

Morocco | Life and health on the street

- International staff: 6
- National staff: 15



| The focus of MSF's work in Morocco has been to bring direct care, preventive advice and psychosocial care to the people who are least likely to find it anywhere else. They are often people of the street: sex workers, homeless children and the urban destitute. The other target group has been pregnant women, both because of the country's high maternal mortality rate and because single mothers can be shunned and excluded from regular healthcare provision. MSF also brings health aid to candidates for clandestine migration.

| In Casablanca, MSF has been working since August 2001 on the problem of healthcare access, education and prevention. The beneficiaries of this project are women, especially single mothers, sex workers and young domestic servants.

| In the capital Rabat, MSF handed over the labor and delivery unit it had helped build to the Ministry of Health in June 2002. That marked the completion of a project which had focused on mother-and-child health in the neighborhood of Mers el Kheir, providing health education for women in this poor community.

| On the northern coast of Morocco in Tangier and the Spanish enclave of Ceuta, MSF has been working with street children, sub-Saharan migrants and sex workers (see page 55 for more on the Ceuta program). The geographical situation of Tangier – it is only 14km away from the Spanish coast – makes the city a key jumping-off point for migration.

Algeria | Emergency response to floods

- International staff: 4
- National staff: 9

| MSF's presence in Algeria since 1998 has had a significant emergency response component. That was usually interpreted as a need to be ready for health problems emerging from the continuing civil war. What happened in November 2001 was a natural catastrophe: a flood that ripped through the capital Algiers and surrounding areas, killing hundreds of people, mainly in the poorest districts. MSF responded with additional medical staff, supplies and sanitation skills.

| Working in Algiers and the province of Chlef, MSF provided logistical help for mobile teams conducting clinics for the victims. MSF distributed emergency medical kits as well as plastic sheeting, water bladders and jerry cans. Teams also constructed latrines and restored wells.

| In March 2002, MSF withdrew from its AIDS prevention and reproductive health education projects in Algeria but continued to stand ready to respond to victims of violence. The complex tensions in the region of Kabylie led to an exploratory mission in Bejaia and Tizi-Ouzou in July 2001. The team established contact with the doctors and surgeons on the front line of the continuing violence.

| MSF formally closed its mission in Algeria in March 2002, although future needs will be monitored closely.