



Philanthropy IN ACTION

“MSF is people,
it is a chain of men
and women. People
who help us
implement our social
mission in the field
and also people who
work on the front
line with our patients.
If part of this human
chain is broken,
if a link is missing,
our medical action
cannot take place”



Dr Christos Christou,
International President of MSF

EDITORIAL

Dear Sir or Madam,

If you are holding this brochure in your hands, it is because you are one of the major supporters of Médecins Sans Frontières Luxembourg, and first of all, I would like to thank you. As you probably know, 96% of our resources come from private donations. This solidarity guarantees our freedom of action.

Since its creation, MSF's actions have been guided by a single imperative: the needs of our patients, wherever they may be in the world. Beyond emergencies, which are often unpredictable, our teams are at work every day in less publicized contexts, but which require humanitarian assistance that we are sometimes alone in providing.

This is the purpose of this new format, of which this is the first issue: to present to you a few priority projects, which do not always benefit from the resonance of the media. By revealing them to you, we hope to make aware of the reality of our actions, the situations we are confronted with, and the responses we bring to them, strengthened by our fifty years of experience.

We bring to your attention these essential, even vital, missions quarterly thousands of people for which we are fully mobilized. We instead work in the shadows, off the radar of the news, for the sole purpose of being useful to our fellow man and bringing together other philanthropists whose etymology is literally to be «friends of humans».

I hope that you will share this feeling with us, this friendship that binds us together, and that you will take to heart the work that we do every day to make this humanism grow.

Thanks you sincerely for your comitment with MSF.

Sincerely



Dr Guy Berchem, *MSF Luxembourg President*

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Democratic Republic of Congo (DRC) Kasai Kananga



Thousands of survivors of sexual violence are in serious need of care in DRC

Budget 2022:
€1,649,130

Year after year, our teams are first-hand witnesses of the scale and impact of gender-based violence, including sexual violence, in the DRC. Although these are colossal figures, they are only the tip of the iceberg: in 2020, **nearly 11,000 survivors of sexual violence were assisted by MSF teams** in 6 of the 26 provinces of the DRC, approximately 30 per day. In Kananga, the capital city of the Kasai-Central Province, 3,278 victims received treatment for sexual violence in an MSF-supported facility, of which 641 were children.

Given the magnitude of the problem and its consequences, **MSF has been running a project in Kananga since 2019 in order to provide holistic care to survivors¹** of sexual violence care. The MSF clinic hosted by the Kananga Public Hospital provides medical and psychological care to the survivors, as well as family planning consultations and termination of pregnancy. Despite an international and national outcry against sexual violence in DRC, and despite efforts of the 86 MSF staff members working on the project to support survivors, their needs are far from being met.

Sexual violence: a daily horror for thousands

While movements of armed actors and fighting clearly increase the risk and number of sexual assaults, such violence persists outside the context of weapon bearers, including family and partner violence. Sexual violence is a medical emergency that requires immediate medical and psychological care to limit the consequences for survivors.

In addition to the immediate physical and psychological impacts, the people treated by MSF emphasise that this violence has **long-term consequences** – sometimes for a lifetime – due in particular to the social stigmatisation, exclusion and loss of livelihood experienced by many survivors. Unfortunately, emergency and long-term care for survivors of sexual violence remains largely unavailable in DRC. MSF believes that emergency and long-term support programmes must be put in place as soon as possible, with significant and continuous funding, to accompany survivors until they have made a full medical, psychological and socioeconomic recovery.



A comprehensive addressing the needs of survivors

In 2020, while an average of 270 survivors were receiving care in the MSF clinic in Kananga, MSF teams progressively launched the decentralization of sexual violence survivor's care in four decentralized health centres of Kananga and Bobozo health zones, covering a target population of more than 346,000 people.

In 2021, **access to sexual violence care remained the core of MSF intervention for host and displaced population in Kasai central province**. More specifically, MSF focused on the decentralization of the medical care and continued to be active in Bobozo and Kananga health zones and increased its presence in a third health zone (Tshikaji health zone, with a target population of 121,000 people) as many survivors came to the MSF clinic.

Last year, MSF supported five health centres. MSF's strong focus in 2021 was the decentralization of the offer, with a package of sexual care, family planning consultations and termination of pregnancy available in five supported health centres. On the health promotion side, MSF continued to strengthen our presence at community level and active implication of the local population.

Besides, MSF provided along with mental health care at clinic level and trained the staff to start mental health support in the supported health centres.

The goal for 2022 is to involve other actors for possible hand-over at provincial and national levels, but also to decrease gender-based violence and ensure safe access to termination of pregnancy and family planning consultations for women.

