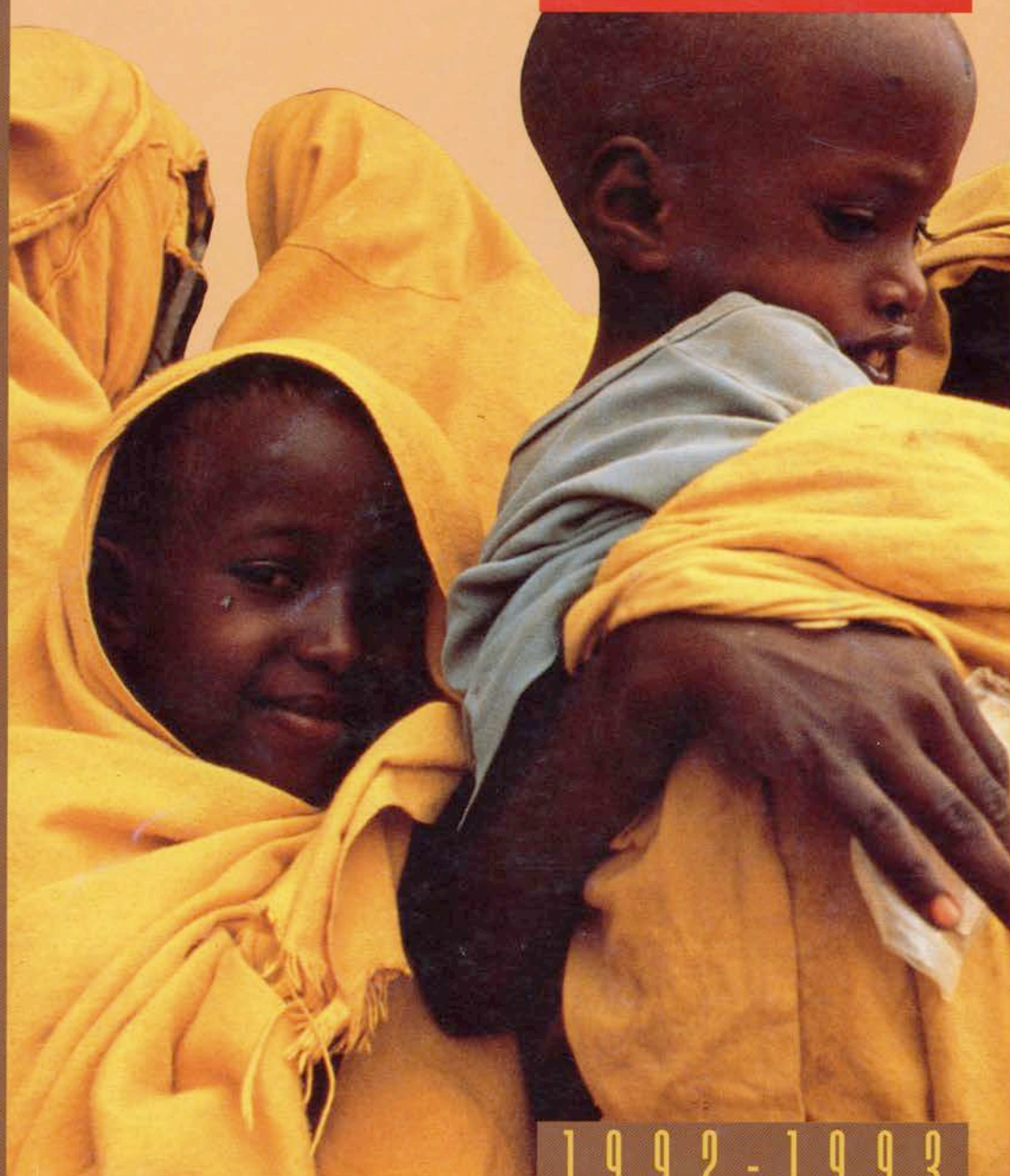




MEDECINS SANS FRONTIERES

ACTIVITY REPORT



1992 - 1993

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ACTIVITY REPORT

1992-93

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Foreword

MSF is an international, non-profit, humanitarian organization, whose objective is to provide medical aid to populations in crisis, without discrimination.

