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SITUATION REPORT



2. KENYA

Artwork by the entrance to a youth centre in Mombasa promotes the importance of seeking help for mental health issues. In Mombasa, MSF provides social and medical assistance to vulnerable young people, including people who engage in sex work, people who use drugs intravenously, people from the LGBTQI+ community, and people who live on the street.

3. HAITI

Seventeen-year-old Manolitha holds her newborn baby at Port-à-Piment maternity hospital, which MSF teams helped to rebuild following the 2021 earthquake. It is one of just a few medical facilities in the region to provide safe deliveries, emergency obstetric care, neonatal care and an intensive care unit. MSF staff at the hospital help deliver around 120 babies every month.



46

projects where
MSF operates
antibiotic
stewardship
programmes

1. AFGHANISTAN

MSF health promoter Haji Abdul Rehman Niamatullah talks to patients at Boost hospital in Lashkar Gah, Helmand province, about preventing infections and the importance of following doctors' instructions when taking antibiotics. This is part of an MSF drive to address antimicrobial resistance (AMR) in Afghanistan, which includes strengthening infection prevention control measures and creating antimicrobial stewardship committees among health teams.



Photograph © Diego Medina

4. SOUTH SUDAN

MSF team members take a break on their way to run a mobile clinic in Jerbana in Renk county, Upper Nile state, where MSF is providing medical care and clean water to the local population and to refugees who fled the conflict in neighbouring Sudan.



Photograph © Yulia Trofimova/MSF

5. UKRAINE

An MSF surgeon operates on Volodymyr, who has Fournier's gangrene – a type of flesh-eating disease that requires urgent treatment – in a hospital in Dnipropetrovsk region, near the frontline of the conflict with Russia. "We receive a lot of patients with neglected cases due to the fact that they have limited access to healthcare," says MSF medical activity manager Khassan El-Kafarna. "Due to the war it's very dangerous for them to move around, and also it's very difficult to get to the hospital."

18,546

**surgeries conducted
by MSF in Gaza
between October
2023 and April 2025**

GAZA UPDATE

As Israeli forces resume and expand their military offensive in Gaza, people's lives are again at risk.

In the latest instance of an attack by Israeli forces on aid workers, the bodies of 15 emergency responders were found in a mass grave on 30 March in Rafah, southern Gaza. The group was killed by Israeli forces while trying to assist civilians caught in shelling.

"Gaza has been turned into a mass grave of Palestinians and those coming to their assistance," says Amande Bazerolle, MSF emergency coordinator in Gaza. "We are witnessing the destruction and forced displacement of the entire population in Gaza. With nowhere safe for Palestinians or those trying to help them, the humanitarian response is severely struggling under the weight of insecurity

and supply shortages, leaving people with few, if any, options for accessing medical care."

Medical facilities are not exempt from attacks and evacuation orders. MSF teams have had to leave many facilities, while others continue operating with staff and patients trapped inside, unable to leave safely for hours at a time. On 7 April, MSF teams and patients found themselves trapped in the MSF field hospital in Deir Al-Balah, after rockets were launched by Hamas in close proximity to the hospital, endangering both patients and staff. We strongly denounce these actions by the warring parties and call on them to respect and protect healthcare facilities, patients and medical staff.

**READ MORE AT
MSF.ORG.UK/GAZA**



Photograph © Mo'assam Abu Aser/MSF



MYANMAR
PHOTOGRAPHY
LENA PFLUEGER/
MSF



MYANMAR EARTHQUAKE

On 28 March 2025, a 7.7 magnitude earthquake struck central Myanmar, devastating Shan state and the regions of Mandalay, Naypyidaw and Sagaing. As of 1 May, official figures report more than 3,800 deaths, more than 5,000 people injured and an estimated 17 million people affected. Following the quake, MSF immediately deployed emergency medical teams. Here, MSF patients and staff recount the first days of this disaster.

Ma Thu Zar Soe is a 33-year-old laundry worker who lives in Bhone Oh camp, Mandalay

"I didn't know what the sound was when it happened – I'm still speechless. There was a loud bang and then the ground started shaking. My children and I were on a small platform at home where we went to rest. The whole family fell off. We tried to escape but, when we got to the front of the house, the exit was blocked, so we all ran around the back and to the football field. Within a few minutes, another earthquake struck..."

U Mar is an 85-year-old man from Bhone Oh township, Mandalay

"I was in the mosque standing next to the wall. Two people on my left and right sides were swept away by the wall when it crumbled.

