

Doctors Without Borders (MSF) Southern Africa

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mamela

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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

THE
PEOPLE
WHO ARE OUR
PATIENTS

EDITORIAL

Patient care without borders

‘We need to rush. It’s a question of life and death, find a doctor, or the nearest emergency room!’

At some point in life all of us have this experience: Counting the seconds, adrenaline pumping, trying to clear our minds to ensure we make the right decision for a person we care about – a parent, a child, a friend, a neighbour, or a stranger in distress...

Equally, at some point we’ve all probably been in a situation where we’ve needed immediate medical attention ourselves – knowing how it feels to be in need, and that pang of human vulnerability. We’ve all experienced the discomfort of our relatives in situations like that and how a simple caring gesture can make an important difference.

Humanitarian medicine is no different. Although the physical conditions in the places where our medical teams work may vary from their settings at home – more stressful in war zones, more lonely and less comfortable in remote locations or refugee camps – for our patients and their relatives, the expectations are the same: getting the best care possible under the circumstances, being cared for as a human being in need, and being supported through a moment of vulnerability.

Working among communities facing crises is a constant reminder that our patients could just as easily be our parents, our own children, colleagues or friends. And at times, they are.

Some years ago, in Chad, an MSF doctor saved my young son from malaria. He was five years old then, and he still remembers how awful the fever was. At that time, people from the community asked me if we were using the same drugs to treat him as the medicines they were being prescribed. I was proud to say that indeed, we were!

The quality of the drugs we use and the medical care we provide cannot be compromised. We strive for the best, even in the most complicated environments – because our patients deserve it. We are all sisters and brothers in humanity, and deserve the best care possible – across borders, irrespective of race, religion, nationality or political affiliation.

As a medical humanitarian organisation, this unique bond with our patients is a daily reminder of our duty and driving force for more than 46 years.

So whether in an active war zone, in the aftermath of a natural disaster, in the midst of an epidemic, or in treating everyday wounds and ailments, our patients are at the centre of everything we do. And in speaking out about the injustices and difficulties they face, their experiences are at the centre of every story we tell. From Rwanda to Syria to Bangladesh, meet some of our patients here...

**Guilhem Molinie, General Director,
MSF Southern Africa**



BANGLADESH

THE MOTHER

© Anna Surinyach

Humaira (25), a mother of two from Maungdaw in Rakhine state, fled to Bangladesh after the violence reached her hometown. In early 2018, an MSF outreach team found her in a state of shock in the Jamtoli makeshift settlement and brought her to the primary healthcare centre with her son Mohammed Faisal (7), and infant daughter Ruzina (3 months):

‘When the violence broke out, my husband was taken by the Myanmar military. I don’t know whether he is dead or alive. They took us from our homes, burned them to the ground and beat us badly. When we fled, I was already heavily pregnant. I left with my son but couldn’t take any belongings with me. We stayed in the forest for 10-12 days and survived by eating leaves. We didn’t have anything else to eat. We found a boat [to come to Bangladesh]. I gave birth to my baby on the boat and the boatmen helped me out. In Jamtoli settlement, I receive aid once a month for my two children and myself. I’ve had many difficulties and I can’t bear injections because of the pain. I have a fever and a cold and I can’t seem to shake them off. My son helps me walk and fetches water for me to cook. He looks after me. He washes his sister’s clothes and fetches water. I hope that he will help me through all the difficulties of the future.”

Voices from the *violence*

In 2017, renewed attacks against the Rohingya community in Rakhine state, Myanmar, resulted in an exodus of several hundred thousand refugees across the border into camps in Bangladesh. Traumatized and exhausted, they told us their stories

THE TEACHER

Mohammed (26) left his wife sleeping when he began the short walk to the mosque for dawn prayers. Stepping inside, he saw his cousin Seif. As they prayed, they were unaware that soldiers were approaching the village. At about 5.30am, Mohammed first heard the sound of machine-gun fire, followed by explosions and screams.

‘Everyone was running – no one knew what to do. Should I flee the village? Should I go home to check on my family?” Mohammed and Seif ran for the nearby forest, when Seif fell to the ground – a bullet in his abdomen, another in his head. Mohammed remained in the forest, huddled under the foliage for a day and a night. Returning home, he feared the worst. “Finally I reached my house. I entered to find everyone crying, thinking I was dead. We were so terrified that there was no joy in that instant. It was then that we decided we were going to Bangladesh. I promised my family I would take care of them. No one else was going to die.”



