

WITHOUT BORDERS

BILA HUDOOD

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Malnutrition crisis in Somalia

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Humanitarian emergency in Somalia

For this issue, there was no question about what our lead story would be: Somalia, where severe drought combined with years of conflict has created a nutritional crisis.

More than 2,000 Somalis are crossing borders into Kenya and Ethiopia every day in search of assistance. In Somalia itself the movement of people desperately seeking food and medical help is also taking on unseen proportions. MSF teams have seen a sharp rise in the number of severely malnourished Somali children, both in Somalia's southern region, and among families arriving at the refugee camps.

But the malnutrition crisis didn't happen suddenly. Somalis have been coping with conflict, drought, poverty and underdevelopment for many years. Added to that, the restrictions on international aid mean that

many people have received little or no help since the latest drought started to take hold last year. At the same time, food prices have soared due to the conflict and food shortages.

All these factors have combined to create this slowly evolving crisis. It's only now that the emergency has fully unfolded, and pictures of starving Somali children are reaching the rest of the world, that the severity of the situation has finally been recognized.

It is likely that we are only at the beginning of this severe situation. Long-term solutions will need to be found, but in the meantime the situation requires urgent and large-scale action. MSF has been urging all parties inside Somalia, neighboring countries, and the international community to significantly improve assistance to Somalis in the region.

What is needed in the camps is to house people in humane conditions, in proper shelters with access to the basic needs of life, including water, sanitation, food, and security. And inside Somalia all hurdles that currently prevent the expansion of independent aid inside the country need to be removed.

MSF is continuing to extend its medical assistance in the refugee camps and trying to scale up its assistance inside Somalia. We anticipate that overall assistance in the camps will improve, but the situation inside Somalia is dire and our teams are expecting emergency conditions for people there for several months to come. While MSF is aware of the limitations and challenges ahead of us, we are planning to provide whatever assistance we can that is within our means.

In this issue of Without Borders, we share with you MSF's experience of what is happening on the ground including first hand accounts from our staff.

If you want to find out more about the situation in Somalia, please visit our website www.msf-me.org where you'll find regular news updates. You can also sign up to our e-newsletter for a monthly round up of news, and follow us on Twitter and Facebook.

Ghada Hatim
Médecins Sans Frontières

What is MSF?

Founded in 1971 by doctors and journalists, Médecins Sans Frontières (MSF) / Doctors Without Borders is an international medical humanitarian organization.

MSF is neutral and impartial, delivering emergency medical care to people caught in crisis regardless of race, religion, or political affiliation.

MSF is independent from any political, economic or religious power. Ninety percent of MSF's overall funding comes from private sources, not governments.

MSF is transparent and accountable. Every year, MSF provides detailed activity and financial reports including audited and certified accounts.

MSF controls the entire chain of its medical services, from the independent assessment of needs to the delivery of medical care, and does not subcontract to other organizations.

In 1999, MSF received the Nobel Peace Prize

In 2002, MSF received the Emirates Health Foundation Prize

In 2004, MSF received the King Hussein Humanitarian Leadership Prize

MSF in numbers



Income

- Private 91%
- Public institutional 7%
- Other 2%



How was the money spent?

- Operations 82%
- Fundraising 13%
- Management, general and administration 5%



Event triggering intervention

- Armed conflict 31%
- Epidemic 42%
- healthcare exclusion 18%
- Natural disaster 8%



Project Locations

- Africa 61%
- Asia 24%
- Americas 14%
- Europe 1%

¹ programmes, HQ programme support cost, awareness raising and other humanitarian activities

² Asia includes the Middle East and the Caucasus

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Front cover photograph: Children in Dadaab, Kenya © Spencer Platt/Getty Images



Somali refugees who have fled drought and violence carry their sick and malnourished children to an MSF feeding centre on the outskirts of a refugee camp in Dadaab, Kenya. © Brendan Bannon

Malnutrition in Somalia

As drought continues to affect millions of people in parts of east Africa, MSF is seeing a dramatic effect on the Somali population. Poor harvests, dying livestock, rising food prices, continuing violence and chronic poverty have all contributed to a sudden rise in malnutrition rates. MSF teams are seeing sharp rises in the number of malnourished children both inside Somalia, and in the overcrowded refugee camps in Kenya and Ethiopia where thousands of Somalis arrive every week in search of relief and assistance.

MSF is currently running nine medical-nutritional programs in south-central Somalia. Our teams have witnessed much higher rates of malnutrition in the various locations where they are providing medical care. In certain locations MSF feeding centres are receiving up to seven times more patients compared to last year.

"Most of our therapeutic feeding programs in Somalia are running over capacity, with more than 3,400 children currently enrolled in our nutritional programs," says Joe Belliveau, MSF operational manager.

"We are running emergency nutritional projects in several locations in the Lower Juba valley region, in Galgaduud, Mudug, Lower Shabelle, and Bay regions. [During] the past weeks we've

seen a sharp rise in cases with some people traveling hundreds of kilometers to get access to health care and treatment for their malnourished children."

"In the town of Marere [in southern Somalia] we noted a sharp increase in cases of severe malnourishment amongst people coming from all over the Juba valley," says Belliveau.