1. The term 'victim' emphasises that a criminal act and a human rights violation have taken place. It is used in official documents such as medical certificates following the sexual assault. The term 'survivor', on the other hand, emphasises the person's capacity for action and resilience to cope and recover.

2 Lebanon Shatila

The arrival of COVID-19 and a massive explosion in Beirut dealt further blows to Lebanon's health system, already fragile following a year of economic, political and social unrest.



2022 Budget:
€1,649,130

A country in the grip of multiple crises

For the last two years, the country has been going through an **unprecedented politico-economic crisis**, leading to popular uprising, a deep political crisis and a complete collapse of the economy and the public services of the country. People no longer have access to their money. The tensions between communities are rising and violence is increasing.

Lebanon remains the country with the **highest number of refugees per capita in the world**, mostly Palestinian and Syrian.

The target population is the refugee populations living in Shatila, Sabra and Burj Al Barajneh camps, in the south suburbs of Beirut. The project is intended primarily for Syrian refugees but is open to Palestinians who have fled from Syria and other residents of the camp (Palestinians, migrant workers etc.) and vulnerable Lebanese population. While the Lebanese medical sector is highly privatised, **most of the population cannot afford to pay for these services.**

The poverty rate has doubled from 42% in 2019 to 82% of the total population in 2021. While people have limited means to access private insurance, an increased



In Burj Al Barajneh camp, MSF provides primary healthcare and runs a Family Centre which focuses on mental health, mother and child healthcare, home-based care for patients with chronic Non-Communicable Diseases and care for survivors of sexual.

number of families have no health care coverage. Consequently, the surge of people seeking subsidized care is putting additional pressure on the public health system and on primary health care level. **The cost to access health care has largely increased** while the quality of care found has decreased.

MSF is one of the rare international humanitarian actor not driven by covering a certain profile of people defined by origin or administrative profile but by the needs only. We are recognized as such by the communities. MSF OCB (Operational Centre Brussels) has worked in Shatila refugee camp since 2013 and Burj Al Barajneh refugee camp since 2016.

Our medical response

In Shatila camp, MSF's clinic provides patients with care **for non-communicable diseases (NCD)** on an outpatient basis; **home-based care** for homebound patients and **vaccinations**. We also provide **mental health support, health promotion services and refers** patients when required to specialist services. MSF also assumes the portion of the costs of the referrals that are not covered by UN agencies.

In 2020, the existing clinic in Shatila is converting to a more holistic and patient centred **Family Centre**, keeping a horizontal short term NCD care capacity with an empowered patient-centred approach, a nurse-led NCD patients care for homebound patient as well as **patient psychosocial support and education** next to other activities such as **sexual and reproductive healthcare (SRH)** and mental health support.

In **Burj Al Barajneh camp**, MSF provides **primary healthcare** and runs a **Family Centre** which focuses on **mental health, mother and child healthcare** (including family planning, antenatal care and postnatal care), home-based care for patients with chronic NCD and care for survivors of sexual and gender-based violence (SGBV) and domestic violence as well as safe abortion care.

Beyond the camps, MSF manages a **birth centre within the compound of Rafik Hariri University Hospital (RHUH)**. This birth centre includes training nurses, advocating for them to play a stronger role within the Lebanese health system, and advocating for childbirth to be de-medicalised, thus successfully decreasing caesarean rates and improving health outcomes for both mothers and babies. In 2021, MSF participated in COVID-19 vaccination, vaccinating 5,500 people with a mobile team (elderly, homeless) and 6,000 people in fixed sites. Similarly, our team realised almost 30,000 COVID-19 test swab sampling.

In 2022, MSF also aims to integrate more medical activities into the **Lebanese national health system** and to increase access to healthcare for the vulnerable Lebanese population. We want to **support one selected primary health care** centre outside of Shatila and Burj-el Barajneh camps to ensure antenatal care (ANC); and to ensure **technical support, training and supply** in case of drugs shortage in **other selected health centres**; to further roll out the **integration of NCD cohort** into Ministry of Health health centres and to continue working on the **midwifery model** at our birth centre and prepare its handover to Rafik Hariri hospital team.

3 Bangladesh Cox's Bazar



Budget:
€5.581.623

Emergency Medical Humanitarian Response for Rohingya Refugees in Cox's Bazaar, camps 14 and 15

Since the beginning of the crisis on August 25th, 2017, over 738,817 Rohingya refugees have fled to settlements in Cox's Bazar District, in Bangladesh after suffering acute targeted violence in neighboring Rhakine State in Myanmar. As of June 2021, a total of 34 refugee camps were registered, and their population exceeds **890,000 refugees**.

