

2 Situation report | *4 Everything was shaking* MSF nurse Laura Williams reports from Gaza | *6 The cooking class that saves lives* A malnutrition crisis in northern Nigeria is prompting MSF to hit the road with pots and pans and catchy tunes... | *8 A war on people* As the conflict in Sudan enters its second year, MSF teams continue to provide lifesaving medical care amid chaos and destruction | *14 Rescue at sea* When a boat capsizes in the Mediterranean Sea, the MSF team must act fast to save lives...



SITUATION REPORT



1. MALI

MSF surgeons operate on nine-year-old Kadidia Dembélé in Niono health centre after she was shot three times during an assault on her village. Her mother was killed in the attack, which was part of a wave of extreme violence that has gripped northern and central Mali since 2012. "She was dying, I didn't think she would survive," says Kadidia's aunt. "She underwent several rounds of open surgery. Now she is back on her feet and continuing her treatment."



Photograph © Mohamed Dayfour Diawara



Photograph © Carmen Varchoulaki

2. LEBANON

A Syrian refugee child in the town of Qaa. Lebanon hosts 1.5 million refugees from neighbouring Syria, many of whom live in precarious conditions. In clinics across the country, MSF teams provide them with medical assistance, including reproductive healthcare, mother and child healthcare, mental health support, treatment for chronic diseases and childhood vaccinations.

33%

of households in Lebanon report being unable to access healthcare

3. PAKISTAN

MSF health visitor Razia Bibi holds a newborn baby in the maternity unit of the District Headquarters hospital in Chaman, Balochistan, where MSF teams provide antenatal and postnatal care, family planning services and vaccinations.



Photograph © Gul Nayab/MSF



4. HAITI

Trucks chartered by MSF are loaded up with medical equipment and supplies to transport to hospitals in Port-au-Prince. After extreme violence broke out in the capital in February, the airport was closed, leaving MSF unable to resupply its hospital for three months. With the airport now open, MSF has shipped more than 80 tons of supplies to Haiti since mid-June.

869

Number of patients with bullet wounds treated by MSF in Haiti during March and April 2024

6. TAJIKISTAN

Fatima Gurezova, 28, and her two children are being treated for tuberculosis (TB) at their home in Varzob district. After being diagnosed with TB, the family spent some months in a state-run hospital, but now receive treatment from MSF at home, where they have monthly medical check-ups and receive food and psychological support to help them adhere to the challenging treatment regimen. MSF has worked with the Ministry of Health in Tajikistan for 13 years to improve TB detection, treatment and support, especially for children, families and prisoners.



5. MOZAMBIQUE

Trainee midwives share some downtime at Chingussura health centre in Beira, where MSF provides maternity services, sexual and reproductive healthcare and HIV testing to hard-to-reach groups in the community.





EVERYTHING WAS SHAKING

MSF NURSE **LAURA WILLIAMS**
RECOUNTS THE DANGERS
AND DIFFICULTIES
OF PROVIDING LIFESAVING
MEDICAL CARE IN GAZA



“The first thing that confronts you when you enter Gaza is the sheer number of people – it’s overwhelming. I don’t think I’ve ever seen so many people in such a small place. Travelling even short distances within Rafah can take hours. Every day you see more tents appearing as people flee other parts of Gaza.

We were based in the Indonesian Field Hospital in Rafah. MSF started working there at the end of December, with a focus on treating patients with burns and trauma wounds. When I arrived, we were treating around 70 to 80 people each day, but within weeks that number had increased to 150 people a day. The demand just kept on growing.

With more and more patients arriving with traumatic injuries and burns, we doubled our bed capacity and converted the procedure room into an operating theatre where our Palestinian orthopaedic surgeon and anaesthetist could conduct debridement [the removal of dead or infected tissue] and skin grafts.