At the same time, camps for displaced people are emerging wherever people feel they have a better chance of getting help. For example, in the village of Jilib, 20 kms north of Marere, around 5,000 people have settled in a camp in the hope of receiving support from the community, the authorities, or MSF.

The situation is equally dire elsewhere in Somalia. In the town of Dinsor, in the southwest, the number of children in MSF's nutritional programs is double that of the same period last year. In mid-June more than 600 children were being treated as outpatients at therapeutic feeding centers and 120 were being treated as inpatients.

In Afgooye, northwest of the capital Mogadishu, MSF is supporting a community hospital where 497 children were admitted for malnutrition in June. At MSF's project in Jowhar, in central Somalia's Middle Shabelle region, 944 malnourished children were being treated.

"In several parts of Somalia, this is the worst situation we've seen in the past decade," Belliveau

said. "Normal coping mechanisms are exhausted and many people have reached their limits."

The ongoing restrictions on the movement of international aid workers and on the supply lines of their organisations have further limited the aid available to people.

"Fighting in Somalia, restrictions on supply flights and international support staff, and administrative hurdles have all contributed to the current hardship faced by the Somali population today," says Unni Karunakara, MSF's International President.

"It is essential that both restrictions and obstacles to humanitarian aid are removed as the situation continues to worsen."

MSF in Somalia

MSF has worked continuously in Somalia since 1991 and currently provides free medical care in eight regions of southern Somalia. Over 1,400 Somali staff, supported by approximately 100 staff in Nairobi, provide free primary health care, malnutrition treatment, support to displaced people, surgery, water and relief supply distributions in nine locations in south and central Somalia.

MSF does not accept any government funding for its projects in Somalia; all its funding comes from private donors.

lead story



A refugee uses twigs and scraps of material to build a shelter for her family. There is no room for most new arrivals in the Dadaab camps, so the thousands of people who arrive every week must fend for themselves in the surrounding desert. © Brendan Bannon

Somalis struggle to find aid and shelter in Kenya and Ethiopia

With limited assistance available in Somalia, the only solution for thousands of Somalis has been to take a long and perilous trek in the hope of reaching refugee camps in Kenya and Ethiopia. Many refugees, especially children, arrive at the camps dangerously malnourished, and some do not survive the journey.

In Kenya's Dadaab refugee complex, the largest camp in the world, around 1,400 Somalis continue to arrive every day. The camps are already badly overcrowded—originally built to house 90,000 people, they now house more than 380,000. Newcomers, most of whom are women and children, arrive on the outskirts of the camps with no money, no food, no water and no shelter. As the camps are now full, most are forced to fend for themselves in the surrounding desert in alarmingly harsh conditions.

People newly arriving at the camps face long delays in being registered, which means delays in receiving direly needed food rations. Many refugees already settled in the camp share their food with new arrivals. The overstretched camp means that MSF medical staff are not only seeing children who arrive suffering from malnutrition,

but also children who become malnourished while they are already at the camp.

In an assessment on the outskirts of one of Dadaab's camp sites, MSF teams found extremely high malnutrition rates among children arriving from Somalia. As many as 37.7 percent of the children between six months and five years old were suffering from acute malnutrition. Of these, 17.5 percent were severely affected, with high risk of death. Children up to the age of 10 were also showing higher rates of malnutrition.

"I expected to find a difficult situation, but not a catastrophic one," said Anita Sackl, coordinator of the assessment. "The majority of new arrivals actually fled [Somalia] because they had nothing to eat—not just because their country has been at war for decades."

In Dadaab camps, MSF is currently treating 2,402 children in its ambulatory (outpatient) therapeutic feeding program and 138 children in its inpatient therapeutic feeding center. An additional 5,047 children with moderate acute malnutrition are enrolled in MSF's supplementary feeding program. There are now around 10,000 people in MSF's feeding program in the camps.

Thousands of Somalis have also been crossing the border into Ethiopia and Djibouti. In southern Ethiopia, around 1,400 refugees cross the border

from Somalia to the camps in Liben District every day. Camps that were designed to accommodate 45,000 people are now hosting 107,000.

MSF screened children under 5 years old upon their arrival in the Liben camps and found that 37 percent were malnourished. MSF teams are treating more than 7,000 children in nutritional programs and providing primary healthcare to refugees in the camps.

In response to the worsening situation, MSF has been scaling up its assistance in the refugee camps in Kenya and Ethiopia. MSF has also been urging all parties inside Somalia, neighboring countries, and the international community to significantly improve assistance to the Somali population in the region.

Learn more online

MSF has worked in Dadaab – the biggest refugee camp complex in the world - for a total of 14 years. If people continue to arrive at the current pace, MSF estimates that the camp's population will reach 500,000 by the end of the year. Read more about conditions facing refugees arriving at the overcrowded camps and see more images from Dadaab at www.msf-me.org

Voice from Somalia: 'The situation is extremely dire'

MSF's Marere Hospital in southern Somalia is the only health facility in the area. Dr Hussein Sheikh Qassim is the medical coordinator at the hospital. On July 15, he was reached on the phone and gave the following report about the situation in the area:

"In Marere, the situation is extremely dire. This is the only hospital in this part of Somalia. There are no any other clinics – not even mobile clinics – anywhere near here. People are coming here from all over the country. Word spreads.