Three existing makeshift settlements (Kutupalong, Balukhali and Leda), already extremely densely populated, absorbed many of the new arrivals, while new settlements have been established in Burmapara, Chakmarkul, Hakimpara, Jamtoli, Moynarghona and Unchiprang. Throughout 2021, the overall situation has not improved for refugees; the issues faced are numerous and include the lack of food, lack of opportunities to make a living, and the inability to travel freely. Moreover, the COVID-19 pandemic has

brought a new threat to overcrowded conditions. MSF believes that there are significant levels of Sexual and Gender-based Violence (SGBV) occurring in the camps, a concern supported by anecdotal and informal testimonies from the large MSF outreach team. However, it is unclear whether women and girls recognize it as violence, and where and when to report it (Intimate Partner Violence -IPV- is not a crime in Bangladesh or Myanmar).

Our medical response

MSF remains one of the most significant health care providers for this population. Sexual and reproductive health needs remain high for both the host community and refugee populations. Mental health needs are high within the refugee's community and MSF has continued to be the only psychiatric care provider. MSF runs two **Primary Health Care centres** (PHCs) situated in camp 14 (Hakimpara) and camp 15 (Jamtoli)

Primary Health Care Centers (PHCCs)	Hakimpara (Camp 14)	Primary health care activities; operating 24/7 Mental Health and psychiatric care Observation & Isolation: 10 beds capacity	Comprehensive Sexual and Gender-based Violence (SGBV) care BEmONC (ANC, PNC, FP) Sexual and Reproductive Health (SRH) services: deliveries referred to Jamtoli Lab facility Health promotion activities
	Jamtoli (Camp 15)	Primary health care activities; operating 24/7. Observation and Isolation: 10 beds capacity Hepatitis C Program and Non communicable disease corner, Mental Health and psychiatric care	Comprehensive SGBV care basic emergency obstetric and newborn care: ante and postnatal care, Family Planning SRH services: 10 beds capacity (Antenatal, delivery, post-partum) Lab facility with GenExpert Health promotion activities

MSF works on the empowerment of the national staff through a progressive delegation of responsibilities and continuous formal and bedside trainings. Our community engagement also has the objective to anchor our activities within the refugees' community.

4 Nigeria Maiduguri



2022 Budget:
€4.781.707

Nigeria: Treating exceptionally high numbers of malnourished children in Borno

In Maiduguri, the capital of Nigeria's Borno state, MSF cared for **exceptionally high numbers of malnourished children throughout 2021 as conflict and a major measles outbreak exacerbated the already massive health needs**. There are frequent outbreaks of **measles** and **cholera** in Maiduguri, especially after its population more than doubled as a result of the **mass displacement from across Borno**. In 2019, the project in Maiduguri adopted a comprehensive mother and child healthcare approach, with the objective to integrate malnutrition treatment into a sexual and reproductive healthcare project.

More than two million people uprooted by continued violence and armed conflict

Nigeria, the most populous country in Africa, has the fourth highest maternal mortality rate in the world. The state is exceptionally volatile in terms of security, especially Maiduguri, which was the former base of the armed group Boko Haram. The conflict in north-east Nigeria broke out in 2009 when Boko Haram began indiscriminate attacks against civilians and military forces in Borno state.

Some of 2021 MSF Actions

Today, most cities under government control can be considered as enclaves, where residents' movements are severely restricted and most depend on humanitarian aid for survival. **People are struggling to access emergency and essential health services.** The lack of properly qualified staff, medical supplies and financial resources are some of the main barriers to accessing healthcare.

Providing critical medical care for people trapped in areas of armed conflict

MSF arrived in Maiduguri on 21 November **2016** in response to a worsening nutritional crisis. The target populations of this project are to internally displaced people (IDPs) (489,469 registered people) and the host community living in Greater Maiduguri. Various organisations estimated population of Maiduguri to be around 1.9 million people, with some even placing the figure as high as 2.5 million.


In December 2016, MSF started with the rehabilitation and construction of **Inpatient therapeutic feeding (ITFC) programmes**, with the recruitment and training of staff. With 120 beds, MSF's ITFC is today the largest single provider of hospital care for malnutrition in Borno state and represents a third of all beds available for malnourished patient.

Outpatient therapeutic feeding (ATFC) programmes provide medical care and therapeutic food to children. MSF is currently providing ATFC care in five locations in Maiduguri but the drastic increase in enrolment is a clear sign that more availability of care is needed.

