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Summer 2022

Dispatches

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12 How a mystery in the gold field was solved In 2010, a mysterious illness killed hundreds of children in Nigeria. For twelve years, MSF worked with the local community to solve the mystery and save lives | **14 65,000 people and one field hospital** What happens when a camp sheltering 25,000 people gains an extra 40,000 inhabitants in less than two months?



SITUATION REPORT



1. SOUTH SUDAN

At Ameth-Bek hospital in the Abyei region of South Sudan, Dr Carlos Ajuria (left) and Dr Meen Monytur clean and suture the wound of a patient who was shot through his foot while fleeing gunmen. In recent months, 33,000 people have fled violence in the region and are living in makeshift shelters. MSF teams are running mobile clinics and providing the displaced people with food and clean water.



Scott Hamilton/MSF



RJASOLO/AFP

2. MADAGASCAR

A family travel in a cart pulled by a zebu (a horned cow with a humped back) near Amboasary Atsimo in southern Madagascar. For several decades this part of the country has been hit by the 'Kere' phenomenon, as it is known locally, when a period of intense drought lasting several months leaves crops uncultivated, resulting in a food crisis and causing severe malnutrition. MSF teams are distributing food and providing medical care to communities affected by drought and malnutrition.



Mohammed Sanabani/MSF

3. SIERRA LEONE

Ramatu Kamara plays with her child in the paediatric ward at Magburaka district hospital in Tonkolili district. Sierra Leone has some of the highest infant and maternal mortality rates in the world. MSF teams are supporting the hospital to help reduce deaths among mothers and children under five.



Max Cabello Orcasitas

4. PERU

A Venezuelan man holds his daughter as he looks out over the Tumbes River in Peru, after travelling almost 1,900 miles from home. Thousands of people leave Venezuela each week as a result of economic hardship, many of them young families, travelling on foot, by truck or by bus. MSF teams run mobile clinics for migrants travelling through the northern border region of Tumbes as well as in the capital, Lima.

500,000

Number of people who develop drug-resistant tuberculosis each year



Prem Hesterkamp

5. INDIA

Seven-year-old Vedant laughs as his lymph nodes are palpated by MSF nurse Prachi, in MSF's clinic in Mumbai for patients with drug-resistant tuberculosis (DR-TB). Vedant's twin brother has DR-TB, a disease which is potentially fatal and can ruin families financially. As well as providing free treatment, the MSF team screens all children in households where someone has been diagnosed so as to start them on treatment as early as possible.

MSF'S UK VOLUNTEERS

Afghanistan: Tom Casey, *Field communications manager*; Joane Margarida Castro, *Nurse*; Riccardo Defrancesco, *Nurse*

Bangladesh: Lucy Hart, *Paediatrician*; Sofie Karlsson, *Midwife*; Tanja Venisnik, *Advocacy manager*

Belarus: Christopher Curry, *Doctor*

Benin: Michael Barclay, *Project coordinator*

Brazil: Alison Antunes, *Health promoter*

Burundi: Laura Holland, *Field support*

Central African Republic: Michael Berry, *Anaesthetist*; Jean Willemyns, *HR manager*

Chad: Javid Abdelmoneim, *Deputy medical coordinator*; Eric Mugabo, *Water and sanitation manager*

Democratic Republic of Congo: Bryony Hopkinshaw, *Doctor*; John Boase, *Logistician*

Egypt: Leila Younes, *Health promoter*

Ethiopia: Rebecca Kerr, *Advocacy manager*; Ruth Zwizwai, *Epidemiologist*; Lucy Hooton, *Nurse*; Paul Critchley, *Head of mission*; Cara Brooks, *Deputy head of mission*

Haiti: Nicole Hart, *Medical team leader*

Iraq: Annie Reynolds, *Doctor*; Maria Zavala San Andres, *Nurse*

Kenya: Paul Banks, *Procurement manager*

Liberia: Heidi Saweres, *Pharmacist*

Lithuania: Georgina Brown, *Project coordinator*

Mexico: Lindsay Solera-Deuchar, *Activity manager*

Myanmar: Ben Small, *Field communications manager*

Nigeria: Elma Wong, *Anaesthetist*

Pakistan: Vincent Evans Gutiérrez, *Finance manager*; William de Glanville, *Epidemiologist*; Kate Thompson, *Finance coordinator*

