Dispatches

Spring 2019
No. 92

‘I hear the deep drone of fighter jets...’

Yemen

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MEDECINS SANS FRONTIERES
DOCTORS WITHOUT BORDERS

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Front page: Eighteen-year-old Ali (centre) receives physiotherapy from Farouk (left) at MSF’s hospital in Mocha, Yemen, after surgery to remove his right leg below the knee. Ali was injured when a landmine exploded as he crossed a field on his way to meet friends.
Photograph © Agnes Varraine-Leca/MSF

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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A future for child soldiers

YAMBIO, SOUTH SUDAN

An MSF mobile medical team see patients in Yambio.
Photograph © Philippe Carr/MSF

In South Sudan’s Yambio county, MSF is providing help for demobilised child soldiers.

These children would like to return to their old lives, but often struggle to come to terms with the years of forced labour and brutality. Separated from their families and forcibly recruited, these young combatants were highly prized by their adult commanders for following orders without necessarily understanding the impact of their actions.

Over the past nine months MSF, along with the South Sudanese government and other organisations, has worked to reintegrate more than 600 former child soldiers back into their communities. An MSF team, made up of a psychiatrist, psychologists and counsellors, has played a key role.

THE HUMAN SPIRIT IS RESILIENT

“Not all the children need psychological counselling,” says Rayan Fattouch, MSF mental health manager in Yambio. “The human spirit is resilient and has its own way of coping with problems. But some of the kids show symptoms of post-traumatic stress or have flashbacks, while others show signs of anxiety and depression.”

Demobilisation presents all kinds of difficulties. Some children discover that their families cannot be traced. Others learn that family members are dead. Others find that their communities are afraid of accepting them back.

During the years of fighting, armed groups often used children to extort protection money from communities. Part of the reintegration process involves helping communities understand the child soldiers’ circumstances while in captivity.

GUILT FOR BEING ABDUCTED

“Some of the children carry the burden of guilt,” says Carol Mwakio Wawud, an MSF psychologist. “This is not just about something they might have done or seen – some still feel guilty about being captured and taken from their families. In their minds it was their fault.”

Mwakio and other MSF mental health staff try to help the children understand they do not bear responsibility for their actions while in uniform. “We remind them that their commanders were the ones who were in charge and forced them to commit atrocities,” says Mwakio. “This was a period of their life when they had no control, but now the future offers lots of possibilities.”

A NORMAL LIFE

“Nearly all the children want to return to a normal life,” says Paul Maina, MSF programme manager. “They all want to go to school like other kids of their age. They know that it is only through education that they will be able to secure a new life.”

msf.org.uk/south-sudan

IRAQ

Battling antibiotic resistance

One year since the military offensive on Mosul, many of the injured face difficulties recovering due to high rates of antibiotic resistance.

In April 2018, MSF opened a post-operative care hospital in the city of Mosul for people injured by violent or accidental trauma. Soon after opening, staff discovered that 40 percent of the hospital's patients were affected by antibiotic resistance.

MSF had to adapt quickly, building more isolation rooms and introducing new treatment regimens.

"We were expecting to have some patients with multidrug-resistant infections," says Ernestina Repetto, MSF advisor on infectious diseases, "but the numbers so far have been concerning."

ANTIBIOTIC RESISTANCE ON THE RISE

Antibiotic resistance is on the rise in the Middle East as well as other parts of the world. In Mosul, years of over-prescription, unregulated use and poor infection-control practices have combined with conflict injuries to create an antibiotic resistance crisis.

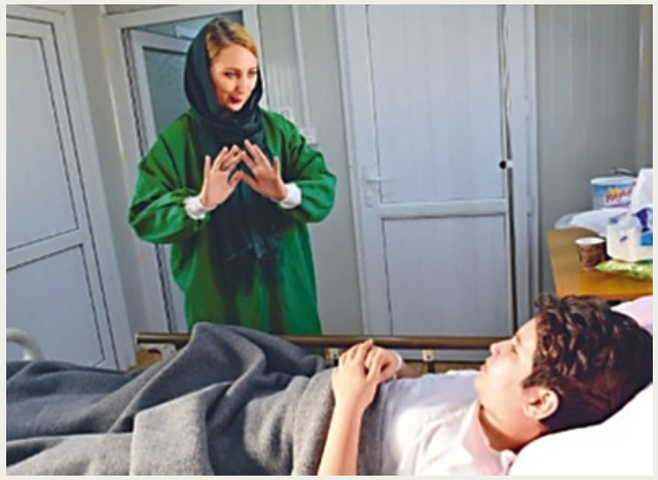
"A lot of people were wounded during the battle for Mosul, and violent trauma is always dirty," says MSF health promoter Karam Yaseen. "For these patients, the risk of infection is generally higher. But the excessive use of these drugs means that antibiotics no longer play the role they should. A simple wound that has not healed properly could mean that the infection has become chronic and that the bacteria are multidrug-resistant, requiring multiple surgical interventions and longer treatment."

Karam and the health promotion team run regular awareness sessions about the use of antibiotics.

"By the end of the sessions, they realise that antibiotics are not always the magical solution to everything," says Karam. "They realise that antibiotics should always be on prescription, and that misusing them can do more harm than good."

