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Spring 2026

Dispatches

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SITUATION REPORT



Photograph © Vanessa Fodjo/MSF

1. SOUTH SUDAN

An MSF surgeon carries a child out of the operating theatre following a procedure to treat his burns. As the war in Sudan continues, the Abyei Special Administration Area, a territory disputed for many years between Sudan and South Sudan, has become an improvised escape route. Every week, thousands of Sudanese people arrive by foot. Here, MSF runs hospitals and health centres and provides surgery and essential medical care.



Photograph © Nicolò Filippo Rosso

17,000

Number of malnourished children in the far north region of Cameroon.

2. CAMEROON

An MSF staff member plays with a child at the Kourgui health centre. Violence persists in the far north of Cameroon, with 1,500 incidents recorded in 2025. MSF teams continue to work in the region, providing essential medical care and treatment for malnutrition.



Photograph © Mohamed Abdirahman/MSF

3. SOMALIA

A woman fills a jerrycan at a communal water tap in Rasqabobe camp for internally displaced people in Mudug, Somalia. Recurring droughts have created a malnutrition crisis in the country. MSF works in the camp and in the region, providing clean water, medical care and treatment for malnutrition.



Photograph © Motasem Abu Aser/MSF

GAZA UPDATE

On 27 February, Israel’s High Court granted an interim injunction to halt the ban of 18 international non-governmental organisations, including MSF, from working in Gaza and the West Bank. Although the full implications of this decision remained unclear as we went to press, MSF remains committed to providing lifesaving care in the Palestinian Territories for as long as possible. More than 900 MSF Palestinian staff are still working and providing care to patients.

“MSF is working to preserve services for patients in an increasingly constrained environment,” says Christopher Lockyear, MSF Secretary General. “The needs are immense and drastic restrictions have deadly

consequences. Hundreds of thousands of patients need medical and mental health care, and tens of thousands require long-term medical, surgical and psychological follow-up.”

MSF is calling for a massive scale-up of lifesaving assistance and unhindered humanitarian access in Gaza.

“MSF’s programmes are critical lifelines. Medical care and humanitarian assistance on this scale cannot easily be replaced,” says Christopher Lockyear.

“Amid ongoing humanitarian catastrophe, MSF will stay for as long as possible, doing as much as we can. We call on the Israeli authorities to enable humanitarian aid at scale and on the international community to ensure Palestinians in Gaza and the West Bank are not abandoned to their fate.”

[MSF.ORG.UK/GAZA](https://www.msf.org.uk/gaza)

90%

of the 686 patients admitted to MSF’s Tabarre hospital in Haiti in 2025 were treated for gunshot wounds.



Photograph © Marx Stanley Léveillé/MSF

4. HAITI

An X-ray shows a bullet lodged in the chest of twenty-one-year-old Linda, who was shot in church when an armed group opened fire. The MSF surgeons determined it was too risky to remove, so she will have to continue living with it. During the first two weeks of January, MSF’s Tabarre hospital teams in Port-au-Prince admitted more than 100 patients wounded by violence.

5. CHAD

Sudanese refugee children play under a tree in the Iridimi camp, eastern Chad. Most of the refugees in this camp fled the violence in El Fasher in Darfur after it was attacked.



Photograph © Mohammed Ghannam/MSF



ETHIOPIA
PHOTOGRAPHY
PAULA CASADO
AGUIRREGABIRIA/
MSF

WHERE WATER IS SCARCE

We join an MSF team as they deliver healthcare
in one of the hottest regions on earth... >

Fatuma with her six-month-old brother Yassin. The family belong to a nomadic tribe and walked for three hours to receive treatment at the MSF health post in Shekoytia.





Beyond the city of Semera, the road into Afar cuts through dry, open land where water scarcity shapes daily life. A river runs alongside the highway toward the town of Magenta, but its presence is misleading. For many communities in this part of Ethiopia, water is either unsafe, unreliable, or out of reach.

Afar sits at the northern edge of the East African Rift Valley and is one of the hottest inhabited regions in the world. Its arid climate and complex geology limit access to safe drinking water. Some groundwater sources are too saline or contaminated for regular use. The Awash River, relied on by thousands of households, is vulnerable to pollution along its course. For a population of more than two million, many of them nomadic or pastoralist, families depend on seasonal rains, shallow wells, boreholes, and, at times, trucked water.

