

# WITHOUT BORDERS

Issue 31 | January – March 2016

MEDICAL AID WHERE IT IS NEEDED MOST. INDEPENDENT. NEUTRAL. IMPARTIAL.



## THE KOUTIALA PROJECT

**Yemen**

Action and preparation

**Syria**

The exiles

**Erbil**

Refugee life

**2015**

A year in pictures

# HEY PFIZER...



WHY IS YOUR  
LIFE-SAVING  
PNEUMONIA  
VACCINE  
PRICED OUT  
OF REACH  
OF CHILDREN  
IN NEED?

SIGN OUR PETITION AT:  
**AFAIRSHOT.ORG**



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## WELCOME



The new year is a time of resolve, when people consider the changes they'd like to see in their own lives and the world around them. At MSF, we too have resolutions. We will continue to care for those in need, regardless of their beliefs, race or gender, and we will continue to bear witness to the numerous complex and challenging events unfolding on a daily basis around the world.

For many people, 2015 was dominated by the destructive power of earthquakes in Nepal, by the reach of the Syrian war, by the onslaught of violence in Yemen, by the aftermath of conflict in Gaza, or by the vast and unforgiving Mediterranean sea. Over the last year we have seen tragedy on a grand scale, and there has been much to mourn, but 2015 has also given great cause for hope.

Conditions for refugees arriving in Europe are far from sufficient, but no matter what awaits them, over 20,000 people brought to land by MSF search and rescue teams survived their journey. This is something that supporters of MSF the world over can be proud of.

In March, the war in Syria will mark five years. The increasing complexity of this conflict is often reported, but for the population the needs have remained simple: those fleeing violence, both in and outside Syria require food, shelter and medical attention. MSF is supporting medical structures inside Syria, and in addition, MSF is working in the surrounding region to treat the many who have made the difficult journey.

West Africa continues to battle the Ebola virus following a new case in Sierra Leone. But every day brings us closer to victory. At the time of writing, both Guinea and Liberia are free of the virus. The sacrifices in fighting this disease have been enormous, but the difference between 12 months ago and the present is massive and it shows that with action, support and belief there is no such thing as a hopeless case.

Thank you for your belief,

**Mohamed Bali**  
Executive Director  
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**Front cover photograph:**  
A mother carries her child from the paediatric health care centre in Koutiala, southern Mali. © Yann Libessart

**MSF has been in the UAE since 1992 under the patronage of His Excellency Sheikh Nahyan Bin Mubarak Al Nahyan.**

Images: Will Rose, Petterik Wiggers, Leonora Baumann, P.K. Lee, Aurelie Baumel

# MSF: SITUATION UPDATES

Every day our teams around the world are providing emergency medical care to people affected by conflict, epidemics, disasters or lack of access to health care. Our work is funded mainly by donations from the public. This gives us the independence to provide quality medical care to those who need it most, regardless of race, religion or political affiliation. Here we bring you updates from some of our projects around the world.



## DRC

### MEASLES EPIDEMIC

Throughout 2015, a measles epidemic has raged in Katanga province, Democratic Republic of Congo. Between April 2015 and January 2016, MSF vaccinated more than 962,900 children aged between six months and 15 years, and provided care for nearly 30,000 patients suffering from the disease. While the epidemic is thought to be declining in Katanga, MSF has asserted the need for widespread vaccination and raised concern over the potential spread of the disease.

## PAKISTAN

### MAJOR EARTHQUAKE

On 26 October a major earthquake rocked parts of northeastern Afghanistan and northwestern Pakistan. In response to this, MSF almost immediately began a mass-casualty plan in Timergara, in the Lower Dir District of Khyber Pakhtunkhwa Province with all staff following specific protocols for triage and lifesaving care for severely wounded patients. From 3:00 p.m. on Monday afternoon to 8:00 a.m. on Tuesday morning, the MSF medical team running the Emergency Room in Timergara Hospital saw 172 patients, including 55 who were in critical condition.



## THE MEDITERRANEAN

### MSF AND GREENPEACE

On 28 November, MSF and Greenpeace launched joint lifesaving operations in the Aegean sea. Ordinarily an environmental organisation, Greenpeace Greece's programme director Alexandra Messare clarified the decision to work with MSF: "We believe that those with the capacity to help should do whatever they can. We have brought our maritime experience to this collaboration with MSF in the hope of saving lives." Despite cold weather, more than 140,000 people crossed from Turkey to the Greek islands in November alone, according to UNHCR figures. Using three rigid hulled inflatable boats based on the northern coast of Lesbos, MSF and Greenpeace have saved hundreds of people since the joint operation began.



