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# SITUATION REPORT



## 2. FRANCE

Teenagers playing cards in GR1, a day centre MSF operates with other organisations in Marseille. The centre offers support to unaccompanied minors who have arrived in France, providing a safe place where they can rest, shower, cook and eat, take classes, and receive legal support and medical care.

## 3. NIGERIA

Musiaba holds her baby Fatima, who is recovering in the inpatient feeding centre in Katsina city. For the past three years, MSF has witnessed an increase in the numbers of children admitted for malnutrition in its facilities in northern Nigeria, as a result of violence, climate change, inflation, and low vaccine coverage.



# 57,000

Number of medical consultations conducted by MSF in Bamyan province, Afghanistan, in 2024.

## 1. AFGHANISTAN

In 2022, MSF constructed eight health centres in remote areas of the mountainous province of Bamyan, in the central highlands of Afghanistan. MSF continues to support these isolated areas by providing medical and non-medical supplies, as well as training for the staff at all eight facilities. The centres offer outpatient consultations, routine vaccinations, gynaecology consultations, and maternal healthcare services.







## 4. KENYA

An MSF team distributes mosquito nets to prevent kala azar infection in Loglogo, Kenya. Emergency teams have been responding to a growing kala azar outbreak in Kenya's northern counties, where arid conditions provide ideal conditions for the sandfly vector. MSF is urging increased attention and support to strengthen the response to and prevention of this neglected tropical disease.



## 5. MYANMAR

Children show their creations during a group recreational activity run by MSF counsellors in the grounds of a high school near Mandalay. Displaced families have been living in tented shelters in the grounds of the school since the devastating earthquake of 28 March. MSF's mental health teams in Mandalay are providing psychosocial support for both adults and children.

# 328,687

Number of children treated by MSF for malnutrition in northern Nigeria in 2024.

## NOT A TARGET – HEALTHCARE UNDER ATTACK

From Gaza to Sudan, hospitals and health workers are increasingly under attack. Doctors, nurses and medical staff are targeted, patients are killed, and clinics and hospitals are destroyed.

What was once a shocking and unusual event is now happening more often than ever. 2024 was the deadliest year on record for humanitarian workers, with 377 killed while trying to provide healthcare and aid. 2025 is already on track to be just as fatal – if not more so.

But hospitals are not battlefields and clinics should not be targets. Attacking hospitals and healthcare workers violates international law – and strikes at the heart of humanity.

**Sign our petition: Demand protection for healthcare in conflicts.**

Attacks on hospitals are never acceptable. No excuses, no exceptions. That's why MSF is calling on the UK government to uphold International Humanitarian Law.

**The UK government must:**

- condemn all attacks on healthcare without delay.
- stand up for the protection of health facilities and health workers in all conflicts.
- uphold the core principles of international law and stand against any erosion of International Humanitarian Law for political or military gain.

By adding your voice to our petition, you will help us protect hospitals, staff, and patients around the world.

**OUR RED LINE IS THE ONE THAT PROTECTS CIVILIANS AND HEALTHCARE SERVICES. GO TO [MSF.ORG.UK/REDLINE](https://www.msf.org.uk/redline)**







**GAZA**  
**PHOTOGRAPHY**  
NOUR ALSAQQA  
JOANNE PERRY



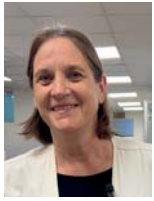
A Palestinian woman who is eight months pregnant and her one-year-old son wait for medical assistance at a clinic in Gaza city. Her son has been diagnosed with malnutrition and she herself is malnourished. 4 June 2025. Photograph © Nour Alsqaqa/MSF



A photograph of a man in a light blue polo shirt holding a premature baby in his arms. The baby is wearing a blue hospital gown. To the left, a woman is partially visible, resting her chin on her hand. The background is a clinical setting with white shelves.

# PREMATURE BABIES FIGHT FOR LIFE IN GAZA

As prematurely born babies fight for their lives, MSF medical teams in Gaza are forced to work without ultrasound machines, incubators, and even infant formula. ►



Dr Joanne Perry, medical team leader

Medical team leader **Dr Joanne Perry** shares her experience treating premature babies in the facility's neonatal intensive care unit (NICU) in the MSF-supported Al-Helou Hospital in northern Gaza.