The consequences are visible in health facilities across the region. Unsafe water and repeated droughts drive diarrhoeal disease, crop failure, and livestock losses, all of which are key contributors to child malnutrition.

▲ Two children fetch water from a temporary pond that fills for a brief period after the rainy season. Photograph © Paula Casado Aguirregabiria/MSF

► Isaa with her daughter Fati. Photograph © Paula Casado Aguirregabiria/MSF

“This year the drought was worse, and we did not get the same crops as in previous years,” says Abahefa, a mother of five. “My baby girl got diarrhoea, so we went to our closest health facility. She was treated and discharged, but after we returned home, her condition did not improve.”

When her daughter fell ill again, Abahefa was advised to travel to the hospital. “Once we arrived, we were referred to MSF’s ward,” she says. “That’s when I learned my child was suffering from malnutrition.”

At Dubti General Hospital, MSF runs a 50-bed Intensive Therapeutic Feeding Centre (ITFC) for children under five with Severe Acute Malnutrition (SAM) and medical complications. In 2025 alone, 1,594 children were treated at the facility.

For some families, the ward is a familiar place. Isaa, the mother of one-year-old Fati, has been admitted before. “The first time we came, my daughter was only seven months old,” she says. “We stayed for five days. This time we have

been here for 10 days, and I can already see how she is getting better.”

Both Isaa and Fati were referred by MSF’s mobile clinic teams, which have expanded operations to reach communities far from the hospital. Since last year, two outreach teams have been visiting eight locations every week, screening children, treating uncomplicated malnutrition, and distributing therapeutic food such as Plumpy’Nut.

“This preventative approach helps reduce repeated hospital admissions,” says Emanuelle Quet, MSF project coordinator in Afar. “If we can identify and treat children earlier, we can stop their condition from becoming life-threatening.”

Distance remains a major barrier. “Families often travel for hours to reach the nearest health post and sometimes days to reach the hospital,” says Quet. “Any disruption such as flooded roads, broken vehicles or lack of transport can mean a child doesn’t get treated in time.”

Ironically, water itself can block access to care. On the road to Magenta, seasonal flooding regularly cuts off communities. Recently, an outreach team took more than six hours to travel just 30 kilometres, pushing vehicles out of deep mud to deliver weekly nutrition supplies.



▲ A 13-month-old child eats therapeutic food at the Magenta health centre. Photograph © Paula Casado Aguirregabiria/MSF

▼ An MSF health promoter talks about malnutrition during a mobile clinic. Photograph © Paula Casado Aguirregabiria/MSF

Days earlier, another team was delayed while referring a critically ill child to the feeding centre, narrowly avoiding a fatal outcome.

Despite the challenges, in 2025 MSF outreach teams treated 1,745 children and approximately 100 pregnant and lactating mothers and referred 272 children with complications for inpatient care.

Afar continues to record some of the poorest health indicators in Ethiopia, including high infant mortality and the country’s highest proportion of underweight children.

“We can treat severe malnutrition,” says Emanuelle Quet, “but the root causes go far beyond healthcare. Safe water, stronger livelihoods, and reliable health services are essential if communities here are to break this cycle.”

By combining hospital-based treatment with weekly outreach in some of the region’s hardest-to-reach areas, MSF is helping to keep children alive. 🌿

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



Thank you. It’s your support that allows us to provide lifesaving medical care in some of the world’s most inhospitable regions.

£439

can pay for lifesaving therapeutic food treatments for 17 severely malnourished children.

£57

can pay for a water testing kit to enable MSF staff to routinely check that water is safe to drink.

We couldn’t do it without you.



EGYPT AND SUDAN
ILLUSTRATION
DORA NALIESNA

'OUR HOME COUNTRY IS WITHOUT HEALTHCARE'

Since the war in Sudan began, more than 1.5 million Sudanese people have crossed into Egypt to escape the conflict, with Aswan in the south a hub for arrivals. In early 2025, MSF began running mobile clinics in the region to provide basic healthcare to the new arrivals and to the Egyptian community who host them. To protect their anonymity, illustrator **Dora Naliesna** sketched the clinic patients as they waited to share their experiences.