◀ MSF midwife May Phyoe Thu (centre) weighs a four-month-old child during a mobile clinic in Bhone Oh camp, Mandalay. Photograph © Lena Pflueger/MSF

▼ The quake caused widespread destruction, including damage to this temple in the city of Mandalay. Photograph © MSF

My daughter came to my rescue. My sons were in the mosque as well, but my daughter couldn't find them, so she climbed up into the rubble to look for them. She found one of them, who was bleeding profusely.

My younger daughter was looking for her brothers too when a little boy on the street shouted, 'Help me, help me,' and at that moment, the second earthquake struck. The boy and my daughter were trapped in a collapsing building. They did not survive."

Thein Zaw is 36-year-old tea shop owner from Tadu-U

"We were on the fourth floor of the tea shop making cakes. I was about to open the shop when I heard a loud bang. At first we thought it was a mine or a bomb.

I protected my daughter and my wife protected me. The house was shaking. When the first earthquake stopped, we tried to get out.."

Mikhael De Souza is MSF's field coordinator in Myanmar

"A few hours after the earthquake hit, an MSF team left Yangon to make the 600 km journey to Mandalay, the epicentre of the earthquake. Phone networks had gone down, so it was extremely difficult to contact other regions of the country and we had no idea what state the road would be in.

The team reached Mandalay at around seven that evening and were confronted by scenes of devastation. Around 500 buildings had totally collapsed, with another 800 partially collapsed. People have been forced to live outside in really poor conditions."

Thein Zaw

"We were able to help carry the sick and the dead with our tricycle. We did what we could. When we see those collapsed buildings, we feel very bad. In my heart, it's not good."

Jessa Pontevedra is MSF's emergency medical coordinator in Myanmar

"Before the earthquake, Naypyidaw boasted major medical institutions. Due to structural damage, medical staff were forced to adapt. One of the more striking examples was the repurposing of a 500-bed obstetric children's hospital. The patients, staff and some of the equipment relocated to a jewellery museum. The museum, originally intended to be a high-end tourist attraction, had become an emergency medical space. Inside the grand rooms, there were rows of beds set up for pregnant women about to give birth.

A metal detector at the entrance now served as the triage point, rooms were transformed into emergency wards, and operating theatre staff were already performing emergency caesareans. Displaced staff had set up tents to sleep in the compound, as had the families of patients. There was a real community spirit which really resonated with me. They were appreciative that MSF was with them in this emergency."

U Mar

"I am not the only one who lost someone – some people have lost their entire families. Now many families are not complete. And even families whose members all survived no longer have a home. I feel very sad every time I think about it."

Mark Maxwell is MSF's mental health activity manager in Myanmar

"In terms of psychological effects, we are seeing that people are quite anxious and fearful. We are also hearing quite a lot about survivors' guilt – people who managed to escape the earthquake but their loved ones didn't – and maybe they think they could have done more, could have saved them."

Jessa Pontevedra

"Our teams have been providing basic health consultations and psychological first aid to the affected communities, and distributing essential relief items such as hygiene kits. Our logistics teams have been working tirelessly to restore water and sanitation facilities."

Mikhael De Souza

"One of the big concerns is that water, in both quantity and quality, is immensely lacking across the whole country – and most specifically in the regions affected by the earthquake. Right now we're delivering water and water tanks to the hospital in Mandalay."

Jessa Pontevedra

"Our emergency teams continue to work almost around the clock. With the rainy season approaching, the challenges are mounting. The situation could become increasingly precarious. With thousands of people left homeless in urban areas and the risk of disease outbreaks, responding to their needs will be challenging." 🌸

🌐 FIND OUT MORE AT
[MSF.ORG.UK/MYANMAR-RESPONSE](https://www.msf.org.uk/myanmar-response)





SUDAN

PHOTOGRAPHY

MOHAMMED JAMAL JIBREEL

MARION RAMSTEIN



A truck carrying people fleeing the city of El Fasher and Zamzam camp arrives in Tawila. Photograph © Mohammed Jamal Jibreel/MSF

'THE FIGHTING NEVER FEELS FAR AWAY'



Gunshot wounds, malnutrition and mass casualty events... in North Darfur, MSF paediatrician **Dr Cathy Branthwaite** and her team prepare for all eventualities as the conflict rages around them. ►



Cathy Branthwaite,
MSF paediatrician

“ It was late in the afternoon when the first patient arrived. He was young, in his twenties, and had been shot in the chest and arm. We stabilised him, treated his haemothorax (where blood collects in the cavity between the lungs and the ribcage) and, somehow, he survived. But then came the news: more were on the way.

