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SITUATION REPORT



Photograph © MSF

1. LEBANON

MSF surgeons operate on an injured patient in the Turkish hospital in Saida. During the recent Israeli bombardment of southern Lebanon, MSF teams worked in the hospital's emergency room and operating theatres to treat the injured. Between September 2024 and the 27 November ceasefire, MSF deployed 22 medical mobile units to the region and provided more than 24 million litres of drinking water to people displaced from their homes by the conflict.

3. NIGERIA

Amna, carrying her sister's baby, attends the emergency obstetric and newborn care facility in Maiduguri, the capital city of Borno state. The MSF facility has become a lifeline for pregnant women and newborn babies facing critical health risks.



Photograph © Isaac Buay

404

Number of wounded treated by MSF at Kyeshero hospital in Goma, Democratic Republic of Congo, in the immediate aftermath of recent violence.

2. SOUTH SUDAN

An MSF team travel by Land Cruiser to deliver anti-malaria medication to people living in remote communities near Aweil following a surge in cases of the mosquito-borne disease. Malaria is one of the leading causes of death in South Sudan. In September 2024, MSF staff admitted up to 400 children with severe malaria to the paediatric inpatient ward in Aweil every week.



Photograph © Colin Delfosse



Photograph © Julie Daghdhewiranap/MSF

4. MAYOTTE

An MSF team run a mobile clinic in Kahani, on the French territory of Mayotte, an archipelago in the Indian Ocean. Cyclone Chido hit Mayotte on 14 December 2024, causing significant loss of life and damage. In the week following, MSF teams treated more than 500 patients, mainly for wounds sustained during the cyclone.

“The hospitals are in the process of receiving help from the French authorities, but we know that a large part of the population of Mayotte does not travel to these facilities,” said MSF emergency coordinator Mehdi El Melali. “It’s essential that we go directly to the people living in remote localities and informal settlements to meet their health needs as close to home as possible.”



Photograph © Moses Sawasawa

5. DEMOCRATIC REPUBLIC OF CONGO

People fleeing fighting in North and South Kivu arrive at Kituku Port in Goma. Conflict between armed groups and the Congolese army has resulted in huge numbers of people being forced to flee their homes. Read about MSF’s response at [msf.org/drc](https://www.msf.org/drc)

8,991

Number of surgeries conducted by MSF teams in Syria between January and December 2024.

6. SYRIA

A Syrian woman carries her child to MSF’s clinic in Domeez camp in northwest Iraqi Kurdistan, which shelters some 32,000 from Syria. After 14 years of war in Syria, a rapid offensive in late 2024 by opposition groups ended four decades of rule by the Assad family. MSF teams in Syria have since conducted widespread assessments across the country and discovered the scale of medical and humanitarian needs to be far greater than they expected, with critical shortages of medical staff, medicines, vaccines and equipment. MSF worked in northern Syria for much of the conflict and is now expanding activities to Damascus, Aleppo, Hama, Homs, Hassakeh, Raqqa and other regions. Find out more: [msf.org/syria](https://www.msf.org/syria)



Photograph © Michael Goldfarb/MSF



SUDAN
PHOTOGRAPHY
ANTE BUSSMANN,
CORENTIN FOHLEN

A HUMANITA



Refugee shelters in
Adré transit camp,
Chad. Photograph ©
Ante Bussmann/MSF

RIAN DESERT



As the conflict in Sudan intensifies, **Dr Ahmed Seedat** reports from Nyala in South Darfur state, where MSF's team provides medical care amid extreme violence.



*Dr Ahmed Seedat,
MSF medical
activity manager*

“**M**ariam’s determination will always stay with me. Her baby was frail, barely clinging to life when she arrived at our hospital in Nyala, in Sudan’s South Darfur state. Against every obstacle – her husband absent, her family sceptical, and miles of treacherous roads – she brought her child to us. Her mother had said: ‘You already have five children; why risk everything for one who might not survive?’ But Mariam refused to give up.

