

Doctors Without Borders (MSF) Southern Africa

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mamela



WOMEN OF MSF



EDITORIAL

We, the women of MSF

Most of MSF's nearly 10 million patients treated every year are women and children. It's hardly surprising when we consider that today, more than 32 million women and girls make up the world's displaced population.

These remarkably strong women are anything but victims, as MSF nurse and general director Meinie Nicolai points out in the MSF book *Because Tomorrow Needs Her*. They are survivors, who persevere and live in the hope of thriving.

They are the women of MSF when they need access to contraception, a safe place to deliver their baby, support in the wake of sexual violence, or simply to care for their children. They are the women of MSF when they flee for their safety only to encounter more danger. When they survive the perils of the Mediterranean Sea, the hostilities in Iraq, the violence and trauma in Myanmar, their lives intersect with the other women of MSF.

We are the women of MSF when we help women and teenage girls piece together a future beyond sexual violence, when we vaccinate girls against the human papillomavirus causing cervical cancer in the Philippines. Or when fieldworkers, like MSF midwife Zani Prinsloo, help women give birth safely. We are strong women who smash stereotypes. We work as logisticians and mechanics, like fieldworkers Kim Phillips and Poni Betty.

We, the women of MSF, prove our solidarity with people facing crises by raising funds to protect the health of today's and tomorrow's generations. Through donations, support, commitment and medical care, we lay stronger foundations for future women and their families. Our proximity to women in distress implies a duty to raise awareness on their plight and improve their access to healthcare.

We, the women of MSF, strive to reduce vulnerability, to fight against existing barriers that exclude women across the world from accessing the care they need.

Through our skills and strength, and despite the odds, we, the women of MSF, work to make the world better.

We, the women of MSF, want you to look at our faces in this magazine.

See our diversity and recognise our common humanity, and the courage of women everywhere.

Then recognise the power inside you to help save lives with MSF. We thank you.





© Pablo Tosco, Bangladesh

Because I am a woman. Because I had to flee

More women and girls than ever before are being forcibly displaced, whether internally, or as asylum seekers or refugees. Worldwide, it is estimated that about 32 million women and girls are currently displaced. Most of them in need of basic health services such as access to contraceptives, safe places to deliver their babies and care for their children, and obtain support in the wake of sexual violence. In response, MSF has scaled up its action to meet them on their way in places as diverse as Bangladesh, Tanzania, the Mediterranean Sea and Syria

BANGLADESH: RUKSANA'S STORY



Ruksana, a midwife, has been working in Kutupalong, Bangladesh, for six years. In August 2017, her clinic started to see a sharp increase in patients having suffered sexual violence among the new influx of Rohingya refugees from Myanmar.

‘When a woman suffers sexual violence, I feel bad because I am also a woman. When I get the opportunity to help them, I feel good. Most of the cases we are getting now are related to the Rohingya. Most are rape cases, particularly gang rapes by three to eight men. These women are vulnerable. They have lost their husbands and children, some killed by the military, and they have been raped. They have nothing with them – no clothes, no food, no shelter – and have come here as refugees. Most of the time when I’m giving survivors psychological first aid, it’s impossible to stop them from crying. I have to give them space and time to cry to lighten their mental burden.”



© Francesco Zizola, Italy

MEDITERRANEAN SEA: JONQUIL'S STORY



Jonquil is a midwife onboard the Aquarius, a search-and-rescue ship operated by SOS Méditerranée with medical support from MSF. The vessel offers healthcare services for migrants and asylum seekers who make the perilous crossing on the Mediterranean Sea from Libya to Italy.

‘It’s really difficult to imagine what these women have gone through. We’re seeing a great deal of sexual violence cases among the women who are onboard. This last rescue, I had 16 pregnant women and of those, seven were cases of sexual violence and I think four of those were pregnant because of rape. We need to give them lots of care. Some women want to keep their babies but others don’t. We don’t know what’s going to happen to these people when they arrive in Europe. Italy is doing an amazing job with this influx of people, but it’s difficult to understand what will really happen.”

TANZANIA: GLORIA'S STORY



Expecting her third child, Burundian refugee Gloria (name changed) struggled to reach neighbouring Tanzania. But now that she’s reached Nduta refugee camp in northwestern Tanzania, she finally has access to emergency obstetric care.

