

Rwanda

First program reducing transmission of HIV/AIDS to babies

- International staff: 8
- National staff: 90

| Eight years after the genocide, Rwanda remains a poor, over-populated country desperately short of qualified medical staff. Fortunately, there have been signs it may disengage from the conflict in neighboring Democratic Republic of Congo. Meanwhile, urgent health problems such as AIDS, which affects over 11% of those aged 15 to 49, clamor for response.

| In April 2002, MSF opened the first program in Rwanda to offer voluntary counseling, testing and prevention activities to reduce mother-to-child transmission of HIV/AIDS, as well as treating AIDS-related infections. Operating from a Kigali health center, the new program complements MSF's ongoing AIDS awareness work in primary schools in Kigali and Cyangugu.

| MSF continues to train local counselors in directing group therapy for survivors of the 1994 genocide. Mostly women, the participants struggle to heal from the trauma of losing relatives, being raped and, in many cases, contracting HIV/AIDS as a result. Some 250 women were taking part in summer 2002.

| In late summer 2001, an MSF surgical team performed over 140 operations in Ruhengeri hospital after increased fighting in the northwest. Many of the wounded were child soldiers. Other emergency responses included aid to survivors of the Mount Nyiragongo eruption in January 2002 and floods in Bweyeye region near Bugarama in Cyangugu province in May 2002.

| MSF is setting up a project to prevent cholera by improving the supply of drinking water from Lake Kivu. Support to Bushenge health district in Cyangugu ended in early 2002.

| MSF has worked in Rwanda since 1991.

Democratic Republic of Congo

Giving voice to untold human suffering

- International staff: 84
- National staff: 814

"The war catches up with us ... we are forced to flee to Zambia. Three months in Zambia, three months a nightmare. Three of my sons are hospitalized with cholera. I lose my first son, Paul, a boy of eleven, on May 31 1999 at 12:05. I take the rest of my children, who have barely escaped death, nearly corpses, and take to the road for Pweto [DRC]. Angry? Yes. Mad? Yes – but against whom? Fight? But against whom and with what weapons?"

Francois K.M., Katanga province

| Years of conflict in Democratic Republic of Congo (DRC) have led to one of the most devastating human crises of our era, with millions of deaths and displacements of people linked directly or indirectly to the conflicts. Yet the continued suffering of countless Congolese goes largely overlooked. For this reason, MSF, active in the country (formerly called Zaire) since 1981, has issued several reports and collections of personal accounts of Congolese civilians in an attempt to bring to light the dire health emergency caused by years of war. The following pages give excerpts from the MSF book *Quiet, We're Dying* in which a number of Congolese describe what their lives have been like in their own words. Another collection, *The War was Following Me: Ten Years of Conflict, Violence and Chaos in the Eastern DRC*, is available online at www.msf.org.

| Despite a series of peace talks aimed at ending the war, conditions have continued to deteriorate for much of the civilian population. Millions have been forced from their homes by fighting: around 2.3 million inside the country and nearly 350,000 in neighboring countries. Since 1998, the deaths of over 3.5 million Congolese can be attributed to the conflict. The country's infrastructure has effectively collapsed and very few people have access to decent health care, due not only to the lack of medicines and health staff, and transportation problems, but also to the widespread poverty.

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This mother walked for a day to carry her two very sick children to an MSF feeding center, Kitshanga, Nord-Kivu province, Democratic Republic of Congo, October 2001. Congolese walk up to 50km to reach the center and often have to evacuate because of ethnic violence.

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| MSF maintains medical aid programs in both government and rebel-held territory in the face of wave after wave of bitter fighting. MSF teams work daily with victims of violence, people suffering from malnutrition and diseases such as measles, diarrhea, cholera and meningitis, and also deal with occasional outbreaks of polio, Marburg disease and bubonic plague.

| Life is especially precarious for those forced from their homes by the fighting. Conditions are most severe in eastern Congo, where rebel forces and other armed groups remain highly active. Unfortunately, continued offensives by armed groups make it extremely hard to reach affected civilians, who

have often fled deep in the bush where there is high insecurity and access is extremely difficult. MSF teams use all possible means to reach them, traveling through the jungle by motor-bike and canoe when necessary. The condition of the people is shocking: lack of food and health care, and extreme violence, including rape, continue to cause misery and loss of life on an unprecedented scale. MSF cares for displaced people in Kitenge (Katanga province) and Kitshanga (Nord-Kivu province); work in Sicotra IDP camp outside Kinshasa was turned over to an Italian NGO in March 2002.

| MSF's support for health posts and hospitals in two dozen health zones also benefits the displaced, as well as local resi-

dents. In some areas, MSF provides the only medical service available. In Nord-Kivu, MSF is also running two therapeutic feeding centers and seven supplementary feeding centers.

| Epidemics thrive in this environment of insecurity and collapsed health systems, and much of MSF's work in the DRC revolves around emergency preparedness and response with teams and stocks prepositioned in key locations throughout the country. In November and December 2001, MSF, in collaboration with the Ministry of Health and another NGO, responded to a meningitis outbreak around the eastern city of Bukavu with treatment and vaccinations. MSF teams worked on both sides of the front line in Katanga province when yet another cholera epidemic broke out in October 2001. By late August 2002, MSF had treated over 14,000 cases.

| HIV/AIDS is a problem in Congo to which little attention has generally been paid. MSF runs a pilot program in Bukavu, providing voluntary testing and counseling, and treatment of sexually transmitted diseases (STDs) and opportunistic infections. Since 1995, similar programs have been in place in 22 health centers in the capital Kinshasa, 20 in Katanga province and 15 in Equateur province. Over the next year, MSF hopes to expand the Bukavu and Kinshasa programs to include antiretroviral treatment.

| International media attention turned to DRC on January 17, 2002 when Mount Nyiragongo volcano erupted, destroying almost a fifth of the heavily populated town of Goma. MSF, already present there, participated in the response by providing clean water to people fleeing into nearby Rwanda. As they returned, MSF undertook a measles vaccination campaign for 87,000 children to prevent an outbreak in this already weakened population. MSF continues to monitor the region for signs of cholera, measles and meningitis.



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Women and children returning home after a ten-hour day of strenuous agricultural work in the jungle and fields, Kitshanga, Nord-Kivu province, Democratic Republic of Congo, October 2001. Leaving the village is dangerous as they risk ambush and attack by rebel soldiers hiding in the bush.