## INDIA

### NEW CLINIC OPENED IN JAHANGIRPURI, NORTH DELHI

On 5 November, MSF opened a sexual and gender based violence clinic in Jahangirpuri, North District, Delhi. The 'Umeed Ki Kiran' clinic will provide medical assistance for those who have suffered sexual assault and domestic violence, including children. The clinic aims to increase access to quality treatment, including mental health treatment. The team will also raise awareness within the communities on the importance of timely medical and psychological care through health education and outreach activities.

## SOUTH SUDAN

### MSF BOLSTERS PRESENCE

After violence escalated in Southern Unity State, South Sudan, an MSF compound in Leer was looted and staff were forced to evacuate. This resulted in many of the most vulnerable being left without medical care, food support or other humanitarian assistance. However, since mid-November MSF has bolstered its presence in the state with new mobile clinics in Leer, Kak, Rupkai and Thonyor. Apart from providing health care for those who have been wounded in the ongoing conflict, MSF is also providing primary health care and treatment for malnutrition for children under five.



## GLOBAL

### A FAIR SHOT

MSF's A Fair Shot campaign is petitioning major pharmaceutical companies to sell essential medicines at an affordable price for people in developing countries. In light of the fact that Pfizer and GlaxoSmithKline have reported more than \$28 billion USD in global sales from pneumonia vaccine alone (a disease which kills more than a million children each year), MSF is requesting this vaccine be lowered to \$5 to ensure children in developing countries have a fighting chance. Over 136,000 people around the world have already signed the public petition for this campaign.



## FRANCE

### IN BETWEEN WARS

In Between Wars – an installation on show in Paris from 15 December to 17 January was initiated after the latest Israeli military offensive on the Gaza Strip ('Operation Protective Edge'). In Between Wars considers how best to represent the ongoing occupation in Palestine between upsurges in violence and with waning media interest. The objective of the installation is to immerse visitors in an environment that reflects day-to-day life in occupied Palestine. This installation seeks to raise questions over the role of NGOs (international, Palestinian and Israeli) in sustaining the occupation of the Palestinian territories.



Images: Malak Shafer



• Two families comprising 23 people living in a small tent in Khamer, Yemen.

because they are too close to military bases or camps, increasing the risk for staff and patients.

Our strategy was to increase the capacity of one of the main hospitals to prepare it in the case of Mass Casualty Events. We achieved this by training the staff on how to manage hospital space to cope with sudden influxes, and how to triage cases based on their severity, and reserve a special stock to be used when they are faced with more than 20 cases at a time.

Another facility in need of support was the central blood bank that was facing serious shortages in blood testing reagents, blood bags and even space, as it was partially destroyed due to its close proximity to a military camp. The strategy was to help the blood bank to import the necessary materials as soon as possible, then to organise a blood campaign to refill the stocks to be ready for more casualties.

Throughout my time in Yemen, I found it amazing to work with teams who could face air strikes in the evening and arrive at work on time for their morning duty. As medical professionals from Yemen, they manage their jobs in parallel with their own families and personal security issues in the midst of a very dangerous conflict. The feeling of solidarity and resilience among them is outstanding. They retain the generosity of their traditions even in moments when they do not have the supplies they need for themselves. Their smiles and even humour in such a difficult situation reveal their coping mechanisms. When I left they were still able to smile, I hope they still can and will always be able to. ■

PREPARATION AND NEED: **YEMEN**

# 25 DAYS IN YEMEN

In late 2015, MSF doctor Sameh Kirolos travelled to Yemen to assess the needs of medical structures and teams. Despite the unabated violence in the country, Yemeni medical professionals working with MSF have continued to provide essential lifesaving treatments and care.



I recently made my first visit to the Republic of Yemen. This visit had two main objectives: to support the medical team who have been working under extremely difficult conditions for the last few months and to get better prepared to support Sana'a's major hospitals as fighting is expected to intensify in the Yemeni capital.