“It started with two babies sharing one incubator – this is already completely unacceptable and shocking to see. Then it increased to three, and last week we saw five babies in one incubator. With all the attacks on healthcare facilities, today there are just 36 incubators in northern Gaza compared to 126 before October 2023.

Having multiple babies sharing one incubator significantly increases the risk of infection. The immune systems of newborns, especially premature ones, are not yet developed.

To support the neurodevelopment of premature babies, we use rolled blankets or other soft materials to create a boundary

around the infant, mimicking the supportive environment of the womb. This is called the nesting technique. This position helps stabilise the baby's posture, reduces excessive limb movements, and promotes physiological and behavioural stability.

One reason we are seeing so many premature babies is because of the deterioration in mothers' health. This is my third time in Gaza over the past year. What's different now is that pregnant mothers are severely underweight and severely anaemic.

This can contribute to complications during pregnancy – including premature labour.

**‘Having multiple babies sharing one incubator significantly increases the risk of infection...’**

▼ A Palestinian mother receives medication from the pharmacy at the MSF clinic in Gaza city, 4 June 2025. Photograph © Nour Alsaqqa/MSF







◀ Multiple babies share one incubator in the neonatal intensive care unit of Al Helou hospital, north Gaza, 16 July 2025. Photograph © Joanne Perry/MSF



Additionally, pregnant women are living in horrible conditions: in overcrowded shelters or tents with almost no access to clean water for washing. Many have no access to antenatal care due to limited functioning facilities and repeated displacement.

This means risky pregnancies often go undetected until complications arise – sometimes too late.

We see premature births and babies born with health issues that might have been preventable with even the most basic monitoring, such as pneumonia and cardiac abnormalities, which can easily be diagnosed and then successfully medicated. But we don't have the equipment in the NICU – no ultrasound or x-ray machines, and often not even the blood tests we need.

The medical team in Al-Helou faces endless challenges every day.


Fuel comes at the top of the list, as all of Gaza's hospitals rely on diesel generators. Fuel shortages lead to power cuts, which kill oxygen-dependent newborns in the NICU. Sadly, on Monday night (14 July 2025), a baby who could have survived was lost because the power went out, and the oxygen supply was cut off.

The lack of supplies is another major issue. They are so limited that we have to extend the time between nappy changes, which can lead

to rashes. We are always on the verge of running out of infant formula.

We promote breastfeeding, and we're proud to be a breastfeeding-friendly hospital. But in this situation, many mothers can't stay to feed their babies every few hours – they often have to take care of the rest of their families, or don't have enough money for transportation and have to spend hours walking to and from the hospital.

It's heartbreaking. Having a baby should be a moment of joy and hope – but now, for so many families in Gaza, it's clouded by stress and fear.

Despite all the obstacles, the team is working hard with dwindling resources to provide the best care possible to these newborn babies.” 

 FIND OUT MORE AT [MSF.ORG.UK/MSF-GAZA](https://www.msf.org.uk/msf-gaza)

As the crisis in Gaza worsens, your support enables our teams to continue providing lifesaving medical care in desperate circumstances.

**£450**

can pay for a month of lifesaving therapeutic food to treat 24 severely malnourished children.

**£228**

can pay for 10 blood bags for use in surgery.

**Thank you. We couldn't do it without you.**

# MSF'S PLAY THERAPY TOOLKIT

It improves health, promotes recovery, has no side effects, requires no special storage, and can be safely prescribed by anyone, anywhere. What is this wonder drug? It's the power of play...

**A**round the world, children under the age of 15 make up more than 60 per cent of patients in MSF's projects, with many having experienced conflicts or other traumatic events. They are almost always the most vulnerable in disease outbreaks, in natural disasters, and in the harsh living conditions frequently faced by people escaping war.

Yet, while humanitarian response often focuses on food, shelter, and medical care, children have another inherent need that is frequently overlooked: play.

