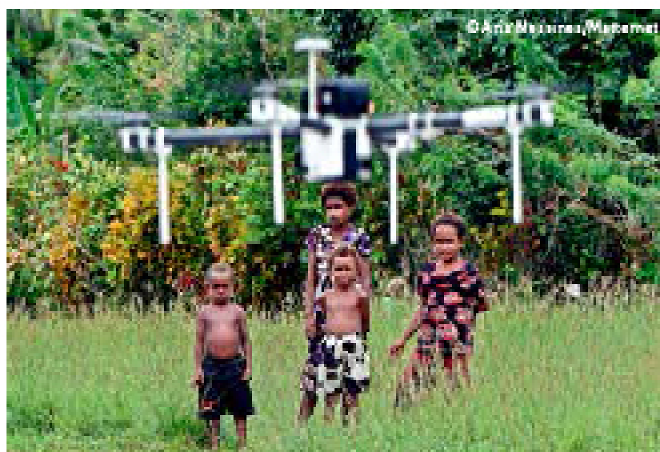
PAULINO KHAN
MSF COMMUNITY HEALTH OFFICER AND BOAT PILOT IN FANGAK, SOUTH SUDAN

"Most of our patients are children and women who cannot get to see a doctor. People call us when there is a critical emergency. We bring the boat to pick them up and then we take them to the hospital MSF supports in Old Fangak. Every day you see how much the ambulance means to people. On my second day on the boat I stopped at a village along the river. There were six people waiting on the shore, all of them critically sick. Four had kala azar, one had severe pneumonia and the last one has suspected TB. I was able to take them to hospital. That was the day I realised that if the boat ambulance had not been there, these people would have suffered so much."

Boat: Boats and ships are crucial MSF's work: massive vessels used to rescue thousands in the Mediterranean Sea, small boats used as floating ambulances in South Sudan, or vessels to deliver vital supplies in places where rivers operate as highways

©Matthias Steinbach

Four legs: In areas like the Sidama hills of Ethiopia, horses are the easiest way to travel through difficult jungle terrain to reach isolated communities

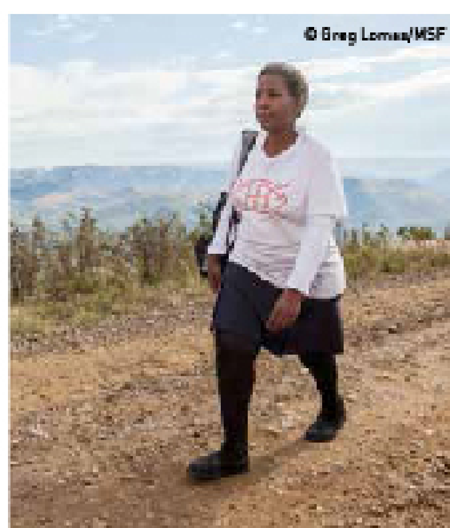


© Aris Messinis/Matternet

Unmanned aerial vehicle (UAV): We always look for ways to innovate and improve the way we work. In Papua New Guinea, MSF is uses UAVs to travel to isolated villages and collect patient samples, which are then flown back to test for TB

© Louise Annaud/MSF

Truck: As well as carrying goods, MSF also uses converted trucks as mobile clinics and labs. In Uganda and Zimbabwe, MSF's mobile HIV units are able to diagnose patients within 15 minutes and initiate treatment



© Greg Lomas/MSF

On foot: In the absence of any vehicles, we will travel by foot to get to patients. Our staff walk thousands of miles each year to provide healthcare to patients. Some will even carry someone over their shoulder to a medical facility if need be

© Jeanty Junior Augustin

Helicopter: The chopper's unique ability to take off and land vertically means it is often used by MSF to access stranded communities, especially in natural disasters like the 2013 typhoon in the Philippines and the 2015 earthquake in Nepal

©Sandra Smiley/MSF

Four wheels: The Land Cruiser 70 series is the backbone of nearly every MSF project. Rugged and dependable, we operate more than 800 of these across the globe

© MSF

Bicycle: One vehicle found anywhere in the world is the reliable bicycle. In the DRC and Angola MSF has even transported bikes in canoes to cross lakes and reach patients