EVERYTHING WAS SHAKING

One issue we faced was a shortage of supplies. I worked closely with our pharmacist to sort out exactly what we had, what we were using and what we would need. We kept expecting a delivery of medicines and materials to arrive, but it's difficult getting any humanitarian supplies into Gaza, and those we expected didn't arrive until just before I left. As a result, we had to change medications and move to less effective treatments, which wasn't ideal. But we did the best we could with what we had.

We heard bombing regularly. It was always louder at night – sometimes we'd be up all night with the house shaking. I don't recall a single night when we didn't hear or feel the bombs. One night when we were staying in the hospital, there was bombing very close by and everything was shaking. The patients told me to come and sit with them, saying: 'Don't be scared, it's all fine, we have asked God to look after you.' They were more worried about me than anything else.

One thing you noticed in the hospital was the calm and positive atmosphere. In the midst of this desperate and horrible situation, the hospital environment was set apart. A lot of that peaceful atmosphere was down to the Palestinian staff. All of them had lost family members and most had lost their homes, but they still came to work every day motivated and full of compassion. They're absolutely remarkable. It was incredibly uplifting to work alongside them.

'We heard bombing regularly...It was always louder at night...'

◀ A woman waits for transport amid the ruins of the city of Khan Younis, 22 April 2024. Photograph © Ben Milpas/MSF

▼ MSF psychologist Mahmoud Al-Balbisi high-fives one of his patients during a session for children in Al-Mawasi clinic, Rafah. "It's through play that we get over the trauma, the pain, [and learn] how to manage some emotions that are coming and are not easy to deal with," he says. Photograph © Mariam Abu Daggga/MSF

'WHAT DID I DO TO DESERVE THIS?'

Two boys on the ward had lost both parents and a sister in a bombing. They were aged one and six and were being looked after by their grandmother. They had injuries from the bombing and were on the ward almost the whole time I was there. I got to know them well. The older boy had severe burns on his arms and his hands, but we would give each other a thumbs up every time we saw each other.

Towards the end of my time at the hospital, the physiotherapy team got the older boy out of bed for the first time and helped him walk. His grandmother was just so delighted and was smiling and squeezing his cheeks. I was on the other side of the ward talking with another patient. I remember the boy looked over at me with this big smile on his face and then gave me a thumbs up. It was a lovely moment.

I remember having a meeting with one of the nurse supervisors, and the only place we could find was the stock cupboard. We sat on boxes, joking that it was like a strange job interview. We discussed everything we needed to discuss, and then he started showing me pictures of his house before the conflict, the flowers he and his wife had planted in their garden and the beautiful sunsets they used to see. And then he showed me what his house looked like now. It was basically rubble. 'I don't know what we did to deserve this,' he said. This man has worked for MSF since 2007, he comes to work every day, he works beyond his hours, he's an incredible nursing supervisor, and now he's lost family members and his home. What did he do to deserve this?

It's really important that MSF is in Gaza. In the coming weeks and months and years, the medical needs there are going to be huge. We need to be there now, providing medical care and standing alongside our Palestinian staff and patients."

MSF medical teams are currently working in two hospitals and eight health centres in Gaza. Our teams provide surgery, wound care, physiotherapy, maternity and paediatric care, primary healthcare, vaccinations and mental health services. Our teams also distribute clean drinking water.

Since the start of the conflict, MSF teams have conducted more than 4,000 surgeries, treated more than 53,000 wounds and distributed 2.4 million litres of water.

🌐 READ THE LATEST UPDATES AT [MSF.ORG.UK/GAZA](https://www.msf.org.uk/gaza)





NIGERIA
PHOTOGRAPHY
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The cooking class that saves lives

A MALNUTRITION CRISIS IN NORTHERN NIGERIA PROMPTS MSF TO HIT THE ROAD WITH POTS AND PANS AND CATCHY TUNES...

Four days a week, Maryam Muhammed and her team hit the road, travelling from village to village across northern Nigeria's Kebbi state, their car packed with folding tables, saucepans, pots, spoons and recycled bottles filled to the brim with soya beans, sorghum, moringa leaves, palm oil and groundnuts.