▼ Asma, 64, fled Khartoum with two of her children in 2023. She suffers from diabetes and cardiovascular disease and is receiving ongoing treatment at the MSF mobile clinic. "I am very grateful for these free medical services and the quality of care I receive here," she says. "I do not need to worry about my medical bills, with the little money that I have.

▲ Patients wait for medical treatment at an MSF mobile clinic in Aswan, where the teams provide general consultations, treatment for non-communicable diseases and reproductive care, along with providing mental health support.

"The few family members that I still have in Khartoum had to sell many of our belongings there to support us financially. We used to own several shops for our businesses, now things have changed for us all."

"Fleeing war and leaving their homes behind takes a serious toll on people's mental health," says MSF health promotion manager Moses Luhanga. "We see a lot of patients who suffer from anxiety, depression or post-traumatic stress disorder due to what they went through in Sudan."

'All I want is to go back and spend the rest of my life in my home country...'

Khaled





MSF IN ASWAN

13,865

medical consultations

1,470

mental health consultations

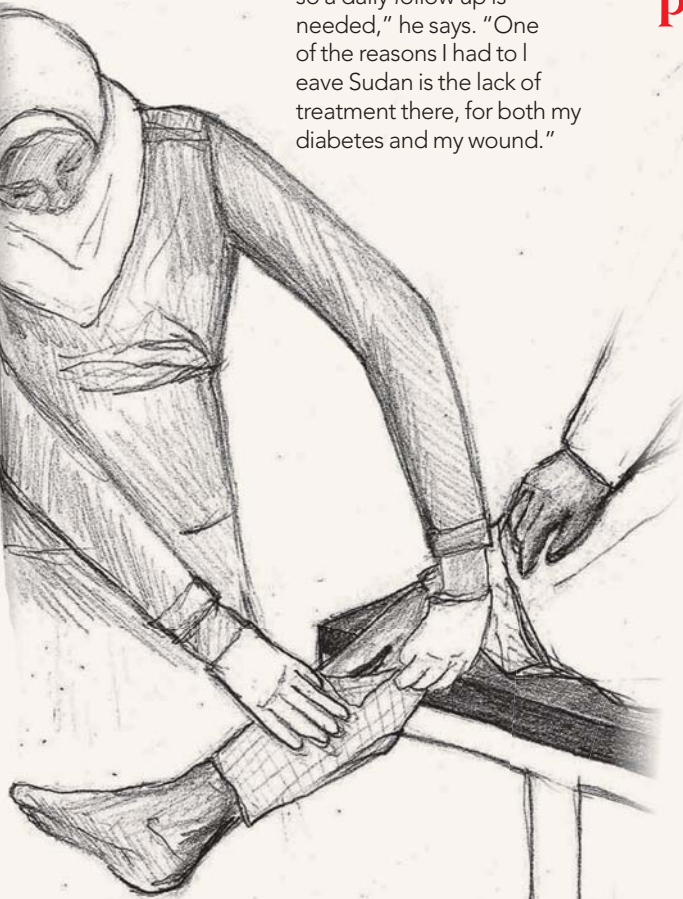
2,440

health promotion sessions

conducted by MSF between January and November 2025.

We couldn't do it without you.

▼ Hasan, 65, receives treatment for a wound he received in his home town of Gezira, east-central Sudan. He is also a diabetic. "I had a surgery in Sudan, and the wound isn't healing properly, so a daily follow up is needed," he says. "One of the reasons I had to leave Sudan is the lack of treatment there, for both my diabetes and my wound."



"The demand for mental health support is huge. The Sudanese people are tired from the war..."

Ala'a, community mobiliser

▼ "Leaving Sudan was a very difficult moment for us, but we had no other choice," says Khaled, 61, with tears in his eyes. "All I want is to go back and spend the rest of my life in my home country. I was a trader in Sudan. I had a very comfortable life, but war is never easy. Our businesses are destroyed, so are our homes and villages."





NIGERIA
PHOTOGRAPHY
COLIN DELFOSSE

FOLLOWING IN HER FOOTSTEPS

Midwife **Janada James** grew up as the daughter of a traditional birth attendant in northern Nigeria. She is part of the MSF team in Maiduguri providing services in a conflict-affected region with some of the highest maternal mortality rates in the world.



Janada James,
MSF midwife

“Janada, where are you?” calls my mother.

“See me mummy!” I reply. I am twelve years old.