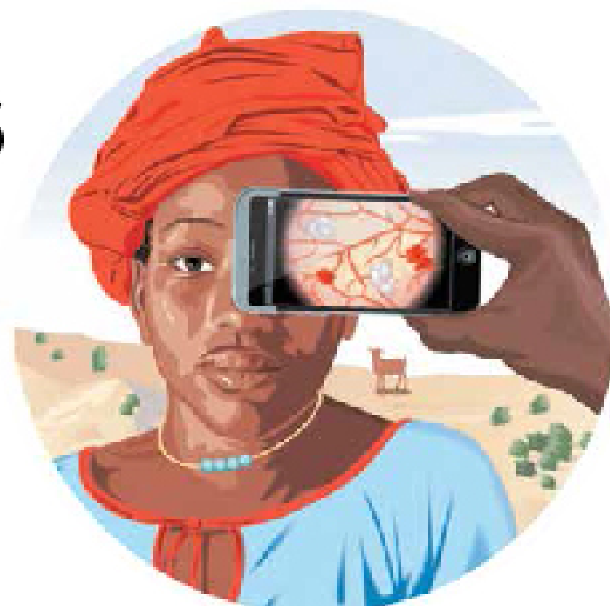
© Christophe Da Silva/Hans Lucas

Plane: We use cargo planes to carry medical supplies and aid to where they are needed. All goods are pre-cleared through customs, and can reach anywhere within 24 hours

INNOVATION

New APProaches to patient care

Three ways we use tech to help people on the ground



TELEMEDICINE

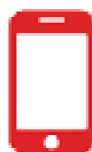
Specialists on the line

ADI NADIMPALLI
MSF DOCTOR

In Aweil, South Sudan, at the only functioning health facility in the city, a woman – six months pregnant – walked in to the busy maternity ward. She was short of breath, in need of oxygen, so our team helped her right away, doing an ultrasound on her lungs and heart. We thought the scans showed a problem with one of her heart valves, but none us are cardiologists so we couldn't be sure. We went online, and uploaded the patient's files and copies of her ultrasound to MSF's telemedicine, software that connects field doctors to more than 400 medical specialists working 24/7 around the world. In a few hours, we had a response. A Canadian doctor and an American cardiologist replied, diagnosing the patient with mitral stenosis, a dangerous problem for pregnant women which could lead to death. We then consulted an anaesthesiologist in Paris and an obstetrician specialist in Australia. They recommend doing an elective C-section and a tubal ligation to protect the patient from further complicated pregnancies. Our medical team in Aweil spoke to the patient, who agreed to the procedures. We operated and she gave birth to a beautiful baby girl. If we were in the developed world, it would be easy to send the patient to a specialist and get an expert opinion quickly, but not in a place like Aweil. With telemedicine, no matter what time of the day, the allocators quickly send it to a specialist who then responds. Having telemedicine, the capacity to ask specialists and get better and quicker answers, means I can do more for the patients.

SMARTPHONES

Snap to save a life



ESTRELLA LASRY
MSF TROPICAL MEDICINE ADVISER

In MSF's Koutiala hospital in Mali, we see many children under five with severe forms of malaria – many of them have cerebral malaria, which causes coma. But cerebral malaria can easily be confused with other diseases, such as meningitis. With the limited diagnostics available (the usual tools for looking at a patient's retina are difficult, expensive devices that only ophthalmologists know how to use and are rarely, if ever, available in the field) we couldn't be sure which disease they had, and which treatment to give them. But the retina is a mirror of what's happening in the brain, and if a patient has cerebral malaria, the retina will undergo certain changes, known as malarial retinopathy. By using new technology – the 'portable eye examination kit' – our doctors in the field could diagnose eye disease using a smartphone. They'd fit the device onto the phone and shine the phone's inbuilt light at the patient's dilated pupil. The light focuses on the retina, producing a close-up image of the tissue on the phone's screen. The images are then recorded and stored, allowing for easy examination, replay and forwarding on for a second opinion. With just a few days' training, this simple, cheap and accessible device can be used effectively even by a non-specialist doctor.

MAPPING

Plotting patient care

ELLA WATSON-STRIKER
MSF EMERGENCY HEALTH PROMOTER

In January, 2015, at the height of Sierra Leone's Ebola outbreak, people in Freetown were afraid. The fear of contagion led to policies of containment. Large numbers of people, entire families and communities were placed under quarantine, essentially locked into their homes, without a plan to get food, water or medical care to them. Our MSF health promotion team went from quarantine to quarantine, assessing the needs of the communities. We found people stuck without access to essentials, including pregnant women locked into quarantines who didn't know where they would be able to deliver their babies safely. With a huge database showing how many people under quarantine were at risk, we collaborated with Geographic Information Systems (GIS) officer to map the data. And all of a sudden we had a visualisation of where people were and what they needed in each of the affected areas. With GIS' multiple layers of data, showing physical as well as cultural geography, we were able to paint a picture that helped aid organisations reach people in need and policy-makers change the way they were operating. Mapping was one of the first steps we used to try to prevent the spread of the virus. It meant that we worked faster, and we worked with better information. We could be more strategic and ultimately we saved more lives because we had better mapping available to us.