‘On the way here, the road was very rough and that affected me. I was rushed to hospital, where they discovered I was pregnant. I came to Nduta because of the insecurity in my country. We walked, trying to stay hidden as we did. Many times I had stomach pains, maybe because I’ve had surgery [for a caesarean section] once before. This has been a problem since I got pregnant. But I have been receiving treatment and have been informed that, whenever I feel pain, I should communicate so an ambulance can come and rush me to the health post. We came and were received very well. We’ve experienced no problems.”

SYRIA: SALMA'S STORY



Half of Syria’s population has been forcibly displaced in the war. Salma (name changed) fled with her children and brother-in-law from outside the capital Damascus south to Daraa and then crossed the border into Jordan. In Jordan, MSF provides mental health care to children and their mothers in Irbid and Mafraq.

‘Life became unbearable in the area I was living in, so I was forced to leave with my children to Jordan. My youngest son is five and was affected by the sounds of airplanes, bombs and guns. He became stressed and whenever I spoke to him, he’d lash out. I knew he needed treatment. Even though I was displaying strength in front of my children, on the inside I was tired. I eventually decided to go see a psychologist. I took my youngest son along, as there was a children’s psychologist and one for mothers. Thankfully, as the sessions progressed, there was improvement.”

Strong MSF women *shattering* stereotypes

South African **Kim Phillips** has been working with MSF as a logistician since 2013

I'm a humanitarian at heart so for me working with MSF is about living a purposeful life and making a contribution. I've worked in South Sudan, Afghanistan, Yemen, Nigeria, Sierra Leone and South Africa.

"Being a woman working in a logistics is interesting in many of the places where MSF works because there is still the stereotype that it is largely a male domain.

"I've had two experiences recently where my female colleagues looked up to me.

In Afghanistan, where the society is conservative and women can't really work in every sphere (definitely not in logistics), one of the Afghan nurses came to me and said she was so incredibly happy to see a woman working in logistics.

"In South Sudan, the work culture is different to Afghanistan in that women can more or less do what they like but the

challenge is that there are just not enough jobs and opportunities for everyone.

"At my farewell before leaving South Sudan, one woman stood up and said that when she found out I was in logistics she was very happy because she was finally able to see a woman in a lead role. She said it was inspiring for the other women there.

"Sometimes I sit and think 'this cannot be my life'. I never before imagined myself doing this. I'm always glad to know that I have played a part in helping – that I've had a small role in helping to make a hospital and healing happen through logistics."



© Greg Lomas, South Africa

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Being a woman working in logistics is interesting because there is still the stereotype that it is largely a male domain



© Jason Rizzo, South Sudan

Poni Betty has been working as a mechanic with MSF in Juba, South Sudan, since 2015

I'm married with two children. My younger child is five years old. When he sees me driving, he feels good. One day he told me that he wants to study so that he can also become a mechanic and he can drive as well.

"There are so many things I can do, like repair the whole steering system or the air conditioning system. There are so many things I can do as a mechanic in a car. What a man can do, a woman can do. So, I'm encouraging ladies to join the mechanics. You should not see this as a man's work. But also, we women, we can do it.

"When I go home to my mum, when I look like this [covered in grease], they say, 'Okay, this is our engineer. This is our girl and this is an engineer.' They feel very proud of me."

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What a man can do, a woman can do



© Jason Rizzo, South Sudan



Woman, aged 23, from Bapong



Woman, aged 28, from Lethabile



Woman, aged 33, from Boitekong

Mapping a *future* out of the trauma

One in every three teenagers in South Africa has experienced some form of sexual abuse at some point in their lives. On Rustenburg's platinum mining belt, MSF-supported clinics, called Kgomotso Care Centres, provide essential care to survivors of sexual violence, including trauma counselling and longer-term counselling for teenage girls and women.

After several months of counselling, MSF psychologists facilitate "body mapping" workshops for survivors, enabling the girls and women to express painful personal

experiences in a symbolic way. The "body maps" they create are life-sized, and help survivors identify the internal and external scars and hardships they are living with. It's a creative therapeutic process that allows them to explore and tell the stories that live in their bodies.

In creating their maps, participants gain a deeper understanding of their power and report stronger self-belief, a shift away from feelings of self-blame, and an increased ability to solve problems. These are some of their stories of a return to self-esteem and hope.



© Melanie Wenger, South Africa



A shot at fighting cervical cancer

From Manila to the Gutu district, MSF is immunising against HPV, and screening for pre-lesions of cervical cancer

MANILA: PHILIPPINES

More than 300 000 people live crammed into the slums of Tondo, which cling to the docks of the Port of Manila, the international shipping gateway to the Philippines. In Tondo, there's just a single doctor per 36 000 inhabitants.