The organization relies on volunteers and is independent of all States or institutions, as well as of all political, economic or religious influences.

During twenty years of relief work around the world, MSF has gained a wide range of expertise, tested techniques and strategies of intervention that allow it to pool rapidly the logistics and human resources necessary to provide efficient aid.

Largely supported by private donors, the organization is able to maintain great interventional flexibility and total independence in its choice of operations.

The MSF international network is made up of six operational sections in Europe and eleven branch offices in Europe, North America and Asia. The International Office, based in Brussels, is responsible for liaising with international organizations.

This activity report provides a close-up of MSF's operations in 65 countries in 1992, and outlines developments in the course of 1993. Each country entry includes a brief overview of the local situation, the MSF programmes, the number of expatriate volunteers and the list of institutional donors.

ACTIVITY REPORT

AFGHANISTAN

CONTEXT

For over a decade, Afghanistan was a flagship mission for MSF, whose staff were some of the few outside medical workers operating on the rebel side during the Soviet occupation. During this time, some 500 personnel crossed the border secretly to work in 16 health centres. Following the murder of an MSF logistics worker in April 1990, activities in Afghanistan were suspended and teams withdrawn. MSF reopened operations in Afghanistan in 1992 following the fall of President Najibullah's communist government and the ensuing battle, mainly between forces backing the new government of Burhanuddin Rabbani and the Hezb-e-Islami led by Gulbuddin Hekmatyar. Although stability has returned to some parts of the country, the overall situation in Afghanistan continues to give cause for concern. The peace agreement has been unable to prevent fierce fighting in the besieged capital Kabul, where thousands have died. In northern Afghanistan, a massive wave of refugees fleeing the civil war in neighbouring Tajikistan began arriving in the Mazar-e-Sharif and Kunduz areas in December 1992.

PROGRAMMES

- **Kabul:** From May to August 1992, MSF supplied surgical equipment to Kabul's hospitals for the treatment of war casualties. MSF then took over the general supervision of the surgical wing at the 180-bed Jamhuriat hospital. The programme covers stipends for hospital staff, food for patients and supplies of medicines and medical equipment. MSF also provides support to two health posts on the outskirts of the city in areas where the fighting is particularly bad.
- **Charikar, Pol-e-Khomri:** A large number of Kabul's inhabitants fled to Charikar, a town 40 km north of the capital. In addition

to supplying medicines and medical equipment to the hospital, MSF's work here focuses on improving emergency services and retraining anaesthetists. MSF also monitors the health of displaced persons in Pol-e-Khomri.

- **Tajik refugee programme:** Assisted by Afghan and Tajik health workers, MSF supervises medical services for Tajik refugees in Sakhi camp, which currently shelters 30,000 refugees. In Tashkorgan camp (5,000 refugees) MSF monitors the running of the camp hospital and the health of the refugees, although growing insecurity has forced the volunteers to carry out their work on an intermittent basis. MSF has had to withdraw from the Kunduz camps (30,000 refugees) for security reasons.

Staffing: 15 expatriates

Funding: MSF, UNHCR, EEC, Luxembourg government.

ALBANIA

CONTEXT

Albania faces an appalling economic crisis and the transition to a multi-party system has been very slow. Although it is well staffed, the country's health care system is scarcely functioning, mainly due to serious shortages of even the most basic medical supplies, run-down buildings and obsolete equipment. This scenario applies to most of the country's public services, which will require massive foreign support to rebuild their infrastructure.

PROGRAMMES

Technical assistance: Since December 1991, MSF has been distributing supplies to health structures in eight districts in the north (pop: 773,000) and six districts in the south of the country (pop: 250,000). In September 1993, MSF will launch a much

larger project for the entire country, aimed at distributing basic medical material to health posts and out-patient clinics.

Staffing: 19 expatriates

Funding: MSF, EEC, Dutch government.