Palestinian Territories: Helen Ottens-Patterson, *Head of mission*

Russia: Rebecca Welfare, *Deputy head of mission*; Rebecca Harrison, *Epidemiologist*

Sierra Leone: Rachel Crozier, *Nurse manager*; Suzanne Thorpe, *Nurse*; Julia Smith, *Health promoter*; Emily Hewitt, *Health promoter*; Thomas Duggan, *Logistician*; Deidre O'Donnell, *Paediatrician*

Somalia: Abdirashid Bulhan, *Logistician*

South Sudan: Melissa Perry, *Project coordinator*; Iina Hiironen, *Epidemiologist*; Marc Woodman, *Doctor*; Sarah Cross, *Nurse*; Rowena Neville, *Doctor*; Daniel Acheson, *Logistician*; Rachel Fucella, *Nurse*; Timothy Hammond, *Medical team leader*; Chloe Widdowson, *Nurse*; Andrew Stevens-Cox, *Construction manager*; Ali Abdella, *Doctor*; Amanda McNaughton, *Doctor*

Sudan: Ibtehal Mohammed, *Paediatrician*

Ukraine: Edward Taylor, *Project coordinator*; Anna Zolkiewska, *Emergency coordinator*; Martin Deahl, *Mental health manager*

Uzbekistan: Gabriella Bidwell, *Doctor*; Mshauri Delem, *Project coordinator*

Yemen: Adeyemi Lawal, *Medical coordinator*; Olivia Butters, *Water and sanitation manager*; Ana Moral Garcia, *Midwife*; Jasmine Armour-Marshall, *Paediatrician*



UKRAINE CRISIS

SINCE LATE FEBRUARY 2022, ATTACKS BY RUSSIAN FORCES ON MULTIPLE CITIES IN UKRAINE HAVE KILLED AND INJURED THOUSANDS OF PEOPLE. MORE THAN FIVE MILLION REFUGEES HAVE FLED TO NEIGHBOURING COUNTRIES. MSF TEAMS ARE WORKING TO DELIVER EMERGENCY MEDICAL CARE TO PEOPLE STILL IN UKRAINE, AS WELL AS THOSE NOW SEEKING SAFETY IN NEIGHBOURING COUNTRIES.



UKRAINE

WORDS

DR JOANNE LIU,
DR MORTEN ROSTRUP,
DR NATALIE ROBERTS

MEDICAL EXPRESS

On Friday 1 April, MSF began operating a medical referral train to evacuate patients from near the frontlines of the fighting to safer areas. First to be evacuated were nine patients in a serious but stable condition from a hospital in Zaporizhzhia, in southeast Ukraine, who were transported to major hospitals in Lviv. The patients travelled on a dedicated two-carriage train kitted out as a basic hospital ward, developed by MSF in conjunction with Ukrainian Railways, and they were accompanied by a team of nine MSF medical staff. Dr Joanne Liu, a paediatrician in MSF's Ukraine medical response team, tells the story.

“On Tuesday 29 March, we went to Zaporizhzhia and met the regional health director. We asked if there was anything he needed from us. He said he'd heard a story about a train for medical transfers and he was very interested. He said he had patients who needed to be referred.

We said: ‘Okay, let's go and see your patients.’

Most of the patients we saw had been wounded in – or while trying to escape from – Mariupol. One boy had big open fractures and both legs on vacuum drainage. Fairly stable, but a very sick child.

Of course, it makes sense to take patients from hospitals that are close to the frontline, to enable them to have more bed capacity. But we needed to make sure we'd be transferring the patients to somewhere where they would get the same, if not a higher, level of care. And we wanted to make sure this would be safe for everybody.

We talked with the parents [of the sick children] to ask if they wanted medical evacuation or not. ▶

◀ MSF medic Elena Solodukha cares for patients on board the medical evacuation train en route to Lviv, 10 April 2022.

▼ Patients are made as comfortable as possible on board MSF's medical evacuation train, 10 April 2022.

The first mother said: 'I want my child to be medevacked [medically evacuated] because I think it is the only chance for my child to keep his legs.' And the child looked at us and said: 'I want to walk again.'

We screened every single patient. The key question we had to ask ourselves for each patient was: could they sustain a 20-hour transfer when we don't have an ICU [intensive care unit] level of care on the medical referral train?