In this deprived area of the country's capital, MSF launched a large-scale intervention to vaccinate 25 000 young girls against the human papilloma virus (HPV) – one of the main causes of cervical cancer.

With the support of Manila City Health and in partnership with local organisation Likhaan, MSF launched the first round of vaccinations since February 2017. More than 25 000 young girls between the ages of 9 and 13 received the first dose of the vaccine, which, to be effective, requires a second dose six months later.

In the chaos that is Tondo, seeking out 25 000 young girls at the beginning of the year was a challenge in itself, but finding these girls again six months later was even more so. This is where Likhaan's knowledge of the slums proved vital.

Known as community mobilisers, Likhaan's social workers combed miles of streets, going from door to door, to follow up with as many girls as they could. In addition, they organised a text message campaign to send reminders to the 10 000 phone numbers registered



© Hannah Reyes Morales, Philippines

CANCER SCREENING

There are several screening methods for cervical cancer:

- Pap test (also known as Pap smear or conventional cytology)
- Liquid-based cytology
- HPV DNA testing
- Visual inspection with acetic acid

during the first round of vaccinations, and held community education sessions to remind people of the importance of this vaccination. After weeks of hard work, the teams achieved a result that far exceeded expectations: almost 90% of the young girls received the second injection!

MSF and Likhaan have also set up screening and treatment programmes for cervical cancer. More than 1 200 women were screened between January and September 2017.

VIA method

Allows doctors to directly see lesions and other changes in the cervix that are large enough to, presumably, need treatment



LEEP

LEEP (loop electrosurgical excision procedure) is a treatment that prevents cervical cancer, where a small electrical wire loop is used to remove abnormal cells from the cervix. LEEP surgery may be performed after abnormal cells are found during a Pap test, colposcopy, or biopsy

HPV bivalent vaccine

This 0.5ml monodose is vital in enabling us to combat cervical cancer. With R2 000, we can buy one dose



12

NUMBER OF WOMEN WHO DIE OF CERVICAL CANCER EVERY DAY IN THE PHILIPPINES

15

RECOMMENDED MAXIMUM AGE FOR GIRLS TO BE VACCINATED AGAINST CERVICAL CANCER



© Hannah Reyes Morales, Philippines



© Melanie Wenger, Zimbabwe



GUTU DISTRICT: ZIMBABWE

While thousands of women in rural Zimbabwe now have access to the screening and treatment of precancerous lesions, the best way of preventing the disease is to vaccinate girls against HPV before they become sexually active and are exposed to the virus. In 2017, MSF supported the Zimbabwean health ministry to vaccinate more than 10 000 girls aged between 9 and 14 years in Gutu district.

Since 2014, MSF has worked with the health ministry to provide a range of cervical cancer prevention strategies within existing reproductive health and HIV packages of care. Today, in Epworth Polyclinic in Harare, women living with HIV are provided with VIA screenings, cryotherapy and LEEP procedures.

In Gutu, MSF supports the provision of VIA screenings and cryotherapy in five centres for all women of childbearing

age. Since 2016, more than 6 500 women have been screened, with 558 cryotherapy treatments provided.

MSF only provides screenings and treatment of pre-lesions of cervical cancer and is not directly involved in the treatment of invasive cancer. However, in certain situations, as in Zimbabwe, MSF assists with the management of referrals, biopsies and surgery.

2 305

NUMBER OF ZIMBABWEAN WOMEN SCREENED FOR CERVICAL CANCER IN 2016, WITH 353 CRYOTHERAPY AND 131 LEEP PROCEDURES PROVIDED

Women I met in Mosul

Through her art, MSF psychologist **Diane Hanna** represents the people she met while providing mental health care services in Mosul, Iraq. In Qayyarah, a town in the Mosul district, MSF runs an integrated nutrition and mental health project for people displaced by the deadly nine-month military offensive in 2016 and 2017



Fleeing Mosul Desperation and hopelessness is depicted here as the sun (or moon) is the only witness to suffering in a culture where expression of emotion in public is not the norm



Babies Wait With temperatures reaching almost 55 degrees (even higher in the tents), the high-pitched sound of all the babies crying in distress was heartbreaking. Parents, guardians and their children walked as far as 5km to reach our services through hot sand storms with no food and little water



Arabic Family Because of the war, it was not typical to see whole families together. I saw a rare moment one day when a family left the compound smiling as they held their baby