“Bring me ash! And detergent!” She has just come home.

I run to get some ash from the wood fire, and the detergent, and she starts scrubbing her hands with them. Ash is a natural alkaline, so it has some disinfectant qualities.

“Mummy, what did you touch?” I ask as she scrubs away.

“I touched blood,” she tells me. “I helped to deliver a baby. And you must always wash your hands when you touch blood.”

“How did the baby come out of the mother?” I ask her.

“It’s not the right time for you to know that,” she tells me. But my curiosity is awoken.

Now, many years later, I’m a midwife working for MSF in Maiduguri, the region where I’m from.

There are so many things I love about my job. One that is most important to me is when we detect a case of pre-eclampsia, a potentially fatal pregnancy complication.

I’ve seen women experiencing severe pre-eclampsia throughout my career, but my connection with it goes back much further, and it’s another part of the reason I became a midwife.

Back in 1994, my mother was pregnant with me. In those days there were no mobile phones, but somehow my grandmother heard that my mother was ill, and came to our village.

My mother had eclampsia.

Eclampsia is associated with very high blood pressure. In a typical case, a woman will start to feel unwell. In pre-eclampsia she often has severe pain in her head and blurred vision, and if that is not detected and managed, she will start to have seizures.



◀ Baby Isha, one day after her birth in the newborn intensive care unit at Nelifa Kejo hospital. Photograph © Colin Delfosse

◀ (Opposite page): The shadow of a nurse bringing a crate of medicine to the neonatal unit of the Nelifa Keji Hospital in Maiduguri. Photograph © Colin Delfosse

For people who don't have access to accurate information about health, the seizures can be very frightening. My mother was unconscious, moving rapidly and uncontrollably. People in the village were saying that she didn't have a medical problem, but a spiritual one. They wanted to call a religious figure to try to get the seizures to stop.

That's when my grandmother arrived. She found her daughter unconscious, and she was ready to battle with anyone who was going to stop them getting to a hospital. She didn't even wait for my father to have a say.

Thanks to her, my mother made it to the hospital in time. She received treatment and I was born safely.

Since then, people would say that I am a lucky child.

"Look at you now," they say. "You are strong, angel. You are a midwife."

But it shouldn't be about luck. I believe that no woman should have to suffer like my mother did. So when it comes to eclampsia and pre-eclampsia, I don't joke.

▼ A woman walks outside the newborn care facility at the Nelifa Keji Hospital. Photograph © Colin Delfosse

In this region of northern Nigeria, many families barely have enough to eat, and most healthcare facilities charge a fee for any kind of treatment. When the choice is between ante-natal care and buying food, most parents will choose to feed their families.

In my role now with MSF, I work at two maternity centres that help pregnant women in emergencies, as well as providing antenatal and post-natal care.

I work in rural areas to help women access contraception. And I build strong relationships with traditional birth attendants – local women who live in the community and are often called to help their neighbours giving birth at home. Traditional birth attendants generally don't have medical training, so we support them to recognise the signs of an emergency and refer women to MSF's services.

My mother was trusted in the community and pregnant women would call for her when they needed help. She would accompany them to the hospital and help them deliver if they couldn't make it in time.

'No woman should have to suffer like my mother did...'





◀ Doctor Amina Egujja holds a newborn at the Nelifa Keji Hospital. Photograph © Colin Delfosse

▼ Alima nurses her baby niece at the Nelifa Keji Hospital. Alima's sister died a day after giving birth. Photograph © Colin Delfosse



When I was leaving school, it was my mother who helped me realise what I wanted to do in my career. At first, I did a joint nursing and midwifery diploma, but I've never used the nursing training. I love midwifery so much – it's been midwifery, midwifery, midwifery for the past eight years now. I'm now doing further studies so I can develop my skills even further.

Pre-eclampsia is just one of the complications that women here face. When I know we've detected it in time, and we get to see the result of that, the baby alive and the mother alive, that is a joy to me. 🌸

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

We can't miss a lifesaving moment.

Your support enables our teams to provide lifesaving medical care to mothers and children in desperate need.

£138

can pay for a delivery kit with instruments for medical staff to assist women with childbirth.

£238

can pay for vaccinations to protect 100 children from five serious diseases, including diphtheria, tetanus, whooping cough and hepatitis B.