There was one three-year-old child with very severe abdominal injuries, who we thought would not be stable enough for the transfer. At one point, the mother said: 'My child is going to die during the transfer.' I've been a practicing paediatrician for the past 30 years and what I told everyone is: when a mother tells you that, she's never wrong.

We evaluated this child three times, along with the directors of the hospital. When we arrived at the hospital on Thursday morning, the doctors were about to take the child back into the operating theatre and we all came to the same conclusion: this child was not stable enough for the transfer. The decision took time, but it was a decision we all took together.

The dedication I saw was amazing. When we did the transfer to the train on Thursday morning, the ICU doctor – not the interns, but the senior boss of the ICU – came and did the transfer himself.

He paid great attention to the boy with the severe leg injuries. It was he who lifted the stretcher onto the train and waited to ensure the patient was settled and fine. And when he was finally satisfied, he looked at me and said: 'I think my job is finished now. I hand over to you.'

“The woman had been thrown out of bed when a rocket hit her apartment building...”



Adrienne Surprenant/MYOP



Genya Savilov/AFP



Maurizio Debanne/MSF



UNDERGROUND MEDICAL CARE

Dr Morten Rostrup is part of an MSF team in Kharkiv providing medical consultations in the underground stations where people are sheltering.

“Children who are too afraid to fall asleep, people who feel like they can’t breathe, patients with sky-high blood pressure who risk having a stroke. This is the situation at a metro station in Kharkiv in northeast Ukraine.

She was sitting on a bench in front of me at one of the metro stations in Kharkiv. Since the war broke out, the stations have functioned as shelters and thousands of people are sleeping on the platforms and in the train carriages. The woman had been thrown out of bed when a rocket hit her apartment building. She had seen her aunt killed a few metres away from her. She couldn’t talk about it but burst into a flood of tears as she sat looking downwards. She was shaking.

She wasn’t alone in seeking medical care this evening. There were many others. A seven-year-old girl who had constant nightmares and was afraid of falling asleep. People experiencing physical pains they couldn’t explain. People who felt like they couldn’t breathe. A woman with sky-high blood pressure who was at risk of having a stroke. An old man who showed me pictures of his three grandchildren. One of the children had been killed in an airstrike two days earlier, the other two were in hospital, one of them critically injured. The children’s father was also killed. The old man had suffered a stroke and had high blood pressure. He couldn’t sleep.

I have had many moving encounters with different people over these past few weeks. Our MSF team travels from one metro station to the next. In the evenings we carry out dozens of medical

consultations before pulling out our sleeping bags and spending the night there.

I have seen the despair, the lack of hope, the confusion, the inability to comprehend how they have ended up in this situation: losing family members and friends, losing their homes, losing the future they had envisioned for themselves. I have seen the constant fear experienced by so many, and how some people collapse in terror when the sound of airstrikes fills the air.

I don’t know how many lungs I have listened to, throats I have looked at and stomachs I have felt. Not because I had a strong suspicion that anything was seriously wrong, but because I knew that a thorough check-up and a conversation acts as reassurance to the patients. Their stress levels are so high that just a small symptom can cause significant anxiety for some patients. When I reassured them that nothing was seriously wrong with them, they thanked me. I saw the relief in their eyes.

In Vinnytsia I met Olena, a Ukrainian psychologist. Her eyes were blank during our conversation. Looking at me, she said: ‘It’s good to meet you. You are so calm. You don’t have the stress and worries that we have. The fact that you are here has a calming effect on us.’

I have worked in many crises and war zones, but I have never heard it so explicitly stated, that our presence has such a significant impact on people. Medical humanitarian work is not only about the concrete help we provide in the form of medicine and treatment, but also about the presence of people from other countries and how they stand alongside the people who are experiencing this crisis at first hand. Our presence can provide hope, peace and a sense of security. It is a concrete symbol that we care. We are there as fellow human beings, directly and closely. They are not forgotten.” >

▲ Dr Kelly talks to Alina during a mobile clinic in Kharkiv metro station, 11 April 2022. “I was very scared, there were planes in the air, houses were bombed,” says Alina. “Some people I know advised us to come to the metro to stay safe. I am still a little scared but not as badly as when I was at home.”

▲ MSF team members carry a patient from a train bringing sick and wounded patients from the Kramatorsk area, 10 April 2022. In total, 48 patients were evacuated on this train.