'The malnutrition ward is beyond full...'

Recently the numbers have gone through the roof. Even on our quiet days, we are seeing twice as many people as we did on busy days before the drought. The hospital is absolutely full of patients. Some are sick, others just need something to eat. The malnutrition ward is beyond full of young children, most of them too weak even to eat, so we have to feed them through tubes.

Some of these children had to walk for over 600 km to get here because their parents couldn't afford transport and were too weak to carry them on their backs. There is an ongoing civil war in many parts of the country, with some towns and villages changing hands on a daily basis. These are dangerous areas and it is not safe to travel. But still the people come.

'It's only lunchtime and we've already admitted 151 children today...'

Those who are lucky and are still on their feet are admitted as outpatients – 300 yesterday, 400 last Friday. But lots of children have to go straight to the inpatient feeding centre. It's only lunchtime and we've already admitted 151 children today.

Recently a mother and her husband brought us a two-year-old boy called Yusuf. He was nothing more than bones and skin. He was too weak even to breathe. The family were pastoralists and all their animals had died. They told me the child had diarrhoea and couldn't eat. He was in such a bad way you had to listen to his heartbeat through a stethoscope to tell he was still alive.

His parents had given up on him – they believed he had no chance of survival and they wanted to leave so they could look after their other children.

The father went off to look after the other children while we convinced the mother not to give up.

'His mother's face suddenly lit up...'

We put the child in our intensive care unit where we resuscitated him for two hours, until finally he opened his eyes. Then we fed him specialised milk and food through a tube. After 24 hours he started moving his limbs. It was at that moment that his mother's face suddenly lit up – you could see that she had hope again.

After one week Yusuf didn't need to be fed through a tube any longer. He could drink milk on his own, and he could say "mum", and smile back if you called his name. Within 10 days his weight had more than tripled.

After three weeks in our hospital, Yusuf was playing around with the other children. His father came to collect him and he was beyond happiness – he didn't stop thanking MSF until he'd left the hospital.

As a Somali myself, I can say that if MSF was not here, we would be like a boat that has run out of fuel in the middle of the Indian Ocean. Without MSF's help, thousands would have died."



A severely malnourished child being examined by an MSF medical officer in Kenya's sprawling Dabdaab refugee camps. © Brendan Bannon

around the world

Democratic Republic of Congo

MSF responds to the cholera outbreak

In the Democratic Republic of Congo (DRC), a cholera outbreak that started in March has spread among towns along the Congo River and reached the capital Kinshasa. MSF has opened several Cholera Treatment Centres (CTCs) in response to the epidemic.

In June the Congolese authorities officially declared three new provinces affected by the cholera epidemic. So far the disease has caused more than 250 deaths in a series of locations up and down the Congo River. The epidemic started in Kisangani, and from there spread to two other provinces and reached the outskirts of Kinshasa, where the first cases were identified on June 20.

In Kisangani, the starting point of the epidemic, MSF treated more than 1,000 patients in April and May. In the town of Bolobo MSF has set up a 70-bed cholera treatment centre and treated 639 people between June 13 and June 26, recording 16 deaths.

In Mbandaka, a big town with serious water and sanitation problems and a rising number of cases, MSF has set up a 50-bed cholera treatment centre opposite the public hospital and treated 350 people so far.

In Kinshasa, the capital of the DRC, 92 suspected cholera cases have been registered since June 20.

"The port of Kinshasa on the Congo River sees thousands of people embarking and disembarking every day. If the epidemic takes root in Kinshasa the consequences could be disastrous," says Luis Encinas, Operations Coordinator for MSF. "This is why it is absolutely essential to immediately take major preventative measures: reinforce the epidemiological surveillance; limit the spread of the disease; and treat each and every patient who falls sick from cholera."

The three major factors that have promoted the spread of cholera in other towns along the Congo River are all currently present in Kinshasa: dense urban population; a lack of hygiene and little access to clean water; and the confirmed presence of the disease in several locations. "All the conditions are ripe for an explosion of the epidemic," says Laurence Sailly, MSF's Medical Coordinator in DRC.

On the outskirts of Kinshasa, MSF is building a cholera treatment centre in the crowded suburb of Kingabwa that will be used to treat patients and also to provide a training centre for all medical and non-medical personnel involved in the capital's outbreak response.

In a country where the health system is faltering, this outbreak comes at a time when several other medical emergencies are already causing havoc, in particular a measles epidemic that is raging in several provinces.

Haiti

The cholera epidemic is far from over

In mid-May this year, MSF witnessed a significant increase in the number of cholera cases in the Haitian capital of Port-au-Prince, especially in the densely populated Carrefour neighbourhood. In the second week of June, MSF treated 2,891 cases, more than six times the number in the last week of April.

At the end of June, the surge seemed to have subsided. In the week that ended on June 19, MSF treated 1,470 cholera cases, a nearly 50 percent decline from the previous week. It is far too early to claim that the threat has passed, however.