ANGOLA

CONTEXT

UNITA forces took up arms again following their defeat in the November general elections and the Angolan people have once again been thrown into vicious civil war. The renewed fighting killed or wounded tens of thousands of civilians and displaced two million people in the first five months alone. Relief organizations are carrying out their work under conditions of extreme insecurity and have had to drastically limit their activities.

PROGRAMMES

MSF has had teams in Angola since 1983 bringing emergency relief and technical assistance to victims in both UNITA and MPLA territory.

- **Benguela Province:** MSF has run technical assistance programmes to relaunch a 50-bed hospital in Chaiambo, a 100-bed surgical hospital, feeding centres and outlying health posts in Cubal and a 100-bed hospital in Ganda. The teams had to withdraw in February and March 1993 as UNITA and MPLA forces fought for control of the areas. The three hospitals, the health posts and the feeding centres, where MSF had been working since 1990/91, were destroyed or pillaged. The launching of a health monitoring programme at a camp in Chaiambo sheltering thousands of displaced persons has had to be postponed several times. Benguela town has become the missions' main logistical and technical centre in the area. MSF supplies the 1,000-bed hospital and recently took charge of health services in a displaced persons' camp sheltering some 5,000 people.
- **Huila and Cunene provinces:** MSF's programmes in these areas had to be suspended towards the end of 1992, but have since been started up again, although on a much smaller scale. Technical

programmes included refurbishing a hospital and several health centres, training local health workers and distributing medicines and medical equipment. The health care programme covered mother and child care, nutrition, AIDS-prevention and treatment of sleeping sickness.

- **Zaire Province:** MSF took part in a UNHCR repatriation programme for 100,000 refugees returning from 15 years of exile in Zaire. The programme was launched just before the election, but has since been suspended. MSF currently supplies medicines to a dozen health centres in the province where and when access to them is possible.
- **Cubango Province:** The MSF health workers' training programme in Mavinga was completed in November 1992 as scheduled.
- **Huambo and Bié provinces:** MSF worked in two health centres in the provincial capitals and relaunched hospitals in a number of provinces. MSF also ran an expanded programme of immunization (EPI) throughout the region. The projects had to be suspended or cut back in November 1992.
- **Uige province:** The health care projects started in 1990 in the province had to be abandoned when fighting broke out at the end of 1992. In March 1993, MSF launched an emergency project, taking charge of the Uige provincial hospital. The team supervises and organizes paramedical activities, and outpatient consultations (400 to 500 per day). A therapeutic feeding programme has been set up for under-fives.
- **Cazenga:** MSF is working with the local health authorities to relaunch six health centres in the Cazenga municipality (pop: 500,000).

Staffing: 40 expatriates

Funding: MSF, EEC, UN, Spanish, German and French governments.

ARMENIA

CONTEXT

MSF first went to Armenia to provide relief for victims of the earthquake in 1988 - its first official intervention in the USSR - and has since run various projects in the area. Following the outbreak of the conflict in Nagorno-Karabakh, the missions had to be reorganized in order to provide emergency assistance to the wounded and displaced in Armenia and in Nagorno-Karabakh itself. Hundreds of thousands of refugees have settled in Armenia in families or small groups, but given the economic crisis and food, medicine and fuel shortages caused by the Azeri blockade, the Armenian authorities are hard put to cater for them.

PROGRAMMES

- **Medical supply programme:** In both Armenia and Nagorno-Karabakh, MSF distributes medical and surgical supplies to hospitals and clinics for the treatment of war casualties. A special pharmacy management programme was also set up to improve the management of medical stocks in both the hospital and the central pharmacy.
- **Refugee programme:** Direct assistance is given through an emergency programme which covers distributions of medicines and medical equipment to tens of thousands of refugees in Armenia. In order to identify new needs, the MSF teams carry out health surveys among the displaced and monitor population movements as fighting continually breaks out in new areas.
- **Handicapped childrens' programme:** This is a two-year project to upgrade the social, medical and therapeutic services and living conditions of a group of 150 mentally and physically handicapped children (aged 4 to 18) in Yerevan. The children were especially neglected during the years of communism. In addition to their disabilities, they suffer from various diseases resulting from poor hygiene and inadequate nutritional and medical attention. As part of the programme, a building with improved facilities is being renovated and fitted out to house the institute.