"That's all we need to demonstrate how to make 'Tom Brown'" says Maryam, on the way to Maishaika, a village located 40 km from MSF's inpatient feeding centre in Kebbi. "This, and some catchy songs to make sure the recipe remains in everyone's head."

A cupful of 'Tom Brown' is prepared during a cooking demonstration in Maishaika village. Photograph © Georg Gassauer/MSF



Based on a traditional Nigerian recipe known as 'Kwash pap', Tom Brown is a flour blend used to make a nutritious porridge. Its ingredients are all grown in northern Nigeria and are available in local markets. Over recent years, the recipe has been improved by nutritionists to become a useful and very efficient tool in preventing and treating malnutrition. Studies conducted in Nigeria in 2022 and 2023 showed positive results for children with moderate acute malnutrition, with locally made Tom Brown potentially able to reach more children than imported ready-to-use therapeutic foods, such as the enriched peanut paste commonly used in MSF feeding programmes.

In common with the rest of northern Nigeria, Kebbi state has seen a colossal spike in malnutrition cases this year. In May alone, close to 1,000 children were admitted to MSF's inpatient therapeutic feeding centre in Maiyama hospital to be treated for severe acute malnutrition – an 80 per cent increase on the same period last year. It was a similar story in June and July. The 210-bed facility is so overwhelmed with patients that sick children regularly have to share beds.

"The scale of this crisis calls for big efforts in prevention activities," says Maryam. "That's why we are reaching out to communities to help parents avoid the worst for their children."





'WE SING THE RECIPE'

After a 35-minute drive, the MSF Land Cruiser pulls into Maishaika. Maryam and her team-mates make their way to the house of the village elder, to greet him and confirm his approval for today's demonstration.

A few minutes later, the team springs into motion. Tables, chairs and ingredients are unpacked and laid out. Volunteers go from house to house to issue invitations. In a flash, the centre of the village square is transformed into a market stall, while 100 women, heads covered by colourful scarves, settle themselves on chairs or on the ground to watch the proceedings.

Maryam, who has worked as a health promoter for more than 15 years, knows how to catch and keep the women's attention. Crackling with energy, with a booming voice and a spoon in one hand, she starts with an explanation of acute malnutrition and goes on to outline what they – the mothers and grandmothers of the village – can do to protect their children and grandchildren from it.

Rapidly, she turns words into actions and calls on a woman from the audience to help her prepare the recipe that can help keep acute malnutrition at bay. In Kebbi, the recipe for Tom Brown is based on a simple ratio of six:three:one.

Maryam offers a spoonful of the sweetened porridge to one of the village children. Photograph © Georg Gassauer/MSF

"Six measures of sorghum or millet, three measures of soybeans and one measure of ground nuts," calls out Maryam. After a process of soaking, cleaning, drying and roasting, the ingredients are mixed together and ground into a fine powder. The powder is mixed into a paste with clean water, then poured into a pan of boiling water and simmered over a fire for a couple of minutes until it thickens into porridge.

Based on market availability, individual preferences and what the family can afford, additional ingredients – such as palm oil, moringa leaves, cow's milk or meat – can be added to provide extra energy and nutrients. However, with families facing rampant inflation – the highest in three decades – and a spike in the price of food items over recent months, adding extra ingredients is a luxury that many in Kebbi cannot afford.

The Tom Brown recipe is turned into a song, which is sung over and over again, while cups of the cooked porridge are distributed amongst the watching children to taste-test. Women laugh and smile, while the village elder – the only man to watch the demonstration – regards the event with curiosity.

"The men will have a dedicated session on another day," Maryam says later. "For cultural reasons, we must separate the sessions. In the beginning, some men were worried about the kind of message that would be spread during the sessions and told their wives not to come. So we decided to have dedicated father-led sessions to show what we do and what we say. This helped a lot and now men are showing real interest in the sessions. But having women on board is key, as they are the ones who supply the family [with food]."