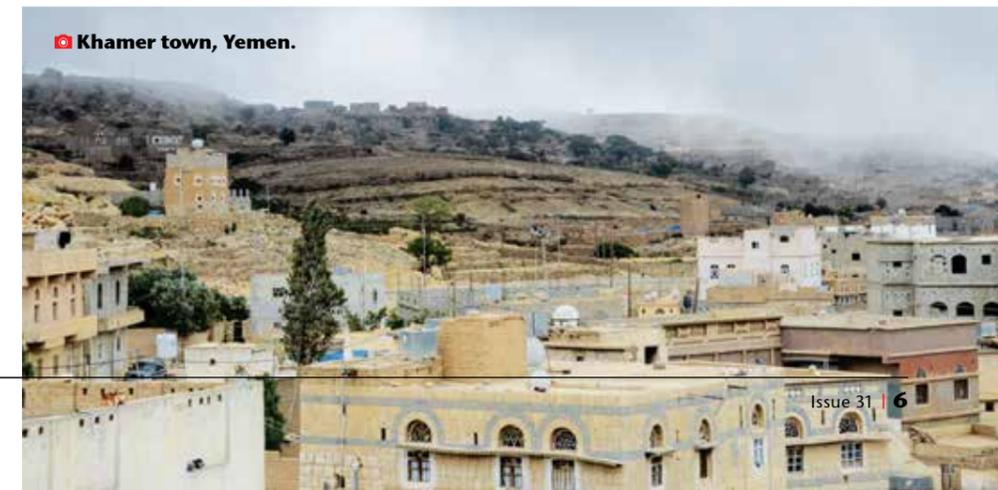
I began my trip to Sana'a from the north, in Khmir (Amran Governorate), where MSF has extended its existing activities in response to the growth of the already large Internally displaced population (IDPs) who sought refuge in the relatively calm Khamer city. MSF's hospital in Amran is working to its full capacity and has been receiving far more casualties than usual over the last few months. The hospital team continues to respond to such events on top of their normal surgical, and emergency duties.

The 90-minute journey to Sana'a offered a moment of calm, without bombing or airstrikes or fighting, an opportunity to see the great natural beauty of Yemen, its mountains touching the clear sky.

In Sana'a, there are many referral hospitals, but resources are limited. Many hospitals suffer

**“I found it amazing to work with teams who could face air strikes in the evening and arrive at work on time.”**

• Khamer town, Yemen.



## PAEDIATRIC CARE: SOUTHERN MALI

## THE KOUTIALA PROJECT

In southern Mali, West Africa, Médecins Sans Frontières and the ministry of health are building a circle of community-level and hospital-based care that is showing the way to effective prevention and treatment of malnutrition, malaria and measles for children under five.



After Fatoumata is diagnosed, her mother waits anxiously for her to be transferred to the hospital and treated.

“Left untreated, or in severe form, malaria is the number one killer for children under-five.”



Malnutrition is endemic in this region – sometimes the cause, and other times the effect of common childhood illnesses. Come rainy season, malaria wreaks its own havoc, so the chances for under-fives to fall sick and sicker, are many.

On a typical day at Molobala health centre, we met three young children and their anxious mothers waiting in the observation unit. For one week an MSF film crew followed them on their individual journeys. Here is the story of Fatoumata, one of the three children.

**FATOUMATA**

Three-year-old Fatoumata started showing signs of malaria at home 10 or so days before coming to the health centre, including fever, vomiting and diarrhoea. Simple malaria is treatable at community-level here in southern Mali, but left untreated, or in severe form, malaria is the number one killer for children under-five.

**DIAGNOSIS AND TRIAGE**

Fatoumata tested positive for malaria, but she had many of the indications of the severe form of this disease. She pants when she breathes, her pulse rate is high, and she is unhealthily pale. Tests also show that her red blood cell count is extremely low. Without a transfusion, the doctor gives her only three hours to live.

Not surprisingly, Fatoumata is immediately classified as an urgent case at hospital admissions. The nurse cross-checks her low red blood cell count via the portable anaemia testing device. While the rest of her emergency assessment completes, a medical team gathers in the ER to prepare for her care on multiple fronts.

**LIFE-SAVING TREATMENT IN EMERGENCY**

In the Emergency Room, Dr Kanoute has to respond to Fatoumata's malaria, the organ dysfunction it's causing – especially in the kidneys and brain – and her loss of red blood cells. Fatoumata, understandably overwhelmed, uses her little energy to fight off attempts to give her oxygen, one element of her supportive care. She's given treatment by IV, and preparations begin for the transfusion.

