



MSF International Recruitment Office New Delhi – Interview Dr. Ashok



“I have learnt to make a difference with little resources”, Ashok Sankpal, Medical Doctor with MSF.

Dr. Ashok as his colleagues call him, is from Mumbai, and has spent the last two years in Ethiopia and South Sudan, where he was working with the international medical humanitarian organisation, Medecins Sans Frontieres (MSF).

Q. Ethiopia and South Sudan are not the most common destinations for Indian doctors. How come you decided to go there?

A. I have always wanted to work in places where there are significant medical needs. Prior to joining MSF, I had worked in Maharashtra, Gujarat and Bihar. After spending three years in Bihar, I decided to work in Africa to gain experience in rural settings in a different context. It was then that I decided to work with MSF, as I knew that MSF often works in remote settings and reaches out to people with no or little access to healthcare.



Q. Can you tell us more about your experiences in South Sudan and Ethiopia?

A. South Sudan was very special, as this was my first international mission with MSF as a medical doctor. I was to spend the

next nine months in Nasir on the Sobat river in the Upper Nile State. The Nasir Hospital run by MSF was one of the very few health centres in the area, and I felt the significance of MSF's work immediately.

In Nasir, MSF treats tuberculosis, kala azar, sexually transmitted infections, HIV and leprosy besides treating tropical diseases such as cerebral malaria, encephalitis, pneumonia and meningitis. MSF also has wards for emergency pediatric and obstetric cases, and an operating theatre for surgeries. To address malnutrition, MSF runs an emergency therapeutic feeding centre.

The work was challenging but extremely satisfying. I was able to treat many cases of tropical diseases, which I only knew through books. It was a good exposure to different medical conditions. At every moment, I felt that what we were doing was extremely useful. MSF was saving many lives in the region.

Ethiopia

After South Sudan, I worked at the kala azar centre in Abdurafi, in the northwest Amhara region of Ethiopia. This was a very different project. In Abdurafi, MSF is running a kala azar treatment centre. MSF also treats patients with HIV co-infections and malnutrition, and there is also a general medical ward to address other ailments as this is the only hospital within the radius of 200 kms.



The place was much safer and it was accessible by road, unlike Nasir in South Sudan, where medical supplies had to be flown in. Though, sometimes in the rainy season, we had to take tractors because the road was still under

construction, and it took us 12 hours to reach Abdurafi, which otherwise was a four hour journey.

While in Ethiopia, I was working as a medical team leader. The work was stressful at times, as the hospital was very big – 160 bed – with a huge staff. I spent half of my time in the hospital. The rest was devoted to day to day management and preparing medical reports. This was useful, as I learnt both clinical and managerial skills.

I also had many interesting exchanges with the Ethiopian doctors in our team. I made lots of friends.

Q. What was the most challenging situation you faced during your time with MSF?



A. One day there was a shoot out in a village near Nasir in South Sudan because of traditional rivalries between two clans. Many people, mostly women and children got injured and were brought to the MSF hospital.

It was terrifying to see little children with bullet wounds. We were overwhelmed, but tried our best to save as many lives as possible. The surgeon had to conduct non-stop surgeries, and for a week, we hardly slept for more than two or three hours. Finally, we received extra help from the Red Cross.

Fortunately, we were well prepared with pre positioned medical supplies. Without the necessary supplies, we wouldn't have been able to treat a single patient.

During this time, the staff developed strong bonds and we constantly supported each other.

Q. Why is MSF's work in these areas important?

A. MSF works in places where health infrastructures are few or non existent, resulting in significant unmet medical needs. By being in such places, MSF is saving countless lives. MSF is not only



providing medical and surgical services in these places, but is also present as a witness to show the world what is happening in these areas. So it's not only about providing medical care, but also giving voice to the people.

Q. What did you learn from your experience with MSF?

The most important thing that I have learnt is how to make a difference with very little resources. We were working

with the bare minimum. On most occasions, our hospital wards were nothing more than sheds, but we were treating many patients.

Also, I learnt how to deal with a very big team. I had to manage a staff of 150 people. I also learnt how to treat kala azar and HIV. Overall, it was a good learning experience.

Q. Health care needs in India are high as well. Why should doctors go to other places?

A. No doubt there are health care needs in India. But after having been in Africa, I have learnt a very different way of managing public health. Working in different contexts gives you a wide exposure and experience to deal with different situations. For example, I am confident of handling a situation with little resources.

Personally, I feel that this experience will help me a lot when I come back and start working in India.

Q. Will you take up more assignments with MSF?

A. Yes for sure, I will work on a few more missions with MSF. Soon, I will be leaving for Zimbabwe.



Médecins Sans Frontières (MSF) has been providing emergency medical humanitarian assistance in Sudan since 1979. Currently, MSF runs 13 projects across seven states of Southern Sudan, providing a range of services, including primary and secondary health care, responding to emergencies as they arise, nutritional support, reproductive health care, kala azar treatment, counselling services, surgery, paediatric and obstetric care.

MSF is working in Ethiopia since 1984. Besides running the kala azar treatment programme in Abdurafi in northwest Amhara region of Ethiopia, MSF runs a primary health care project in Wantaho woreda of Gambella region; and supports the national outpatient therapeutic nutritional programme roll-out strategy in Anchar worreda in West Hararghe zone of Oromiya region. In addition, the organisation is ready to respond to emergencies as and when necessary.