MSF is committed to taking a global approach to tackling antibiotic resistance. "Infection prevention and control measures need to be strengthened," says Repetto, "and more needs to be done to regulate the use of medicines and raise awareness. We mustn't wait until it's too late to tackle this major challenge."

msf.org.uk/iraq



Ali, aged 12, who has a multidrug-resistant infection, is visited by psychologist Olivera Novakovic in Mosul hospital. Photograph © Candida Lobes/MSF

Photograph © Pierre-Yves Bernard/MSF

TANZANIA

A mother and her newborn baby get a lift home in Nduta refugee camp, which shelters some 96,000 people escaping violence in neighbouring Burundi. MSF runs a hospital and four health posts in the camp.

msf.org.uk/tanzania

Photograph © Igor Barbero/MSF

ETHIOPIA

A group of people who fled their homes after recent violence stand outside the building where they have found shelter in Ewaabay town. MSF launched an emergency response in southern Ethiopia's Oromia region after ethnic violence escalated last June.

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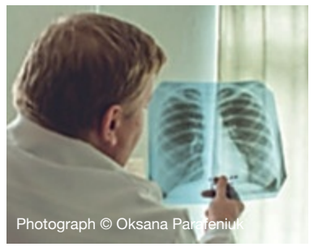


Photograph © Oksana Parafeniuk

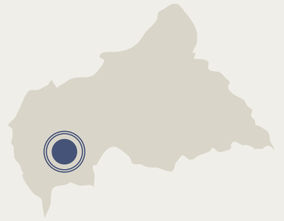
UKRAINE

Laboratory assistant Victor Zykov holds up an X-ray of a patient's lungs in Zhytomyr Oblast, where MSF provides treatment for drug-resistant tuberculosis.

msf.org.uk/ukraine

CENTRAL AFRICAN REPUBLIC

Monkeypox outbreak



In a remote southwestern pocket of Central African Republic, Dr Patrick Karume and his team are working to quarantine a rare outbreak of monkeypox.

From a makeshift base, the MSF team trek 18 miles along muddy tracks to Bagandou, where a dozen people – most of them children – have developed rashes characteristic of the monkeypox virus.

First identified in Democratic Republic of Congo in 1970, monkeypox has symptoms similar to that of smallpox, although usually less severe.

The virus is 'self-limiting' – which means it usually gets better with or without treatment – but its complications can be dangerous. In rare cases, the disease can be fatal.

MSF dispatched its team to the area after three people were identified with the virus. The team rapidly quarantined nine others and provided them with medical care.

"Monkeypox may be endemic to this area," says Karume, pulling off his boots. Before entering the 'red zone' quarantine area, everyone dons the required gear – rubber boots, disposable overalls, masks and goggles.

Nearby, patients sit on benches eating breakfast. Some show traces of the virus on their faces, with discoloured or peeling skin. With monkeypox, peeling skin is a sign of healing.

"Because it's a self-limiting virus, we treat the symptoms, administer antibiotics and prevent infections," Karume says.

"We used to think it was transmitted by monkeys, but generally it is by rodents," says Karume. "Secondary transmission can occur through an infected person."

MEDICAL DETECTIVE

Along with treating patients, the team also trace the movements of infected people to see who they have been in contact with, in order to find other possible cases.

This helps prevent the virus from spreading, and it also allows the team to gain a better understanding of this little-studied disease.

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Members of MSF's emergency response team take a blood sample from a boy in Mbaiki to test for the monkeypox virus after his siblings showed symptoms of the disease. Photograph © Mack Alix Mushitsi/MSF

KENYA

Kenya attack

On 15 January, militants carried out an attack on the DusitD2 hotel in the Riverside Drive area of Nairobi in which 21 people were killed. An MSF emergency team worked with other agencies to assist survivors of the attack. The MSF team triaged survivors in a medical tent near the site of the attack, treating those with minor injuries and stabilising patients who needed more advanced medical care before they were taken to hospital. In all, the team treated 146 survivors of the attack.

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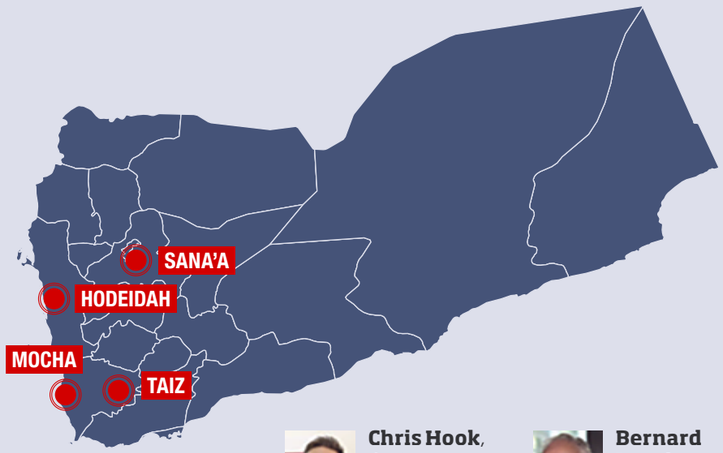
Photograph © Daphne Tolis/MSF

