mamela

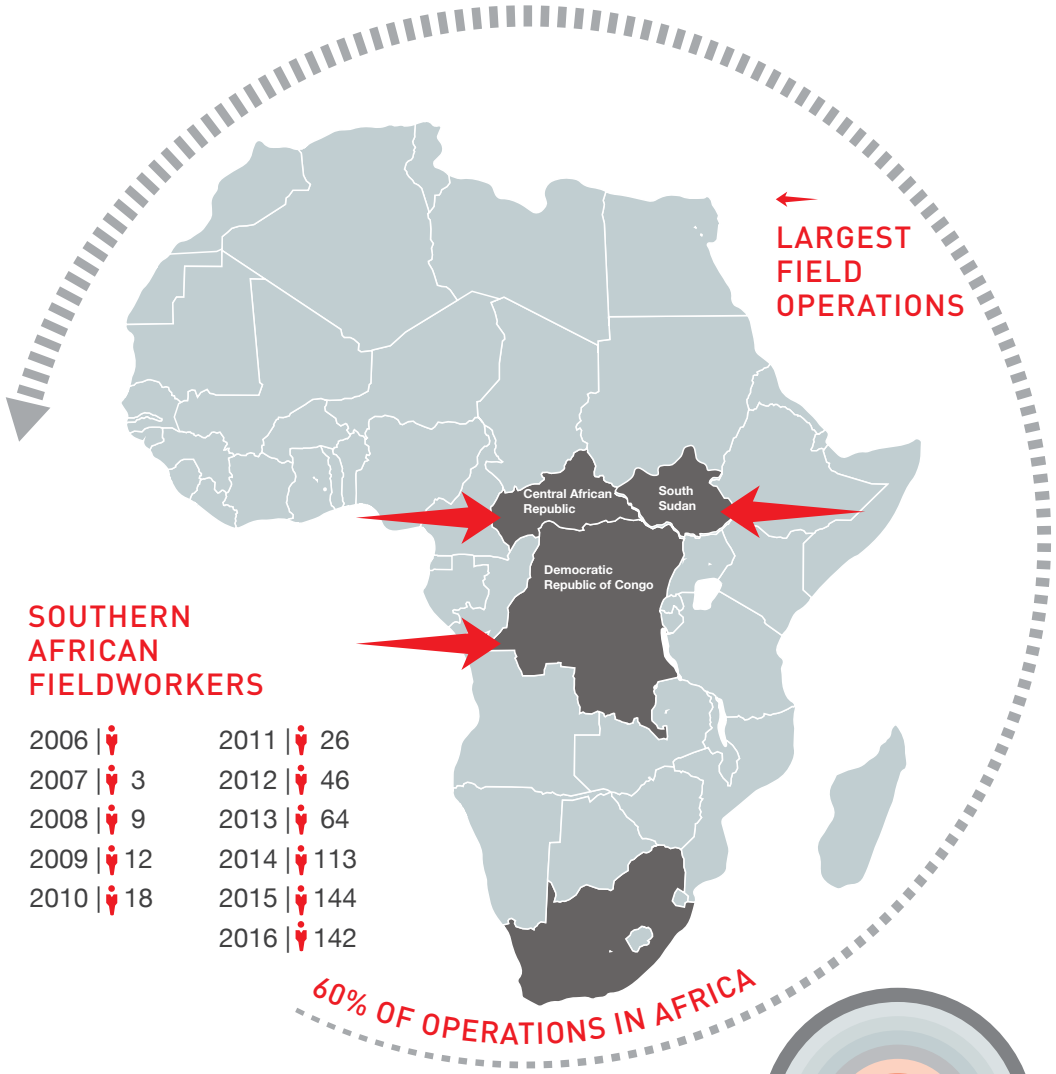
Doctors Without Borders (MSF) Southern Africa 2017

10 YEARS

ANNIVERSARY ISSUE

MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

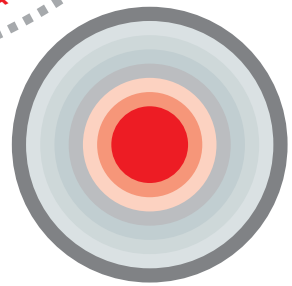
10 YEARS OF MSF SOUTHERN AFRICA



SOUTHERN AFRICAN FIELDWORKERS

2006 |	2011 | 26
2007 | 3	2012 | 46
2008 | 9	2013 | 64
2009 | 12	2014 | 113
2010 | 18	2015 | 144
	2016 | 142

DONORS 2009 - 2017



2009	2010	2011	2012	2013	2014	2015	2016
5,500	9,021	13,507	16,021	19,800	22,607	25,228	26,756

STRENGTHENING DIVERSITY TOGETHER

MSF Southern Africa's General Director, Guilhem Molinie, reflects on a decade of work in the region, providing medical treatment, advocacy and support to the poorest and most vulnerable communities.

In 2007, in keeping with our commitment to serve the medical needs of the poorest and most neglected patients, Doctors Without Borders (MSF) Southern Africa opened an office.

Since then, we have kept close to the communities living in Khayelitsha in the Western Cape, where our work in South Africa began, fighting to give them access to better treatment and support for HIV and drug-resistant TB. This approach – along with 10 years of work with health authorities in South Africa, Mozambique, Malawi, Lesotho, Swaziland, Zambia and Zimbabwe – was to create momentum to get ahead of the HIV epidemic, prevent new infections, alleviate suffering and ultimately save lives.