RECIPES FOR LIFE

After an hour of singing and cooking, Maryam and her team pack up the pots and pans, and call on the mothers to stay on to have their children screened for acute malnutrition. This is done by measuring their mid-upper arm circumference with a colour-coded tape known as a MUAC band. Among the 28 children screened in Maishaika that day, more than one-third show signs of malnutrition and are referred to MSF's therapeutic feeding programme.

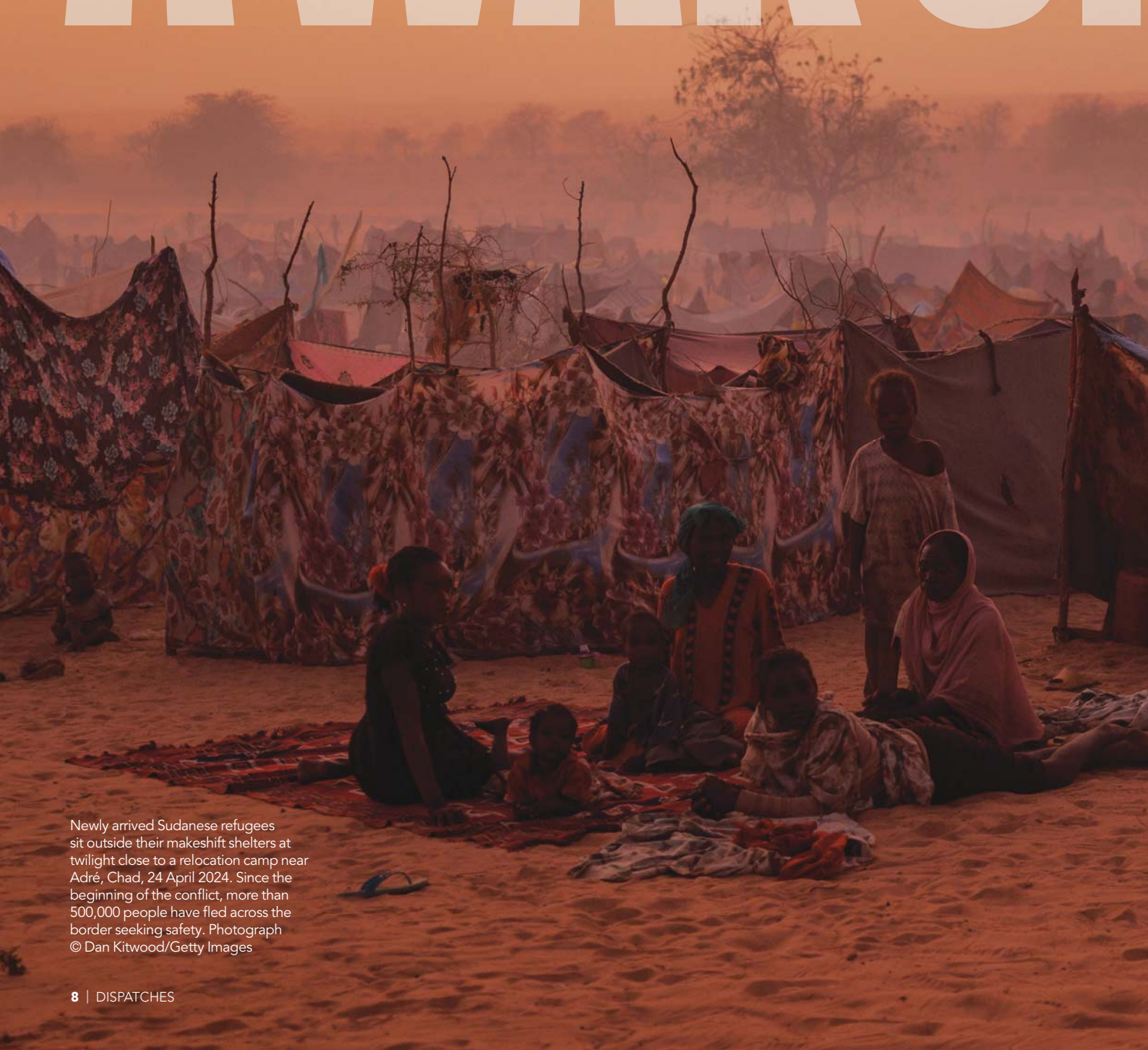
"This kind of cooking demonstration is crucial because people understand that they can prevent their children from becoming acutely malnourished rather than bringing them to a facility to treat them," says Maryam, before jumping into the MSF car. "Prevention will always be better than cure. MSF will not remain here forever, so we need long-term, sustainable approaches to reduce malnutrition. And we know that the people we train today will pass the recipe on to others."