ROHINGYA

A Rohingya woman is carried by stretcher to a waiting ambulance outside Unchiprang refugee camp, in Bangladesh's Cox's Bazar district. There are few roads suitable for vehicles in the crowded and hilly refugee camps, which shelter up to million Rohingyas who have fled violence and persecution in Myanmar.

msf.org.uk/rohingya

‘I hear the deep drone of fighter jets…’



Chris Hook, doctor, Hodeidah

Bernard Leménager, surgeon, Mocha

Luca Carenzo, doctor, Saada

Alex Dunne, humanitarian affairs officer, Sana’a

Thierry Durand, project coordinator, Mocha

Caroline Bwango, doctor, Taiz

Robert Onus, head of mission, Sana’a

Elma Wong, anaesthetist, Mocha

As the conflict in Yemen enters its fourth year, fighting is escalating throughout the country. Many clinics and hospitals have been destroyed, while those that are still functioning are in urgent need of medical supplies.

In numerous locations, MSF teams are working to provide lifesaving medical care to people bearing the brunt of this brutal conflict. This is their story.

Alex Dunne, humanitarian affairs officer, Sana’a

“Some days, as I get ready to go to work here in Sana’a, I hear the deep drone of fighter jets flying overhead. While I make my coffee and plan for the workday ahead, the pilots are busy with their own morning routine: slicing through the sky above my head and dropping the bombs that shake the ground beneath my feet.”

Chris Hook, doctor, Hodeidah

“I was a part of MSF’s emergency team helping to set up a hospital in Hodeidah city. At the beginning of November, the city began experiencing heavy fighting and shelling, with battles getting close to the hospital.

We couldn’t move as there were a lot of stray bullets flying around. Our house was hit quite a few times, so we ended up living in the office, as it’s closer to the hospital.

The Yemeni staff in the hospital were very used to the fighting – to be honest, they found it tedious!

Nobody seemed panicked and that atmosphere spread. Just sit still, stay calm and everything will be okay. The Yemeni team kept us in that mindset, which was hugely comforting.”

Bernard Leménager, surgeon, Mocha

“Right from the start, we were admitting war-wounded patients from Mocha and the surrounding areas. Many had bullet wounds or injuries inflicted by bombs or landmine explosions.

The procedures we use for treating war wounds are not the same as in non-conflict trauma surgery. Weapons of war don’t inflict the same type of damage as a butcher’s knife in a workplace accident.”

91,574*
people treated for violence-related injuries

973,095
people received in emergency room

*MSF figures from start of conflict in March 2015 to October 2018

Thierry Durand, project coordinator, Mocha

“Our youngest surgical patient was an eight-month-old baby who had been shot in the abdomen. Luckily for the child, it was a bullet at the end of its trajectory and so it had lost its force. That’s why we were able to save him.”

Luca Carenzo, doctor, Saada

“I’m standing outside the hospital when I see a patient being brought in from the road. Aged between 50 and 60, he’s unconscious, is bleeding from his left ear and his leg is severely wounded. The doctor on duty decides to intubate him immediately.

While we assess him, a second patient is brought in: a young woman aged around 20. She is screaming. She has third degree burns to her body and her face is blackened. I haven’t yet realised that what we are experiencing is the onset of a mass-casualty incident. In the emergency department, the chaos begins…”

Alex Dunne

“Since fighting began, the public health system in Yemen has collapsed. Public medical facilities have an extremely limited supply of medicines, and salaries for medical staff have not been paid since August 2016.”

74,436
surgeries performed

34,189
children admitted to paediatric ward

64,032
women assisted in childbirth

Above: Anaesthetist Elma Wong uses an ultrasound to locate a bullet lodged in the hip of 30-year-old shepherd Abdulwali in MSF’s hospital in Mocha; An injured man learns to walk with crutches at MSF’s trauma hospital in Aden. Photographs © Agnes Varraine-Leca/MSF

Robert Onus, head of mission, Sana’a

“If you live in a rural area in Yemen, a likely scenario is that the nearest health centre does not function. If you have an emergency, you have to travel to a facility that is still functioning, most probably private, and you cannot afford to pay. It’s a devastating situation.”

Chris Hook

“One patient who I won’t forget was a 15-year-old boy. He’d fallen off his motorbike, had badly fractured his leg and went to a private hospital for the operation.

To mend the fracture, they gave him an external fixator – metal bars that go into the leg from the outside to hold the bones in position – but he couldn’t afford to have it removed.

He’d been living with the fixator for six months, and it should have been taken off after two. He came to us asking if we could remove it. ‘Of course’, we said.

But he couldn’t walk. We needed him to be able to walk so that when the fixator was removed he’d have enough strength in his leg.

We gave him some crutches and told him to start putting weight on the leg. We asked him to come back in a week’s time and, if he was

Left: A man with his leg in traction awaits surgery at MSF's trauma hospital in Aden. Photograph © Agnes Varraine-Leca/MSF

Below: Midwife Furaha Bazikanya Walumpumpu wipes the face of a baby born by emergency caesarean at MSF's hospital in Mocha. Photograph © Agnes Varraine-Leca/MSF

able to walk, we'd remove the fixator. We waited for him to come back, but the weeks dragged on…"

Luca Carenzo

"A young man and two girls of six and eight arrive at the emergency department. They are pale, covered in dust and are weeping; they have burns that look superficial. They are alone and very frightened; they need someone to take care of them.