Staffing: 8 expatriates

Funding: MSF, EEC.

AZERBAIJAN

CONTEXT

Azerbaijan has received an estimated 400,000 refugees from the Nagorno-Karabakh conflict. The country suffers general shortages of food and medical supplies, making the refugees an extremely heavy charge for the authorities. There is great concern for the country's future with no seeming end to the war with Armenia and a worsening internal political climate.

PROGRAMMES

- **Emergency relief for refugees:** MSF is in charge of an emergency relief programme (food, shelter, health care, sanitation) for 25,000 refugees in the Lachin corridor, where they live under particularly difficult conditions. The teams supply medical kits to three main hospitals in the area and to hospitals in Baku.
- **Emergency food distribution:** In November 1992, MSF set up a two-month emergency food distribution programme throughout the country for vulnerable groups such as the elderly, the disabled, orphans and displaced persons.
- **Programme for the handicapped:** This programme is similar to the one being run in Armenia. The institute is located in Sarai (Baku) and houses 300 physically and mentally disabled persons aged 4 to 30. In addition to medical and therapeutic care, MSF is also renovating and refurbishing the institute's building.

Staffing: 12 expatriates

Funding: MSF, ProVictimis (Switzerland), EEC.

BANGLADESH

CONTEXT

Rohingyas, members of the Muslim minority in Burma, began arriving in Bangladesh in March 1991, fleeing military repression at home. The first Rohingyas to arrive settled amongst the local population but the numbers crossing the border during the first few months of 1992 suddenly rose to a dramatic six to seven thousand new

arrivals each day. Estimated at 25,000 in early February, the refugee population had reached 250,000 by the end of 1992.

PROGRAMMES

- **Emergency refugee programme:** MSF's immediate response to the crisis was to set up an emergency relief programme in January 1992 for the huge numbers of refugees coming in. The UNHCR set up nine camps spread out from Cox's Bazaar to Teknaf (south Bangladesh). The emergency phase lasted about seven months and covered disease prevention and treatment (particularly cholera, measles and diarrhoea-related illnesses), therapeutic and supplementary feeding, setting up dispensaries, in-patient facilities, a water supply and sanitation system and an epidemiological surveillance system. Further emergencies arose following the outbreak of a cholera epidemic (October 1992) and a tornado (February 1993) in the Ghundum camp.
- **Refugee health care:** By August 1992, the emergency phase was over and a regular health service was set up (broader immunization campaign, mother and child health care, medical consultations and hospitalizations, health education and training).
- In addition to the medical work, MSF also spoke out against the forced repatriation of 27,000 refugees which began in August 1992, following a bilateral agreement between the Burmese and Bangladeshi governments. The UNHCR was barred from participating in the operation and from visiting transit camps. Finally, the UNHCR signed a new agreement with the Bangladeshi government to bring an end to the repatriations and set down new terms for the care of the refugees. Although relations have greatly improved, the refugee issue remains a delicate problem.

Staffing: 25 expatriates

Funding: MSF, UNHCR, EEC, BRP, Dutch and Canadian governments.

BELGIUM

CONTEXT

Although Belgium has an adequate and well developed national health care system, an increasing number of vulnerable social groups have been falling through the social security net over the past few years.

PROGRAMMES

MSF's programmes in Belgium are geared towards providing social and medical care to such groups and raising public awareness on various health issues, especially AIDS.