Twelve hours later, 38 gunshot victims arrived all at once – men, women, even children. A young boy with a bullet wound to his shoulder needed a transfusion. Another was shot in the hand. Our mass casualty plan kicked in and we worked relentlessly.

Medical supplies were rationed, wounds were cleaned and dressed, IVs were set up and pain relief administered. I’m a paediatrician, trained in the UK. Before this, I had never treated a gunshot wound. But you learn from those around you and you adapt.

It was chaotic and exhausting but, against the odds, every single one of those patients survived.

‘THE HOSPITAL WAS IN BAD SHAPE’

In Sudan, the fighting never feels far away. There are people in military fatigues with guns everywhere. The people here, both locals and those displaced by war, have seen their lives torn apart by violence.

I was based in Tawila, in Darfur. When we arrived, the hospital was in bad shape. The staff were doing their best, but there weren’t enough of them, and medicines and equipment were in short supply. They needed a lot of support.

We set to work building capacity and putting processes in place. In just a few months, together we were able to build a system of care that was saving lives every day.

REAL, MEASURABLE PROGRESS

One of the main focuses of my work was malnutrition, which was rampant. This was my fourth assignment with MSF and, sadly, severe malnutrition is a reality in nearly every paediatric project. But even though you know to expect it,



it's still very difficult to see children in this condition. They're so unwell, and it all stems from the fact that they haven't had enough to eat because of the conflict. Families have been forced to flee their homes and don't know where they will find their next meal, with children paying the highest price.

We established an inpatient feeding centre, a dedicated ward for children with severe acute malnutrition. These young patients weren't just undernourished – they often arrived with infections, malaria or other complications due to weakened immune systems.

Alongside hospital treatment, we began to run large-scale community malnutrition screenings and food distributions. Every month, teams checked children under five for malnutrition, identifying those with severe or moderate acute malnutrition. We then provided therapeutic food to those in need.

What was incredible to witness was the real, measurable progress. When I arrived, our inpatient ward was overflowing. However, after two mass distributions, admissions began to decline. During the second screening, fewer children were severely malnourished. Seeing that improvement firsthand was truly rewarding – it showed that these interventions really work. ▶

7,460

war-wounded treated
in MSF facilities

194,032

emergency room consultations

4,306

surgeries

(January to December 2024)

◀ Women wait for antenatal consultations outside the MSF-run maternity ward at Tawila hospital. Photograph © Mohammed Jamal Jibreel/MSF

▲ Dr Abu Bakr arrives at MSF's clinic in Tawila. Photograph © Mohammed Jamal Jibreel/MSF

▶ A boy has a medical consultation at MSF's clinic in Tawila, where extra consultation areas have been set up outside to deal with large numbers of people needing medical care. Photograph © Mohammed Jamal Jibreel/MSF



'LOCAL STAFF ARE THE BACKBONE OF THIS PROJECT'

The local Sudanese staff who work alongside us are the backbone of this project. Many have had to flee their homes, leaving family behind. Some have lost loved ones in the fighting. And yet they come to work every day, dedicated to helping their people. They are hardworking, resilient and eager to learn. Many of them trained in El Fasher, a city now too dangerous to return to, its university shelled, its hospitals barely functioning. Medical students who once dreamed of becoming doctors now find their education cut short, but they still come to the hospital, eager for any training or knowledge we can share. It was inspiring to work alongside them.

'MSF'S PRESENCE IS ABOUT MORE THAN MEDICAL AID'

One day, a mother arrived carrying her seven-month-old baby, limp in her arms. The child was severely dehydrated, suffering from relentless diarrhoea and vomiting. Without immediate treatment, he wouldn't survive the night. But getting an IV into such a fragile body was nearly impossible. His veins had collapsed.

▼ An MSF staff member attends to a patient in a ward of Tawila hospital, which MSF renovated and equipped after the hospital was looted and partially burnt last year. Photograph © Mohammed Jamal Jibreel/MSF

We had no choice but to insert an intraosseous needle directly into the bone marrow to administer fluids and medication.

The whole time we were wondering: will this baby survive? He looked so unwell. But by the end of the day, he was looking a bit better. So we kept battling for him, keeping a close eye on him. A few days later, he was starting to turn a corner, and then, a week later, he was back to normal; in fact, he had put on weight and looked even better than when he came in. A few days later, the baby left the hospital with his mother, smiling and chubby, as if nothing had ever happened.