Play stimulates brain development, helping to forge neural connections, particularly in the first five years of life. Play during these early years significantly influences a child's lifelong trajectory, but children of all ages need to engage in play.

"Play is more than just fun – it is essential for improving health, fostering recovery, and enhancing children's quality of life," says Katherine Hacıömeroğlu, a play therapist who spent a year piloting a unique play programme in MSF's Mother and Child Hospital in Kenema, Sierra Leone.

"For children experiencing trauma, play therapy provides a safe space to explore emotions, process difficult experiences, and build resilience. It



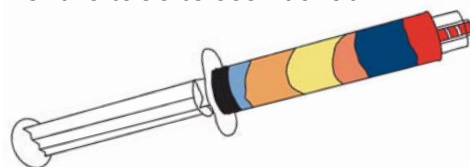
## SYRINGE ART

### Materials

- › Syringe
- › Glue
- › Coloured sand (food colouring and sand)

### Instructions

1. Remove the plunger from the syringe.
2. Glue the tip of the syringe to close it (or use a syringe cap if available).
3. Allow the child to fill the syringe with coloured sand to make syringe art, leaving 3cm unfilled at the end.
4. Glue the plunger into the end of the tube to seal it shut.







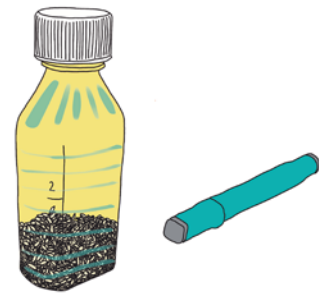
## ‘Play is more than just fun – it is essential for improving health...’

strengthens bonds between children and their caregivers, supports developmental growth, reduces stress, aids recovery from malnutrition, and empowers children to participate actively in their care.”

To promote play as a way of working with children, Katherine and MSF’s Innovation for All unit developed the Play Therapy Toolkit, a manual and how-to-guide that includes tips for creating child-friendly spaces, guidance on choosing activities to suit children’s developmental stages, and instructions for making toys from items at hand, such as plastic syringes (without the needle!) and surgical gloves. The toolkit is now being rolled out in several MSF projects.

“[In Sierra Leone] play therapy was more than just play,” says Katherine. “It was

▲ Seven-year-old Duha plays during a MSF mental health session in northwest Syria. She suffered severe burns to her hands during a diesel fire at her home. Photograph © Abdulrahman Sadeq/MSF



## MEDICINE BOTTLE SHAKE SHAKE

### Materials

- › Empty medicine bottle (100ml)
- › Dry rice, dry beans, shells or stones
- › Glue

### Instructions

1. Clean empty bottle and dry well.
2. Place 1-2 small spoonfuls of filling into the bottle.
3. Glue the bottle closed to avoid the risk of choking hazards.
4. Optional – colour the outside of the bottle with markers.

**Note:** When using bottles, ensure they are first cleaned to infection prevention and control standards.

transforming spaces from white and sterile to colourful and stimulating. It was understanding the science behind children’s stress and coping abilities. It was returning hope to MSF’s youngest patients. Play therapy holds precious moments, including the first smiles since becoming ill, the first steps ever taken, and establishing a will to push forward. As we continue to work towards providing holistic healthcare and the best treatment, play therapy is an obvious investment. An investment in play therapy is an investment in the future of children.” 🌸

**Thank you.** It’s your support that enables us to develop innovative approaches to mental health care in the places where we work.

**£574**

can pay for a mental health professional to work for a week in one of our projects, where they can provide culturally appropriate care to people who have experienced trauma, loss and violence.

**We couldn’t do it without you.**





UKRAINE  
PHOTOGRAPHY  
YULIIA TROFIMOVA  
MSF

# SURVIVING NEAR THE FRONTLINE

Surgery by headlamp, power cuts and trauma wounds: in Dnipropetrovsk, near the frontline in eastern Ukraine, MSF supports a hospital providing lifesaving surgery and medical care amid relentless conflict.

It is quiet in the hospital. The corridors are poorly lit despite the bright, sunny morning. Last night, Russian military drones were flying over the city, and the sound of explosions made it difficult for patients to sleep, so now they are napping in their rooms.