A recent visit to MSF's project in KwaZulu-Natal's Eshowe and Mbongolwane areas brought this work into sharp focus for me. In this rural area, home to 183,000 people, 1 in 4 aged between 15–59 years old is HIV positive – some of the highest rates in South Africa. While new guidelines to accompany self-testing are being introduced in the country, the MSF team in Eshowe is implementing innovations that reach into the community: at Eshowe College, a student can get tested, receive counselling, check the level of HIV in their body using a portable viral load test, and start HIV treatment within an hour!

From then on, it will be one pill per day for life, but it means that a healthy life can go on sooner because HIV treatment started earlier.

Because of this, all students in the MSF cohort at Eshowe College are immuno-suppressed – meaning the virus is at undetectable levels and they're unlikely to infect others, thereby cutting the cycle of transmission in their community.

The fight against HIV must move on many fronts today to ensure 90% of the population in some zones is tested and knows their status; 90% of patients take their ARVs; and 90% of those achieve levels of viral suppression. But we also need to know and understand the 10% who remain out of care.

In most countries were MSF works, the people who are left aside are the ones we focus on: those unseen, unheard and abandoned at the heart of a humanitarian crisis, including prisoners, refugees, men having sex with men, sex workers and intravenous drug users – or simply people who are too poor and too remote to access care. We see them in our hospitals in Kinshasa in the Democratic Republic of Congo and Conakry in Guinea when they arrive with late stage HIV, already very sick. For them, there isn't a minute to lose: urgent care needs to be provided as much as it would if they were wounded in one of the many warzones where MSF works.

Less than a decade ago, a wave of xenophobic violence in South Africa left many people from the region wounded, fleeing their homes, losing hope and dignity. MSF responded to their urgent humanitarian and health needs. Today, a similar desperation is forcing people to flee war in Syria, and Iraq, or unliveable conditions across the Sahel, and get onto boats in the Mediterranean Sea to reach safety. Yet again, MSF teams are responding where people are, working to save lives despite mounting criticism from European politicians.

Today, 10 years after opening, MSF Southern Africa sends over 140 medical doctors, nurses and logisticians from this region to support our field operations in 70 countries around the globe, and more than 20,000 individual private donors in South Africa contribute essential funds that enable us to save more lives and support more patients.

Independent funding is what powers our ability to provide impartial medical care in warzones, and respond to epidemics like the West African Ebola outbreak. But it also ensures MSF's Access Campaign can intervene and lobby governments and pharmaceutical companies so patients have better access to essential and affordable drugs to treat cancer, mental health conditions, and drug-resistant TB.

After 10 years, MSF is still a committed, independent medical humanitarian organisation. But now more than ever before, it is deeply rooted in Southern Africa, its people and communities in order to make access to lifesaving medical care a reality.

Guided by MSF's charter and principles, MSF Southern Africa adopted a vision in 2017 to keep "strengthening diversity together and advance patient-centred care". For us this means: listening to individuals and understanding their communities; recognising, promoting and developing the value of people, ideas, expertise and cultures; seeking and implementing practical, innovative solutions; and nurturing our associative spirit, sense of community and activism.

This is what we intend to do, together with your support, for the next 10 years to come.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FROM REFUGEE TO FIELDWORKER

Thirteen years ago, Dodo Kibasomba fled conflict in her home country the Democratic Republic of Congo. She has been committed to humanitarian work ever since.

A small satchel hangs around Dodo Kibasomba's neck. Inside are her only irreplaceable possessions: her passport, some money, and a few bare essentials that never leave her side.

"In 2004, I fled my home in Bukavu in eastern DRC," she says, "the fighting arrived and my fiancé and I had to move quickly, leaving everything including our families behind. I got to South Africa with nothing but my official asylum papers and a very small, small bag. That was a lesson to me."

"Now when I go to the field I'm more aware that anything can happen; you never know when you may need to flee. So if something is important, I carry it with me." Dodo, a nurse by profession, has worked as a medical team leader in several MSF projects including Mali, South Sudan, and Nigeria. But her passion for helping others began long before joining the organisation in 2008.

"For years, I worked helping people in distress in the DRC – refugees from Rwanda and Congo-Brazzaville who had fled conflict. Now I live in South Africa and I am one of them. I myself am a refugee," she says. "I know first-hand the kind of life refugees live and that's why I stick with this work, so I can continue to help them wherever they are displaced."
Dodo recently worked for six months in northeast Nigeria and neighbouring Niger, bringing medical care and assistance to communities displaced by the conflict between Boko Haram and regional armies in Borno State.

"I worked in Benisheikh, one of the villages most affected by this crisis. Schools are closed, there is no water and people don't have food. It's really terrible. Refugees and displaced people stay in a camp in the middle of the village. There were no health facilities before MSF set up a centre to treat the community. In our programme, we see about 1,500 children every month."

The majority of health issues the team deals with relate to malnutrition and malaria, especially among children. "With malnutrition, our initial target was to treat children under five years old.
But because of the conflict and the resulting lack of food, we saw malnourished kids who were much older," she says.

"Once an 11-year-old boy came to our stabilisation centre very, very sick. We found he was malnourished and on top of that, had malaria and a respiratory condition. His parents were afraid they couldn't help him anymore, so we tried as MSF to save this child. Deep down everyone thought there was no hope but we tried and eventually treatment worked; he miraculously recovered!"

What I pack for the field

"From all my items, this small bag is essential. It has my passport, money, and everything important to me. If an emergency happens and we are evacuated, this is all I need."