- **Antwerp:** Specialist and general medical consultations in dispensaries open two evenings a week started in August 1992 for people without health insurance - the homeless, asylum seekers, illegal immigrants. The programme is run in partnership with two other organizations.
- **"Petit Château" centre for asylum seekers (Brussels):** This is a medical and social assistance programme at the "Petit Château" transit centre for asylum seekers. It includes an AIDS programme. The project is now in its seventh year.
MSF's programme to assist asylum seekers whose status has been recognized was closed in December 1992 as a sufficient number of social welfare programmes had been created for them.
- **ELISA-AIDS prevention programme:** This is a service for the general public that provides free and anonymous HIV tests, pre- and post-test counselling and information. A special course for general practitioners has also been set up.
- **Medical programmes for the homeless, prostitutes and drug addicts:**
A two-year campaign to promote HIV/STD testing among prostitutes and make available free gynaecological consultations started in September 1992. Mobile clinics for the homeless give medical and social consultations at Brussels' three main train stations. A "new-for-old" syringe exchange programme for drug addicts will be run from a mobile unit parked at specific places at fixed hours. People can consult the information service about their specific problems.

Staffing: 20 local part-time posts

Funding: MSF

BENIN

CONTEXT

Benin has successfully made the transition to a democratic political system. This is in stark contrast with neighbouring Togo where presidential and legislative elections fixed for this year have been preceded by a general strike since November 1992, the violent repression of civilians by the army and the exodus of about half the population of the Togolese capital (600,000) in January 1993 to Benin, Ghana and other parts of the country.

PROGRAMMES

- **Refugee assistance:** A new mission was opened in mid-April 1993 to provide emergency relief to Togolese refugees fleeing repression in their country. MSF's activities include measles vaccinations for children under five, supervision of disease prevention and treatment, epidemiological surveys of diarrhoea-related illnesses, respiratory infections, measles and malnutrition, distributions of medical supplies in a dozen dispensaries in the region and a sanitation project (setting up water supply and refuse collection systems as well as building latrines in camps).

The current MSF programme is planned to last six months, by which time the local health structures should have expanded their services to cater for the medical needs of the refugees. MSF's future activity will depend on developments in Togo.

Staffing: 3 expatriates

Funding: MSF, UNHCR.

BOLIVIA

CONTEXT

Although the Bolivian government has been able to bring down inflation rates and has gone through the rigorous IMF restructuring programme, the country remains the second poorest on the American continent. People's living standards have fallen, causing social unrest and the growth of an informal economy financed by the cocaine trade, on which some 300,000 people depend for their income. About 800,000 people live a marginal existence. MSF has run various projects for particularly deprived groups in collaboration with the Bolivian Ministry of Health since 1987.

PROGRAMMES

- **Primary health care:** For the past two years, MSF has been running a primary health care programme in the Mizque and Cochabamba areas for 34,000 rural inhabitants of Quechua origin. The population have virtually no health care services and live in great poverty. A small hospital and a network of health posts have been built with the help of local inhabitants and in partnership with a local NGO. Training has been provided for community health workers and traditional midwives. MSF also supports mother and child care services and vaccination programmes run by the Ministry of Health. A system of self-financing is being devised so that the programme will run independently.
- **Cholera emergency programme** (January to March 1992): Following the outbreak of a cholera epidemic, MSF set up this programme, which included opening a 100-bed emergency hospital, treating cholera patients and a prevention campaign (safe drinking water, health education and vaccinations).

Staffing: 6 expatriates

Funding: MSF, EEC, Luxembourg and Spanish governments.

BRAZIL

CONTEXT

The advent of democratic rule and relative economic success has not succeeded in eliminating social and economic inequalities in Brazil. The destruction of the Amazon forest still threatens many ethnic Indian communities with extinction. Abandoned street children in Rio, who are hunted down and murdered by death squads, constitute a second group for whom there has recently been much concern.

PROGRAMMES

MSF's technical assistance projects in Brazil focus on primary health care for vulnerable groups, such as rural and urban indigenous communities.