© Mohammad Ghannam/MSF

THE GRANDMOTHER

For eight days, Solim carried his mother, **Dilaforuz (100)**, on his back, all the way out of Myanmar. She was too weak to walk. Dilaforuz was in good health for her age before she, her son and his wife, and her six grandchildren began their grueling journey from their village to a refugee settlement in Bangladesh. Now Dilaforuz is dying. Her family will be with her, but this is not home. She struggles to breathe because of severe asthma. She cannot eat solids and struggles to speak. She cries often. Her daughter-in-law, Jahura, is relieved her children are safe from immediate danger, but Dilaforuz’s suffering pains her:

‘We are here, living with nothing, but at least we are safe. We don’t have problems except that my mother-in-law is so sick. It makes us sad to see her groaning with pain, suffering and coughing day and night. It would help if my husband could find a job. But it’s impossible in the camp, and we’re forbidden from going to Cox’s Bazar city to try to find work.”



© Mohammad Ghannam/MSF

RESPONDING TO THE CRISIS

MSF has been working in Bangladesh for 25 years. Since 2009, our teams have run a health facility near Kutupalong makeshift settlement for Rohingya refugees and the local community. In response to the recent influx of refugees, we significantly increased activities, with a total of 10 health posts and more than 2 800 field staff. Since August 2017, they have carried out more than 500 000 medical consultations, and admitted more than 10 000 patients. People have been treated for trauma injuries, bullet wounds, diphtheria, measles and mental health concerns, among other things.



Cholera kit R300

Includes medicine, rehydration salts and IVs, along with buckets, boots, chlorine and plastic sheeting.



Emergency health kit R1 000

Filled with basic supplies including oral and topical medicines, bandages and surgical tools. One kit has enough supplies to treat 40 people for 3 months.



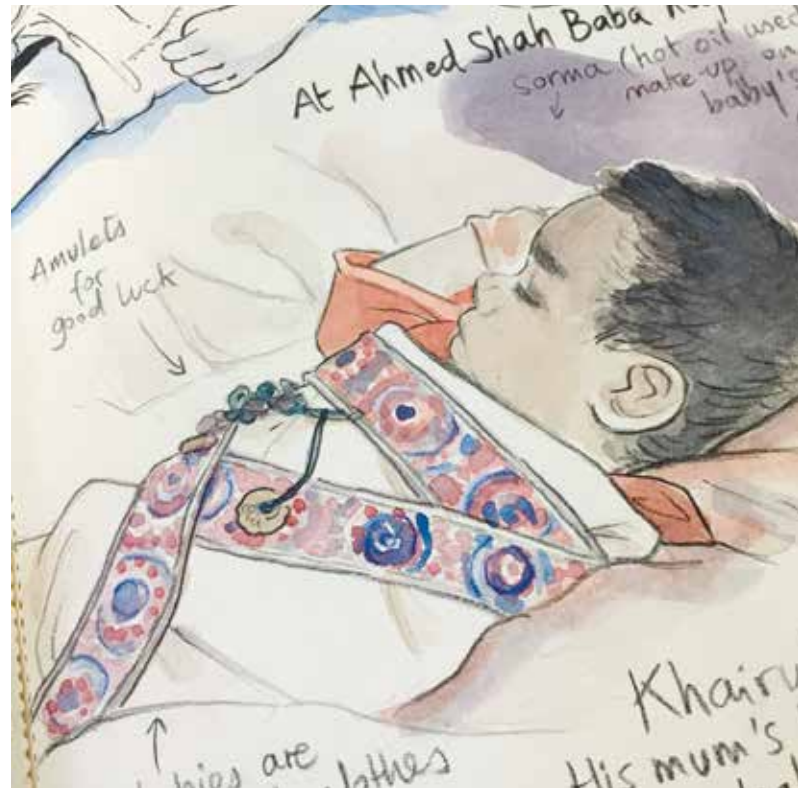
Mental health specialist R1 200 per day

Specialist provides technical expertise and training to field staff, helping set up psychosocial interventions that are culturally and socially appropriate.