"We saw many children like that, who arrived in a very critical condition, but with the persistence and professionalism of the team, we helped them survive. When I left Benisheikh, the mortality rate for kids in this community went down – something I was grateful we achieved."

Dodo has two children of her own, who also share her humanitarian spirit. "My daughter is 11-years-old and she loves MSF. She wants to be a doctor and when she plays, she lines up her dolls and says, 'these are refugee children and they are suffering. So I have to help them'. I'm happy when I see that my children understand what I'm doing."

"When you see people suffering, dying, just where they are, you know inside yourself that you have to be there to try and do something to help them. These conditions are very bad. As a human being you feel you must do something, anything, and maybe you will save someone's life."

BORNO STATE, NIGERIA: BETWEEN A ROCK AND A HARD PLACE

The battle waged between the Nigerian military and Boko Haram has seen over 2 million people forced from their homes in some of the most remote and inaccessible areas of the country's northeast Borno State. Today, the violence and insecurity continues and new waves of displaced people are still arriving in remote towns suffering huge medical and humanitarian needs.

Pulka is one such town, located about 10km from the Cameroonian border, where the population grew by 30% almost overnight as 11,000 desperate people arrived.

And as the population surges in Pulka and other towns like Rann, Banki and Dikwa so does the pressure on the existing resources. The situation was so desperate, the demand so high that people fought over it. MSF was able to increase water supply to 4,000 litres per day at our hospital compound where 1,800 people sought shelter.

The people who arrive in towns like Pulka, Banki, Rann or Dikwa are mostly from areas inaccessible to humanitarian organisations. They are most often in a bad state of health, almost entirely dependent on aid, and unable to sustain themselves because of military restrictions on people's movements make farming almost impossible.

MSF teams in Borno State conducted 175,877 medicals, vaccinated 146,650 children against measles, assisted 3,218 births and distributed food to 32,365 people in a period of six months.


© MSF


© Aurelie Baumel

CENTRAL AFRICAN REPUBLIC: THE AFTERMATH OF VIOLENCE

Four years ago, civil war erupted in Central African Republic. Although the most acute violence occurred in the immediate aftermath of the 2013 coup, sporadic fighting between the Muslim Séléka faction and predominantly Christian Anti-Balaka group has been a simmering presence ever since.

Recently, renewed fighting among old warring parties has triggered a new fight for control of territory and resources, particularly in the centre and east of the country. The violence is now spreading to areas considered relatively stable for the past two years. At Bangassou hospital, MSF teams treated a dozen wounded people in the space of a few hours on a single day in May, with reports of other civilians who were wounded but unable to access medical facilities because they were under fire. MSF has worked in CAR since 1996, and continues to treat people on all sides of the conflict. In Mbomou province, these are some of our patients:

Photos: Colin Delfosse/Out of Focus

A group of people meet once a day to pray in an abandoned administrative building near the Alternatif camp for displaced people in Bambari – not far from MSF's healthcare centre.

Henri Passendro, 84, is chief of Nasima village. He fled his home in December 2016 with his family to seek shelter at Aviation camp for internally displaced people. "There was fighting between [groups] near the village, people going around that they were burning villages, so we fled. My son went back later to see what was left. All had been burned down. I would like to go back to my village, but I have no money left to pay transport," he says.

Esther Endjiondji, 30, was displaced from her home because of violence in the Maidou neighbourhood in Bambari. She braids her 12-year-old daughter Paradoxe's hair.

Constantine Jamet, 25, waits at her niece's bedside in the Bambari hospital where MSF has been treating scores of people caught in the renewed fighting in the region.

HUMANITARIANISM: THE SPIRIT OF UBUNTU

Zanele Dhludhlu, MSF Southern Africa's Finance Director, reflects on what drew her to humanitarianism more than a decade ago.

© Cornel van Heerden/ MSF

It was 2005; then 25-year-old Zanele Dhludhlu was settled in a corporate job at one of South Africa's largest retail companies. She was on track to work her way up the ranks toward promotion and eventual upper management. Until her brother passed away from complications related to HIV.

"When HIV is far away from your life, you don't always understand it, especially the way things were back then," Zanele says. In 2005, HIV was already reaching epidemic proportions in sub-Saharan Africa and stigma was rife. But hardly anyone discussed their status publically and access to information, counselling and effective medication was scarce.

"After my brother passed away, I started doing research. I thought to myself, 'do people really have to be dying from HIV?' and that's when I found out about Doctors Without Borders and the work they were doing to help South Africans access drugs that could save their lives."

What I pack for the field

"I write when I travel because things are much clearer in the field. My notes help me appreciate MSF and remind me why we do the work we do. I've written many notes to my kids about what life is like in the field, to show them what's really happening out there. I think it keeps the spirit of ubuntu – the spirit of humanitarianism – going. It makes them better humans."

A year later, she saw an advert for a six month field position in logistics at MSF's HIV project in Khayelitsha and, without thinking twice, quit her job and changed track. A year after that she moved to Johannesburg with a handful of people to set up MSF's first and only office on the continent. More than a decade later, she still works there as the finance director.

"I never thought I'd stay at MSF this long, but now I don't think I'll go anywhere else," she says. "Many of us stay with MSF because we feel it's about offering something bigger than just ourselves, offering solidarity towards people who don't have the same access to healthcare as we do."

Zanele's done finance and logistics work in the office and the field. Experiencing both sides has affirmed how critical independence is to MSF's work. "Our independence is a big thing for me, especially working in finance. Unlike other organisations, we can clearly act and speak out without feeling like we owe a government or some big corporation. We are not aligned to anything."