▲ MSF surgeon Khassan El-Kafarna operates on a patient in a hospital in Dnipropetrovsk region, near the frontline of the conflict with Russia. Photograph © Yuliia Trofimova/MSF

► An MSF ambulance team transports a young man from Dobropillia to a hospital in Dnipro after he was severely injured by shelling. Photograph © MSF

Volodymyr is waiting for his second surgery. He is from the village of Komar, Donetsk region, located less than 10 kilometres from the frontline. He came to the hospital four days ago with Fournier's gangrene – a type of flesh-eating disease that should have been treated much earlier.

"I could no longer walk; my neighbour had to bring me to the hospital," he says. "I should have come about a month ago, but I just couldn't make it. It is hell in our village now. The entire street was destroyed; everyone is hiding in their basements. As soon as it seems to become quieter, the shelling starts again."

## WAR-RELATED INJURIES

Patients with untreated conditions such as Volodymyr are common in this hospital, the



closest medical facility to the eastern frontline that provides secondary care. It is located at the intersection of three regions with active fighting and receives a high influx of people seeking medical help.

MSF supports the facility's emergency department and operating theatre, and conducts ambulance referrals for patients needing more specialised treatment further from the frontline.

People come here from the frontline communities of Donetsk, Dnipropetrovsk, and Zaporizhzhia regions, where the shelling is often relentless. In these areas, patients often don't have access to medicines, medical care, food, or hygiene items, and spend most of their time hiding in basements.

The team sees many people with war-related injuries. "They sustain trauma from shelling, landmines, bomb and shrapnel blasts," says Dr Khassan El-Kafarna, MSF's medical activity manager. "These people often have multiple traumas to various parts of their bodies – head trauma, penetrating abdominal and chest wounds, and soft tissue injuries. Many patients we receive have open fractures."

## THE SHIFTING FRONTLINE

The most intense fighting continues in the Donetsk region, where the frontline shifts rapidly, leaving behind devastated towns and villages with people trapped in them. Hospitals in these areas are forced to evacuate medical staff and equipment, leaving residents no choice but to travel long distances along dangerous roads.

Many people delay seeking medical help, and their conditions worsen. "People with war-related injuries also do not come to us immediately," says Dr Khassan. "We are dealing with infected wounds. Patients could not get help for a long time, and they come to us in advanced stages of sepsis. Over the past month, we have treated seven patients with septic complications.

"Once, we had a patient with a three-day-old peritonitis (inflammation of the abdomen's inner wall), so we had to take him to the operating theatre immediately. People have limited access to healthcare, and we see how it affects them. There are many patients with exacerbated non-communicable diseases: hypertensive crisis, strokes, neglected surgical conditions."

## SURGERY DURING A POWER CUT

In the operating theatre, Dr Khassan and his team commence surgery on Volodymyr. Dr Khassan wears a headlamp, just in case.



# 1,149

**Number of surgeries conducted by MSF in the frontline regions of Ukraine in 2024.**

# 435

**Number of patients treated by MSF in intensive care units in the frontline regions of Ukraine in 2024.**

Due to attacks on energy infrastructure, power outages happen unpredictably. The hospital has generators, but surgery cannot be paused.

Staff are usually quick to switch the generators on, as they're used to power cuts. But delays still happen. Hospitals must keep fuel reserves, and while MSF supports some with fuel donations, it remains an extra challenge. "When the power goes out, even the lifts don't work," says Dr Khassan. "We have to carry patients up the stairs on stretchers."

## HOMEWARD BOUND

Volodymyr's operation lasts less than an hour. "When he first came to us, he had septic shock and anaemia," says Dr Khassan. "Now we've removed the source of the infection and stabilised him. But we need to refer him to a higher-level facility for plastic surgery, urology, and intensive care."

The nurse finishes bandaging Volodymyr, and he is moved to the intensive care unit. There is a long road to recovery ahead of him. Yet despite his condition and the nearness of the frontline to his home, Volodymyr is determined. "I just want to get back home," he says. 🚶

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

Since the conflict in Ukraine escalated in 2022, your support has enabled MSF to provide lifesaving medical care to thousands of people wounded and cut off from care.