Between January and May 2024, Maryam and the health promotion team organised 554 cooking demonstrations across Kebbi state. These events were attended by more than 13,300 people, including 1,461 men.

AS THE CONFLICT IN SUDAN
ENTERS ITS SECOND YEAR, MSF
TEAMS CONTINUE TO PROVIDE
LIFESAVING MEDICAL CARE AMID
CHAOS AND DESTRUCTION

*Content warning: This article includes
graphic descriptions of violence.*

A WAR ON



Newly arrived Sudanese refugees sit outside their makeshift shelters at twilight close to a relocation camp near Adré, Chad, 24 April 2024. Since the beginning of the conflict, more than 500,000 people have fled across the border seeking safety. Photograph © Dan Kitwood/Getty Images



SUDAN
PHOTOGRAPHY
MSF

IN PEOPLE



B

abiker awoke to the sound of heavy gunfire in his neighbourhood. It was 15 April 2023 in the town of Kassala, eastern Sudan. As shots rang out, he remembered hearing rumours about tensions within the country's military forces, including at a base near his home.

Social media soon confirmed Babiker's fears – there was shooting and artillery shelling all over the country. Overnight, a power struggle had erupted into warfare between the Sudanese Armed Forces (SAF) and a paramilitary group, the Rapid Support Forces (RSF). People in Sudan were suddenly caught in the middle of a civil war.

"People were shocked," Babiker recalls. "No one was prepared for this conflict."

A civil engineer, Babiker has worked for MSF as a water and sanitation manager since 2021.

Everything changed on that morning in April, when armed men stormed neighbourhoods in cities including the capital, Khartoum. The violence soon spread across the country. Air and seaports shut down and millions of people fled to different parts of the country and beyond.

Like many of MSF's other Sudanese staff, Babiker chose not to flee at the outbreak of civil war. Over the months that followed, as the conflict shifted from place to place, he travelled across the country to help provide urgently needed medical and humanitarian aid.



▲ More than 1,000 people sought shelter in the damaged and looted campus of the University of Zalingei, in the capital of Central Darfur state. Classrooms and offices have become makeshift shelters. Photograph © Juan Carlos Tomasi/MSF

◀ Refugees from Darfur arrive in Adré, across the border in Chad, 23 April 2024. Photograph © Dan Kitwood/Getty Images



A woman in Aboutengue camp, Chad, receives a roll of plastic sheeting to help construct a rainproof shelter, 14 June 2024. Photograph © Thibault Fendler/MSF

“I remember when the conflict started, people said it would only continue for three days,” says Babiker. “Most of the people who left Khartoum didn’t take anything – they left their clothes, their money, everything. You can imagine, after all these months... it’s a terrible situation.”

‘WE HEARD AN EXPLOSION’

Fifteen months on and the situation in Sudan is now catastrophic. People face indiscriminate violence, killings, torture and sexual violence, while health workers and medical facilities have been repeatedly attacked. Hospitals have come under fire, marketplaces bombed and houses razed to the ground.

“We heard an explosion but we couldn’t identify where,” says a health worker at the MSF-supported Al Nao hospital in Omdurman, in Khartoum state. “When the first people started coming, they informed us that many people had been injured and they were flocking toward the hospital. About 20 people arrived and died straight after; some arrived already dead. Most of them came with already hanging hands, or legs already amputated, some only with a small part of skin keeping two limbs together. One patient came with an amputated leg; their caregiver followed behind, carrying their missing limb in their hand.”