Chaos reigns: noise, dust, a smell of blood. I move from one patient to another and ensure that each of the critically wounded is assigned one of the local doctors.

Another two children arrive, perhaps three years old, wrapped in a blanket. Ashen, they too are covered in dust, and surely already dead. May they rest in peace.

There's no time to take this in – there are things to do for the living.

I go and check on the two young girls with burns, one of whom has received morphine subcutaneously as prescribed by one of the local doctors; our midwife, who is monitoring them, asks me what to do for the other. I reply that she should do the same with her, too. They calm down and fall asleep. Better that way…"

Robert Onus

"One can really see how, year on year, the effect of the war has decimated so much of Yemeni society. Water and sanitation infrastructure is collapsing. More people are struggling to find food. Fewer people have jobs.

We see people dying from preventable diseases. We see malnourished children coming to our hospitals."

14,130
people treated for malaria

14,370
people treated for malnutrition

4,760
tonnes of medical supplies & equipment sent to Yemen

*MSF figures from start of conflict in March 2015 to October 2018

Chris Hook

"To our relief, three weeks after we first saw the boy with the motorbike leg injury, he returned to the hospital with his mother. They explained that when the fighting intensified near their home, the family were trapped for two and a half weeks. They couldn't leave their house.

While they were holed up, their house was caught in the crossfire. The boy's father and one of his brothers were shot and killed.

Despite the horror, the boy kept to his programme of rehabilitation. He did everything he could to strengthen his leg.

He is one of seven children and, with his father gone, he was determined to walk so he could find work.

At the age of 15, he now considered himself the man of the house and needed to provide for the family.

His mother was visibly upset. Her worry that we wouldn't be able to remove the fixator was compounded by the trauma she'd experienced.

We examined his leg and gladly told the boy that it was strong enough to have the metal removed.

"Armed men entered an MSF-supported hospital and shot at a patient..."

Below: Ali uses a resistance band in a physiotherapy session at MSF's hospital in Mocha. Photograph © Agnes Varraine-Leca/MSF

We told them the treatment was free and that he could come back for regular check-ups.

There was lots of weeping. They were clearly very grateful that we were there to help and hopefully to make life a little easier for them."

Elma Wong, anaesthetist, Mocha

"A lot of women came to us with complications during childbirth as we were the only healthcare facility in the area. We began to provide maternity services, performing caesarean sections and caring for premature babies.

I remember a tiny baby that we delivered by emergency caesarean. He was very premature. We converted one of our critical care beds to a neonatal bed and ensured we managed his feeding. It was incredibly challenging, but we made it work."

Alex Dunne

"Since the conflict began, medical facilities where we work have been hit by airstrikes several times, with deadly consequences for patients, staff and the communities which depend on our services. MSF staff have been detained and shot at. An explosive device was planted in one of our hospitals and, in perhaps the most egregious attack, armed men entered an MSF-supported hospital and shot at a patient while he was lying on the operating table. Miraculously he survived."

Caroline Bwango, doctor, Taiz

"My colleagues are remarkable human beings. I work with colleagues who have been shot. Many have had relatives injured and killed, but they come back to work the very next day to serve their community."

Alex Dunne

"There needs to be a massive increase in the provision of basic healthcare in Yemen. Every day, MSF faces the challenge of importing essential drugs, of securing visas for our international staff, of ensuring that our medical teams can move around safely. But despite the risks and the difficulties, we are doing all we can to provide lifesaving care in the country."

Luca Carenzo

"Another patient arrives. Almost one and a half hours have gone by since the first patient arrived. He is unloaded off the back of a pick-up truck. My colleague examines him but there is nothing we can do as he is already dead.

We hear that an airstrike hit the house of the people who have come to us, in a village about 20 km south of here. The news is also reassuring: there are no more injured expected here."

Alex Dunne

"Another dilemma faced in Yemen is that the main parties to the conflict – Saudi Arabia, the UAE, the US and the UK – are also the main donors of humanitarian assistance via the UN, providing some 71 percent of relief assistance in 2018. Bombing hospitals with one hand and writing a cheque to rebuild them with the other distorts the perception of aid in Yemen and undermines the security of independent organisations like MSF."

Thierry Durand

"Without this hospital, the region's inhabitants would have no access to emergency surgery. People would have died, others would have lost limbs. So yes, absolutely, our being here has made a difference."

Luca Carenzo

"Only one patient from the airstrike remains in the emergency room: the elderly gentleman, the first to arrive. At 10 pm the last patient finally leaves for the intensive care unit.

Calm has been restored. The janitors are cleaning up. On the floor are torn clothes, blood and surgical materials. It is now 11.30 pm. I take a deep breath."

Elma Wong

"We're providing a vital service in a devastated part of the world. Every day I saw the positive impact of MSF's work.