**Thank you. We couldn't do it without you.**

# £41

can pay for a surgical kit made up of scalpels, forceps, scissors, clamps and the other tools our surgeons need to operate and save lives.





SUDAN  
PHOTOGRAPHY  
MSF

7,460

Number of war-wounded treated in MSF facilities in Sudan between January and December 2024.

91,676

Number of paediatric consultations conducted by MSF in Sudan between January and December 2024.

# 'WE CAN'T DO IT ALONE'



Marwan  
Taher, project  
coordinator

In a remote region of central Darfur, Sudan, a small MSF team provides medical care to people caught in the midst of conflict. Project coordinator **Marwan Taher** tells the story...

“Almost there,” said El-Tayeb from the driver’s seat. Behind us, another MSF Land Cruiser followed close behind. We were heading to Rokero in central Darfur, where we’d be supporting our Sudanese colleagues who have kept MSF’s work running since the conflict began in April 2023.

Rocky, sandy, and uneven, the road beneath us was a reminder of the isolation people here face. For ambulances or supply trucks, it was more obstacle course than road.

On the journey, we saw the scars of conflict: eerily quiet villages, abandoned as people fled the violence. Around them, the vast green landscape stretched endlessly.

‘In the local language, Rokero means *green valley*,’ El-Tayeb called back. ‘Welcome to Rokero Paradise.’

## FORGOTTEN VOICES

Our Sudanese colleagues welcomed us warmly. Their resilience humbled me as they described a healthcare system on the brink, food insecurity, and waves of displaced people.

It wasn’t long before I saw the cost of this crisis. A mother arrived with her one-year-old daughter – feverish, rash-covered, struggling to breathe. Suspected measles. The mother’s face was drawn. She told us her daughter hadn’t been vaccinated. There simply hadn’t been vaccines.

This is one of the hidden impacts of war. The Essential Programme on Immunization (EPI) in north Jebel Marra district halted in October 2024 when supplies ran dry. No new stock arrived for months. Thousands of children were left unprotected – not by choice, but by the grim realities of conflict.

The girl’s case was complicated. Measles and malnutrition together – a dangerous combination. Seeing the mother hold her child, I felt the injustice. Children do not choose war, but they carry its deepest scars.

In late November 2024, we launched a measles vaccination campaign in seven villages within north Jebel Marra, including Rokero. Over six days, our teams reached more than 9,000 children. I kept thinking of that fragile girl in the isolation room. The relief on mothers’ faces felt like a quiet victory – proof some battles can still be won.

## A LIFELINE

In January 2025, I travelled to Sortoni camp, where MSF supports the primary healthcare centre. The camp formed in 2016 after violent attacks against the Fur ethnic group. Nearly 52,000 displaced people now live there.

When I arrived, 187 children were enrolled in our nutrition programme, with about 25 new admissions each week. I kept asking: When was the last food aid? The answer never changed – 12 April, 2023: nearly a year and eight months. You could see the impact in the hollow eyes of mothers and the frail frames of children.







The next morning, I visited three schools hosting families who had fled violence. Classrooms had become shelters – entire families in one room, no mats, no blankets, no cooking utensils. Hygiene facilities were almost non-existent.

As a medical organisation, MSF has been providing healthcare in Sortoni, but glaring non-medical needs – food, shelter, clean water – are going unmet. Other NGOs, including the UN, have left. MSF is the last humanitarian organisation there. It's a heavy thought. Healthcare cannot survive in isolation. Without basic needs met, the strain will only grow.

## WE CAN'T DO IT ALONE

One conversation crystallised the crisis. On 2 March, the respected community leader of Burgo visited the MSF office. His words were urgent. Burgo, home to 800 households, was now hosting nearly 2,000 families – including 200 newly displaced from El Fasher.

His concern: water. The three solar-powered wells in Burgo couldn't keep up. Women and

▲ An MSF mobile clinic travels on donkeys in the remote Jebel Marra district. Photograph © MSF

children stood in long queues under the sun for a single jug. I could hear the exhaustion in his voice: the frustration of a leader watching his community buckle.