“There’s an air of shock, almost of trauma...”

‘WE CAN HELP YOU WITH THAT’

Dr Natalie Roberts is a doctor and MSF emergency coordinator who worked in Ukraine in March and April.

“16 March: It’s pretty tense here in Vinnytsia. There are air raid sirens constantly, day and night, and there were two big explosions at about four this morning, just on the outskirts of town.

Among the Ukrainian doctors I’ve spoken to, there’s an air of shock, almost of trauma. They weren’t expecting this to happen and, when it started, it all happened very quickly.

We haven’t managed to get access to places like Mariupol. It’s impossible for us to go in and it’s very difficult to get supplies in. The medical staff there are just trying to treat patients wherever they can, with whatever supplies they have. We’re trying to maintain contact as much as possible with those areas, but all we can really do is provide moral support and some kind of advice about how to manage the medical situation.

It’s always a complicated calculation to make about how far we can go while still being useful and without becoming a burden. We don’t want the Ukrainians to feel they have to take care of us and be responsible for us and for our safety.

In areas that are now back under Ukrainian control MSF teams have begun to support local doctors to offer medical care, trying to find and stabilise sick people before transferring them to the hospital in Fastiv. MSF is also helping the hospital cope with the increased demands by donating medicines and equipment and organising visits by a physiotherapist and a psychologist.




I’ve been working for MSF for about 10 years now and I’ve been to some quite difficult places: Syria, Yemen, many war zones.

There are always moments that bring home to you why you’re here and the value that MSF brings. You go to meet a doctor or a hospital director here in Ukraine and the first question you ask is: ‘How can we help you?’ And they say: ‘Well, actually we don’t have an ambulance and we really need one.’ And we say: ‘Well, we can help you with that...’”

🌐 READ MORE AT [MSF.ORG.UK/UKRAINE](https://www.msf.org.uk/ukraine)

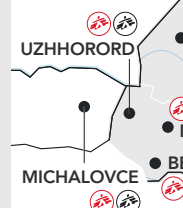
MSF IN UKRAINE

May 2022

-  MSF medical activities
-  MSF support to health facilities and displaced person shelters
-  Contested regions*

*Regions marked until 24 Feb 2022

Maps and place names used do not reflect any position by MSF on their legal status



Ermin Ozmen



570

MSF STAFF WORKING IN UKRAINE

460

METRIC TONS OF MEDICAL CARGO DELIVERED

15

UKRAINIAN CITIES WHERE MSF RUNS MEDICAL ACTIVITIES

◀ At the central train station in Lviv, hundreds of people fleeing the conflict in Ukraine attempt to board a train to Poland, 27 February 2022.

MSF IN UKRAINE

After fighting in Ukraine escalated on 24 February, MSF donated its existing medical supplies to hospitals across the country and rushed shipments of emergency kits to areas seeing heavy fighting. Our teams in Ukraine are currently resupplying hospitals with medicines and equipment.

Our priority so far has been to provide medical supplies for emergency surgery, treatment for trauma injuries and intensive care, but in recent weeks the situation has become increasingly worrying for patients with chronic diseases, such as diabetes, asthma and HIV, who urgently require vital drugs and treatment.

Before the conflict began, Ukraine had a strong healthcare system and its medical teams and much of its medical infrastructure remain operational. Because of this, a major focus of our work in Ukraine is those people left behind by the conflict: the elderly who could not or would not flee; people with mental illnesses; and people in institutions such as care homes and orphanages. Working with Ukrainian partners, MSF teams are also providing treatment for people with chronic diseases. Beyond Ukraine's borders, our teams are providing medical care to refugees who have fled to neighbouring countries.

CAN I DONATE TO SUPPORT MSF'S WORK IN UKRAINE?

Thanks to the generosity of people like you donating to our general funds, we haven't needed to launch an appeal for our work in Ukraine and surrounding countries.

Please consider giving an unrestricted donation, which gives our medical teams across the world the flexibility to respond as needs arise.