- **Basic health care project:** Malaria is the leading cause of death among the Yanomami and Macuxi Indians in the Brazilian rain forest. But diseases such as tuberculosis and even influenza are also claiming victims. The Indians have no resistance against the diseases, introduced into their territories by gold prospectors. MSF started the Yanomami projects in December 1991 and the Macuxi project in October 1992. Activities focus on disease prevention and cure in health posts as well as distributions of medicines in Yanomami villages. The project covers about 600 Yanomami Indians and 5,000 Macuxi Indians in the Brazilian state of Roraima.
- **Amazon Basin cholera project:** The training of local health personnel plays an important role in many MSF programmes. In the Amazon area of Brazil, 6,000 health workers have been trained in the prevention, screening and treatment of cholera. MSF also distributed medicines and ran health education campaigns for the general population, with an emphasis on improving sanitation. The project was completed in July 1992.
- **Street children's programme:** MSF's programme in the city is scheduled to start in August 1993. The project is targeted at street children in three areas of Rio de Janeiro. MSF works with other local NGOs and runs the medical/health aspect of broader social programmes. There is also a

limited partnership with the Rio State University, which has a famous child and adolescent clinic. Medical activities cover primary health care, specialist services, prenatal care and family planning. Training programmes are run for social workers and medical interns and information is collected on the health situation for use in awareness campaigns, conferences and lobbying, which are all part of the scheme.

Staffing: 19 expatriates

Funding: MSF, Stichting Kinderpostzegel, EEC, Dutch government.

CAMBODIA

CONTEXT

The Cambodian government and the three resistance movements signed a peace agreement in June 1992. Backed by a peacekeeping force of 22,000, the United Nations had the task of bringing the warring parties to the negotiating table and organizing elections for the end of May 1993. Notwithstanding this large-scale international intervention, peace has not yet fully returned to Cambodia, with the Khmer Rouge still wielding considerable military power in the countryside. Large parts of the country are heavily mined. Each week, Cambodians are killed or mutilated for life as a result of mine explosions.

PROGRAMMES

Technical assistance: MSF has a large mission in Cambodia mostly involving assistance to hospitals in about eight provinces and districts (Kompong Cham, Kompong Thom, Battambang, Siem Reap, Pursat, Svay Rieng, Kampot, Banteay Meanchey and Phnom Penh). In addition to the distribution of medical supplies, programmes include constructing or renovating hospital buildings, upgrading hospital facilities and health posts (water and electricity supplies and sanitation) and supervising health care services (disease prevention and treatment, mother and child care, nutrition). Training courses are run for health personnel and hospital and pharmacy administrators.

- **Siem Reap and Pursat provinces:** MSF works in the provincial hospitals of Siem Reap and Pursat. The aim of the project is to support and relaunch the hospitals' services (in-patient services, paediatrics, laboratory, maternity) and upgrade facilities. In Siem Reap, MSF also provides assistance to the surgery department at the hospital. MSF runs disease prevention and treatment programmes in three districts in Siem Reap and two districts in Pursat.
- **Svay Rieng, Kampot, Banteay Meanchey provinces:** MSF runs programmes to improve health care services in health posts and hospitals. This includes disease prevention and cure, mother and child health care, distributions of medicines and medical equipment and upgrading health facilities. MSF also carries out training schemes for health workers, midwives, and dispensary staff. In Banteay Meanchey province, MSF also runs a programme for displaced persons in camps. The programmes cover a population of 350,000 people in Kampot and Svay Rieng, and 450,000 people in Banteay Meanchey.
- **Kompong Thom, Kompong Cham and Battambang:** Most of the programmes to refurbish health structures have reached completion. Two new missions have been opened in Sala Visay and in the Battambang district. Training programmes will focus on improving hospital administrators' management skills.

Training programmes: The first group of nursing students enrolled in a specialized anaesthetics programme at a Phnom Penh nursing school graduated in 1993. MSF staff also work at the school's laboratory where they are in charge of organizing the training programme, supplying laboratory equipment, preparing manuals and renovating the premises. The programme is now in its second year.

Staffing: 67 expatriates

Funding: MSF, UNDP, UNHCR, EEC, Dutch, Belgian and United States governments.

CAMEROON

CONTEXT

The worst of the tension in Cameroon brought about by popular action for political reform ended in 1992, following presidential elections. However, the country has been afflicted by the same economic problems that plague many other countries on the African continent.