Estimates vary for the total number of people injured or killed during the war. But MSF, which works in eight states across Sudan, has revealed in a new report that, in just one of the hospitals it

‘People were shocked. No one was prepared for this conflict...’



Asha Adam Ibrahim lifts her one-year-old daughter, Zeyneb Ramadan Muhamed, out of the weighing scales at the outpatient malnutrition clinic in MSF's hospital in Aboutengue camp, Chad, 5 February 2024. Photograph © Diana Zeyneb Alhindawi

supports, Al Nao hospital in Omdurman, 6,776 patients were treated for injuries caused by violence between 15 August 2023 and 30 April 2024, an average of 26 people per day. Across the country, MSF teams have treated thousands of patients for conflict-related injuries, most of them for injuries caused by explosions, gunshots and stabbings.

In Darfur, targeted violence against civilians has taken an ethnic dimension. In Nyala, in South Darfur state, people have described how, in mid-2023, RSF and aligned militia went from house to house, looting possessions and carrying out beatings and killings, targeting Masalit and other people of non-Arab ethnicities. Between 10,000 and 15,000 people are estimated to have been killed in the city of El-Geneina, in West Darfur state, in June 2023.

“They told us Masalit that this wasn’t our country and gave us two options: immediately leave for Chad or be killed,” says a Sudanese refugee in Chad. “They

‘Sudan is one of the most important places in the world for MSF to be’



Women's shoes are displayed at a market stall in Adré transit camp, Chad. Photograph © Juan Carlos Tomasi/MSF

took some men and I saw them shooting them in the streets, with no one to bury the corpses.”

HOSPITALS UNDER ATTACK

Throughout the war, hospitals have been systematically looted and attacked. In June 2024, the World Health Organization (WHO) reported that just 20 to 30 per cent of health facilities in difficult-to-reach areas remained functional. MSF has documented at least 60 incidents of violence and attacks on MSF staff, assets and infrastructure.

“Our staff and patients continue paying the price of ever more reckless attacks and violence on the facilities we support,” says Vickie Hawkins, MSF general director. “In May, a paediatric hospital in El-Fasher, hosting 115 sick and malnourished children, collapsed because of an airstrike by the SAF. Among the children and caregivers that could not flee the facility, three were buried in the rubble of the intensive care unit after a second airstrike hit the roof on the following day. MSF teams treated 707 wounded patients in just 10 days, and we continue to count the dead.

“Less than a month later, the MSF-supported South Hospital in El-Fasher was completely shut down after the RSF stormed, plundered and fired shots inside the facility. The hospital was hit by mortars and bullets multiple times two weeks earlier, killing two people and wounding 14, and forcing MSF to evacuate staff and patients. Earlier

in May, MSF teams in Wad Madani were compelled to leave and shut down operations in the only functioning secondary healthcare facility in the area. They could not operate in safety. They could not run activities due to consistent obstruction of access for teams and medical supplies by the Sudanese authorities. They could no longer treat patients under deliberate attacks and disrespect of our medical mission.

“Sudan has entered its second year of conflict. Hospitals keep being damaged or looted, more civilians are killed and violated, and more malnourished children are left with empty stomachs. The price paid by civilians in this conflict makes this a war on the people of Sudan.”

Despite the difficulties, MSF is determined to continue providing lifesaving medical care to people caught up in this conflict, both in Sudan and in Chad, where more than one million refugees are sheltering after fleeing the violence.