When she finally reached us, the baby was on the brink of death. My colleagues worked for two gruelling hours to resuscitate the infant. It was one of those times where hope felt like an act of defiance. Miraculously, the baby survived. For us, it wasn’t just a medical victory; it was a testament to human resilience – hers and that of the team.

BOATS AND ZIPWIRES

I was working as MSF’s medical activity manager in Nyala, the second-largest city in Sudan. Nyala teaching hospital, once a pillar of healthcare, had been devastated by the recent conflict. Our team was tasked with reviving three departments: paediatrics, maternity and emergency care.

The work wasn’t easy. We treated hundreds of patients daily in a hospital with unreliable electricity, no functioning radiology service and

limited laboratory services. Essential supplies were scarce, and the rainy season turned every road into an obstacle course. Two critical bridges washed away while I was there, stranding trucks carrying medical supplies. In one surreal moment, we resorted to flying in boats to ferry equipment across swollen rivers. The local community amazed me with their ingenuity – creating zipwires to transport goods and even babies across those same waterways.

The conditions faced by people in South Darfur are almost unimaginable. Violence is ever-present, whether from armed conflict or the lawlessness that leaves people vulnerable to robbery and assault. The seasonal rains bring surges in malaria, diarrhoeal diseases and malnutrition, especially among children. One child after another came to us with advanced illnesses, their tiny bodies worn down by preventable conditions made deadly by delayed access to medical care.

‘My colleagues worked for two gruelling hours to resuscitate the child...’





◀ Dr Biaksoubo Keblouabé (centre) examines an 11-year-old child with malaria at MSF's clinic in Adré transit camp, Chad, which shelters many refugees who fled South Darfur. Photograph © Ante Bussmann/MSF

▼ A man wounded in violent clashes in South Darfur, walks with crutches to his shelter in Ambelia refugee camp after seeking safety in Chad. Photograph © Corentin Fohlen/Divergence



GIVING PATIENTS A FIGHTING CHANCE

Pregnant women face unique challenges. Emergency maternal care is free at our hospital, but the lack of antenatal care in South Darfur means that complications are often caught too late. Our team saw countless cases of maternal and neonatal sepsis, a grim reality in a bombed-out hospital where sterile conditions are difficult to maintain. Yet we pressed on, performing surgeries in less-than-ideal conditions and training local staff to ensure that every woman and child had a fighting chance.

For every patient like Mariam's baby, there were many we couldn't save. Those are the stories that haunt you. Families unable to afford transportation to better-equipped health facilities. A man with a gunshot wound stabilised in our emergency room, only to face catastrophic expenses at the next hospital. Children whose lives we couldn't save because we lacked the resources to treat chronic conditions. These moments were tough, but they underscore why MSF's presence is vital. Without our team, many wouldn't even have that first chance at survival.

HOPE IN A 'HUMANITARIAN DESERT'

Our colleagues are extraordinary. Many are local doctors and nurses who could have left for safer opportunities but have stayed out of a sense of duty.

They've been through personal tragedies, but they show up every day to serve their community.

South Darfur in Sudan is what some have called a 'humanitarian desert,' a region largely abandoned by international aid organisations due to its volatility. MSF is one of the few still operating there, and our logistical capabilities allow us to reach places others can't. While other agencies struggle to get trucks across borders, we have found ways – sometimes unconventional – to deliver what is needed.

The people of Sudan deserve more than what little the world is offering. They deserve consistent, quality healthcare, free from the shadow of violence and neglect. Every life we save, every mother we comfort and every child we treat is a step toward showing them that the world hasn't completely forgotten them.