MSF also provides emergency medical assistance to IDPs and hosts communities in North Maiduguri. **MSF mobile clinics** have provided medical care three days per week in seven settlements in communities hosting large numbers of IDPs.

In 2022, by employing analysis, lessons learnt and operational research, the project is aiming at influencing health policies at both state and national level through advocacy around the issue of free mother and child healthcare in conflict areas; and the proper implementation of provision for prevention of mother-to-child transmission activities.




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JANUARY - DEMOCRATIC REPUBLIC OF CONGO
A midwife accompanies a patient who is about to deliver, to be transferred to the hospital in Bangassou, supported by MSF.



FEBRUARY - CENTRAL AFRICAN REPUBLIC
A patient receives help so that MSF medical staff at the SICA hospital can change the dressing on a stray bullet wound.



MARCH - BANGLADESH
People begin to rebuild shelters amidst the charred remains of part of the Rohingya refugee camp in Cox's Bazar, following a fire.



APRIL - MADAGASCAR
A mother and her children are examined by an MSF nurse after walking five hours to reach an MSF mobile clinic in Rainobe.



MAY - VENEZUELA
Barbara has a 24-month-old son. She wants to protect herself from further pregnancies, but the economic situation makes it difficult to access oral contraceptives.



JUNE - LEBANON
An elderly woman is vaccinated against Covid-19 by a member of the MSF mobile vaccination team at a nursing home in Shayle.



JULY - SUDAN
Dawit was born prematurely, weighing only 1.2 kilograms. His mother, Mebruit, gave birth to him at the MSF maternity ward in Al-Tanideba camp.



AUGUST - HAÏTI
A man looks at the external fixators of his legs, severely injured in the August 14 earthquake.



SEPTEMBER - SYRIA
The tents of displaced people are spreading in a camp in northwestern Syria, where very poor living conditions and lack of clean water pose serious health risks.



OCTOBER - AFGHANISTAN
Malnourished children are fed by their mothers at MSF's therapeutic feeding center at Herat Regional Hospital. The center is overcrowded with 84 patients for 60 beds.



NOVEMBER - UNITED STATES OF AMERICA
MSF staff and supporters protest outside the White House, calling on the Biden administration to do more to ensure vaccine equity.



DECEMBER - SOUTH SUDAN
Two men use a canoe to navigate flood waters on the outskirts of the Bentiu camp for internally displaced persons, following the flooding that has engulfed the area.





A glimpse of funded projects :



Preserving access to maternal healthcare

Babies continue to be born in Afghanistan, against the **backdrop of political upheaval and its consequences on healthcare and the economy**. In MSF's Khost maternity hospital, women remain at the fore, providing much-needed care to new mothers and their babies.

MSF first opened this specialised maternity hospital in 2012, to provide safe and free maternal and neonatal care to women and their babies in the eastern part of the country.

In **rural areas** and away from the big cities, the majority of women do not have adequate access to essential obstetric care, and this is further exacerbated by the shortage of female midwives and doctors.

MSF, by means of private funding, is not behest to the political whims of governments. While we continue to provide care in Khost and elsewhere in Afghanistan, we witness critical funding cuts on the Afghan health system along with economic measures taken against the new government that have contributed to a financial crisis. The suspension of funding to the health system in August meant that even when female midwives and doctors were available, they were deprived of the supplies and salaries they needed to do their jobs. **Although some funding has been restarted countrywide, the Afghan health system is receiving less than before so there will not be improvements to a system that for years failed to meet people's needs.**



Covid-19 Crisis Fund

The COVID-19 Crisis Fund was **closed at the end of 2021**, as most MSF COVID-19 activities are planned to be integrated into regular MSF programmes. The fund was inaugurated in March 2020 as part of MSF's global response to the pandemic.

By late September, total programme expenses allocated to MSF's COVID-19 Crisis Fund since April 2020 amounted to an estimated **153.1 million euros**.

MSF's largest and most cost-intensive COVID-19 operations were in **Yemen** (14.3 million euros), the **Democratic Republic of the Congo** (8.4 million euros), **Iraq** (7.5 million euros), **South Sudan** (6.7 million euros), and **Bangladesh** (6.1 million euros), together accounting for more than a quarter of expenses. A sizeable share of expenses was also incurred by MSF COVID-19 interventions in hard-hit high- and middle-income countries such as **Brazil** (5.8 million euros), **Lebanon** (5.6 million euros), **Belgium** (4.8 million euros), **Mexico** (3.1 million euros), or **France** (3.0 million euros).





Do you want to know more
about our missions?
Support a particular project?
Let's talk about it!



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