“When I was in Nyala in Darfur, MSF were the only ones there,” says MSF’s Dr Jen Hulse. “The other people who you expect – the UN agencies, the other big organisations – they just weren’t operational in the area. And I think this is what MSF does really well, doing the hard things that other people aren’t doing, on the ground in neglected crises that other people aren’t active in. That’s what makes MSF so impactful. The project in Nyala is a great project and it’s having a big impact. I think that, right now, Sudan is one of the most important places in the world for MSF to be.” 🌸

**Some names have been changed.*

📖 READ THE FULL REPORT, A WAR ON PEOPLE: THE HUMAN COST OF CONFLICT AND VIOLENCE IN SUDAN AT [MSF.ORG.UK/SUDAN-CRISIS](https://www.msf.org.uk/sudan-crisis)

MSF has been working in Sudan since 1979. In response to the current conflict, MSF is running two hospitals and supporting 20 Ministry of Health hospitals and 10 health centres. MSF teams are also running mobile clinics to reach those in need across the country. MSF currently employs 1,072 staff recruited in Sudan and has 135 internationally recruited staff working in Sudan. MSF also pays the salaries of 2,618 Ministry of Health staff to support Sudan’s national health system.

From 15 April 2023 to 15 April 2024, teams at MSF-supported hospitals, health centres and mobile clinics:

conducted more than **500,000** medical consultations

treated more than **100,000** people for malaria

treated more than **2,000** people for cholera

delivered more than **8,400** babies and performed **1,600** emergency caesareans

treated more than **30,000** children for acute malnutrition



SEARCH AND RESCUE
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Rescue at sea

WHEN A BOAT CAPSIZES IN THE MEDITERRANEAN SEA, THE MSF TEAM MUST ACT FAST TO RESCUE ITS TERRIFIED PASSENGERS. HOWEVER, THEY ARE NOT THE ONLY ONES DETERMINED TO SAVE LIVES. COMMUNICATIONS MANAGER STEFAN PEJOVIC WAS ON BOARD THAT NIGHT...



MSF team members rescue
52 people from a wooden
boat adrift in the central
Mediterranean, 1 May 2024.
Photograph © Stefan
Pejovic/MSF



10PM, CENTRAL MEDITERRANEAN SEA

“The screams and calls for help were terrifying. A boat full of people capsized before our eyes: there was chaos, hysteria and the sound of people fighting for their lives.

MSF teams set off on two fast rescue boats. Extremely focused and with adrenaline surging, they were desperate to reach and recover everyone who had been thrown into the cold, dark water.

“There was a young man on the boat with me, a friend, but he doesn’t know how to swim,” says Idriss, a 40-year-old construction worker from Morocco, remembering the moments before the overcrowded boat capsized. “Then I saw all these children... These were the moments when I felt extreme emotions. There was a lot of fear in that boat.”

After Idriss was rescued from the water with about a dozen other people, I saw him sitting on the edge of our rescue boat, helping us to recover more survivors – grabbing and pulling them up onto the boat, trying to reassure everyone that they were in good hands now and that we would not let them go.

‘I WAS FULFILLING MY DUTY’

Suddenly, Idriss jumped overboard.

I was astonished. In the middle of the night, Idriss was swimming in his clothes in the cold sea. He looked like a small grey-blue dot making its way somewhere – or to someone.

“When I was on the MSF rescue boat, I felt that I had some energy and courage left,” Idriss told me later. “I heard my name. It was my friend calling me. He couldn’t swim. I wanted to help him.”

Soon Idriss swam back to the rescue boat, but he was not alone – he was pulling his friend with him. Then he helped him get onto the boat – which is much more difficult than it sounds. A person weighs much more in water because of their wet clothes. Still, Idriss pushed his friend up first and then managed to climb into the boat himself.

After making sure his friend was safe, Idriss continued to help us pull people from the water.

From the rescue boat, we could see a young woman calling for help from the dark waters. I will never forget her desperate shouts, her face and her wide eyes.

Her baby had been rescued by the MSF team from the boat before it capsized, along with 25 other women and children. But not her. I could only imagine what must be going through her mind – how her baby might spend the rest of its life without a mother. Although she was alone in the water, I had the feeling this woman was fighting for two lives.

Until, finally, Idriss’s strong hand pulled her out of the water, into safety.