"As soon as you lose your independence, you lose your voice, you lose your say. As MSF, we can speak out about TB patients, cervical cancer patients, children dying in Syria's war, anything. If we were getting lots of funding or interference from any entity, we wouldn't have the same freedom."

Zanele says being based in Southern Africa means closer proximity to most of MSF's field operations, and the ability to work with other Africans making a difference through global humanitarianism.

"Humanitarianism has always been a part of our lives in South Africa; we just called it ubuntu," she says. "Ubuntu to me means being aware of your surroundings and what people are going through, having empathy and doing what you can to help each other cope with situations and find a way to survive."

"When you are inside MSF and you see what we are doing, you see that this is also ubuntu. It's not as localised, it's more international, but the principles are all the same."

MSF in Southern Africa (2007 - 2017)

In **Khayelitsha,** near Cape Town MSF runs treatment centres for TB patients, especially DR-TB and XDR-TB, with a new focus on adolescent care. In **Eshowe** in Kwazulu-Natal, MSF runs a HIV treatment project aimed at bringing down infections at community level through early testing and treatment. More recently in **Rustenburg,** we started treating marginalised survivors of sexual violence who live in informal settlements on the platinum mining belt.

In **Mozambique,** Zimbabwe, Swaziland and Malawi, MSF runs several HIV treatment projects. In Mozambique and Malawi, MSF also assists key populations – commercial sex workers and young women – with a project in step with their mobility along a transport corridor. In **Zimbabwe** and **Swaziland**, our work on HIV has developed toward TB treatment interventions as well while in Khayelitsha, MSF piloted a decentralisation of drug resistant TB, and in Malawi, MSF works in prisons to bring treatment to often ignored inmates in desperate conditions.

© Eric Miller

A SHIFT IN THE HALLS OF POWER: LESSONS FROM TREATING HIV IN SOUTH AFRICA

For nearly two decades, MSF has treated HIV in South Africa – the country once a denialist pariah today hosts the largest HIV patient cohort in the world with over 3 million people on ARVs. Lessons learned in South and Southern African HIV projects light the way in other regions, especially West and Central Africa where stigma is strong and health systems weak.

In 1999, a group of MSF doctors arrived in South Africa. They had already been working to save lives in Thailand and Cameroon, starting to grapple with treating HIV. In South Africa, treatment was not yet available in the public sector, social stigma was high, and more than 330,000 people without access would die over the next six years.

In the face of Aids denialism MSF's small team, led by Dr Eric Goemaere, formed an alliance with the Treatment Action Campaign (TAC), a group advocating for access to treatment for people living with HIV. By the end of 1999, MSF was supporting a mother to child transmission (MTCT) programme in Khayelitsha, near Cape Town, but only by 2001 could they begin dispensing affordable generic antiretrovirals (ARVs).

Meanwhile, the high drug costs and denialism still kept treatment away from the vast majority of HIV patients in the public sector. Then in 2002, in defiance of official government policy, former president Nelson Mandela visited MSF's clinic in Khayelitsha. "Without the slightest hesitation, Mandela knew which side to stand on. He wore the 'HIV-Positive' T-shirt, and the image was broadcast around the world. It was then that we felt something had shifted in the halls of power," recalls Goemaere, now senior regional advisor. In 2004, after more furious campaigning by health NGOs including MSF, South Africa began its national treatment roll-out. Subsequently, MSF initiated HIV treatment programmes elsewhere in the region including Zimbabwe, Malawi, Mozambique, Lesotho and Swaziland.

For the last decade MSF's direct treatment of hundreds of thousands of patients in sub-Saharan Africa, and plenty of work supporting health authorities to develop and manage treatment of large scale public health programmes, has contributed to the survival of millions of HIV patients. MSF teams have pioneered nurse initiated ART to make treatment possible in remote rural sites and, alleviate pressure on doctors where available; developed patient-centred treatment adherence support clubs that also help fight stigma and engineered novel ways for patients to self-organise in order to save costs and cut down on commutes to clinics for drug refills.

© Wayne Conradie

With these innovations and strong leadership from health authorities most countries like South Africa, Zimbabwe and Malawi have seen a steady increase in ART coverage – but in regions like West and Central Africa with far smaller epidemics, treatment coverage remains low, and access to HIV/TB care is still shockingly inadequate.

Social stigma and lack of awareness – similar to what South Africa saw two decades ago – also hampers access to effective treatment in DRC, Guinea and CAR. People, fearing rejection, often reach clinics with late stage Aids and their chances of survival are minimal. In response, MSF is actively lobbying for an acceleration plan to tackle treatment in low treatment coverage settings where 4.7 of the 6.6 million people living with HIV still do not have access.

"If there's one lesson we learned in South Africa, it's that you need to make treatment, and treatment literacy available within a public health approach," Goemaere says, referring to the situation in DRC and Central African Republic where HIV treatment seems 'frozen in time'.