This isn't a need MSF can meet alone. Without collective action, without more organisations stepping in, the cracks in places like Burgo will only widen.

## THE ROAD BACK

On 9 March, my assignment in Rokero ended. As we drove back along that rugged road, my thoughts lingered on those I was leaving behind – the green valley, its resilient people, its silent struggles.

There is strength in Rokero, but also vulnerability. The needs grow daily, while resources shrink. MSF remains committed, but we cannot bear this crisis alone. Without urgent support, without new humanitarian actors, the future here risks slipping from strained to catastrophic.” 🚶

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





**ZIMBABWE**  
**PHOTOGRAPHY**  
DOROTHY MECK /  
AFRO VISION TRUST

► A mural decorates the entrance of the Teen Mums' Club at MSF's Edith Clinic in Mbare. Photograph © Dorothy Meck / Afro Vision Trust

# 'WE'VE SHOWN THAT THE IMPOSSIBLE CAN BE DONE'



*Shingairai Mawarire, nurse*

**Shingairai Mawarire** is a nurse from Zimbabwe. Time and again in her career with MSF, she has worked on groundbreaking medical programmes that have challenged the status quo and brought life-saving care to people in her community. She shares her story...

## 2006 – FIGHTING THE HIV CRISIS

"Back in 2006, Zimbabwe had one of the highest HIV rates globally – around 20% of people aged 15–49 were living with the virus. There were only three hospitals in the entire country offering treatment. Services were overwhelmed, and life-saving medications were often unavailable. Many people died waiting to start treatment.

MSF opened an HIV clinic in Epworth, a high-need community on the outskirts of Harare. We secured medications, set up a lab for blood tests, and trained nurses to initiate treatment.

I was one of the first nurses trained. In those early days, the clinic was packed. Some patients arrived in wheelbarrows, too weak to walk. I'd take blood from hundreds each day. Free, decentralised care became the model. We saved many lives and proved the impossible was possible."

## 2010 – TAKING ON THE WORLD'S DEADLIEST INFECTIOUS DISEASE

"I was still at the Epworth clinic in 2010 when a couple came in. The young man

insisted he didn't have HIV. When he tested positive, he was devastated.

Because he hadn't received timely treatment, he developed drug-resistant tuberculosis (TB), a condition for which no local hospital had medication.

MSF flew in the necessary drugs – some from South Africa, others from Belgium. I remember the urgency and determination: the lengths MSF would go to to save one life.

That experience sparked a dedicated drug-resistant TB project that went on to save many more."

## 2012 – SUPPORTING SURVIVORS, STANDING UP TO ABUSERS

"One project I'm proud of is the Green Door. Stigma around sexual and gender-based violence was high. Survivors often stayed silent, and few services were available.

We set up a dedicated service in our clinic, marked by a green door. Survivors could walk in discreetly and receive care. As nurses, we were trained not just to provide medical treatment and







support, but also to fill in medical affidavits usable in court.

We told our patients: not only will we care for you medically, but your nurse can testify alongside a lawyer, providing objective, clinical evidence.

That work continues today through a partner organisation – but it was MSF that set the pace!”

## **2013 – HELPING MENTAL HEALTH PATIENTS RETURN TO THEIR COMMUNITIES**

“In 2013, MSF began work in Zimbabwe’s prisons. Malnutrition and HIV were rampant, but many inmates were there simply because of untreated mental illnesses like schizophrenia. At that time, Zimbabwe had no inpatient mental health facilities.

Our approach was holistic: medications, psychological counselling, occupational therapy, food, and compassion.

We were the first in Zimbabwe to do this kind of work – showing that people could be treated and reintegrated into society. Today, the Ministry of Health has adopted our approach as the national standard for treating severe mental illness in prisons.”

## **2025 – EMPOWERING VULNERABLE YOUTH**

“I’ve now worked with MSF for 18 years. Today, I’m part of a project supporting young people – especially teen mums, people who use substances, sex workers, disabled youth, those living with HIV, and other marginalised groups.

We’re seeing real impact. Other organisations are now adopting this model, so even more young people across the country can benefit.”