**AN 'O' MATCH FOR FATOUMATA**

Fatoumata's blood transfusion depends on stock being readily available in the blood bank. There are strict protocols around screening and storing blood. In Koutiala, blood donor drives have had huge success in generating regular donations and Fatoumata's family will be asked to contribute too. Blood transfusion is a rare, life-giving service in rural Mali, but in the Koutiala project it is free.

**ON THE ROAD TO RECOVERY IN TWO DAYS**

Fatoumata still has a fever, but it is amazing how children like her have some of the quickest recoveries in the hospital. She's still on medication to help with her anaemia and her mother has been given advice how to prevent Fatoumata getting malaria again, or at least know when to have it detected and treated before it gets dangerous. ■

To find out more about Fatoumata and children like her, visit: [www.msf.org.au/childhealthmali](http://www.msf.org.au/childhealthmali)

Images: Alessandro Penso, Aurelie Baumel

MSF STAFF IN EXILE: EUROPE

THE TOUGH DECISION TO LEAVE YOUR COUNTRY



• The Idomeni Migration Route in Greece, a path well-worn by refugees seeking Asylum in Europe.

The world has focused on the massive number of refugees fleeing Syria, on the routes they take to Europe and America and on the policies of governments fearing the influx. However, the decision to leave your own country, to feel there is no choice but to leave your loved ones behind, is a burden borne by refugees alone.

**MSF staff from Syria who have fled their homes were interviewed about their experience. Below are explanations from 21-year-old Muhammad and 30-year old Mahmoud on how it feels to have left, now that they have found asylum in Europe. Muhammad began to talk about how it only takes three doctors to cover all the needs in an Aleppo health centre, before trailing off and saying “no-one cares” perhaps echoing the sentiment of the wider world.**

**MUHAMMAD, 21, MSF FINANCIAL ADMINISTRATION ASSISTANT**  
 “I feel... somehow I feel guilty because I left my country. I feel ashamed. Guilty because we

started this and we could not finish anything, it’s still going on there inside Syria. We could not finish this war and we just decided to leave. So I feel guilty for that. And I feel ashamed because a lot of my friends are still there, assisting and helping the people there, while I left the country.

Everyone is concentrating on the ‘refugee crisis’, for me it’s not a crisis, I lived in Syria for the last four or five years of the war and I took the trip, so I know the difference. I don’t think it’s a crisis and I think that the real crisis is inside Syria. We know that they have some difficult situations, but nothing can compare to the situation for people living inside the country.”



• Two three-metre fences, topped with barbed wire separate the refugee encampment known as ‘the jungle’ in Calais, France, from the highway.

**MAHMOUD, 30 YEARS OLD, MSF EMERGENCY DOCTOR, ALEPPO PROVINCE**

“The decision to leave Syria, for me, as a doctor, was very, very difficult because while I was in Syria, despite the difficult situation and the war, I was satisfied; I felt that I was serving my country and my people, because what people in Syria need is not to have to leave. So it was a very, very difficult decision. And even now, when I examine my conscience, I sometimes think that

I was hasty, that I shouldn’t have left, because my family needs me.”