"The decrease in cases is good news, but we can't get complacent," said MSF Head of Mission Sylvain Groulx. "The cholera epidemic in Haiti is far from over. Health care providers must remain at the ready, and serious improvements are still urgently needed in hygiene, sanitation and drinking water supply. Especially with the coming hurricane season, and the second rainy season, the epidemic could surge again at any time."

MSF epidemiologists and water and sanitation specialists are taking steps to address the sources of cholera and prevent the spread of the disease.

Since the start of the Haitian cholera epidemic in October 2010, cholera has killed more than 5,000 people from among the 330,000 reported cases. MSF has treated more than 140,000 patients all over Haiti.



DRC: During a day of health promotion in Mbandaka, an MSF health worker attracts a crowd in the port area, where many of the cholera cases are coming from. His role is to spread the word about the cholera epidemic - what is cholera, how to avoid catching it, and what to do if anyone has the symptoms of the disease.
© Robin Meldrum/MSF

Japan

Recovery work continues

Months after the massive earthquake and tsunami in the northeast of Japan, a team of MSF Japanese psychologists are continuing to work with survivors as government-led recovery efforts expand across the region.

MSF has also designed, provided materials and managed the construction of a temporary housing shelter for 30 people in Baba-Nakayama, Minami-Sanriku, Miyagi prefecture.

Completed on May 4th, the temporary shelter will reduce the overcrowded conditions at the town's main centre, thereby strengthening infection control and decreasing stress-related mental disorders among evacuees.

During the planning phase, many evacuees expressed a strong desire to be involved in the construction of the centre, which led to the facility being completed by a team of 25 locals well ahead of schedule. Workers at the site were provided with safety gear and supervised by MSF staff.

"There was a very positive atmosphere at the building site, with a lot of laughter and smiles among the workers, many of whom have been living in tents, cars, or half-destroyed houses due to overcrowding at the evacuations centres," says Yozo Kawabe, the MSF logistician in charge of the project.

"They were really happy to play a hands-on role in the construction activities and the whole process was very therapeutic psychologically because these survivors of the disaster could unite towards a common goal and regain a sense of self-reliance."

Medical authorities have requested that MSF continues to provide the three doctors currently supporting local clinics in the area. However, as the local medical infrastructure stabilises, MSF is shifting the focus of its intervention towards providing psychological assistance to particularly vulnerable survivors of the disaster, including elderly evacuees, single parents and those with physical disabilities and chronic diseases.

The team of six national psychologists is also providing assistance at an evacuation facility in Minami Sanriku. An open booth provides information on coping with stress, recognizing mental health issues and where to get further help. It also provides specialized information for parents and evacuees taking care of the elderly.

MSF also established a café at the Bayside Arena Clinic in Minami Sanriku as a space where evacuees can interact with MSF staff directly in a less formal and more social environment. This enables staff to meet the population directly, build trust and identify vulnerable cases for further referral and therapeutic treatment.



Japan: MSF staff oversee construction of a temporary shelter by local evacuees at Baba-Nakayama, Minami-Sanriku. © Yozo Kawabe/MSF

"Most people lost everything in the disaster, including family, colleagues and friends, and the future is difficult to imagine," says Ha Young Lee – a Korean psychologist who worked with MSF in the aftermath of the Asian tsunami in Banda Aceh in 2005, as well as with North Korean refugees in Seoul.

"Many of the evacuees are depressed and feel helpless and many are also going through a mourning process while coping with living in particularly challenging physical circumstances."

"The need for psychological services is only going to increase in the months ahead as survivors begin to face the challenges of rebuilding their lives. They are already vulnerable and deeply emotionally traumatized, and stressful issues related to compensation and relocation are likely to trigger more serious mental health problems that need to be addressed," Ha Young added.

Pakistan

MSF opens a 'women's hospital' in Peshawar

In Peshawar, in Pakistan's tribal areas, MSF opened a private hospital entirely dedicated to women. The MSF team, comprised of 70 people, is all female. It provides free obstetric and gynaecological care, in a country with one of the highest rates of maternal and infant mortality in Central Asia.

Women and children are the first victims of shortages of health care staff and the general lack of medical care in the country. However,

Dr. Misa Sugawara, director of MSF's hospital says that "many lives could be saved if the risks of complications were detected in time and if emergencies were treated quickly." But in Khyber Pakhtunkhwa province, as in the Federally-Administered Tribal Areas, women who are refugees, displaced or poor have very little access to high-quality obstetrical and gynecological care.

After evaluating the needs in Peshawar and neighboring rural areas, MSF decided to build the 30-bed reference hospital, furnished with a labor and delivery room and an operating room, dedicated to vulnerable women in the valley.

On May 18, MSF staff started providing free, emergency obstetrical and gynecological care (surgery, labor and delivery, consultations and hospitalization) around the clock. The goal is to reduce the risk of maternal mortality and morbidity by improving the screening, prevention and treatment of disease during pregnancy and/or labor and delivery.