AFGHANISTAN

Delivering hope

Every year in Afghanistan, about 4 300 women will die due to complications during pregnancy or delivery. In Khost, near the Pakistan border, MSF's maternity facility delivers one out of every three babies born in the state. Illustrator **Aurelie Neyret** helped give a voice to the staff and patients who, for cultural reasons, cannot be portrayed in photo or video



IMAGINE YOURSELF IN THIS SITUATION...

I'm a little girl, born too early at 32 weeks. I heard the doctors telling the new South African nurse, Betina, that I have been through a lot. I had difficulty breathing on my own and suffered an infection, which the medical team treated with a few different courses of antibiotics.

They almost thought my bowels were dying when my tummy swelled up and I couldn't eat. I thought being a baby was much easier than this!

Today was the day I was meant to be born after spending 39 weeks in my mum's tummy. Instead, my mum and two of my caretakers have been taking turns to feed me, change me, hold me and sit in a chair in front of my cot for 53 days.

I depend on oxygen supply to help me breathe, and that's the main reason I can't go home yet. Earlier this week, I took my first trip outside the hospital, 50m down the street to have an X-ray taken of my chest. The people from MSF paid \$1 for the procedure (a cost my mum wouldn't be able to afford). The air was cold and the trolley ride a bit shaky on the way there and back, but for the first time, I got to breathe different air. The polluted air in Kabul doesn't make my breathing any easier.

My doctor said that, after looking at my X-ray, my chest and heart look fine. All they can do now is wait and maybe try some chest physiotherapy. Nurse Betina had the idea to use a ventilation mask as a percussion device. (Percussion is the method physiotherapists use to loosen the secretions in the lungs to improve breathing). She demonstrated the technique on me for the other nurses. Oh, it felt so nice! I could breathe better, and after two days of physiotherapy, I could breathe without my oxygen supply for almost five hours at a time! I was getting stronger...

To you, physiotherapy might sound easy, but my body is so small that it really uses all of my energy and strength just to breathe.

After three sessions of physiotherapy, I was able to go a whole day without oxygen. I'm getting there, slowly but surely, and my family will be so happy to take me home soon.

After five sessions of chest physiotherapy there was no need for me to go back on oxygen again and my doctor decided that I could finally go home. My family and I were so excited! And it was all thanks to the hard work of the MSF staff and the loving care of my mum." – **by Betina Austin, South African Neonatal Nurse, Khost**

These tiny legs belong to one of five quintuplets. Sadly, one died, but the other four are fine. Still at the hospital, their mother expresses milk to feed them every two hours with a syringe. When they are strong enough, they will be breastfed normally and go home.

This man has 11 children, all delivered at home without the help of skilled birth attendants. On this day he had brought his daughter-in-law for treatment. She had delivered by Caesarian-section a week earlier but her scar had become infected. He was very happy with the service they received from MSF.



This boy (15) brought his aunt to deliver at MSF's Khost maternity facility. It was his first time at a maternity hospital and he learned a lot during the health promotion sessions. He says, blushing, that the knowledge will help him when marries and his wife gives birth.



BURUNDI TO TANZANIA

'My old life seems far away'

In Tanzania's Kigoma district, Mpawenayo, Ramadhani and Teresa are among nearly 300 000 people, mostly from Burundi, now living in refugee camps along the border



MPAWENAYO (22)

Each day here feels like a week, and with each week that passes, my old life seems further and further away. I was a student, living a normal life, and preparing for the birth of my first child. It feels strange to think that now I am now living in a refugee camp. This is not what I expected for my life. To make matters worse, now I am ill, here in hospital. I have vertigo and awful pains in my stomach. My husband called the ambulance but it didn't come, so we went to an MSF health post. The doctors say I have severe malaria and a urinary tract infection. They've told me that there's a risk that I may miscarry and lose my baby. If my baby dies, I'll feel that it's my fault. I feel guilty for not being able to provide the best for my child, but it is hard for expectant mothers in the camp to look after themselves. I worry about the future. It's difficult to have any expectations any more."

RAMADHANI (26)

I've been sick [with] a headache and nausea and felt very cold. I came to the MSF clinic and the doctor tested my blood and told me I have malaria. I'm waiting to receive some medicine that will help me get better. I have a mosquito net in my tent in the camp and although I use it, I still got sick. I've been living here for six months with my wife and two children. I have spent most of my life as a refugee. I grew up in another camp in Tanzania after my parents and I were forced to flee our country. I'm still not used to the conditions though and life here is difficult. Refugees never have a good life. It's a struggle to get enough food and water and living in a tent wears you down. But it's better than living in fear at home."