Every day that goes by in Yemen, fighting continues and new casualties arrive at our hospital. This is happening now, in our time. We cannot forget about the people of Yemen."

Find out more

msf.org.uk/mocha

Support us now at msf.org.uk

The ultrasound revolution

Obulejo Stephen Melebi is a 27-year-old MSF midwife working in Malakal, South Sudan. He describes how the introduction of ultrasound scanners have revolutionised his work.

"It may sound surprising to hear about a male midwife, but in South Sudan there is a severe lack of medical staff. This means that anyone with medical experience is highly appreciated, even a male midwife like me!

Only rarely has anyone shown any consternation towards my services. But I don't mind – this work really motivates me. I enjoy working to see babies safely delivered across the country.

My career in midwifery started at the National Health Training Institute. It was here I was trained to deliver babies and deal with difficult deliveries. I help with complications and often make the decision to refer difficult cases for specialist treatment when necessary. All of these skills were greatly enhanced once I started using an ultrasound machine here in Malakal.

SIX HOURS' DRIVE

In the past, before we were equipped to do ultrasound scans, pregnant women with suspected complications had to travel vast distances in often challenging conditions to have a scan. In Gogrial, for instance, pregnant patients had to travel either to Aweil or Agok, six hours' drive away. It's a long journey and even longer during the rainy season with muddied roads.

Outside MSF's hospitals and clinics, even medical facilities which have ultrasound machines are often out of reach of the public, since it costs the patient money to have a scan.

When I started doing ultrasound scans at MSF's hospital in Malakal, I thought a lot about times when obstetric complications and emergencies could have been prevented if we'd had an ultrasound machine. In some cases, these complicated pregnancies could lead to tragedy.

One time I was sent to meet an expectant mother who had twins, but we did not realise this, since her placenta came out after the first child was born, as you would expect in a regular delivery of a single baby. The new mother's womb was larger than usual, but often this can be due to excess fluid.

Unfortunately, the second child passed away, an incident I shall always deeply regret. If we had had an ultrasound machine at that time, this could have been prevented.

For me, the introduction of ultrasound scanning in the maternity ward has greatly improved decision making. If, after getting a patient's information and history and doing a physical examination, you feel you need to know more, you can investigate further and make an accurate diagnosis without seeking a doctor. It's been a real game-changer.

Above: Eight team members pack into the back of a Land Cruiser to run a mobile clinic in a remote village. Photograph © Philippe Carr/MSF

A BABY CALLED STEVE

Our work with expectant mothers is more crucial than ever in South Sudan. We have one of the highest global child mortality rates in the world, with 96 deaths per 1,000 live births. Further, the conflict has disrupted hospitals and the crucial training of health staff.

Despite the challenges ahead, one thing I can say with certainty is that the job of a midwife is very rewarding. There is nothing better than seeing a mother leave the hospital here in Malakal to walk back home with her newborn child.

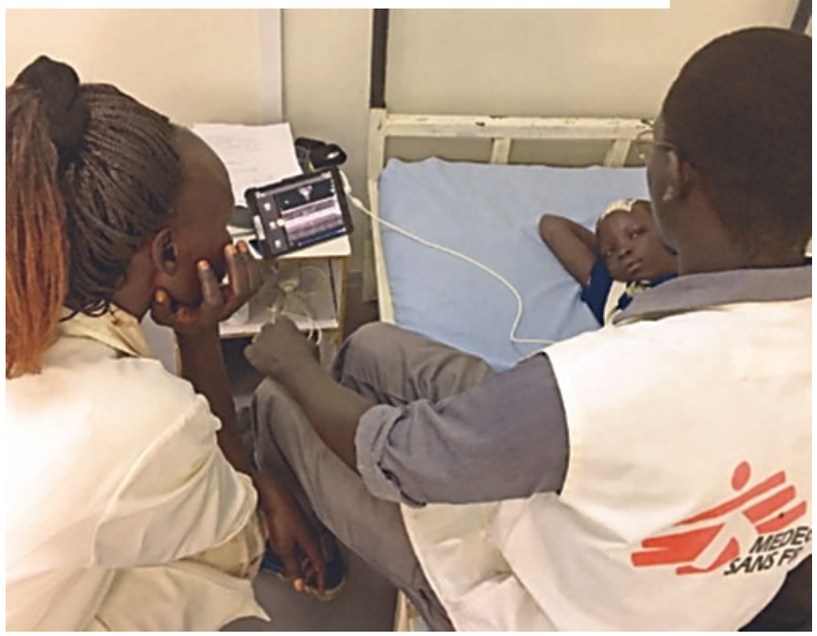
Some new mothers with baby boys have even named their children 'Steve' to acknowledge my work. If a girl is born, they sometimes name her after my lovely mother, who is called 'Queen'.

So if you happen to be walking through the streets of Malakal and meet a young boy or girl named Steve or Queen, maybe you'll remember this story."