‘I was only fulfilling my duty,’ says Idriss, when asked about his courageous actions that night.

After several stressful hours, MSF teams managed to find and recover all the people who had fallen into the water. Soon after, the young mother and her baby were reunited on board MSF’s main search and rescue vessel, *Geo Barents*.

The next morning, when the sun rose again over the sea, it seemed that everyone was already feeling better, gradually recovering from the traumatic events of the night.

As we began our daily routine on board, I thought about Idriss and all the rescued people who had worked to help others, and about how, that dark night on the Mediterranean Sea, solidarity and empathy were not just empty words.” *Names have been changed.*

Every year, thousands of people fleeing war, persecution and poverty at home attempt the treacherous journey across the Mediterranean. Countless lives are lost on the way. MSF is saving the lives of people making this crossing with our own search and rescue vessel, Geo Barents. On 16 March 2024, the team on Geo Barents rescued 249 people from three boats in distress on the central Mediterranean Sea. All 249 survivors, including a large number of children, were disembarked on 20 March in Marina Di Carrara, in the north of Italy, after consultation with the maritime authorities.

MSF'S UK VOLUNTEERS

Afghanistan: Rachel Crozier, Nurse; Prudence Jarrett, Doctor; Davina Hayles, Project coordinator; Clare Atterton, Doctor; Jemma Berwick, Nurse

Bangladesh: Orla Murphy, Head of mission; Melissa Buxton, Nurse

Central African Republic: Jenna Darler, Humanitarian affairs manager

Chad: Emily Hewitt, Health promoter

Democratic Republic of Congo: Samuel Arnold, Logistician; Jeremie Postel, Health promoter; Oliver Yerby, Doctor; Konstantina Karydi, Doctor

Emergency Team: Charlie Hardstone, Water and sanitation specialist

Ethiopia: Cara Brooks, Head of mission; Ana Moral Garcia, Midwife

India: Nicole Hart, Deputy medical coordinator

Kenya: Paul Banks, Procurement manager; Samuel Moody, Doctor

Lebanon: Fiona Mitchell, Doctor

Liberia: Catherine Branthwaite, Paediatrician

Malawi: Laurence Boobier, Geographic information system specialist

Myanmar: Betsie Lewis, Humanitarian affairs officer

Nigeria: Zoe Bennell, Field communications manager; Christine Tasnier, Nurse

Pakistan: William de Glanville, Epidemiologist

Palestinian Territories: Hanadi Katerji, Nurse; Anna Halford, Head of mission; Laura Gardiola, Nurse; Iyalla Peterside, Psychologist

Philippines: Emilie Venables, Health promoter

Serbia: Joan Hargan, Medical team leader

Sierra Leone: Charlie Kerr, Logistician; Wendell Junia, Laboratory manager

South Sudan: Sofia Vincent, Nurse; Timothy Bean, Logistician; Andrew Burger-Seed, Project coordinator; Stephanie Marriott, Midwife; Philippa Nicklin, Doctor

Sudan: Erin Lever, Midwife; Ahmed Seedat, Medical activity manager; Caterina Quagliani, Programme manager; Sofie Karlsson, Midwife

Syria: Jacklyne Scarbolo, Medical team leader

Tanzania: Thomas Mitchell, Doctor; Kate Baldwin, Laboratory manager

Ukraine: Mark Maxwell, Psychologist; Sara Cronin, HR/Finance coordinator

Yemen: Aoife Fitzgerald, Anaesthetist

Zimbabwe: Michael Parker, Project coordinator

Cover image: Midwives assist a patient during breastfeeding at MSF's Kenema Mother & Child Hospital, Sierra Leone. Photograph © Alicia Gonzalez/MSF

▼ MSF doctor Tamana Eshanzada attends to a newborn baby in the neonatal intensive care unit at Mazar-i-Sharif Regional Hospital, Afghanistan. Photograph © Jinane Saad/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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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 costs £0.72 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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