

# Emergency department NEWSLETTER

## JULY 2015

### CENTRAL AFRICAN REPUBLIC

FEEDBACK FROM A FIELD VISIT – 23<sup>rd</sup> TO 30<sup>th</sup> JUNE

« Aurélie Leroyer, Desk Officer for SRH/GBV in crisis context

First field visit since I took up this position at the Emergency Department, and back to Africa after a few years on Latin America, I am off with a feeling of enthusiasm combined with a slight apprehension. Fortunately Rozenn le Meliner, Medical Referent at the Emergency Department, is by my side, answering some technical questions and lightening the mood with her Breton jokes.

**Our visit to CAR is part of the launching of the programme SRH and GBV in a crisis context.** CAR is indeed one of the pilot countries where MdM wishes to develop its actions toward people who have experienced violence, and particularly sexual violence.

Since mid-May, **two of the four Health Centers (HC) supported by MdM in Bangui provide medical support for GBV.** In accordance with the WHO protocols, it includes **HIV and STI prevention, HEP B and tetanus vaccination and provides emergency contraception** to prevent from unwanted pregnancies.

Through a **local partnership with AFJC** (Association of Female Lawyers of the Central African Republic), lawyers have duty hours in two HC. They provide people who endured or are enduring violence with legal advice and walk them through when they want to file a complaint.

Now that the programme is available, we have to work on community mobilization so that people are aware it exists.

The team took on identifying and training community leaders who will conduct SRH and GBV sensitization sessions and ensure liaison to HC to persons who experienced GBV.

For the coming months, another stake will be to **define the mental healthcare support the programme may provide.** In a country where there is no psychologist academic training and where people suffering from mental disorders are heavily stigmatized, balance will be hard to find between our duty to provide assistance and to not further re-victimize people.

A big thank you to the whole team for their warm welcome, their availabilities and their commitment on the right to health for all Central Africans.



Hi from the team ! – Photo Emergency Department

### IRAQ

July 13th: Launch of the Mobile Clinic in rural Kirkuk in close collaboration with the DOH PHC staff.

**75 consultations on the 1<sup>st</sup> day, well done everyone!**



Waiting room and consultations – building made available by the DOH. Photos MdM

Céline Besnard, Desk Manager and Rafik Bedoui, Medical Referent are responsible for Irak on behalf of the Emergency Unit.

# NEPAL

[INTERVIEW WITH NORIE OMAMALIN – PHC REF]

## Norie, what is your role exactly?

I am in charge of the mobile clinics (MC). At first I treated patients during 2 weeks after Chloé left (Chloé Roger, Flying Medical Coordinator) because it was very difficult to recruit locally. This period was difficult because I do not speak Nepalese but luckily our driver spoke a little bit of English and helped in the translation with patients. Now I coordinate MdM's MC between the sites and the schedules and I am responsible for the quality of the programme. We have 4 teams in total: 2 teams by car and 2 teams by helicopter. They are all local staff now so there is no need for translation anymore.

## How many persons do you have in 1 team?

For a MC by car there is 1 medical doctor, 4 nurses (1 for SRH, 1 for triage, 1 for dressings and health promotion and 1 pharmacist nurse), and 2 drivers. And in a MC by helicopter, there are 2 health assistants. We have 2 teams for each so in total our MC staff is 18 persons.

## Some places are not easy to access by car, how do reach these places?

Yes, sometimes we have to continue by foot. We hire carriers then to transport the material of the clinic to the site. Mobile clinics by car change site every day whereas by helicopter they stay 5 days before going to another site.

## The monsoon season has begun and should last until the end of September, how does it affect your work and the programme itself?

Yes, now we can't access some of the previous sites because of landslides and flooding. Plus people are moving so we have to readapt constantly the locations where to send the MC based on accessibility and on patients needs and location. The key is have a plan B and a plan C.



Norie is a Medical Doctor. She previously worked in Philippines, where she comes from, with Save The Children on MC after the Typhoon Haiyan. This is when she first heard about MdM, in health clusters meetings. After that she worked with MSF in the Malawi on MC as well. Now, Norie is our Primary Health Care Referent in Nepal on our emergency programme .



Read– [Snapshot NEPAL](#)  
For internal use only



Tembathang, Wafol, Gumbathang and Thulodading Mobile Clinics. Photos MdM – Thank you Norie !

## SUMMER READING

[Francis sauve le monde](#), Claire et Jake / Editions Cornélius – recommended by Aurélie « funny, with a light tone and offbeat humor, perfect for the beach! »

[Droit du sol](#), Charles Masson / Casterman « graphic novel on the relationship between Mayotte island and the Comoros »

[Excreta disposal in emergencies](#), Inter NGOs publication – recommended by Julie « because you never know what can happen on your holidays! »

[Le cœur des femmes](#), Martin Winkler / Editions P.O.L – recommended by our team SRH/ GBV « a very interesting look at the medical relationship and SRH... »

[Un océan d'amour](#), Wilfried Lupano and Grégory Panaccione – special wink to Chloé from Rozenn « beautiful graphic novel without text and for everyone »

## BUT WHERE ARE THEY?

Chloé Roger, Medical Coordinator, is in Irak // Jacky Perrudin Logistics Coordinator, and Mélanie Rondeau, Administrative Coordinator, are in Ukraine // Pascal Simon, Logistics Coordinator came back from Calais // Manuel Torres de Lara, Medical Coordinator, and Etienne Fosse, Administrative Coordinator, are in Nepal // Marie Burton, Medical Coordinator is in Liberia.