Find out more

Video: The only male midwife for miles around **msf.org.uk/male-midwife**

Left: People wait patiently to see a doctor at a mobile clinic in a remote area of South Sudan. Photograph © Philippe Carr/MSF



Below: A patient receives an ultrasound scan in Malakal. Photograph © MSF

MSF's UK volunteers

Afghanistan Diletta Salviati, *Advocacy manager*; Federico Luca Franconi, *Construction manager*

Bangladesh Laura Holland, *Water & sanitation coordinator*; Clare Abdel-Basit, *Pharmacist*; Massimo Campagnolo, *Water & sanitation manager*; Richard Maltman, *Logistics manager*; Cressida Arkwright, *Humanitarian affairs officer*

Cameroon Kate Nolan, *Head of mission*

Central African Republic Cannelle Loizeau, *Logistician*; Michael Barclay, *Logistician*; Marc Wilkinson, *Pharmacist*; Davina Hayles, *Project coordinator*

Chad Jean Marie Vianney Majoro, *Logistician*

Democratic Republic of Congo Hannah Thompson, *Midwife*; Robin Scanlon, *Logistician*; Jeanette Cilliers, *Project coordinator*; Justin Healy, *Doctor*; Sunmi Kim, *Logistician*; Ghita Benjelloun, *Project coordinator*

Ethiopia Manon Ayme, *Midwife*; Rosanna Buck, *Midwife*; Christopher Sweeney, *Nurse*

European migrant and refugee mission Sophie McCann, *Advocacy manager* (Greece); Elizabeth Ashford, *Doctor* (Greece); Ben Du Preez, *Advocacy manager* (Greece); Declan Barry, *Doctor* (Greece); Faris Al-Jawad, *Field communications manager* (Serbia)

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India Hannah Spencer, *Doctor*

Iran Nicole Claire Nyu Hart, *Medical team leader*

Iraq Michael Galvin, *Doctor*; Marie Monaghan, *Paediatrician*; Teresa McCreery, *Midwife*

Jordan Vittorio Oppizzi, *Head of mission*; Eve Bruce, *Deputy medical coordinator*; Lucinda Hiam, *Doctor*; John Roche, *Logistics and finance manager*

Kenya Timothy Hammond, *Doctor*

Lebanon Laura Gregoire Rinchey, *Doctor*; Luz Macarena Gomez Saavedra, *Project coordinator*

Libya Samuel Turner, *Head of mission*

Malawi Brian Davies, *Advocacy manager*; Rebecca O'Connell, *Doctor*

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Nigeria Andrew Mews, *Head of mission*; Christopher Hook, *Doctor*; Adelle Springer, *Epidemiologist*; Serina Griffin, *Finance & HR manager*

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Syria Gabriella Gray, *Logistician*; Christopher Yates, *Logistician*; Lily Daintree, *Midwife*; Paula McDonald, *Lab manager*

Tajikistan Jennifer Menin, *Nurse*

Uzbekistan Ffion Carlin, *Doctor*; Yuhui Sha, *Head of mission*; Mansa Mbenga, *Medical coordinator*; Rebecca Roby, *Communications manager*

Yemen Edward Haworth, *Paediatrician*; Alex Dunne, *Humanitarian affairs officer*

Diary of an Ebola nurse

Luis Encinas is a nurse from Spain working in MSF's Ebola treatment centre in Butembo, Democratic Republic of Congo.

These are excerpts from the diary I kept. The stories are all true. Only the names have been changed to respect the patients.

Writing my diary is a kind of therapy. I do it to convey my daily life to my loved ones and also to record powerful, perplexing, true stories. Stories about human beings, like you and me.

OCTOBER AND NOVEMBER 2018 – BUTEMBO, DEMOCRATIC REPUBLIC OF CONGO.

North Kivu is a province in the east of the country perched on a volcanic massif, with flora as green as it is intense.

It is hard to imagine that there has been an Ebola outbreak here for almost three months. Apart from Ebola, people's biggest concerns here, going back 20 years, are insecurity, internal conflicts and being forcibly displaced from homes and livelihoods.

THE LITTLE BOY WHO DREAMED OF BEING A FOOTBALLER

It's funny getting dressed; I have a smile that slips inside my suit with me.

I've brought with me a toy jeep – the kind that has a cord you can pull and release, powering the jeep so it goes along on its own. And I've made a little balloon by inflating a disposable latex glove. I draw on two eyes, a big smile and lots of curly hair. These are my last gestures for Bienvenu, because he leaves tomorrow.

Inside the Ebola treatment centre, while doing rounds with the patients who have suspected Ebola, I have only one desire: to rush to the end of the room, where I'll find Bienvenu.

This little boy can't be more than 4 ft high, his eyes are remarkably beautiful, and when he smiles it lights up the world around him.

He is waiting for us, lying in his bed under a multicoloured blanket. His mum, a survivor of Ebola, is lying next to him. It's been almost three weeks since he arrived here.

I remember perfectly the first time I met him. Scared, alone in bed, he refused even to look at me.

I approached slowly, but it was as if my presence terrified him. I waved and tried to say something in Swahili. And bit by bit he began to smile.

> We all wear protective suits in the Ebola treatment centre. Sometimes I draw small butterflies on my white hood; I learned to doodle them with my children at home.

Bienvenu's smile gave me a remarkable energy that made me feel good. Remarkable indeed, to imagine that it's through the patients that you draw this fuel.