**MSF.ORG.UK/
UKRAINE**



NIGERIA

WORDS

BENJAMIN MWANGOMBE
AND ALISON
CRIADO-PEREZ

PHOTOGRAPHY

OLGA VICTORIE/MSF

How a mystery in the gold field was solved

BACK IN 2010, WE FIRST FEATURED THE DEVASTATING STORY OF A MYSTERIOUS ILLNESS THAT WAS KILLING CHILDREN IN NIGERIA'S ZAMFARA STATE. AN MSF TEAM WAS SENT TO INVESTIGATE AND DISCOVERED LARGE-SCALE LEAD POISONING CAUSED BY UNSAFE GOLD MINING PRACTICES, WHICH HAD CONTAMINATED THE GROUND AND WATER SUPPLY.

For the next 12 years, MSF emergency teams worked with the local community and partners to save lives and ensure the contamination was finally cleared up. MSF project coordinator Benjamin Mwangombe tells the story...

"In March 2010, MSF received an alert. Children were dying in alarming numbers in Nigeria's Zamfara state with no clear cause. Across several villages, more than 400 children had died within just six months.

'When MSF arrived, we were suffering a lot,' Alhaji Muhammadu Bello, the chief of Dareta, told me. 'In my village, 120 children died. Six or seven were dying every day.'

The children had gastro-intestinal upsets, skin rashes, changes of mood; some were lethargic, partially paralysed, or had become blind and deaf. The worst affected were brought into the small clinic after suffering seizures that could last for hours and would sometimes lead to coma and often to death.

An MSF team was brought in and, after intense investigations and tests, discovered that the deaths were a result of lead poisoning caused by unsafe 'artisanal' gold mining practices that were contaminating the environment. In this sense, 'artisanal' means that the mining and processing was done on a small scale, often by hand. This kind of work had been going on for a decade in this area, with people transforming their villages into mineral processing sites.

The grinding process meant dust got everywhere. The children would get it on their clothes, stick dusty fingers into their mouths and obviously inhale and ingest a lot. Samples of urine, blood, soil and water were sent for analysis and confirmed that the levels of lead were off the scale.

As one MSF medical team started treating patients (page 11), another team began working with the Nigerian government and international organisations to 'remediate' the contaminated areas.

In partnership with the community, contaminated soil and mineral processing waste were removed from residential areas, wells and ponds in eight villages.

Between May 2010 and December 2021, our MSF team tested 8,480 children for lead poisoning. Four in five needed medical treatment, including 3,549 children who received lengthy chelation therapy to remove lead from their blood.

Remediation and chelation therapy are not only very expensive, but they are also insufficient to eliminate the risk of further lead poisoning.

Due to poverty and a lack of employment opportunities, artisanal gold mining remains the only option for many people. Many we spoke to were unaware of the health hazards caused by their mining practices. Some previously remediated areas were recontaminated, and our medical team treated children who had been re-exposed more than three times. Even if their own compound was clean, all it took was for the children to play in their uncle's compound, where the soil was contaminated, and they would be at risk.

The only long-term solution was to tackle the problem at source. So we decided to engage OK International, a specialist industrial health organisation, which worked with the state government and local communities to introduce safe mining practices. This helped reduce airborne lead exposure by 95 per cent and minimised off-site contamination.

Almost 12 years after our first response, children are no longer dying of lead poisoning in Zamfara. We're proud of this achievement, and we're proud that our work was rooted in the local community. They have been involved throughout, taking ownership of the project, which means that if there is another outbreak in future, they will be ready."



Benjamin Mwangombe
is a project coordinator
based in Nigeria.

How mystery in the gold field sparked a rescue mission

When children began dying in central Nigeria, British doctor Alison Criado-Perez and her husband Benjamin Mwangombe were in the region. They had just returned from a mission in the Democratic Republic of Congo, where they had spent several months treating children with a mysterious illness. They had heard that a similar illness was spreading in Nigeria and decided to investigate.

They broke out in a rash. Little Benji, who had recently had surgery, was the first to get sick. He had a fever, a cough and a runny nose. His mother, a woman in a blue and white striped headscarf, was worried. She had heard that children were dying in the area. She had brought Benji to the clinic, but the doctor said he didn't know what was wrong with him.

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▲ A young gold miner holds a ball of mercury-gold amalgam at Bagega gold processing site in Zamfara state.

◀ The original Dispatches story from 2010.

'THERE WAS NOT A DRY EYE IN SIGHT' MSF NURSE ALISON CRIADO-PEREZ

MSF nurse Alison Criado-Perez was part of the first medical team sent to Zamfara to deal with the outbreak of lead poisoning. In 2010 she described what she saw...

