



Why MSF?

Before joining MSF, I had worked in rural areas of Maharashtra and Gujarat for almost two and half years. I also worked for two and half years in Bihar with W.H.O and UNICEF. I developed a craving for working in the rural or tribal areas of African countries. I wanted to utilize my knowledge and skills in a better way for amelioration of the oppressed, underprivileged and deprived people. And while doing so to have an adventurous life, to travel to exotic and remote places, to see, meet and serve the rural or tribal

people and to interact with people of different religion and culture, traditions and rituals. That is what attracted me towards MSF.

PPD & Joining

I joined MSF as Medical Doctor for Nasir Project, South Sudan Mission in Jan-09, after attending PPD (Primary Pre departure training) in Bonn, Germany in Oct-08. I was mentally prepared for an ordeal. I flew to Nasir in a small 6 seater plane. When our plane was about to land in Nasir I was wondering where the plane is going to land , as I wasn't able to see any airstrip. To my surprise our plane landed on a dry, muddy ground with potholes and stones. There wasn't any tar or concrete runway here in the interior of Sudan. In the rainy season this becomes a messy, muddy, sticky, watery ground, making landing for planes almost impossible. At that moment I realised that I was really in very remote area. I was a little anxious but excited all the same. I received a warm welcome from my PPD friend Lydia (who had joined that project 2 months before me) and other team members who were all at the airstrip.

Nasir is said to be a big town but when I saw it, I really felt it was a big village with all tukuls(mud thatched huts) and tukuls. It's still a very primitive type of habitat of tribe called "Nuer". There were only 1-2 single story concrete constructions/building - one being the office of MoH (Ministry of Health) and the other was MSF rented house where we have our office and hospital. The place is flat with a beautiful river very close to the MSF-compound.

It was a challenging project because of the harsh living & working conditions and occasional fighting which was going on around the villages. But I was quite calm and assured as I knew that these tribal people in villages may fight among themselves but they won't harm us, as MSF had appreciably build good rapport with the local population over the years. Also MSF were the only better health care provider in the whole area. We were there to help them, not to bother them.

Team, hospital and living house

We were a team of 11 expats from all over the globe. It was the diversity and team spirit that made working ambience very healthy and lively. Our hospital compound was attached to the living compound in which there was an old structure from 1933 with some rooms. For the rest there were 6 tukuls. The whole hospital and living (expat) compound ran on generators. These used to go off during afternoon and after 10.00pm and were re-started at 8.00 am the next day. During the summers when it was sweaty and hot, we used pull our cots outside and sleep under the open starry sky! The food was good, as we had good local cooks. On every Saturday I cooked in Indian style. My friends Isaac and Laura used to be my companions in the kitchen. It was a great pleasure cooking for the team. After work, our pass time was chatting, doing pranks, watching movies and playing games for leisure.

Working

Working in Nasir was a great experience for me. My job profile entailed supervision of national staff, doing rounds in medical and pediatric wards, therapeutic feeding centre, TB-village, helping the expat nurses, conducting deliveries in absence of midwife, looking after surgical ward in absence of surgeon conducting some basic health related training and managing critical patients and medical emergencies, helping Log-admin, in HR issues related to medical staff, sharing the ON-CALLS. My colleagues were very amicable, supportive and they used to help me out whenever I required them.

We had a midwife, but I was supposed to do deliveries when he/she went on leave I can't forget the two nights when I delivered 3 babies all by myself. I also had to do some minor procedures like I&D, or wound debridement when the surgeon was on leave. I learnt a lot of new things. I was feeling like I was back in my Medical College, because there I got to see some cases "about whom I had only read or not read at all!". Cases of tetanus used to arrive almost every month. I had the shocking opportunity of attending a case of active rabies with hydrophobia. No body survives through it and same happened with that unfortunate teenage boy.