I sat down next to him and asked him what he would like. And though he didn't use words, I was able to understand his meaning perfectly: a ball to play with together.

So, I told him: "Ok, me Barça and you Congo!"

I tried to find a ball but the next day I was told it was not possible because it's too dangerous to kick a football in the Ebola treatment centre. It's true that it's too dangerous, but it's in moments like these, when we are unwell, that we just want to distract ourselves, to invent or to create something.

Above: A health worker dons protective clothing before entering the high-risk zone of the Ebola treatment centre. Photograph © John Wessels

Right: Staff members embrace in the dressing room before starting a new shift. Photograph © John Wessels

A TOY JEEP

I returned the next day with this little toy jeep and this handmade 'ball-glove' that Mustapha made me pass through the wooden chute, which connects the two zones of the Ebola treatment centre and is used to pass materials from one zone to the other. The chute only goes one way, because the risk of infection means that nothing that goes into the high-risk zone can come out again (except to be destroyed or burned).

So, as the moment to say goodbye crashed over me like a wave, I gave him a quick hug. Before I left, I also gave Bienvenu a writing slate and some sheets of white paper. In an instant he drew a little man and a house. I can assure you that this drawing will remain engraved forever in my memory, and the smile of the guy in the drawing was as wide as that of the young draughtsman.

Crowning all of this, his test result for Ebola came back negative.

Every time I think of him, I feel that energy and that serenity that does you so much good.

Here in the Ebola treatment centres, it's much needed.

STORIES OF CAREGIVERS ON THE OTHER SIDE

Stories like that of Bienvenu are, unfortunately, not the most common. Today it's Espérance and her journey that comes to mind.

Espérance must be 5 ft 7 tall. Her hair is braidedand a scarf collects the braids behind her in a mass which makes her face seem small in comparison.

Espérance is a nurse and works in a health centre.

When we talk with her, she is calm and serious. She speaks slowly and articulates each word in a clear, low voice.

"I'm here because I did my job. Maybe not well, but I always wanted to do it right."

SHE MUST EAT!

Four children and a husband at home, plus her little sister and dad. I don't dare ask if her mother is alive or living elsewhere for fear of hearing another story of a family separated.

EBOLA

Six months after the declaration of the Ebola epidemic in northeast Democratic Republic of Congo, teams are still working to gain control of the outbreak. So far, 619 people have been infected with the virus and 361 have died.

MSF is running Ebola treatment centres in the towns of Butembo and Katwa, transit centres in Beni and Bwana Sura and an isolation centre in Bunia. MSF has also assisted with the vaccination of frontline health workers and is carrying out infection-prevention activities and awareness-raising activities among health workers and affected communities.

msf.org/ebola

Her neighbour, who is convalescing, comes to stand next to me. She brings her plate and whispers something in Swahili.

"She must eat. She must gain strength. She must live!"

She speaks with conviction.

The next day, Espérance is bedridden, moaning in pain and clutching her abdomen. I take her hand. She throws it aside and turns towards the other side of her bed. She won't speak to me.

I am trying to take her vital signs during the necessary time period to monitor her antiviral treatment. But I get the impression that Espérance has taken another path. There is a heavy, oppressive atmosphere, and I have some difficulty concentrating on my work. I have the impression that we no longer speak the same language.

The next day, Espérance is no longer with us. The night before, her condition had deteriorated very quickly.

Another nurse, another colleague, who is leaving this world, simply for trying to provide care in conditions that were far from optimal.

Find out more

Read more of Luis' diary at blogs.msf.org

Getting our hands dirty

Saving lives doesn't always involve direct medical care. **Eben Van Tonder** writes about an MSF team that's not afraid to get its hands dirty in order to fight infection...

"The project I'm working in is based in the city of Cox's Bazar, where we offer support to Sadar district hospital. I'm the project administrator and am responsible for financial and HR management (with all your generous donations, I'm able to pay for everything we have to do!)

Although Sadar hospital is also a referral hospital for Rohingya refugees from the camps (meaning they are transferred here when they need more care than can be provided in the camp's clinics and health centres), this public hospital primarily serves the local Bangladeshi community.

A COW WALKED PAST ME – IN THE HOSPITAL GROUNDS

Sadar hospital provides medical services to approximately 2.2 million people. Officially it's a 250-bed hospital, but the reality is that it has closer to 600 to 800 patients on any given day – and this doesn't include all the relatives accompanying their sick family members.

The overcrowding is so severe that seeing patients lying on the floor in passages is nothing strange here.

The hospital is severely under-resourced, and controlling the flow of people through the building is impossible.

Wrestling my way through the never-ending stream of people, I couldn't help noticing the dirt and the smell. To my utter disbelief, a cow lazily walked past me – in the hospital grounds.

Below: Before… Cows scavenge off the assorted rubbish heaped in the waste zone behind the hospital. Photograph © Eben Van Tonder/MSF

THE 'WASTE ZONE'

I soon realised where the smell was coming from and where the cow was heading: an open area at the back of the hospital known as the 'waste zone'. All kinds of waste were being dumped here: general waste, kitchen waste, discarded used syringes and hospital biological waste – and all this in the open air next to the boundary wall, just across the road from a school.