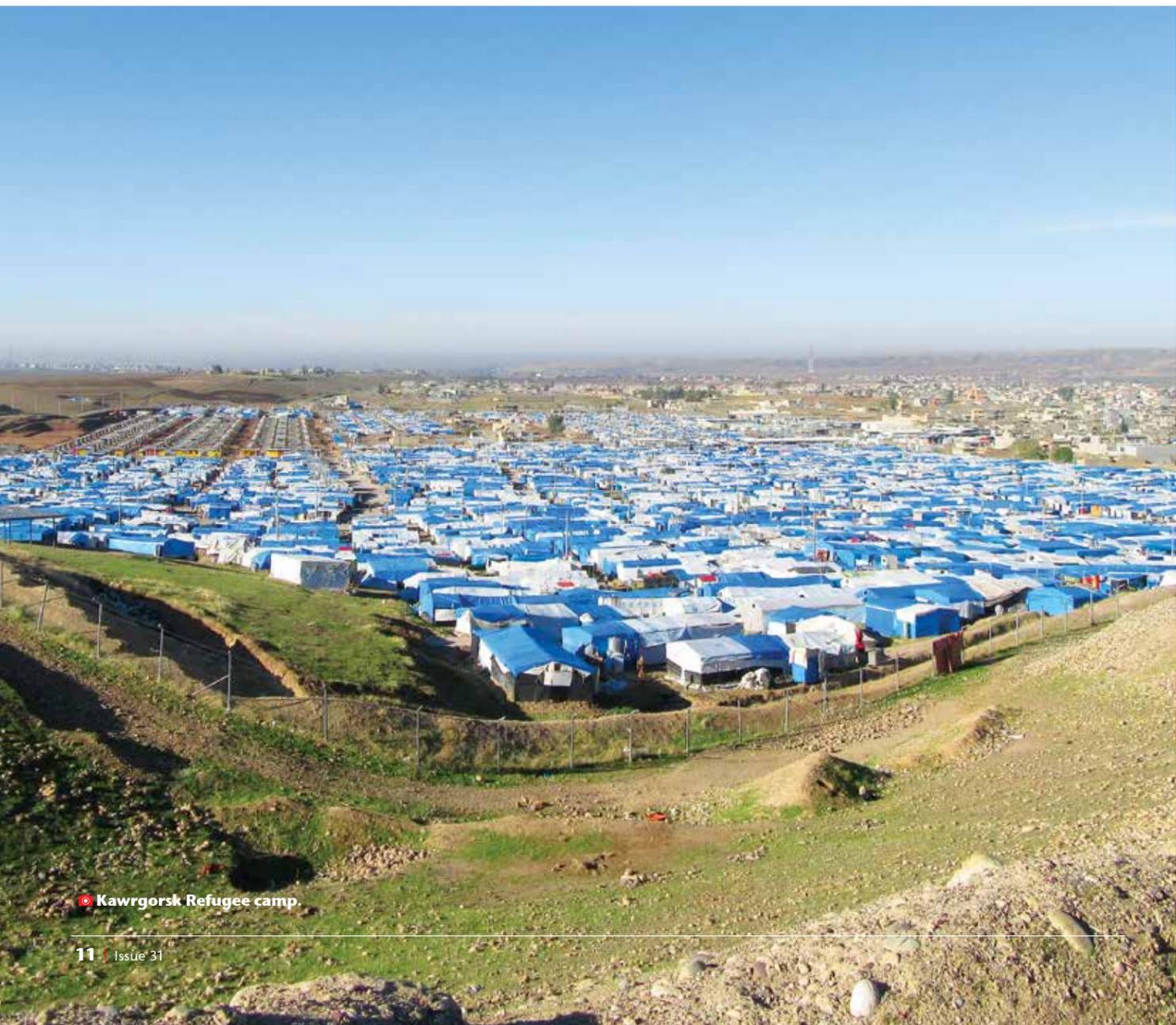
When Aleppo and its surroundings were being shelled, when we were working with the medical teams, the first thing we did was to raise our hands to heaven and proclaim our faith, because we were aware that death could come at any time. We were risking our lives and we knew that they could attack us at any moment. I had many doctor friends who worked with me in or around Aleppo, and who have died. ■

“I felt that I was serving my country and my people, because what people in Syria need is not to have to leave.”

BETWEEN NATIONS: IRAQ

# REFUGEES IN IRAQI KURDISTAN

Before visiting Erbil I had never seen MSF's work in the field, and I had never seen a refugee camp. Witnessing the conditions, speaking to people who live there and those who work with them was an entirely new experience.



• Kawrgorsk Refugee camp.



As the war in Syria approaches five years, the number of people seeking asylum elsewhere is well publicised, but what of the people in limbo, the families

living in refugee camps – they may have escaped the conflict (at least temporarily) but what comes next for them?

I went to see Kawrgorsk refugee camp, established in 2013 for the massive influx of refugees fleeing violence in Syria. Currently the housing structures in the camp are being renovated from temporary into permanent accommodation. Simply put, this means the conversion of insulated tent structures into more robust housing units, constructed from bricks and cement. Given the cold weather this is a practical step, but it doesn't suggest that anyone will be returning home soon.

Kawrgorsk refugee camp sits in a valley, the surrounding hills dotted with grazing sheep from Kawrgorsk town. The green, rolling pastures and farmland belie the presence of the camp.

Walking through the camp of more than 11,000 people, the thing that struck me the most was not the cramped, alien feel I had expected, but the recognition of things familiar. Children walked to and from schools in the camp, smiling, offering greetings. In the schoolyards younger children invented games, while teenagers played football and chatted.

Many of the men from the camp spend their days either working for the surrounding farms or businesses, or looking for work. In some families, the men were absent, having gone to seek asylum in Europe and to find sanctuary for their families.