"A miracle has happened: three-year-old Balkisu is staggering slowly across the ward, into the arms of her smiling mother. I'm beaming, along with the other nurses and doctors watching her. There are a few tearful eyes as well: four days ago, when Balkisu was admitted to the small MSF treatment centre, she couldn't walk at all.

We've been working 14-hour days, seven days a week, more or less camping in the building opposite the clinic in order to get the wards up and running. In less than two weeks, we were able to set up a functioning detox unit and were bringing in our first 16 patients.

All under five years old, they broke our hearts. Little Balkisu who couldn't walk; Samaila, who had recently lost her sight after her first convulsions; Hawa'u, who was in a coma and needed an intravenous infusion; Uzaifa, who was convulsing almost continuously.

We've discovered a way to get the children to take the sulphurous-tasting chelation therapy drugs, by opening the capsules and mixing the powder with locally made runny honey.

It's been exciting to watch as the lead levels in the children's blood fall rapidly. On arrival, all their lead

levels have been higher than the machine can analyse, so Dismus, our lab technician, has been diluting the blood to get accurate contamination readings.

Although, for some, the damage may be irreversible, most of the children have improved immeasurably, playing outside all day. One little girl, Aisha, who hid whenever she saw me, now clutches my hand when I pass. When I have time, we play catch with a small ball – a huge achievement for a child who had lost all strength and coordination in one arm.

'Because you were able to start treatment when the poisoning was still in an acute phase, most damage to the nervous system will be reversible,' explained a toxicologist from the World Health Organization who visited the project.

That means that Balkisu will walk, that Samaila will probably recover her sight. And it explains why Hawa'u, who was in a coma for days, slowly opened her eyes one day and turned to look at the nurse who was calling her name. There was not a dry eye in sight." 🌿

Names have been changed.



Alison Criado-Perez is a nurse who has worked for MSF in Libya, Syria, Yemen, Nigeria and South Sudan.