TERESA (60)

I've been living here for a year-and-a-half. Life here is very hard – even to get enough food and water and our living conditions are very poor. I've been ill a lot but one occasion was particularly bad – I had an awful headache, was feverish and I could feel my heart pounding fast in my chest. I remember being so weak and shaky that my legs could barely support me. My son helped me to go to the camp hospital and the doctor diagnosed me with malaria. Being ill made me realise how dangerous malaria is and now I'm scared of my family getting sick, especially my grandson. I know that the disease is spread by mosquitos and so I try to protect him. Until recently, this was difficult because our mosquito net had big holes that the mosquitos could get through easily. But about a month ago, MSF gave us a new net and now I sleep under it every night with my grandson. I'm so pleased to have it and I hope everyone else in this camp gets one too, so that they are protected from getting sick."

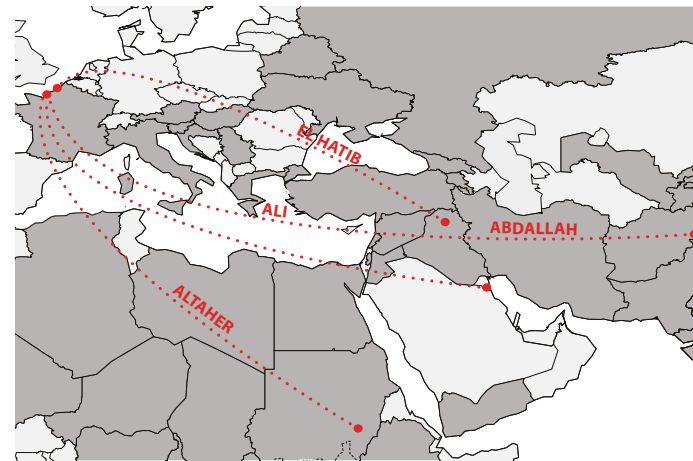




EL HATIB (68)
Shepherd from a village
near Mosul, Iraq

The Islamic State group now controls the region in Iraq where El Hatib used to live. In 1974, he took part in an international shepherd contest in Iraq. He took second place. The winner was an English shepherd. So he thinks Great Britain must be a good place to be a shepherd. El Hatib already managed to send seven members of his family across the Channel. His wife travelled with “a guarantee”, a price for which the smuggler guarantees her safe arrival at her destination. El Hatib is hoping to cross as well.

Grande-Synth, France



ON THE MOVE

NO PLACE LIKE *home*



ALI (18)
Born in Kuwait

Ali's shack looks like a child's room. He comes from a Bedouin family and explains Bedouins have no right in Kuwait, not even to nationality. Ali has lived in a tent all his life so this shack is his first “house”. Back home, his tribe travelled on camels. To reach Europe, Ali took a plane and a boat for the first time. He misses the desert and sunsets. He talks about his childhood with nostalgia: when he looked after sheep on a horse or when he made sandmen in the desert after the rain.

Calais, France



ABDALLAH (24)
from Nangarhar, Afghanistan

Abdallah was a grocer back home in Nangarhar, so he thought it made sense for him to open a small grocery store in the refugee camp where he now lives in France. Unlike many others, he doesn't want to leave the camp. His shop is doing well and his friends are here. His youngest daughter was born in the camp. Her name is Arzou, which means ‘hope’ in Dari.

Calais, France



Tens of millions of people across the world are currently fleeing conflicts, extreme poverty and persecution. When refugees flee, they carry little of their old lives with them. But as they set up camp along the road to safety, their simple possessions speak of their identities and their aspirations. For those newly arrived in refugee camps in Europe, shelters – albeit temporary – take on the personality of those living in them. By capturing snapshots of where people live, photographer **Bruno Fert** tells the stories of refugees and migrants at a difficult and crucial point in their journey towards a better life



ALTAHER (29)
From Sinar, Sudan

His journey from Sudan took a year and a half. Now he has given up on reaching England, as he thinks it's too difficult to make it. Some of his friends told him about Nantes and Angers. He would like to move there and work in construction. His roommate, a fellow Sudanese, decorated their shelter. Where does he want to go? He doesn't know. Day and night, he paints, repaints and tries to enhance their shack, almost in a mystical way.