MSF is currently one of the only organisations offering mental health services in the region's refugee camps. Dr Abdulhalim, an MSF psychiatrist working here, clearly outlined some of the difficulties faced by men used to supporting their families: 'When you take away someone's job, you take away their sense of purpose. Most of the time men going to Europe just want to find work, but their families are more vulnerable without them.'

Speaking to the mental health team it became clear that psychological issues are often stigmatised and often those most in need, are reluctant to come forward. Some 90 per cent of mental health patients across Kawrgorsk, Gawilan and Darashakran refugee camps are women. They are often the ones managing family life, looking after their children and homes and trying to plan for the future in an extremely difficult setting. With families living in tents and units right next to each other, privacy is almost nonexistent and any family argument or discussion can be heard by neighbours.

In Kawrgorsk I met Sulava and her two daughters aged two and four. Her husband



• Sulava and her youngest daughter, in their home at Kawrgorsk.

**“Some 90 per cent of mental health patients across Kawrgorsk, Gawilan and Darashakran refugee camps are women.”**

was looking for work in Erbil city. Originally from Qamashli in Syria, she has been living in Kawrgorsk for two years and took the time to give me an insight into family life here. Like any mother, her primary concern is for her children; her eldest has been sick for more than a year, but she attends kindergarten in the camp. Sulava worries about the bullying her daughter faces on the way to and from kindergarten – other children are often unkind for no apparent reason. Dealing with situations like this, so routine for many parents, is difficult in Kawrgorsk. Discussing the future appears stressful for Sulava, she has little trust in the future, in life and suffers from nightmares about violence she has seen. She wants the best for her daughters, she wants to change their lives, but it's not always easy to imagine.

Many of the MSF staff I spoke to in Erbil are refugees or internally displaced themselves. They understand the need to leave home and begin again. Some have not seen their families in a long time. I was struck by their empathy and understanding for their patients, but most of all by their hope and belief in their work. Dr Abdulhalim told me: I believe that everyone has the ability to achieve and to serve humanity.

Even as conflict in Iraq continues, the war in Syria has spilled over, contributing to Iraq's worst humanitarian crisis in decades. The dynamic in Kurdistan appears stable, but the rising number of refugees and displaced people inside Iraq may put a strain on this stability, particularly given the historic tensions. Regardless of the balance, the current aid is insufficient and in many cases, funding has been cut. As much of the world raises concerns over increased immigration and swelling populations, the eye of the media often fails to capture the ongoing difficulties and deep uncertainty faced by those living in refugee camps. People who were accustomed to working for a living, accustomed to contributing to a community, and to raising families.

MSF is currently working in 11 of Iraq's 19 governorates, across Ninewa, Erbil, Dohuk, Kirkuk, Sulaymaniyah, Diyala, Salah Al Din, and Baghdad, in collaboration with local health authorities. In the first six months of 2015, MSF conducted almost 130,000 medical consultations across Iraq. They work as close as possible to the frontlines of conflict and wherever the need is greatest.

Scott Hamilton, MSF ■

Images: Yann Libessart, Matthias Steinbach, Brian Sokol, Sebastiano Tomada



REFLECTIONS: 2015

# LOOKING BACK

From epidemics, to war and strife, to natural disasters, the past year has been one of immense challenges. For MSF, this meant a year of rapid and sustained action in order to provide medical care where it was needed most, often covering difficult terrain and overcoming obstacles in order to do so. The following images offer a small insight into MSF's 2015.

• An MSF staff member dresses in personal protective equipment as they prepare to enter the high-risk zone in Conakry, Guinea, where the largest and most complex outbreak of Ebola in history raged for some 18 months, along with neighbouring Liberia and Sierra Leone.

Images: Yann Libessart, Matthias Steinbach, Brian Sokol, Sebastiano Tomada

In April and May, Nepal was hit by two catastrophic earthquakes within three weeks of one another. MSF teams mobilised days after the first earthquake and began providing medical services, shelter and food materials, prioritising the most vulnerable in remote mountain communities.



A father holds his wounded child at the MSF supported Ministry of Health hospital in Sa'ada city, Yemen, where the conflict has resulted in mass casualties and damage to infrastructure.



In Malakal, South Sudan, MSF staff take a boat to set up a mobile clinic on the riverbank to reach people without access to health care.