Mariam's story is a reminder of why we are there. It's easy to feel overwhelmed by the scale of the crisis, but in moments like those, when a mother's hope and the team's dedication align to defy the odds, you realise the importance of what we do. MSF goes where others won't, not because it's easy, but because people like Mariam and her baby deserve a chance." ▶



◀ Aisha tells a mother about MSF's malnutrition services in Adré transit camp. Photograph © Ante Bussmann/MSF

▼ MSF mental health counsellor Zamzam plays games with a Sudanese child in the malnutrition ward of MSF's clinic in Adré transit camp. Photograph © Ante Bussmann/MSF



A LETTER FROM A REFUGEE



Aisha, MSF health promoter

Everyone has felt the bitterness of loss in Sudan's war. I have, too.

As I write, more than 700,000 people from Sudan have sought refuge in Chad – just like my family and me. Most of us managed to bring only the bare necessities: clothes, maybe a photograph, some cash. The journey was a nightmare. We saw villages burned, heard gunfire, hid from armed men and passed through countless checkpoints. By the time we reached eastern Chad, we had lost almost everything.

More than a year ago, I fled across the border with my brother and mother. We walked most of the 30 km on foot, enduring the heat and the constant fear of attack. Having my family with me gave me the strength to carry on.

When we finally reached the transit camp near Adré, there was almost nothing there – just a few tents on a vast, dusty plain. Gradually, latrines and water stations were built, and organisations began providing food. But life is hard when so many people suddenly arrive in one place. The population of Adré has grown sixfold since the war started.

MSF has been a lifeline. They set up a clinic and provided mobile clinics, psychological support, and water supplies. It was there that I met their teams.

Who am I in this chaos?

My name is Aisha. I am 28 years old, from El-Geneina in West Darfur. The war has changed everything. I once had a good life. After completing my studies in sociology and urban development, I worked for a non-governmental organisation (NGO). Now, I work with MSF as a health promoter, sharing health education and guiding people to services in Adré transit camp.

Every morning, patients wait outside our clinic. I ask them about their complaints and direct them to the appropriate wards. Communication is challenging, with so many languages spoken here, but I bridge the gap between medical teams and patients.

Later, I visit the ward for acutely malnourished children. I speak with their mothers about the care their children receive, explaining how the treatment works and how to prevent relapses. I also teach them about malnutrition, hygiene and malaria prevention. Sometimes, just having someone to listen to their stories helps them.

Recently, a woman named Manahil arrived at our clinic with her baby, Saisha. Manahil had a high fever and lost consciousness shortly after arriving. While the doctor treated her for malaria

and dehydration, I called her husband using her mobile phone. He came to the clinic quickly, and while he cared for Saisha, we monitored Manahil. Within 20 minutes, she regained consciousness. By evening, she was stable enough to be discharged.

It would have been devastating if she hadn't survived. Moments like these remind me of the importance of family.

This is just one of the many families I meet daily. Many refugees still lack proper shelter, and many children suffer from acute malnutrition. We treat them with therapeutic food, but the living conditions here are heartbreaking.

'We saw villages burned, heard gunfire, hid from armed men...'



The situation in Sudan is even worse. Around 25 million people – half the country's population – are facing crisis levels of hunger. MSF continues to work in many parts of Sudan despite the heavy fighting. Early in the war, many wounded crossed the border to Adré with bomb or gunshot injuries. MSF set up an inflatable hospital with an operating theatre, saving countless lives.

Though fewer wounded arrive now due to shifting frontlines, the fighting rages on. I constantly worry about my relatives still in Sudan. But I must focus on my work here. It distracts me and gives me purpose. My job provides an income for my family and lets me help others. I'm grateful to be part of a team that works tirelessly to support the refugees.

These are difficult times. But by listening to and caring for each other, we achieve so much. We refugees are like one big family, drawing strength from one another.

No matter where we live, I believe one thing unites us all: we need people in our lives whom we can rely on – especially in hard times.

I don't know who will read my words or where, but I send you my warmest greetings from Chad – and, from my heart, from Sudan.