Calais, France



NIGER

Images ©Sarah Pierre

In the paediatric unit at Magaria hospital last September, MSF treated more than 2 000 children – mostly for malaria, malnutrition, respiratory and diarrhoeal infections. Among them was six-week-old Fassouma, in the care of her mother Absatou. We followed them from the observation room to the paediatric unit and back to their village of Zazari Foulani

10 DAYS with Absatou and Fassouma



DAY 1



DAY 2



DAY 3



DAY 5



DAY 6

Day 1 At 7.30am Absatou arrives at MSF's health centre with little Fassouma, who has a high fever and diarrhoea. Fassouma is taken to the observation room. The rapid test for malaria is positive. She's having difficulty breathing, is showing signs of jaundice, and has acute gastroenteritis. She is admitted to the hospital's intensive care unit.

Day 2 "I didn't sleep well. I feel so alone here. None of my children have ever been admitted to hospital before and it's the first time I've been away from home," says Absatou. The doctor explains that Fassouma cannot leave intensive care yet as she still needs help breathing. To supplement her mother's breast milk, Fassouma is given nutrient-rich therapeutic milk every three hours.

Day 3 "I made some friends yesterday. It's incredible, in such a short time!" Absatou says in the morning. Fassouma's treatment has been adjusted based on her current condition.

Day 5 Fassouma's health has improved over the past two days. Soon she will no longer need help to breathe, and she will be able to leave intensive care. But Fassouma's treatment for malaria, her respiratory infection and gastroenteritis will continue for the coming days. In the morning, Absatou and the other mothers take part in a malaria awareness session. "They explained how to put up the mosquito nets and when to use them," Absatou says afterwards.

Day 6 In the afternoon, Absatou is given good news: Fassouma can be discharged from intensive care. Once inside the new ward, Absatou chooses a bed near the door and unpacks her belongings. Another mother greets her and helps her put up her mosquito net.

Day 7 In the early evening, Absatou is outside the ward talking with some of the other mothers. This afternoon, the doctor came by to see Fassouma. "He removed the IV-line needle she had in her hand. When Fassouma breathes now there's no wheezing at all. This time, I can really see an improvement."

Day 8 The doctor does his morning rounds. "How's your daughter?" he asks. "She's doing better. She no longer has diarrhoea." The doctor explains that Fassouma can be transferred to the "transition ward" – the last stage before returning home.

Day 9 Fassouma is well enough to go home. However, her treatment will need to be continued. Absatou is given a course of seven amoxicillin tablets (an antibiotic to treat bacterial infections) for her daughter. Absatou is eager to go home, unable to wait for the MSF ambulance, she takes a taxi to the village of Tinkim. There she meets a neighbour who accompanies her on the two-hour walk back to Zazari Foulani.

Day 10 Absatou is surrounded by her children in the courtyard of her home enjoying the cool morning air, with Fassouma asleep in her arms. Moussa, her husband, is delighted to see his daughter in good health, he says. Fassouma wakes up and her mother takes the opportunity to give her some medicine. In the bedroom, the mosquito net she received at the hospital hangs over the bed where Fassouma sleeps. "At the hospital, I was given a lot of advice ... I remember all the information about using the mosquito net. I put it up as soon as I got home."



DAY 7



DAY 8



DAY 9



DAY 10

ESSENTIAL ITEMS



Mosquito net R217

Nets are treated with insecticide and given to those most at risk from malaria, including children and pregnant women



Stethoscope R255

This medical tool is vital for detecting health issues common among people at risk



Therapeutic food R511

This ready-to-use food is packed with all the essential vitamins, minerals, fat and protein to regain a healthy body weight



Anti-malaria pills R243

Administered to adults infected with malaria, this medication works quickly to counteract the disease and help save lives

SYRIA

Zehra's story

Seven years since the start of Syria's war, civilians are worst affected. People trapped in besieged areas live under the threat of constant bombardment, while those who have fled are stuck in trying conditions, mostly in refugee camps in neighbouring countries. In Jordan, MSF has been providing medical and psychological care to wounded Syrians, including eight-year-old Zehra and her family