MSF MILESTONES

THE MOVEMENT AT A GLANCE

1971
Medecins Sans Frontieres/ Doctors Without Borders is formed by two groups: French doctors and journalists who are dissatisfied with the shortcomings of international aid in conflict and disasters

1986
MSF establishes medical and humanitarian support in so-called "bantustans" of apartheid South Africa for Mozambican refugees fleeing the civil war

1999
MSF restarts operations in South Africa to treat HIV

2001
MSF starts primary HIV treatment in Khayelitsha, outside Cape Town

2002
Nelson Mandela visits the Khayelitsha project to support MSF's fight for better ARV treatment

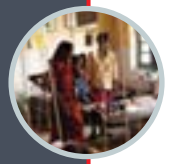
2003
MSF starts Ubuntu, an integrated HIV/TB clinic

2006
The first Southern African fieldworker is sent to MSF's international operations

2007
MSF opens its first office in Africa – MSF South Africa – in Johannesburg

2007
BIG ISSUE: Underreported Crises: Somalia, Zimbabwe, DR-TB

2007
In SA, nearly 9,000 people are on ART in MSF-supported clinics. In Johannesburg MSF opens a small clinic in the city centre where 1,500 migrants seek refuge every night



2008
BIG ISSUE: Neglected diseases: Kala Azar, Chagas, Sleeping sickness

2008
MSF responds to medical needs of thousands of foreign nationals displaced by xenophobic violence in Johannesburg, Pretoria and Cape Town, providing 11,000 medical consultations and 8,000 mental health consultations

2008
The new MSF South Africa office supports the intervention against xenophobic violence and works to pressure authorities to improve conditions in displacement camps

2009
BIG ISSUE: HIV/Aids in Africa (8 countries)

2009
MSF South Africa hosts its first Annual General Assembly and elects a board of directors

2009
MSF South Africa Office starts fundraising in the local market. More than 5,000 donors sign up!

2009
MSF's Southern African Medical Unit (SAMU) is established in Cape Town to improve the quality of HIV/ TB services by providing technical, medical and strategic support coupled with training

2010
BIG ISSUE: Haiti earthquake

2010
MSF responds quickly to the earthquake in Haiti, expanding medical care to meet massive needs after 1 million people are left displaced

2010
In Johannesburg, MSF's mobile medical teams conduct interventions reaching more than 26,000 patients in slum communities in the city centre

2011
BIG ISSUE: Libya and 'Arab Spring'; East Africa drought crisis

2011
First South African chapter of student-led 'Friends of MSF' Societies launches at Johannesburg's Wits University

2011
'Solidarity for Survival' campaign and exhibition launches, documenting the struggles of refugees and migrants

2011
MSF marks 10 years of free ARV treatment and a community-based model of care it developed, which had global impact

2012
BIG ISSUE: Staff abductions in Kenya; Healthcare in conflict zones (Syria, DRC, Mali, Afghanistan)

2012
MSF team in KwaZulu-Natal tests more than 23,000 people for HIV through its mobile one-stop shop – nearly triple the number for 2011 when launching its new "Test and Treat" HIV project

2012
More than 16,000 South African donors contribute monthly to MSF's lifesaving work around the world

2013
BIG ISSUE: Syrian crisis; Typhoon Haiyan, Philippines

2013
MSF South Africa changes its name to MSF Southern Africa, and is governed by an elected board of directors

2013
Wits University's School of Public and Development Management and MSF Southern Africa jointly launch Diploma in Humanitarian Affairs programme

2013
MSF's operations collaborate with civil society organisations, including TAC and Section27 to form the Stop Stock

2014
BIG ISSUE: Ebola in West Africa

2014
MSF succeeds in persuading SA health authorities to allow it to treat DR-TB patients with ground-breaking drug linezolid

2014
15,600 patients are on first-line ARV treatment in SA and 1,400 patients under treatment for TB

2014
MSF Southern Africa sends 45 fieldworkers to work as part of a massive response to the Ebola outbreak in West Africa

2015
BIG ISSUE: Attacks on hospitals

2015
MSF emergency team assists nearly 8,000 foreign nationals fleeing outbreak of xenophobic violence in KwaZulu-Natal

2015
MSF opens the Kgomotso care centre for victims of sexual violence in Rustenburg

2015
South African nurse is among those who survive the US military attack on MSF's Kunduz Trauma Centre in Afghanistan, which kills 42 people

2016
BIG ISSUE: Borno State, Nigeria; Mediterranean Sea Crisis

2016
First ever MSF Scientific Day hosted in South Africa in collaboration with Wits University

2016
MSF receives its first ever invitation to attend the African Union Summit in Addis Ababa

2016
MSF Southern Africa has 26,756 active monthly donors

2017
For the first time in its 46 year history MSF hosts its highest Associative Governing Assembly – the International General Assembly – outside of Europe, in Johannesburg

2017
MSF Southern Africa Association has 430 members in 7 countries

2017
1,400 students at 7 South African medical schools belong to Friends of MSF

2017
MSF Southern Africa reaches an online community of over 160,000 through its social media platforms

2017
More than 70,000 individuals in Southern Africa have donated to MSF at least once since 2009. In 9 years, Southern African donors contributed R110 million to MSF's lifesaving operations

ESSENTIAL ITEMS: WHAT OUR FIELDWORKERS PACK

Mohammed Dalwai
Emergency Doctor, South Africa

"Technology has provided solutions that can supersize my phone into a medical device. I use my smartphone to access the MSF apps, including the one I developed with all the protocol books accessible on your phone, at your fingertips, wherever you are. My phone also connects my medical tools such as this Sat Probe that lets me understand the oxygenation levels of a patient. This laptop is my connection to the outside world, but also a compendium for all the medical documents I may need. I would never go to the field without it."

Stella Nthiga
Registered Nurse, Kenya

"Working in the field involves lots of walking, and sometimes sleeping in the bush. Boots help me move through these conditions with ease while jeans (dirty jeans because you wear them 3 or 4 times before washing them) are the proper gear for tough field conditions. My belt holds my trousers in place especially when I lose weight after a change in diet in a new place! My camera and smartphone let me record my memories of a project, and keep in touch with loved ones at home, and the wine is for sharing with MSF colleagues at the end of a difficult day."