In situations like this, you have fewer treatment options and fewer resources than you might have elsewhere, but you do everything you can with what you have. You never lose hope – you just keep on fighting. You push forward, no matter how desperate it seems. What felt like a hopeless case wasn't hopeless at all.

But the thing is, if MSF wasn't there, that child wouldn't have survived. Even so, MSF's presence here is about more than just medical aid. It is a reminder to the people of Sudan that they are not forgotten. That someone, somewhere, still cares about them.” 🌹





'THEY SLEEP ON THE GROUND UNDER THE TREES'

▲ New arrivals fleeing the attacks in Zamzam camp take shelter under a tree in Tawila. Photograph © Marion Ramstein/MSF

On 11 April, the Rapid Support Forces (RSF) and their allied armed groups stormed Zamzam camp in North Darfur, where 500,000 people had fled in previous months to escape violence.

Hundreds of people are estimated to have been killed, with fighters said to have gone door to door, shooting people hiding in their shelters and burning large parts of the camp. Casualties include 11 staff from the humanitarian organisation Relief International, which was running the only remaining clinic in the camp. MSF suspended all its activities in Zamzam in February due to the escalating violence and blockades that made it impossible to bring in medical supplies.

Thousands of people have fled to the city of El Fasher, 17 km to the north, where they remain trapped, out of reach of humanitarian aid and exposed to ongoing attacks and further mass violence.

Some 25,000 people have made their way to the town of Tawila, some 60 km to the west, where overwhelmed MSF teams are currently expanding activities to cope with the most pressing medical needs.

Our team in Tawila (where Cathy Branthwaite was recently based) witnessed the arrival of the first 10,000 displaced people in less than 48 hours.

Marion Ramstein is MSF's project coordinator in the town.

"On 12 and 13 April, our team in Tawila saw more than 10,000 people fleeing from Zamzam and nearby

13 MILLION

people displaced due to the conflict

59,887

people treated for malnutrition

(January to December 2024)

areas. They arrived in an advanced state of dehydration, exhaustion and stress. They have nothing but the clothes they're wearing, nothing to eat, nothing to drink. They sleep on the ground under the trees.

We've provided medical care to more than 1,600 people so far for severe dehydration and have treated more than 170 people with gunshot and blast injuries; 40 per cent of them are women and girls. People tell us that many injured and vulnerable people could not make the trip to Tawila and were left behind. Almost everyone we talk to said they lost at least one family member during the attack.

We have set up a health post to receive the new arrivals, give them water and provide medical care. The most critical cases are referred to the local hospital we've been supporting since last October. We've distributed what we had on hand: blankets, mosquitos nets and buckets. We're also screening for malnutrition among newly arrived children, so they can immediately receive therapeutic food and be enrolled in our malnutrition programme."

After two years of catastrophic conflict, MSF calls on the warring parties to spare civilians and remove all obstacles preventing people in North Darfur and throughout Sudan from receiving lifesaving humanitarian aid.

"A massive humanitarian response is needed, now more urgently than ever," says Rasmane Kabore, MSF head of mission in Sudan. "If the roads to El Fasher are blocked, then air operations must be launched to bring food and medicines to the estimated one million people trapped there and being starved. A scaled-up response is also needed in Tawila, where some survivors are being received and where local capacities are overwhelmed." 🚑

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





BENIN
PHOTOGRAPHY
ADRIENNE
SURPRENANT/
MYOP

GIVING BIRTH WITHOUT DYING



In October 2022, MSF launched an innovative new project in one of the poorest regions of Benin. Its aim: to drive down drastically high maternal and neonatal mortality rates.

In the rural region of Couffo in southwest Benin, health centres and hospitals are spread far apart and most women give birth at home. Few women of childbearing age visit a health centre on a regular basis, while many pregnant women receive no antenatal care before giving birth, allowing potential complications to go unnoticed. In 2021, there were 850 neonatal deaths per 100,000 live births in Benin, well above the global average of 223.

To help women get the medical care they need, MSF and the Ministry of Health are using a new, community-focused approach, where local women, trained by MSF, carry out health promotion activities in small towns and villages across the region.

“Since we started our activities, there haven’t been as many deaths,” says Lucienne, an MSF women’s leader. “I hope that things will change by highlighting the dangers for women. They are starting to become aware of them, and so [how] to avoid complications linked to pregnancy.”