This graphic novel was first published on **the quint**

HOMS, SYRIA, JUNE 2017

Zehra helped mama lay the table. It was soup and bread for breakfast again

You eat mine. I'm not hungry

Suddenly, they heard planes overhead, as they had done almost every day for as long as they could remember

Baba and Mama bolted the windows

and ushered Zehra, Dania and little Ashraf into the basement

Zehra hated the basement. It was dark, and she had once seen a big spider in the corner

Baba, let's go back upstairs. The spider will come

No, nothing will happen

But I can't see anything

Smile for me, Zehra. We need some light here

Baba loved that joke. It made everyone laugh

Ah, perfect!

And everyone would settle down because the only good thing about the basement was that it meant story time

Once upon a time, there was a brave princess whose country was ravaged by a seven-year-long war...

By the time they came back upstairs, it was almost tea time, and uncle Aslam from next door had come to visit

Uncle Aslam seldom brought good news

Some days, he'd tell them about how an entire family had been wiped out in an airstrike

Other days, he'd talk about how food supplies were running low because the landmines kept everyone away

And some days, he would ruffle Zehra's hair and say a prayer for the 5 million children like her who had been born into a war they had never asked for

When she asked Baba, he'd tell her not to worry

Smile for me, I need some light

Are you coming? I'm going to play before the sun sets

Her sister Dania called her out to play

The airstrikes began. The sky began to turn dark

Dania please. Let's go, I'm scared. I hear planes

No, I'm picking flowers for Mama

Go die, I'm going inside

Zehra had almost made it to the house when two bombs dropped

The sun turned red

Everything went dark

As did Baba, little Ashraf and Dania

RAMTHA, JORDAN, JUNE 2017

The next thing Zehra remembers is being surrounded by men and women in white

Mama wouldn't stop crying

When Zehra asked her about Baba, Dania and Ashraf, she cried

When she delivered a healthy baby boy two months after the bombing, she cried out of relief

When they replaced Zehra's leg, she cried out of happiness

But Zehra, Zehra would smile. She smiled when she got a new leg. She smiled at her mother and her baby brother

She would zip through the hospital on her wheelchair. She'd chat with everyone and make people laugh

She loved wearing lipstick, it would make her smile even more. If you asked about her smile, she'd say, 'At least I'm still alive'

But when no one was watching, Zehra would cry. She would draw about the day the sun turned red

She would cry in the crowded refugee camps, where the electricity was unreliable and the water supply erratic

GO DIE. I'M GOING INSIDE

She would cry about her last words to her sister

But she'd make sure she never cried in front of her baby brother. She had to live up to Baba's last words to her

Take care of yourself. Take care of them

See, that was the thing about Zehra. She had lost almost everything to the war. But her smile was still her own, as was the light it brought along



Once a patient...

24 years ago, MSF teams in Kigali witnessed the first days of what would become known as the Rwandan genocide, during which more than a million people lost their lives, including MSF staff. Among those who survived the tragedy were young people who first met MSF as beneficiaries. Decades later, they are now our fieldworkers

Dominique Mukunzi

MSF PHARMACIST

In 1994 I was 11 years old when we fled. The genocide just took place in my home country, Rwanda, and we had to escape. We walked for days, all the way across the border, into the Democratic Republic of Congo (DRC), until we reached the refugee camp in Bukavu. That's where I first met MSF – in the camps, helping people.

We stayed there for over a year. Then in 1996, war started in Bukavu, and we had to leave again. Once more we walked for days, all the way to Kisangani, hundreds of kilometers away. Sometimes there were no villages along the way, so we just slept in plastic sheeting.

One day on the road to Kisangani, a small plane landed close to where we were, and it was MSF. MSF came to the middle of nowhere and made a small hospital which was helping refugees on the road. It's something that stays with me.

In 1997 it was finally safe enough for us to return to Rwanda, after three years on the road and living in camps in the DRC. My mother had worked at Kigali hospital as a social worker before we fled, and while we were refugees she got a job with MSF in the camp, working in a nutrition centre.

Her experience influenced me to want to work in a similar field. So after school I went to university to become a pharmacist. Although there are other organisations doing humanitarian work, MSF inspires me. I remember the help MSF gave me when I was in need. I always keep that in mind, to remember to help what once helped me."