MSF will also support health agencies in Peshawar district, providing family planning and pre- and post-natal care there. This local presence will enable MSF to identify high-risk pregnancies, obstetrical emergencies and women with serious gynecological problems and to arrange for their transfer to MSF's "women's hospital".

Lastly, to ensure improved access to care, a medical referral network has been set up among the area's health centres, rural communities and displaced persons' camps. This network will gradually expand to other poor communities around Peshawar and to neighboring tribal areas.

issue of concern



Malaria is detected in an 8-year-old girl in Pakistan. © Seb Geo

A better way to treat malaria

Malaria kills nearly one million people each year – the vast majority are children younger than 5 years old. Yet malaria is a treatable and preventable disease, and new evidence shows that switching to a more effective drug – artesunate – to treat severe malaria would save nearly 200,000 lives each year. But the drug is still not being used in many places in Africa.

Artesunate has been proven in clinical trials to be a major improvement on quinine, the drug routinely used to treat malaria. Not only is it more effective but the new medication is also far simpler and safer to administer than quinine in the often remote places where malaria takes its greatest toll.

In April this year, the World Health Organisation (WHO) revised its guidelines calling for artesunate to be the treatment of choice for children with severe malaria. MSF now wants international donors to provide clear support so that ministries of health in African countries can change the drugs they use.

Severe malaria is a very serious medical condition that can quickly prove fatal, especially in children. In Africa malaria is the leading cause of death among children.

"Malaria is the most common disease we see in children – they have high fever, convulsions, vomiting and are at risk of falling into coma," explains Veronique de Clerk, currently working for MSF in Uganda.

Quinine treatment is painful and complex to administer – too much and the patient's blood pressure drops, too

little and the disease is not affected. Quinine has to be given three times a day in a slow intravenous drip that takes four hours, a treatment that is burdensome for both patients and health staff.

Artesunate, by comparison, can be administered by injection in just three or four minutes, is safe for malnourished children and pregnant women, and has far fewer side effects.

Countries in Southeastern Asia have already switched to artesunate for the treatment of severe malaria – now is the time for African governments to follow the recently revised WHO advice and switch too.

The initially increased cost of treatment – artesunate is slightly more expensive than quinine on a unit basis – is quickly recouped by shorter stays in hospital.

"For decades, quinine has been used in severe malaria, but it can be both difficult to use and dangerous, so it's time to bid it farewell. With artesunate, we now have a drug that saves more lives from severe malaria, and is safer, easier and more effective than quinine," says de Clerk.

The evidence is overwhelming, but change will not happen on its own. MSF's new report, *Making the Switch*, calls on African governments to follow the new WHO guidelines, and switch from quinine to artesunate. MSF also calls on WHO and donors to support governments so this urgent treatment change can happen quickly.

Download the full MSF report, Making the Switch, at www.msf-me.org. You can also listen to an MSF Frontline Report podcast with first hand accounts of the difference between treatment with quinine and artesunate at www.msfaccess.org

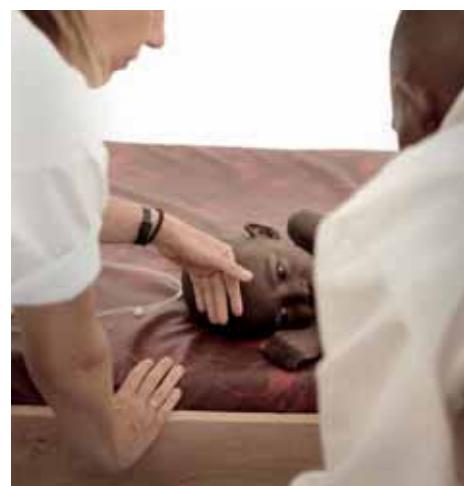
Malaria: quick facts

Half of the world's population is at risk of malaria. The disease kills close to one million people every year.

Malaria is the leading cause of death among children in Africa - with over 600,000 children under the age of five dying of the disease every year.

The disease is present in more than 100 countries and in nearly every tropical area where MSF has projects.

MSF provided malaria treatment to around one million people in 2010.



A child being evaluated for malaria by MSF doctors in Burundi. © Martina Bacigalupo

Libya: 'As the war goes on, people's needs are growing'



Meinie Nicolai,
nurse and
president of
MSF in Belgium.
© Henrik Glette

Meinie Nicolai recently returned from Misrata, Libya, where she was on a medical assignment.

How would you describe the medical situation in Libya?

In Misrata, where I was working, health facilities have either been destroyed or are very difficult to access due to the fighting. There is a lack of inpatient capacity in all areas of care. While you have a lot of very dedicated doctors, ranging from specialists to junior doctors, or medical students, there are not enough nurses, midwives, or other hospital staff. Libya was very dependent on foreigners for this type of work and most of them left the country when the war started.

What kind of activities has MSF put in place in Misrata?

We started working in Misrata at the end of April, helping to fill the gaps in medical care. When it comes to surgical care, Libyan doctors are doing an incredible job and are taking charge of most trauma cases. But when there is a significant influx of wounded, they don't have the capacity to treat all wounded patients. So they refer some to MSF-supported structures for surgery.