GET INVOLVED

Join the Missing Maps project to help us navigate unmapped areas of the world. Go to **missingmaps.org** to find out more

MSF PEOPLE

Linking donors to field work

Around the world, our Face2Face fundraising canvassers go out onto streets and into shopping malls – meeting people, raising funds and helping bridge the gap between MSF projects and the rest of the world. **Koketso Modupe**, Face2Face team leader in Johannesburg, tells us why she loves her work

Why is Face2Face important?

Face2Face is about linking South Africans to the projects MSF has all around the world. To me, canvassers are MSF's ambassadors, representing the organisation and being the public face interacting with ordinary people. Of MSF's funding, 95% comes from private donors around the world. In South Africa, more than 80% of our individual donors give monthly. And most regular donors get signed up by Face2Face canvassers. We bridge the gap between the field and our donors by saying MSF is able to respond and help people in crisis because our donors give us the mandate to do our work.

What is it like being a canvasser?

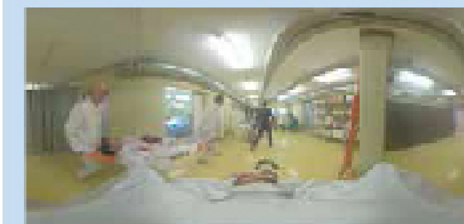
I often meet more than 50 people a day when canvassing. With six of us in a team, we easily speak to 300 people a day. Of course, not all become donors. Most do not, but I always say it's not just about the money. It's also about letting people know what we do. I tell my teams not to be discouraged if a person doesn't donate – to look at is as giving them information about something they never knew before, and that counts for something. At the start it was more discouraging spending hours talking to people and having no one sign up to donate. Sometimes you speak to 100 people and one signs up. It used to affect my emotions. Then I visited an MSF project in Zimbabwe. Being there on the ground, seeing the needs of our patients and how we help them, seeing where the money we raise goes and what we actually do with it, made it all real for me! I then realised that the rejection we may face at malls is not the worst thing. Meeting them, I understood why I do my job. And when I'm out canvassing now, that reality motivates me.

What are MSF's donors like?

Our donors really care about the world and have an interest in humanitarian work. Some even come up to us and say 'you guys are in my community, doing such amazing work'. Once in Cape Town, I met a lovely woman from Zimbabwe who came to our stand to find out who we are and what we do. When she looked at our logo and realised we're MSF, she suddenly began to cry, explaining that she had to flee home 10 years before because of Zimbabwe's political crisis. She said she knew MSF very well from the work we did in her community. "I'm alive today because of you guys, you helped my family when people were dying," she said. She told me that MSF contributed to her life in so many ways without even knowing her, and she was forever grateful. She insisted signing up to donate R100 a month from the little money she had, and said she planned to donate until she had nothing left to give. That's the unique thing about some donors we meet in Southern Africa – they are people who were once our beneficiaries who have now become MSF's supporters. We are proud and grateful – because MSF wouldn't exist without them.

PATIENTS TO DONORS – TOOLS TO BRIDGE THE GAP

We use various means to reach out to our donors in public places. Face2Face teams spend hours talking to people about MSF's values and our medical humanitarian work in many countries. We show them the hazmat suits our teams wore during the Ebola outbreak, as well as stethoscopes and the 'grab bags' full of medicine and supplies that our mobile teams carry. We show videos, photographs and host conversations with our fieldworkers. At our stands we use Virtual Reality headsets and videos to give people the experience of our projects. And this has become one of our most popular and effective tools: it's no longer about telling someone what MSF does – they can see for themselves. They can see what their donation enables us to do.



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What my MSF shirt means to me

"What this T-shirt means to me is 'Access' – access and availability of the best medical care you can give to patients." – Amanda Banda, Advocacy Manager, Malawian

"When I wear this T-shirt I feel independent, I feel accountable and I feel the pride of actually serving humanity in many of the countries where I have been." – James Kambaki, Nurse, Kenyan

"The MSF T-shirt is not just a t-shirt. It is my ID. It means I am not a target. It means I am a medical care provider and I am MSF." – Augustin Majiku, Nurse, Congolese

"My T-shirt is a cloak of invulnerability. It's my access card, so that I can transcend barriers to do my job in areas where I wouldn't normally be able to go." – Carissa Saunderson, Medical Doctor, South African

"This MSF T-shirt means that I am a part of something bigger than myself. I know that when I wear it, I am working hard as part of a big team and we are all doing everything we can to save lives." – Claire Waterhouse, HR Coordinator, South African

MSF Southern Africa thanks all our fieldworkers for their enormous contributions to MSF operations worldwide. MSF is always in need of medical doctors, nurses, psychologists, logisticians, water and sanitation specialists, and support staff.

Are you qualified and interested, or do you know someone who is?

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