She Waits All Week

The mental health team arranged for children to participate in painting and drawing activities. After the team handed out colours, paints and paper to a thirsty desert full of children, a daily pilgrimage of little artists would make their way to the main gate of the compound and wait patiently with their drawings. I received many pictures from the children, including Amira, who would wait outside in the unforgiving heat just to show me what she had drawn



Myself and Dr Sandra The best treatment for malnutrition is therapeutic feeding in conjunction with psychosocial support and education. Our team in Qayyarah assessed and treated women and their babies. The mental health team provided individual and group psychotherapy, activities for the children, behavioural intervention, psychoeducation, baby massages, and psychosocial stimulation groups

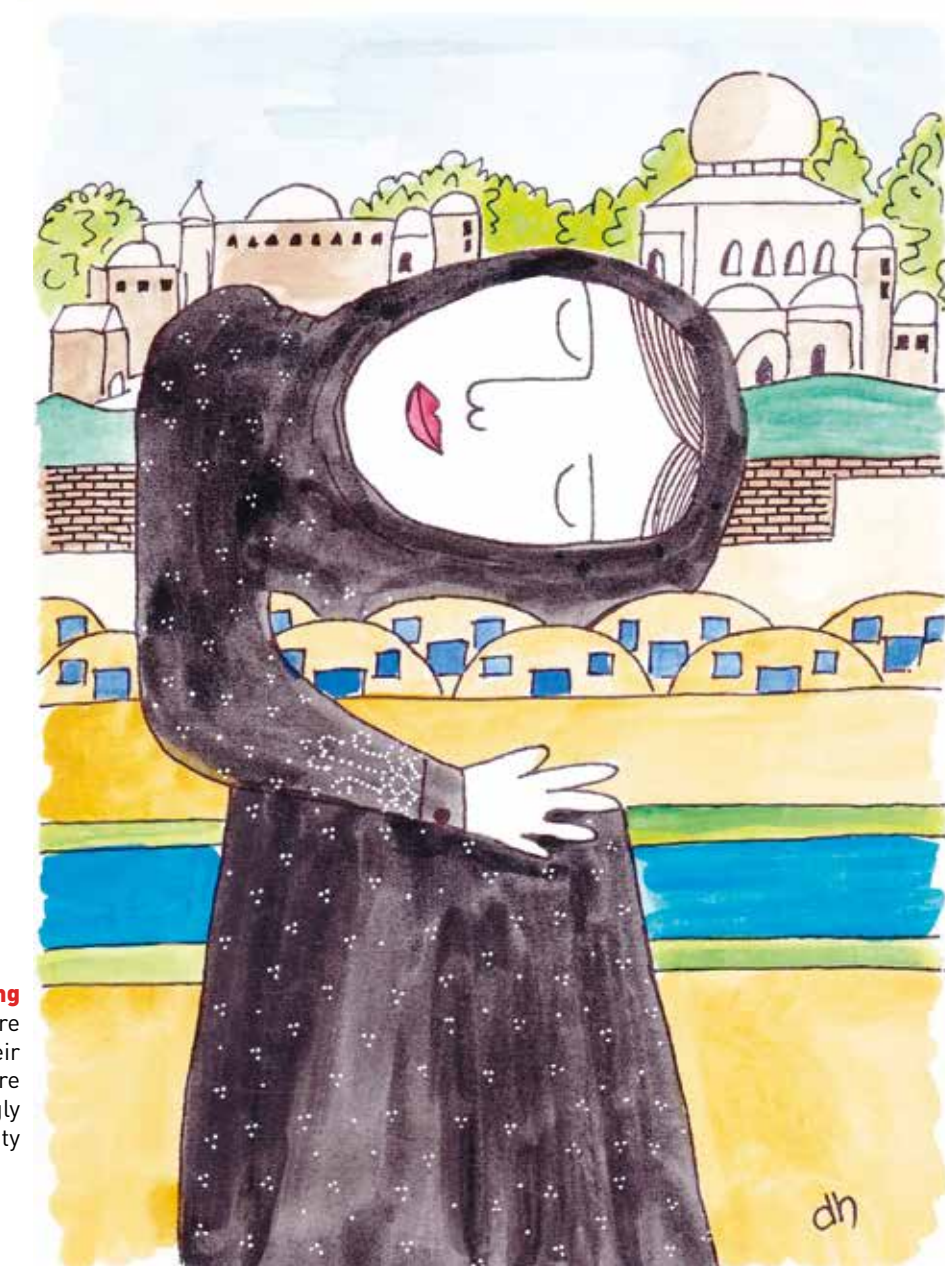


She's Gone Despite the sadness the women experienced, they showed great personal strength and resilience. They also showed a tremendous sisterhood as they shared stories of trauma and tragedy during the group psychosocial sessions