MSF is also involved in obstetric and neonatal care. The main hospital carrying out obstetrics for Misrata is quite close to the frontline and therefore very difficult to get to. As a result, deliveries were being carried out in places with too little bed capacity and insufficient medical personnel, and staff were having to discharge women and their babies too early.

MSF started working in the hospitals of Ras Tubah and Al Noor, carrying out a lot of logistical work to increase bed capacity for maternal care and improve nursing care. We have also rehabilitated some operating theaters and

emergency departments, and provided training and supervision to Libyan staff.

Occasionally, MSF medical staff work shifts to assist local personnel. All kinds of people who have never worked in a hospital before are working in medical facilities and caring for others—trying to re-open medical structures or to help with nursing care. A dentist has been working in an emergency department, while an accountant has been sweeping floors.

But how long can they hold on? They are constantly working, and they sometimes fall asleep the moment there are no emergency cases.

Is MSF planning to expand its activities?

We continue to try to access and send supplies to Tripoli and to the west of Libya, on the other side of the frontline. However, we still haven't been able to access these areas. We are considering expanding our activities; as the war goes on, needs are growing.

For us it is very important to care for all victims of this conflict, on both sides of the frontline, and working together with Libyan medical staff. In Misrata, we have supported medical staff in caring for all wounded: civilians, government soldiers, and rebels. It is very important that any person who is sick or wounded receives medical care.

How is the civilian population coping?

You see an amazing solidarity. People from all sectors of society are getting involved in helping each other. But four months into the war, and not knowing exactly where it will go or how it will end, you are starting to see a certain fatigue among the population. Salaries have not been paid for four months, there is no income, schools are closed. They are living under the pressures of war. A lot of men go to the front line, and women and children stay behind and don't know what their future will be.

Therefore, MSF's activities also focus on mental healthcare. At first, MSF psychologists supported medical staff who had been working round the clock for weeks in a war zone. Then, a network of 20 to 25 student psychologists was created by a professor and dispatched to the city's hospitals to provide psychological support to medical staff, as well as to wounded patients and pregnant women. Our psychologists are now supervising, training, and guiding this network.

People here don't cry easily or show their emotions much. But when there has been a day of heavy fighting, you can see that our counterparts, the local medical staff, are very down. You see that it hits morale very hard. But they have no other way than carrying on.



A surgical operation at MSF-supported Abbad Hospital in Misrata, Libya. © MSF

MSF in numbers

Year in review

In this section we look back at 2010 to give an overview of how MSF brought medical assistance to people affected by natural disaster, armed conflict and epidemics over the year. In 2010 MSF had 27,650 staff members working on 427 projects in 60 countries. Our teams carried out some 7.3 million outpatient consultations and over 58,000 surgical interventions.

A year of natural disasters

After the earthquake hit Haiti on 12 January, MSF launched the largest emergency effort in the organisation's history, mobilising some 8,000 staff to provide care for more than 358,000 patients. In October, a cholera epidemic broke out, which soon became overwhelming. By the end of the year MSF teams had treated 91,000 patients for the disease.

In Pakistan, devastating floods affected an estimated 14 million people. MSF distributed water and other relief supplies, treated children for malnutrition and offered medical care. We also assisted people displaced by flooding in Chad, Nigeria and Somalia. We brought relief supplies to earthquake victims in Chile and to people affected by tropical storm Agatha in Guatemala.

Securing care during conflict

MSF teams continued to bring care to victims of conflict. Despite insecurity, MSF has been able to assure the continuity of health services to people caught up in and displaced by fighting in the vast majority of its projects.

In Pakistan, staff offered emergency medical services where violent conflict had forced hospitals to close. In Afghanistan, medical teams provided independent healthcare in a setting where, to quote Michiel Hofman, MSF's Afghanistan country

representative, "seeking help amounts to choosing sides in the war".

Teams also worked in conflict zones in Chad, the Central African Republic, the Democratic Republic of the Congo (DRC), Somalia, Sudan, Colombia and Kyrgyzstan. In many places our staff travelled long distances by boat, plane, bicycle, or even on foot to assist people living in remote areas with no access to healthcare.

MSF psychologists offered mental healthcare to people who had experienced trauma through war, violence, displacement, detention or natural disaster. Teams carried out more than 163,000 individual mental health consultations and nearly 25,000 group consultations.

Outbreaks new and old

Serious measles epidemics broke out in Chad, DRC, Nigeria, South Africa, Swaziland, Yemen and Zimbabwe in 2010, with Malawi suffering its biggest epidemic in 13 years. In total, MSF immunised some 4.5 million people against the disease.

Around the globe, MSF treated more than 174,000 people for cholera. Papua New Guinea experienced its first cholera outbreak in 50 years. MSF staff cared for thousands of patients, and trained 1,000 local health workers how best to respond to the epidemic.

Despite efforts to eradicate polio, there were outbreaks in DRC and the Republic of the Congo. Our staff supported vaccination programmes and cared for patients. 2010 saw the roll-out of a new vaccine for meningitis, which gives greater protection against the disease, and unlike previous vaccines, lasts ten years. MSF took part in large-scale immunisation campaigns in Niger and Mali.