Farai Mpasi
Technical Logistician, Zimbabwe

"As a technical logistician I can be called upon to attend to a mechanical problem anytime, anywhere. Once, driving to a project, our MSF Land Cruiser broke down. Thanks to these tools I always carry in my backpack, I managed to fix it and we were soon on our way."

Penni Cox
Psychologist, South Africa

"As someone who plays the piano, I have always used music to process experiences and to unwind. On my first MSF assignment I realised music was missing. So when I returned, I bought this travel guitar and started teaching myself how to play. This little guitar, which I only play in the field, has since provided endless hours of enjoyment and drawn fellow MSF staff into some serious jamming sessions and singalongs."

All photos: © Cornel van Heerden/MSF

Garret Barnwell
Clinical Psychologist, South Africa

"I have type-1 diabetes. I carry insulin because it's essential to my health but also as a reminder that I'm privileged to have access to care and medicine while many others do not. I carry a pen to take notes about all my field experiences with MSF, so I remember every detail. And I carry earphones to listen to music, which is an expression of myself, and an exchange of the experiences I carry with me."

Annie Kashung
Medical Doctor, Democratic Republic Of Congo

"Being flexible with MSF means moving and changing environments every 6 or 9 months. You must have a strong mind to adjust and be able to fit into different contexts. You cannot access a gym in the field, so my running shoes and skipping rope are items I carry almost everywhere. They are like faithful friends who help me stay fit, and assist me with stress relief."

Innocent Maniraruta
Finance Manager, Rwanda

"My laptop is a working tool that helps me carry any information I may need for my work or personal development. I also carry books with me to the field because I feel I can't go back home without having improved my knowledge or skills in a new area. Books are important to me, even if I don't read them. Just having them around is enough. Sometimes my wife laughs at me because I buy so many books and never find the time to read them."

Adeline Oliver
Operating Theatre Nurse, South Africa

"In 2012 I worked in Syria, in an operating theatre we had set up in a cave. One day, a Syrian colleague gave me this key chain. He said it belonged to his relative who had just been killed in the fighting. He asked me to have it. I have kept it close ever since."

Each year, thousands of medics, logisticians and support staff leave their regular lives to help MSF bring medical care to people in the most difficult and conflict-wracked areas of the world. Alongside our international fieldworkers is a massive network of local staff working in their home countries, across Africa and the world. When epidemic responses end; when conflict and crises decrease; and when foreign staff leave one assignment for the next, they are…

THOSE WHO STAY BEHIND

South Sudan, the world's newest nation, is rich in oil but after years of war, it remains among the least developed regions on earth. It is also the location of MSF's second largest intervention worldwide – in terms of patients, staff and operational budget.

Three years since the beginning of the current conflict, Leer and Mayendit counties are deeply mired in ongoing violence while also recently suffering a severe nutritional crisis. The fighting has hampered international aid responses in the area. But under severe constraints, MSF's network of dedicated South Sudanese staff are able to continue reaching people by setting up mobile primary healthcare projects where they are, and following them when they are displaced.

With civilians caught on the frontlines, forcibly displaced from their villages, many of our local staff have themselves been forced to flee, losing loved ones, homes and livelihoods. In Leer and Mayendit, these are some of their stories:

Gatkuoth*, 31
MSF Community Health Worker

"I am from Payak, in Leer County. I was in Bentiu in 2014 when war erupted. I went back home where we had a tea shop [until] armed men came and the people living in Payak had to flee west and south.

In 2015, I started working for MSF as a casual worker on a measles vaccination campaign. That same year, my brother James, who was working in the MSF Leer hospital in the operating theatre, was killed at home.

When the fighting worsened, we moved. But we met armed men on the road to Mayendit, who pointed their guns at us. They released four of us, captured one, and two ran away. I was captured a second time. They kept me for several hours then eventually released me … After seven days we returned to Payak. In October 2016 we went back to Mayendit again for three months to escape the fighting, and then to Dhorkheen and Bahr islands. My oldest and youngest children are with us, the other kids are with my mother in Mayendit. In Payak, we had four tukuls [huts] plus one for cattle. I went back last week just to look. Our home was burned, but the shelter I built with plastic sheeting is still there. I will go back to Payak when it is safe. If there is peace of course we can go back."

James, 33
MSF Community Area Supervisor

"I have worked for MSF for one year. It is a dangerous job that we do as health workers.

We follow the population wherever they are or go. Once I spent eight hours with others in the swamps to hide from gunmen. Five people were shot and died around me during this time. I remember seeing a mother holding her child, trying to breastfeed him. She didn't know the child had died.

I love this job nevertheless. I love serving my community. People need medical care. They need us to be here to help them. Many are dying because they can't reach a hospital in time. Many children are dying because of malnutrition and because they don't have the appropriate vaccines."

Nyagoa*, 38
MSF Women's Health Promoter

"I was born in Rieri, South Sudan. Most of the young men went to fight in the war with the North [Sudan], but there was no huge impact of the war on our day-to-day lives. There was no gun fighting in those days and very little cattle raiding.

By 2014 the second civil war had come to Rieri. Armed men burned and looted the hospital in Leer. They were killing everyone: women, children, and the elderly. Every family lost relatives. In the first year [2014], attacks were infrequent and there was plenty of warning. We would run into the bush and stay the whole day. The next year armed men from other areas came. The attacks became more frequent. They targeted civilians and even came into the bush and to the islands looking for us.