Yours, Aisha ✨

◀ A Sudanese refugee and her son stand outside their shelter in Adré transit camp. Photograph © Ante Bussmann/MSF

OUR WORK IN SUDAN AND CHAD

- ▶ Since the outbreak of the conflict in April 2023, more than **500,000** people have sought medical care in MSF-supported hospitals, health facilities and mobile clinics across Sudan.
- ▶ MSF is supporting and working in more than **11 healthcare facilities** in conflict-hit areas. Between January and September 2024, MSF medical teams treated a total of **6,557 war-wounded** people in Sudan.
- ▶ More than **900,000** have crossed the border into eastern Chad since the start of the conflict. MSF is providing a wide range of medical and water and sanitation services in camps and communities across this region.

🌐 FIND OUT MORE [MSF.ORG.UK/SUDAN](https://www.msf.org.uk/sudan)





JORDAN

PHOTOGRAPHY

MOISES SAMAN,
HUSSEIN AMRI,
LYAD ALASTTAL

REBUILDING LIVES

At MSF's reconstructive surgery hospital in Amman, Jordan, patients wounded and disfigured in conflicts are given the chance to heal and rebuild their lives.

As sunlight filters through the small hospital window, warm orange streaks highlight the white scars on 17-year-old Halim's left cheek. Sitting up in bed, he uses his right hand to strap a skin-coloured prosthetic onto his upper left arm.

"I heard that when you die, you can still hear people's voices as they bury you," says Halim. "In the ambulance, I felt the speed bumps but couldn't open my eyes. I was afraid I was already dead."

On 14 February 2024, an Israeli airstrike destroyed Halim's home in Gaza, killing his entire family except for his seven-year-old sister, Ghina, and his father, Ziad. Halim suffered severe burns across his body. ▶



Halim, 17, works with an MSF physiotherapist after an airstrike in Gaza left him with an injured arm and severe burns. Photograph © Moises Saman/Magnum Photos



That day, overwhelmed staff at Al-Aqsa hospital initially thought Halim was dead. One hour later, his uncle, a nurse, noticed he was still breathing. Rushed to the operating theatre, Halim's life was saved by CPR and emergency surgery performed by the MSF team.

"When I got to the hospital, there were bodies everywhere," says Ziad. "I found Ghina with first-degree burns, but I didn't recognise Halim. His body was blackened, his features gone, his eyes closed."

After stabilising Halim, MSF and Ministry of Health staff performed six rounds of plastic surgery. Halim was in a coma for seven days before being evacuated to Egypt's Emirati floating hospital and then to MSF's reconstructive surgery hospital in Amman, where he now receives comprehensive care alongside Ghina and other evacuees from Gaza.

THE RECONSTRUCTIVE SURGERY HOSPITAL

Established in 2006, MSF's reconstructive surgery programme in Amman provides specialised medical care for victims of conflict. The hospital has 148 beds, an operating theatre with three surgery rooms, and physiotherapy and psychological care facilities.

"In conflicts, up to four per cent of the injured need reconstructive surgery," says Moeen Mahmood Shaief, MSF head of mission in Jordan. "Since 7 October 2023, nearly 100,000 people in Gaza have been injured. This means up to 4,000 people may need reconstructive surgery and rehabilitation."

▼ 11-year-old Ahmed was badly burnt when he fell into a fire near his home in Yemen when he was five years old. This is his fifth trip to MSF's hospital in Amman, where he has undergone further surgeries. Photograph © MSF

NOT ALL WOUNDS ARE VISIBLE

"A lot of patients from Gaza are experiencing severe psychological trauma," says MSF psychiatrist Dr Ahmad Mahmoud Al-Salem. "Many suffer from nightmares, flashbacks, low mood, insomnia and memory avoidance."

The hospital's mental health team provides therapy, including one-on-one psychological support, educational activities and occupational therapy. Children receive programmes tailored to their specific needs, while patients with severe mental health issues receive psychiatric treatment.

"These kids need help rebuilding their self-esteem," says Dr Al-Salem. "Through occupational therapy and support, we aim to show them they can recover, but it takes time."