Worldwide, MSF brought aid to over 301,000 children suffering from severe malnutrition in 2010.



Staff help a patient outside the post-operative care clinic at Nasser hospital, Gaza. © Isabelle Merny

For the first time, the government of Niger and aid organisations implemented a preventive approach to the malnutrition crisis, in addition to treatment programmes. MSF has long advocated such an approach.

We treated over 1,622,000 patients for malaria, and continued to bring medical care to those suffering from neglected diseases such as kala azar (visceral leishmaniasis), sleeping sickness (human African trypanosomiasis) and Chagas disease.

Tuberculosis (TB) remains a global pandemic, which disproportionately affects developing countries. It is a major cause of death for persons with HIV. In 2010, MSF oversaw the treatment regimens of some 31,000 patients for TB and drug-resistant tuberculosis.

At the end of 2010, MSF was caring for over 210,000 people with HIV and more than 183,000 patients were receiving antiretroviral treatment.



A mother takes home a supply of ready-to-use food in Madarounfa, Niger. © Yann Libessart



A surgical team carries out a lifesaving procedure on a young girl in a makeshift operating theatre in Port-au-Prince, Haiti. © Frederic Sautreau

2010 facts and figures

Largest interventions based on project expenditure

1. Haiti
2. Democratic Republic of Congo
3. Sudan
4. Niger
5. Pakistan
6. Somalia
7. Chad
8. Zimbabwe
9. Nigeria
10. Central African Republic

These 10 countries total a budget of 334 million euros, or 60 per cent of MSF's operational budget.

Staff numbers

Largest country programmes based on the number of MSF staff in the field. Staff numbers measured in full-time equivalent units.

Countries	Number of staff
1. Haiti	2,918
2. Democratic Republic of Congo	2,766
3. Sudan	2,226
4. Niger	1,599
5. Somalia	1,461

Patients treated

Largest country programmes according to the number of outpatient consultations held.

Countries	Number of outpatient consultations
1. Democratic Republic of Congo	1,225,175
2. Central African Republic	564,457
3. Somalia	460,347
4. Niger	468,477
5. Haiti	468,156

See more 'MSF in numbers' on the inside front cover.

ACTIVITY	DEFINITION	TOTAL
Outpatient	Total number of outpatient consultations	7,334,066
Inpatient	Total number of admitted patients	362,266
Malaria	Total number of confirmed cases treated	983,425
Therapeutic feeding centres	Number of severely malnourished children admitted to inpatient or ambulatory therapeutic feeding centres	301,297
Supplementary feeding centres	Number of moderately malnourished children admitted to supplementary feeding centres	69,258
HIV	Total number of HIV patients registered under care at end 2010	210,450
Deliveries	Total number of women who delivered babies, including caesarean sections	151,197
Surgical interventions	Total number of major surgical interventions including obstetric surgery, under general or spinal anaesthesia	58,326
Violent trauma	Total number of medical and surgical interventions in response to direct violence	39,993
Tuberculosis (first-line)	Total number of new admissions to tuberculosis first-line treatment in 2010	30,090
Tuberculosis (second-line)	Total number of new admissions to tuberculosis treatment in 2010, second-line drugs	1,159
Mental health (individual)	Total number of individual mental health consultations	163,799
Mental health (group)	Total number of counselling or group support mental health sessions	24,794
Cholera	Total number of people admitted to cholera treatment centres or treated with oral rehydration solution	174,220
Measles vaccinations	Total number of people vaccinated for measles in response to an outbreak	4,542,353
Meningitis vaccinations	Total number of people vaccinated for meningitis in response to an outbreak	1,339,873

These highlights are a selection and not a complete overview of all MSF activities.

On the web

South Sudan Slideshow: State of Emergency

South Sudan was officially recognized as an independent nation on July 9, 2011. But hundreds of thousands of newly displaced people in the world's newest country need emergency assistance.

In May violence between northern Sudan and South Sudan forces in the contested border region of Abyei pushed some 100,000 people from their homes. Many saw family members killed during heavy bombardments and military ambushes. Some people, terrified of the violence, traveled as far as 10 days from home seeking safety.

Throughout June, 6,300 people made their way to the villages of Mayen Pajok and Juong Pajok in the Akon North area of Warrap State in South Sudan.

South Sudan is a chronically food insecure area where less than 25% of people have access to even basic healthcare. The annual hunger gap has started and the hundreds of thousands of people displaced by violence, plus an additional 300,000 'returnees', all place a serious burden on critically limited resources, such as food, water and shelter.

"Those already living in the villages welcomed the displaced people and helped them out as best they could," said Carole Coeur, an MSF Emergency Coordinator in South Sudan.



People fleeing the violence in Abyei were forced to drink rain or swamp water because of the lack of clean water. © Gaël Turine / VU

"However, there's just not enough food, shelter, or clean water for the host communities and all those fleeing violence. It's forty degrees heat in the day, malaria is endemic and the rainy season is beginning. They may have escaped bombs, but it's still an emergency for these people."