By empowering local women to play a key role in communicating health messages to their peers, a vital link has been established between the villages and the health centres, which has resulted in a 60 per cent increase in antenatal consultations since the start of the project. 🌸

In 2023 and 2024:

22,211

antenatal consultations

3,253

family planning consultations

9,920

births assisted – of which 4,153 took place in hospital, 3,659 took place in health centres and 2,108 were emergency caesareans

◀ Sidonie, from Agbodonhouin, who is pregnant with her fourth child, is receiving antenatal care from MSF.

▶ MSF driver Jules transports pregnant women in need of obstetric care from remote villages to Klouékanmè health centre in a converted three-wheeler ambulance. “During a transfer, a woman started bleeding,” says Jules. “She arrived in time to give birth at the health centre. The operation probably saved her life, which made me very happy. On a day-to-day basis, seeing the children who have given birth thanks to the tricycle also makes me very proud.”

▼ (From left to right) Sidonie, Melanie and Louise climb into the three-wheeler ambulance provided by MSF, accompanied by MSF health worker Lucienne.

All images © Adrienne Surprenant/MYOP



‘The operation probably saved her life, which made me very happy’



DEMOCRATIC REPUBLIC
OF CONGO
PHOTOGRAPHY
DANIEL BUUMA

THE CONTINGENCY PLAN

In Masisi in Democratic Republic of Congo's North Kivu province, an MSF team works in the main hospital and several outlying health posts, providing lifesaving medical care. But since a surge in armed conflict engulfed the region in early 2025, the team has had to adapt fast. **Jeremie Postel** worked as MSF's project coordinator in Masisi.



*Jeremie Postel,
MSF project
coordinator*

WHAT IS THE TEAM SEEING IN MASISI?

"Masisi has been an active conflict zone for years. But, since early 2025, the fighting has been very intense. Thousands of people have taken refuge at the hospital. However, both the hospital and the MSF base have come under fire. In February, one of our colleagues was killed by a stray bullet. Two other staff members were injured by rockets, and two people were hit by gunshots just outside the hospital.

The almost daily influx of people into the hospital means it's impossible for our team to function as normal: there are women and children sheltering all over the hospital, offices and grounds. But, in MSF, if we cannot function normally, we try to adapt. The team has been working to provide people with safe drinking water and latrines, while also treating emergency cases, whether that's a gunshot injury or a pregnant woman with life-threatening complications."



▲ Displaced people register for an MSF mobile clinic in a village in North Kivu, after large numbers of people were forced to flee their homes following a surge in armed conflict. Photograph © Daniel Buuma

‘Even with careful planning, you can never anticipate everything’

HOW DO YOU PREPARE FOR SOMETHING LIKE THIS?

“The uncertainty and violence make it extremely challenging, but the team has been working on preparations for this for years. Maintaining clear lines of communication is key. That means we’re talking to the different armed factions, local authorities and leaders from the local community. It’s essential that they all understand that we are a neutral, impartial medical organisation: that means we don’t take sides and we treat people according to their medical needs, not their ethnicity, nationality or politics.

And then, as in all MSF projects, we make contingency plans for different scenarios.

For example, if the conflict means deliveries can’t get through, what needs to happen to ensure we have enough food, water, medications and fuel to run the hospital?

If the violence worsens, do our teams have enough people to deal with a mass influx of casualties?”

WHAT MEASURES CAN YOU TAKE TO MAKE STAFF AND PATIENTS SAFER?

“Maintaining constant contact with all stakeholders is key, but even so you may sometimes have to limit travel through unsafe areas or pause work which isn’t critical. If an activity isn’t immediately lifesaving, then potentially it has to wait until the situation is less risky.

In Masisi, visits to distant health posts have often been suspended over recent months, while keeping the hospital open. But we know that a lot of people rely on them, so it’s always a big decision to suspend part of our operations.”

HOW DO DECISIONS LIKE THAT GET MADE?

“We gather as much information as possible about the risks, agree a plan together, and share it with the MSF coordination team in the capital.

We have a dedicated risk management team based in the MSF office in Belgium. They’re security experts who will challenge you if they think you’re

being too confident – or equally if they think you’re being too cautious and sacrificing health services for risks that might never materialise.

Getting these outside perspectives is important, because you don’t want to become like a frog in a pot of water on the stove – not noticing how hot it’s getting.”

HOW DO YOU MANAGE THE CHALLENGES?