ONE STEP AT A TIME

Five months after the airstrike, Halim is walking again, moving his left arm, and regaining sight in his left eye – a remarkable recovery considering he was initially presumed dead.

In the physiotherapy department, Halim lets go of his crutches, grabs the parallel bars and takes some cautious steps. Before the war, he dreamed of becoming a dentist like his older brother Tareq. Now, he's uncertain about the future.

"I'm taking it one step at a time," Halim says. "If the war ends, God willing, we'll return to Gaza. It's my home, where I spent my whole life. But for now, I want to get better, one step at a time."

"I want to get better, one step at a time."





**‘Custom
prosthetics can
be 3D printed
for as little as
£23.70’**



USING 3D PRINTING TO TRANSFORM LIVES

In 2017, MSF introduced a 3D printing project at its reconstructive surgery hospital in Amman, Jordan to provide prosthetic upper limbs for patients.

“Off-the-shelf prosthetics can be prohibitively expensive and are generally one-size-fits-all,” says Safa Herfat, a biological engineer with the project. “But no two patients are alike. Each person has different needs regarding the prosthetic design that will benefit them the most, from lifestyle to skin tone to aspirations.

“This is where 3D printing comes in. We can quickly and inexpensively design customised prosthetics using digital imaging techniques and software. Using a combination of plastics, 3D printers can fabricate prosthetics tailored to a patient’s anatomy and needs.”

▲ A seven-year-old girl (centre), with her brother (left) and physiotherapist Pierre Moreau (right), wears a 3D-printed compression mask as part of her treatment at MSF’s reconstructive surgery hospital in Amman for injuries sustained during an explosion in her hometown of Fallujah, Iraq. Photograph © Hussein Amri/MSF

▲ A burns patient tries on a compression mask made by MSF’s 3D printing programme. Photograph © Lyad Alasttal

Whereas traditional prosthetics can cost hundreds of pounds and require extensive maintenance, custom prosthetics can be 3D printed for as little as £23.70 and fabricated in 24 hours.

In 2018, the project developed unique 3D compression masks to help patients with severe facial burns using a 3D scanner that allows the team to create highly accurate models of patients’ faces. After its successful implementation in Jordan, MSF has also used the technique in Haiti, Armenia and Gaza. 🌱

🌐 FIND OUT MORE AT [MSF.ORG.UK/AMMAN](https://www.msf.org.uk/amman)





CHAD
PHOTOGRAPHY
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DELIVERING HOPE ONE BABY AT A TIME

MSF midwife Solange Ahidjo speaks to a new mother in MSF's maternity unit in Aboutengue camp in eastern Chad. Photograph © MSF



'In 2024 alone, we attended nearly 1,000 births'



*Solange Ahidjo,
MSF midwife*

“**M**y name is Solange Ahidjo. I'm 26 and have worked as a midwife at MSF's maternity unit in Aboutengue camp in eastern Chad since January 2024. This marks my first anniversary with MSF. My role is to support women at every stage of their pregnancy, from before delivery to post-partum care. This includes assisting those facing potential obstetric or gynaecological complications and, most importantly, being there during childbirth.

I work alongside seven other midwives and seven midwife assistants at the maternity unit in this camp. We have eight post-partum beds, six observation beds and three delivery beds.

On average, we witness approximately 30 births per week – around four to five babies born per day – but there are days when we attend seven or eight deliveries. I've never really counted, but there are always so many babies born here. In 2024 alone, we attended nearly 1,000 births.

Outside the maternity ward, a dedicated team of midwives and assistants provide antenatal and postnatal consultations to pregnant women and new mothers. A small team of midwives also run a mobile clinic around the camp. We also support survivors of sexual violence by providing essential medical care and offering psychosocial support based on their needs.

'I LOVE MY PROFESSION'

The women who come to the maternity unit trust us deeply, confiding their anxieties about the future. Around 80 per cent of our patients are Sudanese women who fled the war in 2023 and have been living in the camp ever since. We do everything we can to reassure and support them in any way possible.