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

UKRAINE

PHOTOGRAPHY
ANHELINA SHCHORS/
PAULA CASADO
AGUIREGABIRIA/
MSF

SURVIVING THE COLD



As temperatures drop to minus 20 degrees in Ukraine, millions are forced to live with limited electricity, heating, and running water as Russian forces continue to bomb the country's energy infrastructure. Near the frontline, MSF teams are treating patients with hypothermia, and a nationwide emergency has been declared as power outages continue across the country.

Today we were in a village that had an hour and a half of electricity for the whole day," says MSF doctor Ivan Afanasiev. "Even our medical team who were on the move were cold – imagine how the residents must feel.

"Prolonged exposure to extreme cold has a negative impact on people with chronic diseases. Patients have more difficulty

controlling their blood sugar levels and blood pressure, and people with disabilities who cannot move to warm themselves are more vulnerable to hypothermia."

The majority of MSF's patients in areas close to the frontline in Dnipropetrovsk, Donetsk, and Zaporizhzhia regions are over 50 years old and living with chronic conditions, now exacerbated by continued extreme cold and lack of proper shelter.

MSF staff and patients alike are living and working without basic necessities, some in homes already damaged by strikes.

"It's not just people who are living on the streets," says MSF anaesthetist Roman Horenko. "Due to power and heating outages, people cannot get warm in their own homes. We treated an older woman who had been lying at home for several days, struggling to move after suffering a stroke. Eventually an ambulance brought her to the hospital in Dnipropetrovsk, where we treated her for dehydration and hypothermia."

▲ A tent set up by emergency services in Kyiv, where people can warm up, spend the night, charge their cell phones and get hot food. Photograph © Anhelina Shchors/MSF



'WE COVERED THE BROKEN WINDOWS WITH BOARDS'

Our MSF colleagues in Ukraine are also facing these same hardships. "Drones attacked a nearby power station, and I saw the flames through the kitchen window," says MSF procurement supervisor Kseniia Lipynska in Dnipro.

"The explosions were getting closer, so my parents and I sheltered in the hallway while the force of the strikes shattered our windows. During a pause between explosions, I ran to quickly put on some warm clothes. We covered the broken windows with boards, but it didn't help. Now we block the windows with pillows and blankets. It's so cold inside that ice has formed on the blinds."

The level of destruction meted out to residential buildings is so widespread that reconstruction and rehabilitation can be slow. The additional costs due to inflation make some people question fixing their homes, knowing there is a chance they will be bombed again.



▲ An MSF team treat one of the sixteen severely wounded patients brought to a hospital in Dnipropetrovsk following an attack on a bus. Photograph © MSF

Further from the frontlines, from Vinnytsia to Kyiv, people continue to suffer from the nationwide power cuts, with some of the most extreme drops in temperature and power cuts in the capital.

"The last few weeks of life in Kyiv have been more like survival than living," says MSF communication officer Anhelina Shchors. "Seeing mobile kitchens for those who can no longer make food at home is painfully reminiscent of images of Kyiv we've seen from the Second World War.

"The feeling of constant cold haunts us, with temperatures dropping to minus 20 outside, and no way to warm up at home. It seems that spring will never come."

Despite the hardships, jokes and an ever-present wry humour provide a way for many people to cope with bombings and drone strikes that destroy, kill and maim almost every day. Instead of saying good night to friends and family, many in Ukraine now wish one another a "silent night", in the hope that they will not face bombing before morning. 🌸

Around the world, civilians are deliberately wounded, killed and displaced as a result of conflict. Increasingly, health workers and hospitals are also being deliberately targeted, with doctors and nurses killed and clinics destroyed.

Hospitals are not battlefields and medical staff are not targets. Sign our petition to demand protection for healthcare in conflicts: [MSF.ORG.UK/PETITION](https://www.msf.org.uk/petition)

Thank you.



MSF staff push a vehicle that is stuck in the mud during a mobile clinic in the Afar region of Ethiopia. SEE PAGE 4. Photograph © Paula Casado Aguirregabiria/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 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

Patient names have been changed throughout Dispatches to protect anonymity.

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Cover image: Isaa with her daughter Fati at MSF's inpatient therapeutic feeding centre at Dubti hospital, Ethiopia. Photograph © Paula Casado Aguirregabiria/MSF