Throughout 2015, an unprecedented number of refugees risked their lives crossing the Mediterranean sea to seek asylum in Europe. MSF rescued more than 20,000 people from the sea during eight months of search and rescue operations.



## INFOGRAPHIC

HOW IT WORKS:  
MOBILE CLINIC

MSF's mobile clinics are used to reach people in need of medical attention who may have difficulty getting to a hospital. Comprised of a small and efficient team, the mobile clinics travel to several locations in a week, often over rough terrain. They utilise the best structures they can find to set up a safe and accessible clinic for the day. The photos below show an MSF mobile clinic team working in Erbil, Iraq.

## التفاهم UNDERSTANDING

If there are international staff working with the team, or if they speak a different dialect or language to the patient, then a translator will assist them. This is important to make sure that the patient is comfortable and able to communicate.

إذا كان الطبيب قادمًا من بلد آخر أو يتحدث بلهجة أو لغة مختلفة عن المريض يقوم عندئذ مترجم بمساعدته، وهذا أمر ضروري لضمان راحة المريض وقدرته على التواصل.



## الإعلام NEWS

MSF mobile clinics work with local communities to raise awareness, so a patient will often hear about them from their community centre or gathering.

تعمل العيادات المتنقلة لمنظمة أطباء بلا حدود مع المجتمعات المحلية لتعزيز الوعي، وبهذا غالباً ما يسمع المريض عن هذه العيادات من خلال مركز التجمع المحلي.

## الفحص CHECK UP

When a patient arrives, they'll be registered and given a patient card for follow-up visits. They will have an assessment with a nurse who will perform various checks. This will facilitate the doctor's work. The nurse will also prioritise patients and carry out extra checks for children under five.

عندما يصل المرضى إلى العيادة المتنقلة لمنظمة أطباء بلا حدود يتم تسجيلهم وإعطائهم بطاقة مريض من أجل زيارات المراجعة. يقوم أحد الممرضين أو الممرضات بتقييم وضع المريض عبر إجراء فحوصات مختلفة كمنسوب سكر الدم، وهو ما يسهل عمل الأطباء. كما يقوم الممرض بفرز المرضى حسب الأولوية وإجراء فحوصات إضافية للأطفال دون سن الخامسة.



تعمل العيادات المتنقلة لمنظمة أطباء بلا حدود على إيصال خدماتها إلى الأشخاص المحتاجين للاهتمام الطبي والذين يعانون من صعوبات في بلوغ المستشفى. وبطاقمها الصغير الفعال، تسافر العيادات المتنقلة إلى أماكن متعددة كل أسبوع، وغالباً ما تكون التضاريس وعرة وقاسية. يقوم الطاقم باستعمال أفضل البنى المتوفرة لإقامة عيادة متنقلة مؤقتة، آمنة ويمكن الوصول إليها. الصور أدناه تظهر فريق إحدى العيادات المتنقلة العاملة في إربيل في العراق.

## رسم توضيحي

## كيف تعمل العيادات المتنقلة؟

## التشخيص DIAGNOSIS

The patient will then have a consultation with a doctor, during this time, the doctor will aim to give a diagnosis and prescription, but also to record the ailment of the patient, so that MSF has a better understanding of the health problems affecting the area.

يخضع المريض بعدها لجلسة استشارية مع الطبيب، يهدف الطبيب خلالها إلى توصيف الحالة ووصف الدواء المناسب، إضافة إلى تسجيل الحالة المرضية الأمر الذي يمكن منظمة أطباء بلا حدود من فهم أفضل للمشاكل الصحية في المنطقة.

## الأدوية MEDICATION

The patient will take their prescription to the medicine dispenser, who will not only give them the medicine, but also instructions on the dosage and timings, ensuring that they understand.

يقوم المريض بإعطاء الوصفة الدوائية إلى الصيدلي الذي يعطيه الدواء الموصوف إضافة إلى التعليمات المتعلقة بالجرعات وأوقات تناولها والتأكد من فهم المريض لذلك.



## ON THE ROAD

No mobile clinic can function without a vehicle and a driver who knows the roads. But the whole team is responsible for the administration and management of the clinic. Every morning they prepare the supplies and head to a specified location for the day.

## على الطريق

لا تستطيع العيادة المتنقلة العمل دون سيارة وسائق يعرف الطريق، ولكن الطاقم كله مسؤول عن تأسيس وإدارة العيادة، حيث يقومون كل صباح بتحضير الإمدادات والتوجه إلى الموقع المحدد.