“Even with careful planning, you can never anticipate everything. The situation forces you to be creative and agile.

For example, the coordination team might help you to arrange for a helicopter to bring in more supplies, bypassing the dangerous roads. But if the helicopter can’t land nearby, the risks and costs of going to unload it could outweigh the benefits.

You need staff who are empowered to make a decision fast – who can ask: is it worth it? In organisations that aren’t set up to work in emergency settings, that decision could take months of tender processes and budget reviews. In a volatile setting with patients to treat, we don’t have that kind of time.”

WHAT ALLOWS MSF TO OPERATE IN AN ENVIRONMENT LIKE THIS?

“Firstly, I want to say that no organisation is perfect, and there are always problems and issues. But MSF has advantages that some other organisations don’t.

The first thing is the team and the reputation they build. International staff bring fresh eyes and experience from different settings, while locally recruited colleagues have a wealth of context knowledge. We’ve worked in Masisi for a long time, so we are known and trusted.

The next thing is support. You are not just one person or one project. You have the expertise and resources of the whole MSF network behind you, whether that’s security, logistics or medicine.

All that is made possible by our supporters, so they are the final thing I want to highlight. Costs are higher in emergency settings, as resources become scarce and risks increase. Our donors’ support means that when things get tough, we don’t have to stop work just because of funding.

None of these things guarantees that MSF can continue to operate no matter what. However, they have helped us remain in Masisi so far, and they are crucial to our work in emergency settings worldwide.” 🌹

🌐 LEARN MORE ABOUT THE SITUATION IN NORTH KIVU AND MSF’S RESPONSE TO THE CRISIS: MSF.ORG.UK/NORTH-KIVU



MSF'S UK VOLUNTEERS

Afghanistan: Timothy Hammond, Medical coordinator; Elizabeth Wait, Activity manager; Amy Holman, Paediatrician; Marta Grazzani, Nursing supervisor

Bangladesh: Gillian Murphy, Infection prevention and control manager

Chad: Helen Taylor, Logistician; Charlotte Viceriat, Nursing manager; Konstantina Karydi, Anaesthetist

Democratic Republic of Congo: Samuel Bradpiece, Communications manager

France: Luca Alvarez Marron, Head nurse

Haiti: Charles Hardstone, Water and sanitation team leader; Laura Holland, Water & sanitation coordinator

India: Nicole Hart, Deputy medical coordinator; Ghita Benjelloun, Project coordinator; Jenna Darler, Humanitarian affairs officer; Aliza Hudda, Doctor

Iraq: Amel Al-Fulaij, Doctor

Kenya: Paul Banks,

Procurement manager; Andrew Burger-Seed, Deputy head of mission; Michael Parker, Project coordinator

Malawi: Caoimhe O'Regan, Epidemiologist

Myanmar: Mark Maxwell, Mental health manager

Palestine: Helen Ottens-Patterson, Head of mission; Andrew Stevens-Cox, Logistician; Zahra Legris, Mental health manager; Zoe Bennell, Field communications manager

Serbia: Joan Hargan, Medical team leader

Sierra Leone: Melissa Perry, Project coordinator; William de Glanville, Operational research coordinator

South Sudan: Caroline Jones, Medical activity manager; Fionnuala Ryan, Paediatrician; Abdirashid Bulhan, Water & sanitation coordinator

Sudan: Erin Lever, Midwife; Melissa Buxton, Head nurse; Connie McGuffie, Nurse

Syria: Matt Cowling, Humanitarian affairs manager; Rebecca Kerr, Project coordinator;

Richenda Browne, Nurse activity manager; Sahar Nikpour, Nurse; Thomas Taylor, Medical activity manager; Laura Guardiola, Medical team leader; Jacklyne Scarbolo, Medical team leader; Caroline Chestnutt, Water & sanitation team leader; Sofie Karlsson, Midwife; Hanadi Katerji, Nurse; Ryan McHenry, Doctor

Uzbekistan: Rebecca Welfare, Project coordinator

Venezuela: Alison Antunes, Health promoter

Cover image: Hortense (left) hands her newborn baby to her friend Melanie, who is six months pregnant, as they wait for medical check-ups at MSF's Klouékanmè health centre, Benin. Photograph © Adrienne Surprenant/MYOP

▼ An MSF health promoter announces a mobile medical clinic in a village in North Kivu. Photograph © Daniel Buuma

Patient names have been changed throughout Dispatches to protect anonymity.



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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