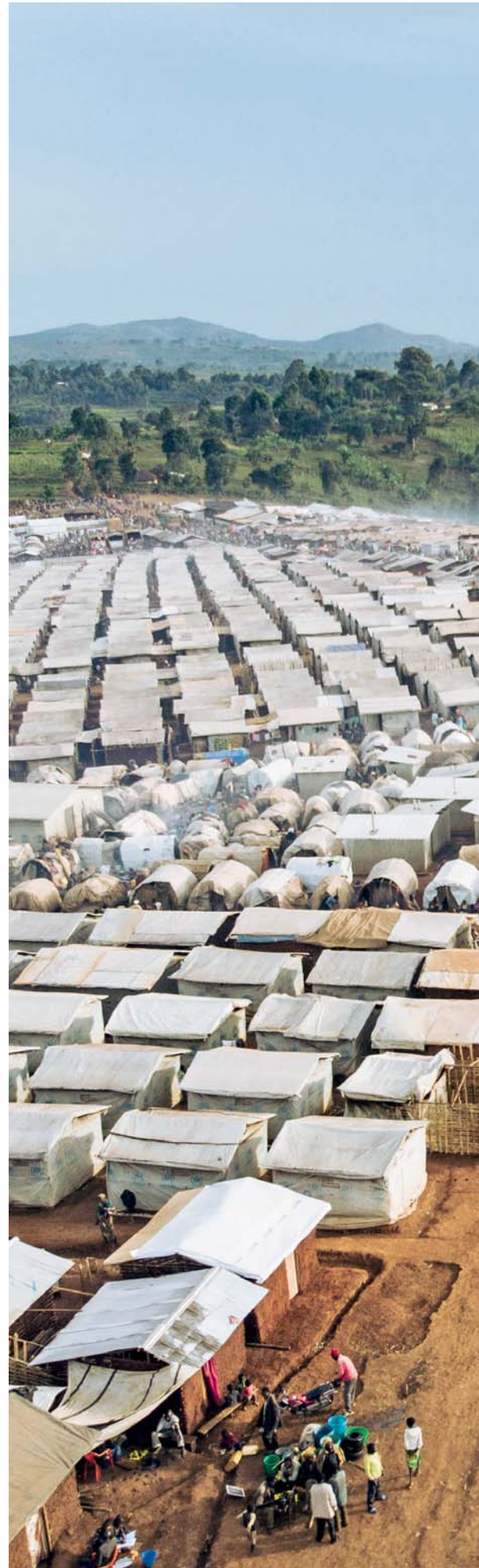
DEMOCRATIC REPUBLIC
OF CONGO

PHOTOGRAPHY
ALEXIS HUGUET/MSF

65,000 PEOPLE AND ONE FIELD HOSPITAL

WHAT HAPPENS WHEN A CAMP
SHELTERING 25,000 PEOPLE GAINS
AN EXTRA 40,000 INHABITANTS IN
LESS THAN TWO MONTHS? >

> Aerial view of Rhoé camp.
Even before the latest outbreak
of violence, Rhoé and the
surrounding region were remote
and difficult to reach, and few aid
organisations worked there due
to recurrent security problems.





“I was in front of the maternity ward when the shooting started...”

I

n the Ituri region of Democratic Republic of Congo, years of intermittent violence reached an unprecedented peak in November last year, forcing 40,000 people to flee their homes for the shelter of a displaced persons camp in Rhoe. The camp, which is now home to 65,000 people, is severely overcrowded and the people there are short of food, clean drinking water and latrines, raising the risk of disease outbreaks.

“I was in front of the maternity ward at Drodro hospital, which is supported by MSF, when the shooting started,” says MSF assistant project coordinator Daniel Lonema Unega. “I fetched the team from the maternity ward meeting room and led them to the safe room.”

Forced to evacuate Drodro hospital, the MSF team restarted activities in Rhoe camp, where they rapidly transformed the existing clinic into a field hospital.

“A lot of children come to us with acute gastroenteritis and respiratory infections,” says MSF paediatrician Dr Benjamin Dioza Safari. “People have been facing many difficulties: the cold, the lack of shelters and latrines. Their health needs are enormous.”

In just one week in late January, MSF medical teams carried out more than 800 consultations, helped 35 women to give birth and treated several dozen patients requiring mental healthcare. MSF water and sanitation engineers have installed a system to provide clean drinking water and dug latrines to prevent the risk of cholera outbreaks. 🌿

► Dr Benjamin Safari examines 11-month-old Emeriane, who has severe acute malnutrition. Across Ituri province, MSF supports four general hospitals, 12 health centres, three health posts and 32 community healthcare sites.



🌐 READ MORE AT [MSF.ORG.UK/DRC](https://www.msf.org.uk/drc)



◀ Families wait in the triage room of the MSF field hospital.



▲ Patients are taken by helicopter to the hospital in Bunia.



◀ Two-week-old Mave Aksanti is examined for a shoulder injury. Her mother, Angela Madasi, 36, is a widow with six children.



► People carry baskets of clothes to a stream near the camp to do their laundry. "The people who are sheltering in Rhoé have nowhere else to go," says Davide Occhipinti, MSF's project coordinator in Drodro. "The communities fighting in the area have been neglected for too long. We will not solve their problems with bandages and medicines. The Congolese state and its international partners need to take responsibility for reversing this vicious cycle of violence that leads to more and more deaths, injuries and displacement."



Médecins Sans Frontières/Doctors Without Borders (MSF) is a leading independent humanitarian organisation for emergency medical aid. In more than 70 countries worldwide, MSF provides relief to the victims of war, natural disasters and epidemics, irrespective of race, religion, gender or political affiliation. MSF was awarded the 1999 Nobel Peace Prize.

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Cover image: An MSF team carry a patient onto MSF's first medical referral train in Zaporizhzhia, Ukraine, 1 April 2022 (see page 4)
Photograph © MSF

ABOUT

Dispatches is written by MSF staff and sent out quarterly to our supporters to keep you informed about our medical work around the world, all of which is funded by you. Dispatches gives our patients and staff a platform to speak out about the conflicts, emergencies and epidemics in which MSF works. It is edited by Marcus Dunk. It is printed on recycled paper and costs £0.61 to produce, package and send using the cheapest form of post. It is an important source of income for MSF and raises three times what it costs to produce. We always welcome your feedback. Please contact us using the methods listed, or email: dispatches.uk@london.msf.org

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CHANGING A REGULAR GIFT

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▲ Children bring jerrycans to collect clean drinking water at a water distribution point set up by MSF water and sanitation engineers in Rhoé camp, Democratic Republic of Congo (see page 12).