In mid-June an MSF emergency team set up a new project to assist these people. MSF has conducted a mass measles vaccination, distributed emergency food and essential household items, provided basic healthcare and a feeding programme for malnourished children.

See the South Sudan slideshow at www.msf-me.org

in print

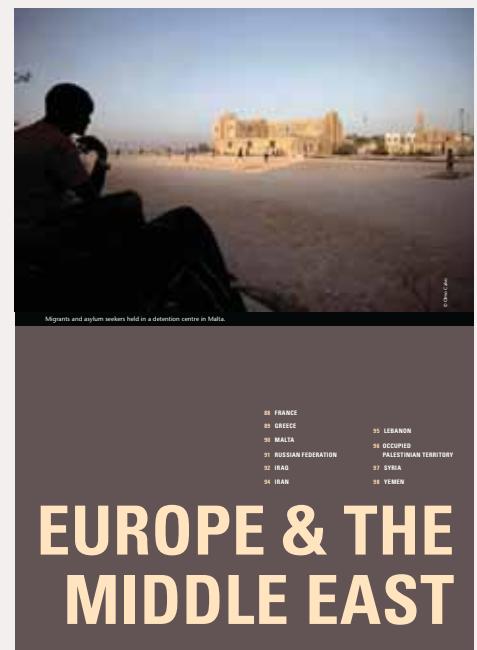
MSF Activity Report 2010

Every year MSF publishes an International Activity Report that summarises MSF's work around the world in the preceding year. The MSF Activity Report 2010 is now available in print and online.

As well as an overview of MSF's activities worldwide, the report includes a summary of activities in every country where MSF has been giving medical assistance. There is also a facts and figures section giving details of MSF's income in 2010, and where and how it was spent.

This year's report also features several articles on themes of special interest, as well as a photo piece on Haiti where, in 2010, MSF launched the largest emergency effort in the organisation's history.

The MSF Activity Report 2010 can be downloaded at www.msf-me.org.



Starved for Attention

195 million stories of malnutrition.



We need your help to rewrite the story of childhood malnutrition

To take action, please go to <http://msf-me.org/starved-en> ➤

An estimated 195 million children worldwide suffer from the effects of malnutrition, with 90 percent living in sub-Saharan Africa and South Asia.

In fact, malnutrition contributes to at least one-third of the eight million annual deaths of children under five years of age. Many families simply cannot afford to provide nutritious food—particularly animal source foods such as milk, meat, and eggs—that their young children need to grow and thrive.

Instead, they struggle to survive on a diet of little more than cereal porridges of maize or rice, amounting to the equivalent of bread and water.

Right now, the international humanitarian food aid system provides nutritionally inadequate foods to malnourished children under two years of age—the population most vulnerable to this treatable and preventable condition.

This situation must stop now...

As part of efforts to stop childhood malnutrition, MSF set-up an online petition to garner support for demands that governments supplying humanitarian food aid ensure that the food meets the nutritional needs of infants and young children.

We need your help to rewrite the story of childhood malnutrition

*for more information please go to this web address: <http://msf-me.org/starved-en>



Médecins Sans Frontières (MSF)/Doctors Without Borders is an independent international medical humanitarian organization that delivers emergency aid to people affected by armed conflict, epidemics, natural and man-made disasters, or exclusion from health care in nearly 70 countries.



photo gallery

Tunisia: Refugees from Libya still seeking a safe place to go

Since war broke out in Libya, over one million people - mainly non-Libyans - have fled the country, the majority towards Egypt and Tunisia.

Hundreds of thousands of refugees have passed through Shousha camp on the Tunisian-Libyan border, but some 4,000 people—mainly sub-Saharan Africans—cannot return to their countries of origin due to the situation there.

These neglected victims of the conflict in Libya now find themselves stranded in the camp with deteriorating living conditions and uncertain futures.

Since early March, MSF has been running a mental health programme for people who have fled the conflict in Libya, providing more than 9,000 mental health consultations.

Staff have heard numerous stories from patients of their migration journeys in search of a better life. Most have fled violence or repression in their own country and many experienced detention in Libya. They are now stranded in Shousha, with no future in sight.

Living conditions in the camp are inadequate for a long-term stay and safety has become a growing concern. Many prefer to go back to Libya or risk their lives crossing the Mediterranean Sea to try to reach Europe rather than stay in the camp.

Those who do reach Europe, face unacceptable reception conditions and further uncertainty regarding their future.

MSF has made repeated calls to those states involved in the war in Libya to better receive, assist and protect its victims. We have also drawn attention to the fact that while Tunisia and Egypt have accepted nearly 630,000 people fleeing Libya, European states involved in the war have turned back people who are risking their lives to reach Europe.



Sudanese families arriving at Shousha Camp at the Tunisian border with Libya.
© Mattia Insolera



أمرأة صومالية تغسل الملابس في مخيم شوشة. © ماتيا إنسوليرا
A Somali woman washing clothes at the camp. © Mattia Insolera



جوزيف أكا يقود بذكاء الوعي حول مشروع الصحة النفسية. © ماتيا إنسوليرا
Joseph Akah promoting MSF's mental health programme. © Mattia Insolera