As a woman who has given birth myself, I understand their pain – I know what they're going through.

It's not always easy, but I am proud of the work I do. Each time I attend a birth, I feel a profound sense of pride. I love my profession deeply, and I want to continue practising it every day for the rest of my life.” 🌱



WELCOME TO THE WORLD

Rachida's baby boy was born at 1.20 am on 2 January, making him the first baby to be born in 2025 at MSF's clinic at Aboutengue camp, eastern Chad.

“I am a Sudanese refugee, and since the beginning of my pregnancy, I have been attending antenatal consultations with the MSF team,” says Rachida. “I visited the clinic five times and was given information about the progress of my pregnancy. I was also given cereals and oil to improve my health, as recommended by the midwife.

At my last appointment, the midwife told me that I was already nine months pregnant and advised me to go to the maternity ward if I felt any pain. In the late hours of 1 January, I began to feel abdominal pain.

When I arrived at the maternity ward, a midwife examined me and told me that I would be giving birth in a few hours. Although I was in pain from the contractions, I received constant support throughout this difficult time.

I am happy and I thank the MSF team for taking such good care of me and my baby.”

MSF'S UK VOLUNTEERS

Afghanistan: Clare Atterton, *Doctor*; Timothy Hammond, *Medical coordinator*; Luveon Tang, *Doctor*; Elizabeth Wait, *Activity manager*; Lucy Hooton, *Nursing director*

Bangladesh: Orla Murphy, *Head of mission*; Joy Clarke, *Clinical lead*

Central African Republic: Melody Cuba Babasasa, *Nurse*

Chad: Helen Taylor, *Logistician*

Haiti: Charles Hardstone, *Water and sanitation team leader*

India: Nicole Hart, *Deputy medical coordinator*; Ghita Benjelloun, *Project coordinator*

Iraq: Amel Al-Fulaij, *Doctor*

Kenya: Paul Banks, *Procurement manager*; Andrew Burger-Seed, *Deputy head of mission*; Dana Krause, *Head of mission*

Malawi: Caoimhe O'Regan, *Epidemiologist*

Mali: Aoife Nicholson, *Laboratory manager*

Nigeria: Zoe Bennell, *Field communications manager*; Jason Dunnett, *Deputy HR coordinator*; Nijole Kymelyte Slapsinskaite, *Nursing manager*

Palestinian Territories: Iyalla Peterside, *Psychologist*; Helen Ottens-Patterson, *Head of mission*; Georgina Brown, *Medical coordinator*; Bethany Sampson, *Doctor*

Serbia: Joan Hargan, *Medical team leader*

Sierra Leone: Melissa Perry, *Project coordinator*

South Sudan: Seán Reynolds, *Humanitarian affairs manager*; Michael Kalmus Elias, *Doctor*; Julia Smith, *Health promoter*; Sinead Murray, *Nurse activity manager*

Sudan: Sarah Clowry, *Humanitarian affairs manager*; Jean Majoro, *Project coordinator*; Chloe Widdowson, *Nurse activity manager*; Ismail Inan, *Logistician*

Syria: Orla Sheridan, *GIS activity manager*; Matt Cowling, *Humanitarian affairs manager*; Rebecca Kerr, *Project coordinator*; Jennifer Hulse, *Doctor*; Richenda Browne, *Nurse activity manager*

Ukraine: Thomas Marchese, *Emergency coordinator*

Patient names have been changed throughout Dispatches to protect anonymity.

Cover image: Health promoter Aisha accompanies an 80-year-old woman to MSF's clinic in Adré transit camp, eastern Chad. Photograph © Ante Bussmann/MSF

▼ MSF nurse Perpetua in the laboratory of the emergency obstetric and newborn care facility at the Nilefa Keji hospital in Maiduguri, Nigeria. Photograph © Colin Delfosse



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ABOUT

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