The Power of Therapeutic Food

A calorie-rich paste administered as part of the appetite test in our Qayyarah outpatient nutrition programme. Despite a number of dropouts from the programme, most parents were happy once they saw their children healthy again



Mosul Dreaming

People would reminisce about life in Mosul before it turned 'black' after Isis occupation. The way their faces would beam when they spoke of their lives before is depicted in this illustration of a woman lovingly wrapping her arms around her memories of the city



My name is Zani: 10 countries, **1 500** babies

MSF midwife has lost count of the number of babies she's delivered who are named after her

My name is Zani Prinsloo. I've worked across the world with MSF as a midwife, delivering babies and training fellow midwives since 2012.

I've worked in South Sudan, Sierra Leone, Pakistan, Afghanistan, Iraq, Syria, the Philippines, Lebanon, Greece and Kenya. In total, I've delivered about 1 500 babies in my time with MSF, with the majority being from Afghanistan and Pakistan.

The first baby I delivered during my first, and favourite, assignment with MSF was in Khost in southern Afghanistan, back in 2012. Working with MSF has taught me how to save lives with limited resources, especially in areas affected by conflict.

I remember a time in South Sudan when my team turned IV bags into hot-water bottles, filling them with warm water to keep the sick preterm babies warm at night.

In most of the places I've worked, I've been honoured by mothers who have named their newborns after me. I have so many babies named after me, I've almost lost track! I believe most of them are now in school. For me, this is a huge honour.

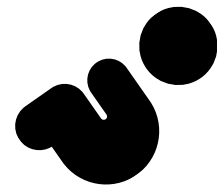
I still get photos of some of these babies from my fellow MSF colleagues working in these countries and there is nothing that makes me happier to know they are doing well and growing up.

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Working with MSF has taught me how to save lives with limited resources

Delivery kit (R600)

We can mitigate labour complications and maternal death by equipping midwives with the most basic tools for safe delivering. Delivery kits include forceps to clamp the umbilical cord, scissors to cut it, and ample gauze and sterilising solution.



What keeps me motivated are the resilient and strong women I meet during my assignments. There are so many mums who have struggled to have babies and those who have lost babies at childbirth, so when I manage to help them to have at least one baby, they are always grateful. These women inspire me to keep saving lives.

Youngsters raise funds to save lives

The more we teach young people about the work we do, the more inspired they are to help people

Are you a teacher or a parent trying to raise your children to be generous and aware of the world's challenges – and to be willing to be part of the solution?

Here's what happened when learners and teachers from Vhallyspark Primary in Gauteng took up the challenge.

"We wanted to expose our learners to MSF and we wanted to teach our children about social responsibility and the impact that any small donation can make. The teaching staff were also very passionate about MSF's medical work and in that way motivated the learners to participate in a fundraising drive where MSF was chosen as the beneficiary," school principal Melanie Pillay explained.

All of us at MSF Southern Africa were impressed and inspired by these young learners, their enthusiasm and creativity which raised more than R10 000 while learning more about the work MSF teams do to help people around the world.

"We sent letters to parents explaining where the money was going to and what it would be used for. We also raised funds through our 'funky shoe day'. The other main contributing factor towards the success of the fundraiser was the fact that MSF's team visited our school and did a presentation for the kids."

Pillay said the school was very pleased that learners demonstrated what they had learned about MSF's purpose and about people who need assistance. "One of our Grade R learners listened really well, and went home and told his mother that it doesn't matter what race or religion you are – all that matters is humanity!"

"It was an honour for us to be able to support an organisation that empowers and uplifts women and girls throughout the world, especially knowing that MSF is an organisation with mostly female staff."



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GET INVOLVED

Email Kgothatso Banoe at donorservices@joburg.msf.org to organise a similar fundraising drive at your school. She will share our teaching materials, and arrange for a fieldworker to do a talk about MSF.



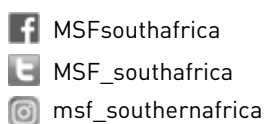
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CONTACT MSF SOUTHERN AFRICA

Telephone: +27 (0) 11 403 4440/1/2

Email: office-joburg@joburg.msf.org

Website: www.msf.org.za



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