Cattle, crows and dogs were scavenging off the waste. Hospital staff were walking through the waste wearing open sandals, despite the danger of discarded needles.

It was little wonder that we quickly identified waste management as a critical element requiring our support.

MEDICAL WASTE CAN BE HIGHLY INFECTIOUS

When they come to hospital, patients shouldn't face the risk of getting sicker than they already are. This means reducing the infections that people pick up in hospital through proper infection prevention and control processes.

Medical waste contains biological products – bacteria, viruses and bodily fluids – that can be highly infectious. If not disposed of properly, it poses a health and environmental danger. That's why it's so important to have a meticulous and well-functioning programme to collect, sort and dispose of waste.

It was vital to construct a waste zone that conformed to MSF standards and protocols. Our water and sanitation team set to work.

WASTE ZONE TRANSFORMED

After a few weeks' work, construction has just wrapped up and we are now awaiting the delivery of our waste incinerator, which is being imported from the UK.

In the meantime, we have identified a crew of local cleaners to be trained as waste zone operators.

We can now start using the sharps pit (for discarding used needles), the glass crusher (to crush glass ampoules), the safety box reducer (for burning needle boxes) and the organic pit (for biological waste).

Once our incinerator arrives and is installed, we can start burning general waste and utilising the ash pit.

To finish things up, we also did a bit of landscaping around the new waste zone. I'm sure you'd agree that it's a huge contrast to how it was before.

A MODEL FOR OTHER HOSPITALS

Once the waste management system is fully completed, this will be the only public hospital in Bangladesh to boast such a facility. We're hoping that the success of this project will serve as a model to other public hospitals in the country.

To my colleagues in the water and sanitation team: well done! I'm proud to be associated with all of you and with this project. You'll leave behind something that will benefit this community for many years to come."

Find out more

Read more about Eben's MSF career: **blogs.msf.org/bloggers/eben-van-tonder**

Above left: Separate compartments are constructed for the disposal of different types of waste. Photograph © Eben Van Tonder/MSF

Above: And after… To complete the makeover, the hospital courtyard has been repainted and landscaped. Photograph © Eben Van Tonder/MSF

Roadside delivery

At a maternity unit in Democratic Republic of Congo, it's non-stop emergency medicine for **Lanice Jones**.

"Alone in my room, the radio crackled: 'Delivery on the road!' 'On my way,' I replied, slapping my radio onto my belt as I grabbed my emergency kit and a towel.

'A delivery?' Marion asked, poking her head out from her room beside mine.

'Come!' I replied.

Marion was first through the gate. In a moment she was crouched beside a woman on the road right outside our compound door. I tossed her a pair of gloves while I jammed my hands into my own. We began working in the dark, while a friend of the woman shone a small phone light onto the area. We were just in time to see a newborn emerge.

'Quick, wrap him in this,' I said, unfolding my towel, as Marion lifted the baby up.

I reached up to grasp the placenta and ease it out. Marion dried and stimulated the newborn while I tried to massage the woman's uterus – no easy feat – as she crouched on her heels beside me.

I radioed for a car to pick us up and, within minutes, we were on our way to the maternity unit with a healthy mother and baby.

OBSTETRICS HAS A RHYTHM OF ITS OWN

After such a wild day, I was hoping that the next day would be quieter. Obstetrics, however, has a rhythm of its own.

Next morning Dr Alain stepped out from our delivery suite, announcing: 'Breech!'

Sharing skills and knowledge is one of the greatest pleasures of working with MSF. I have worked with the team to help them prepare for emergencies and use oxytocin to ease labour to decrease the number of women needing caesareans. Meanwhile, the team have stood beside me while I've learned to deliver breech babies, something that a family doctor in Canada would usually only do in an emergency.

A quick check of the fetal heartbeat revealed it was racing at a high speed – an indication of trouble.

COME ON, BABY!

Within a minute, the little buttocks were through the birth canal to the level of the baby's shoulders. I tried to find the posterior arm and effect the 'Bickenbach manoeuvre' – a technique used to deliver breech births – but I couldn't extract the arm. I quickly shifted to extract the upper arm using the alternative 'Loveset manoeuvre'. I rotated the baby, delivered the second arm and, in one fluid movement, flexed the head and somersaulted the infant up and out onto the mother's abdomen.

Breech babies are often a bit slow to breathe, so we worked simultaneously to clamp and then cut the cord.

I was stunned to find the placenta barrelling out of the birth canal. The placenta had detached before the infant was born, creating a risk of fetal distress and shock. I massaged the uterus, confirming that it was firm and well-contracted, and the nurse continued with routine care of the woman.

I then stepped over to the warming table where Dr Alain was using the ambu bag to puff air into the newborn's lungs.

'Come on, baby!' he encouraged, his fractured English competing with my broken French. A cry from beneath the mask signalled a happy result.

As I write this, I'm coming to the very end of my assignment. Soon I'll be happy to be back home, visiting with family and friends and dreaming of my next assignment… Doctor? Or midwife? Only time will tell!"

Find out more

msf.org.uk/drc

Above: Lanice and Marion with the woman who gave birth outside their compound door. Photograph © Lanice Jones/MSF

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