In 2016 things became very bad. The attacks were almost constant. In December we left Rieri. We took our five children to Nyal and then sent them on to Uganda. The trip took two days. I came back to Rieri on January 11, 2017. Our house is remote enough that it had not been burned, but everything inside had been looted.

Now I am a Women's Health Promoter with MSF in one clinic. I feel good working for MSF. MSF is dealing with suffering and health here, and is really appreciated by the community. I am hoping for peace so things can get better."

Names changed and identities masked to keep our staff safe

INSIDE THE MSF GRAB-BAG

Providing treatment on the go in South Sudan

As conflict escalates in South Sudan and people continue to flee, MSF teams move with the population, providing medical care on the go. "As we have been forced to suspend most of our operations, we have provided 'grab-bags' which contain essential medicines and supplies so that our staff, who are with the fleeing internally displaced people, can provide basic treatment right there in the field," says Marcus Bachmann, MSF's country representative in South Sudan. Here's what's inside the simple, lifesaving kit:

© Siegfried Modola

SNAPSHOTS FROM THE BRINK

Award-winning South African photographer Jodi Bieber, who has documented MSF's work for 14 years, reveals how she sets out to portray the reality of people caught in crisis.

"That night … there was an attack on our village … I was eight months pregnant. I had no strength to run and my children were with me. I had to protect them so I couldn't escape. Three armed men entered our house and tore off my clothes, as I remained naked in front of my children. They hit me with the butts of their guns and then raped me…"

It's quiet inside the small hut in the town of Baraka in eastern Democratic Republic of Congo as 23-year-old Jeanette* tells the story of what happened to her.

South African photographer Jodi Bieber sits in silence, listening as Jeanette's words build the foundation for the portrait she will soon take. "It's always important to sit and listen to the story someone has to tell because, for me, the emotion that comes through is what I absorb, and what I try to interpret and bring out in the final photograph," she explains.
In the 14 years since that day and her first assignment for MSF, Jodi has worked as a fiercely independent photographer, winning numerous awards including the premiere World Press Photo prize in 2010, and she has documented MSF's patients and medical work in far-flung places like Indonesia, Pakistan, Papua New Guinea and Ukraine.

But she says her time in the DRC in 2003 – photographing the series eventually titled 'Weapon of War' – is something that will always stay with her.

"I prefer projects where I am able to get immersed in people's lives," she says. "Photographing for MSF is often quite fast-paced inside a busy hospital, with patients and things moving around you. But on longer projects – even if there are sensitivities – what I like is that you are given the creative freedom to really explore the story."

Like many MSF photographers, Jodi feels being face-to-face with patients and survivors of violence comes with a responsibility: the duty to represent their vulnerabilities with dignity and respect.

"When you are there, photographing in the field, it's often quite traumatic to see what people are going through. In some cases, it's necessary to not show any people's faces in the photos I take," she says referring to 'Weapon of War' as well as 'Survivors', a series profiling sexual violence in South Africa, and 'Return to Abuser' featuring victims of violence in Papua New Guinea."In such cases, it's important to tell the story while respecting and protecting the person's identity. So, I try to capture emotion in my photographs to transport the viewer to that moment."

"I feel strongly that I'm always on the side of the people I'm photographing," Jodi says. "The work I create should have layers and communicate something, maybe even try to shift someone's perception about something."

"I want my work to capture what life is like for the people I meet, to profile the dedicated work of MSF's teams, but also to bring something of these places back home for people living lives so far removed from the places where we work."

Name changed

Photography without faces. It may sound strange at first – especially in the age of the 'selfie' – but it is perhaps the most difficult but evocative approach a photographer can take. Jodi Bieber is someone who has turned anonymity into an art form.

INDONESIA

In Indonesia, 30 years of conflict resulted in severe post traumatic stress among vast sections of the population. After the 2004 tsunami MSF opened a mental health project in the Aceh Province. This man and his family were among the patients treated there.

"My life has changed [after getting treatment]. I can now go to meet my children again. I can go to the village. I can eat again, before I really had no appetite. I have been able to put many of my worries down," he said.

PAKISTAN

In Kuchlak, a town 30 minutes away from Quetta in Pakistan's volatile Balochistan province, MSF ran a busy mother and child healthcare centre since 2006. Situated on the border with Afghanistan, the area was home to many Afghan refugees who fled to Pakistan during the civil war in the 1980s and later conflicts. Because of its remoteness, here, childbirth was a difficult and dangerous part of life for many women who could not access safe and proper maternal care in time.

PAPUA NEW GUINEA

In Papua New Guinea, gaps in health and social services have trapped women and childen in cycles of severe family and sexual violence – especially in the places they should be safe, their homes and communities. MSF treated more than 3,000 survivors of violence in two projects in Port Moresby between 2014-2015, including this woman and her 6-year-old son whose leg was severly cut during an altercation with another child.

All photos: © Jodi Bieber

A CALLING TO HELP

Donors and fieldworkers share their motivations for contributing to MSF.

ALINE AURORE
Rwandan,
MSF Epidemiologist

"I come from Rwanda, a country that has known war. Since I was a little girl, I remember seeing humanitarian workers around. I still remember the MSF vests, the Land Cruisers and people in the streets waving to these passing cars. We as a community, as a country, used to admire the work they did to help us. So, when I completed my studies I decided my objective was to work as a humanitarian and reach as many people as possible. My dream was to grow up and join MSF."