## **LOOKING BACK, LOOKING AHEAD**

“In my career with MSF, I’ve seen lives transformed, even in areas hit hardest by poverty. Now, when people see the MSF car with its big logo, they come up to us saying, ‘Do you remember me? I was the one in the wheelchair!’ When they show us how well they’re doing, it fills me with pride.

We’ve shown that what once seemed impossible can be done. That’s partly because care is free, reaching those who couldn’t afford treatment. But it’s also because we gather data from all our projects – creating an evidence base that helps others replicate our model, reaching even more people and saving more lives.” 🌸



## MSF'S UK VOLUNTEERS

**Afghanistan:** Elizabeth Wait, Activity manager; Marta Grazzani, Nursing supervisor; Joy Clarke, Hospital director; Prudence Jarrett, Medical activity manager; Melody Cuba-Babasassa, Nurse team supervisor

**Bangladesh:** Gillian Murphy, Infection prevention and control manager; Jemma Berwick, Nurse; Orla Murphy, Head of mission

**Burundi:** Ellen Sugrue, Doctor

**Cameroon:** Agnieszka Bielecka, Humanitarian affairs manager

**Chad:** Charlotte Viceriat, Nursing manager; Alice MacLennan, Logistics manager

**Democratic Republic of Congo:** Samuel Bradpiece, Field communications manager; Davina Hayles, Deputy head of mission; Joseph Mannion, Medical activity manager

**France:** Luca Alvarez Marron, Head nurse

**Haiti:** Laura Holland, Water and sanitation coordinator; Elizabeth Lewis, Humanitarian affairs manager; Samuel Arnold, Logistician; Kamal Berechid, Anaesthetist

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

Declan Crilly, Doctor; Rowena Neville, Medical team leader

**Jordan:** Laurence Boobier, Logistician

**Kenya:** Paul Banks, Procurement manager; Michael Parker, Project coordinator; Orla Sheridan, Geographic information system coordinator

**Malawi:** Caoimhe O'Regan, Epidemiologist

**Nigeria:** Gavin Wooldridge, Paediatrician; Abdirashid Bulhan, Water and sanitation coordinator

**Palestine:** Helen Ottens-Patterson, Head of mission; Andrew Stevens-Cox, Logistician; Natasha Davies, Nurse; Maria Orobiyi Rieba, Nurse

**Papua New Guinea:** Clare Atterton, Medical team leader

**Serbia:** Joan Hargan, Medical team leader

**Sierra Leone:** Melissa Perry, Project coordinator; Elektra Cameron-Daum, Nurse; Pauline Lynch, Gynaecologist

**South Sudan:** Catherine Branthwaite, Paediatrician; Benjamin Greenacre, Humanitarian affairs manager

**Sudan:** Erin Lever, Midwife; Sarah Clowry, Humanitarian affairs manager; Harriet Fielder, Head nurse; Nijole Kymelyte Slapsinkaite, Nurse; Nicodeme Zirora, Deputy finance coordinator; Heidi Sawares; Pharmacist; Thomas Mitchell, Gynaecologist

**Syria:** Laura Guardiola, Medical team leader; Jacklyne Scarbolo, Medical team leader; Sofie Karlsson, Midwife; Hanadi Katerji, Nurse; Matthew Cowling, Project coordinator; Rebecca Kerr, Project coordinator; Sylvia Kennedy, Programme implementor

**Thailand:** Nafsika Kordouli, Project coordinator

**Ukraine:** Andrew Burger-Seed, Head of mission; Hjordis Lorenz, Mental health trainer

**Venezuela:** Alison Antunes, Health promoter

**Yemen:** Judith Kendell, Anaesthetist

**Cover image:** An MSF medical team travel up a rocky slope in the remote Jebel Marra region of Sudan. Photograph © MSF

▼ Seven-month-old Jacques is cared for at the MSF mpox treatment centre at Uvira General Hospital, South Kivu, Democratic Republic of Congo, after being successfully treated for the disease. Photograph © Norah Mbadu Nzila/MSF

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 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](mailto:dispatches.uk@london.msf.org)

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