Wards used to be full with cases of cerebral malaria, encephalitis, severe pneumonia or critical dehydration and or malnutrition. Critical anemia cases were also ample. I can't forget a lady with hemoglobin of 2.2gm% and blood group AB-ve whom we helplessly saw dying as we were not able to get clean compatible blood for her. When patients used to recuperate after stay in our hospital, the satisfaction of serving those ill persons and watching results of one's affords was blissful. Once a 6 years old girl came in a serious condition with suspected encephalitis but recovered after 3 days of coma. Her mother was so happy to see her child coming back to life that she offered her to me to marry later as a reward for saving her life. I just laughed and walked away. But saving that dying child was more than an accolade for me.

Cows are a sort of wealth for Nuer people. They are needed for getting married or settling disputes too. Hence this creates problems when one ethnic group wants to grab the other group's cows by force. And guns are available with every Sudanese family since the commencement of the 20 years old war between the North and South Sudan. Partial disarmament has been done, but this was futile as one tribal group has guns and other doesn't leaving them vulnerable and defenseless from attacks by other hostile tribal group. Sometimes reasons for tribal conflict were fierce fire of vengeance for some past dispute or defeat.

It was 8th May 09, around 2am, in a village called Torkej was attacked by one of the rival tribes. All women and small children were sleeping peacefully in their tukuls. And all men and teenage boys were far away in cattle camp, in search of green pastures along with their cattle. Taking advantage of this, the men of one tribe attacked the village, and horrendously, maliciously massacred around 78 women and children while they were sleeping, making their beds their graves. Those who woke up after hearing the gunfire ran for life towards the nearby river, but they were chased by the diabolic gunmen. Around 56 survivors were brought in boats to our hospital. They were mentally shocked and physically disabled.

On the arrival of the first boat we immediately started doing 'Triage'. The victim whom I picked first was a 5 years old boy. I was carrying him in my arms. He was sweating and breathing slowly. There was no visible injury on his head or limbs. But I was shocked to find gunshot in his right side

chest wall. I ran to the OT and handed him over to the surgeon. He was the first person to be operated. Fortunately he survived. There were many similar victims – children and women whom we managed, like – a woman with bad abdominal gunshot, a woman who was holding her two months baby when she was shot, had the bullet passing first through the fore-arm of her baby and then into her upper thigh. A pregnant lady in labour with injured thigh delivered her baby in that chaos and agony. Only one unfortunate 12 year old boy died as he had severe head trauma due to bullet.

With this sudden arrival of 56 victims in one day, there wasn't enough space to accommodate them all. Hence 4 big tents were erected in open place inside the hospital premises. Our only surgeon Sebastian worked for 16 hours on 1st day. Thankfully an extra MSF Surgeon from Leer Project arrived to help out. She was soon followed by the ICRC emergency team, which was a great help.

Then again in mid June 2009, there was one more major incidence of violence in a village called Nyariew. 31 gunshot victims were brought by boat to our hospital.

In both the incidents our contemporary team had put in a lot of effort to treat the wounded of the upsurge of violence in the region. While working together and taking care of each other during these crises, bonds between us expats had strengthened more. By August 09 hospital was back to normal and the medical ward was medical again instead of being over run with victims of recent fighting. And then we started our outreach activities like assessments of villages and mobile clinics for providing health care for the displaced people from the last two skirmishes.

My experience

Working in Nasir as a medical doctor was an immensely different and diverse experience for me, which helped me to grow personally and professionally. Those 9 months went by so fast that I didn't realize that I was almost done with my mission. I was given warm sendoff by my colleagues. Working with Médecins Sans Frontières (MSF) is considered to be a challenging job. It gave me a lot of contentment being part of an organization which is politically neutral, renowned and a revered international humanitarian NGO which provides unprejudiced service to the underserved population. It is my pride, privilege and honor to be associated with it.

ASHOK SHRIRANG SANKPAL, MD: Mission in South Sudan Dec 2009