MARCEL LOMANDE
Congolese,
MSF Doctor

"In Congo where I'm from, and many places where we work, there are no real health systems on the ground. People are still suffering. But you can always find MSF there – deep in the bush trying to assist people, trying to make sure that a person in a village has their vaccine, their medicine, their life. When you see how bad things are in some places, you think 'what we can do for them, what can we do tomorrow?' And you say 'maybe we can give them the same level of care, or do better, but we do not do less'."

"AS LONG AS THERE'S A NEED, I WILL HELP"

Farieda Rajap: South African, MSF Donor

"I wasn't a nurse or a policewoman," says 73 year old Farieda Rajap from Atlantis in Cape Town, "just an ordinary person who committed myself 24/7 to helping where I could."

The retired mother of 9, grandmother of 23 and great-grandmother of 4 has lived an eventful life. Born to a mixed race family at the height of apartheid, she recalls being forcibly removed from District Six and Hanover Park as a result of South Africa's Group Areas Act. But the struggles around her only convinced her that she "needed to help" make things better where she could. So she began organising against gang violence and drug abuse in her community and, for 27 years, she ran Women Who Care, a local NGO she started to assist vulnerable and abused women.

Decades later, Farieda is still committed to helping others, donating to causes and organisations, including MSF. "No matter what else I do every month, I make sure I pay my R300 to Doctors Without Borders. It's a very, very good cause," she says. "The amount I give may not even a drop in the ocean compared to what is needed. But it's the amount I can afford." Although Farieda doesn't consider herself an activist, she continues volunteering to help rape survivors and visits trauma wards, in order to help women who've been hurt and abused. "People often tell me it's time to retire – to put my feet up and have a cup of tea on my stoep with my grandchildren. But I can't. There's still so much that needs to be done. As long as there is work to do, I won't stop."

Farieda says the spirit of giving has always been a guiding force in her life – something she credits to her upbringing.
"I grew up rich. Despite apartheid, our family was lucky. But my father taught us that you shouldn't for a minute think that because you have everything, you mustn't share and care. He instilled that sense of giving in me and my siblings – all 10 of us – and that is now who we are. My grandchildren are raised in the same way. There's a lot of underprivileged children in the local school, so I make sure my grandchildren take an extra two slices of bread for lunch every day, to share with the kids who may not have."

"Even the gangsters who live around here know that I will always give them bread, a tin of jam and some butter. Because I don't care what gang you belong to, or who you are. I believe in helping everybody who needs it."

"THE RESULTS OF MSF'S WORK ARE CLEAR TO SEE"

Germaine van Heerden: South African, MSF Donor

"I believe if there's something you like; something that means a lot to you, you have to give it away when the opportunity arises," Germaine van Heerden, a chemical engineer from Johannesburg, says. "When you give of something that matters to you, it always counts more." Social responsibility has always been a part of his life. He has followed the example of his late mother who he remembers selflessly giving back to the community around her.

"We lived through apartheid, and although our parents had very limited opportunities, they wanted to see the very best for us. My mom had a small business and always gave back to the community. To see how kind she was to both strangers and family members really inspired me. Her selflessness is what planted the seeds for me to also give."

Germaine began by doing volunteer work through school, his church and the local community, eventually becoming a regular donor to MSF. Once again, his mother's example – this time a more tragic one – gave him an acute awareness of the importance of access to healthcare. "My mom was diabetic, and wheelchair bound after having her foot amputated. She had to use state healthcare facilities, and it was an eye-opener for me to see what people go through – standing in long queues and in some cases being stuck in unhygienic conditions."

Germaine says witnessing the lack of compassion for the inability of people to access proper medical care, spurred him on to help where he could.

"I feel I have deep a calling to help wherever I can – even if that's by contributing in just a small way," he says. "Doctors Without Borders resonates with me because I feel the more people who can get access to medical care, the more people will have improved quality of life and can avoid going through what my mom went through."

"I'm grateful there are organisations like MSF that go out to help people selflessly. We are in an age where there are just so many scourges, so many people who still suffer from malaria and HIV especially in Africa."

"With MSF, you know there are practical solutions: a certain donation amount buys this many vaccines, which helps this many people and could save this many lives. It's not just another committee – MSF results are tangible and clear to see. So I will continue supporting MSF for as long as MSF continues to help."

ZANI PRINSLOO
South African,
MSF Midwife

"In the places where we work, like South Sudan, Afghanistan, Pakistan there are very high rates of maternal mortality. Worldwide, as MSF, we are always trying our best to reduce these kinds of things. So some people may say 'it's just another baby', but for us each life is a big thing and we need to take care of it. I believe in the principles of MSF, the neutrality, the impartiality, the fact that we don't see nationality, religion or race. That's what drove me to join. And what MSF has taught me is equity – that we are all humans, we are all the same. It reaffirmed the importance of tolerance, patience, acceptance, and built on so many of the things I already had within me."

THEMBA SIBANDA
Zimbabwean,
MSF Logistician

"I've worked in some complicated situations: Afghanistan when a U.S. military attack destroyed our hospital in Kunduz; Sierra Leone during the Ebola outbreak. I've been to cities where there's no infrastructure, no tarred roads, no drinking water, nothing. So, my working life with MSF has made me realise I'm a strong person who is passionate about doing this job. I still go to the field because I know MSF is neutral and independent. I have confidence when I'm with MSF. This is what inspires me to continue. And to show the people who are bombing hospitals, and doing all these kinds of things, that they cannot be stronger than humanity. We are stronger than them."

THANK YOU FOR A DECADE OF DONATIONS TO MSF

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