Claudia Kanyemera

MSF FINANCE MANAGER

At that time of the Rwandan genocide, in 1994, I was in secondary school. We lived in the south province of Rwanda when everything started and I was forced to leave my home with my family. We were internally displaced to another part of the country. I lost some family members during that time. It was really difficult. We fled and went to a place we thought was secure, but everywhere in Rwanda, there was no place that was fully secure.

A few months after the fighting began, I found some work with a non-profit organisation, helping to translate between French and Rwandese. That was where I first saw MSF – they had set up a hospital that shared the same compound with this non-profit. I saw how MSF treated patients without discrimination and without any bias. They really cared for the people. That's when I decided I would go to university and one-day also join MSF.

After the fighting stopped, things finally returned to normal and I applied to go to university. I dreamed of studying medicine, so I could join a humanitarian organisation. But it was not easy to get scholarships and studying medicine was very expensive. The scholarship I was able to get was to study finance, so I changed my mind about doing medicine and built a career in finance.

But I still wanted to do more for people. As a genocide survivor, a victim of political crisis, I know how much people need support when they are in these conditions. So I decided to join MSF as a finance manager in the field. Today, even though I'm not a doctor, I can still help in some way, and work to achieve my dream of changing people's realities."



'I know I could have died'

Dr Christel Kaya was an MSF patient during the civil war in the Republic of Congo. Today, he donates to the organisation he credits for saving his life

On an ordinary day in 2012, I was walking around the mall near my house in Stellenbosch, when I saw people in MSF T-shirts asking for donors to sign up. The instant I saw them, I stopped. Suddenly, my mind flashed back to 1997, to my home country, the Republic of Congo...

It was June 1997, I was 15 years old, and the trouble began: A military coup overthrew the elected government, and in the months that followed there was an uneasy kind of peace.

By 1998, an uprising had started in the southern part of the country and spread. Suddenly, my family along with thousands of others got caught up in the violence. We were forced to flee our home, seeking refuge in the remote villages 10km to 15km away, where we stayed for 7 months.

Then the fighting got worse and we fled again, this time into a nearby forest. We stayed there, in challenging conditions, until 1999 when the civil war finally ended and we could come out of hiding.

For those two years, there was a lot of fighting and hardly any access for anyone to come and help those of us who had fled.

But what I remember is seeing cars driving around with logos on them. At first, we didn't know exactly who they were, but then we heard it was an international organisation helping people. This organisation, it turned out, was MSF.

Living in the forest was difficult. Challenging weather conditions and lack of sanitation exposed us all to various diseases. My family were all suffering from malnutrition, and personally I suffered from malaria, salmonella, scabies and other diseases. I was in a lot of pain.

When we finally came out of hiding, we saw MSF along the way. I realised this organisation cares about going where no one else goes. When we were coming out, MSF was going in to find people,



I realised even if there are people who come in to fight, there are also people who come in to help

going deeper into the forest to reach even more people.

We made our way to the main town, where we were admitted to an MSF health centre. I was diagnosed, treated and taken care of by the staff – all free of charge.

That really impressed me. After, I was even more touched when I heard someone say: "The food and medication we are getting, it's from donors all over

the world." That made me stop and say, "wow", because I realised that even if there are people who come in to fight and kill, there are also people who come in to help. That made me decide that to express my gratitude, I wanted to one day be among those donors.

Later, in 2003, I moved to Brazzaville, attended university, got my bachelor's degree, and then moved to South Africa to study my honors, masters, and finally my PhD in physics in Stellenbosch. That's where I was that day in 2012 when I saw MSF again. And I knew what I had to do.

Even though I was a student and not working, I said I'd at least try to give what I could. So I approached the MSF stand and signed up to be a monthly donor.

I know I could have died all those years ago if I didn't get the help I got. So I don't know if I can ever repay MSF for what they did for me, but I hope to be a donor forever. Because for me, it's about my life.




mamela


CONTACT MSF SOUTHERN AFRICA


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

Email: office-joburg@joburg.msf.org

Website: www.msf.org.za

 MSFsouthafrica

 MSF_southafrica

 msf_southernafrica

Questions about donating to MSF?

Call the Donor Care team toll-free on 0800 000 331
or email us at donorservices@joburg.msf.org

Do you want to work for MSF in the field?

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