PROGRAMMES

- **Bénoué:** The MSF mission in Bénoué Valley was closed down in June 1992 after ten years. The initial objectives of the programme had been achieved: the region now has adequate health facilities and a well established preventive health care system. The staff from the Ministry of Health have completed their training courses. The twelve rural pharmacies that MSF was in charge of for two years now operate independently. These pharmacies allow the rural population to have access to basic medicines at cost price.
- **Douala Nylon Zone:** In February 1992, a new programme was opened up in Douala as part of an urban restructuring programme being implemented by the government of Cameroon in a shanty town (Nylon Zone). MSF has a two-year mother and child health care programme for the Soboum integrated health centre in the Zone. This project is of particular interest for MSF as it concerns health care in urban areas. It is also a pilot project in Cameroon through which the government aims to involve the community in the running and financing of the health centre.

Staffing: 2 expatriates

Funding: MSF, Swiss government.

CHAD

CONTEXT

Chad's economy has been devastated by 26 years of civil war. Although international aid is coming in to build the country's infrastructure, Chad has very few industrial or agricultural resources. Living standards are low, the health sector has virtually no

funding and there is a serious shortage of qualified medical personnel.

PROGRAMMES

- **Health sector development:** MSF has run various technical assistance programmes in Chad since 1980. The current mission is a comprehensive five-year project to develop the entire health system in the Mayo-Kebbi prefecture (pop: 800,000).

The logistical part of the programme covers distributions of medical and non-medical equipment to five district hospitals and 25 dispensaries, renovating buildings, constructing new dispensaries and installing a radio communications system over five districts and Ndjamena, the capital.

The medical programme covers disease prevention and treatment, mother and child care, health education and awareness campaigns, training of laboratory assistants, specialized training for nurses, research on chloroquine-resistant malaria and sexually transmitted diseases, including AIDS.

- **Emergency programme:** MSF teams intervened during a meningitis epidemic in the Gounou Gaya region in March 1992.

Staffing: 13 expatriates

Funding: MSF, EEC, Belgian government.

CHINA

PROGRAMME

Technical assistance: Since 1990, MSF has run a basic health care and health workers' training programme in the canton of Wulan. MSF also set up an office in Beijing. Over 1992, the technical assistance programme was gradually closed with full closure of the mission scheduled for June 1993. (Also see Tibet)

Staffing: 1 expatriate

Funding: MSF, EEC.

COLOMBIA

CONTEXT

Although Colombia enjoys a better economic climate than most of its neighbours, the country has been thrown into violence by the bitter fight between the country's drug cartels and the government. The ethnic Indian communities have come out worst from the violence and economic hardship.

PROGRAMMES

- **Shanty town project:** MSF is gradually closing down its activities in four shanty towns in Bogota and Buena Ventura where it was running a general medical assistance programme and a special programme for street children. New sites are being located to relaunch the projects. The mobile food aid project, which was set up in September 1991, doubled its activity in the course of 1992.

- **La Guajira primary health care:** Following a request from the Colombian Ministry of Health, this project was launched in March 1990 for a period of two years. The aim of the project was to draw up a specific public health care system for the entire province, which is almost exclusively inhabited by Guajira Indians. The province is one of the most isolated in the country and the inhabitants have kept their traditional way of life, so public health services were badly adapted to the population. The project aimed at understanding the group's social mechanisms and helping health workers to find ways of combining modern medicine with a specific traditional lifestyle.

Staffing: 3 expatriates

Funding: MSF, Luxembourg government.

COSTA RICA

PROGRAMME

A regional "emergency" post based in Costa Rica has been set up in order to facilitate emergency operations throughout Central America, where natural disasters are frequent. This should allow MSF's regional field coordinators to have a permanent back-

up for the preparation of emergency operations.

Tasks include:

- managing the regional emergency stock in San Salvador
- assisting in the circulation of information among the different missions in Central America
- maintaining and developing relations with the Pan-American Health Organisation and other institutions based in San José
- following-up information and sending the alert in the event of a disaster.

The creation of this post has already facilitated interventions in Cuba and a fact-finding mission in Ecuador.

Staffing: 1 expatriate

Funding: MSF

DJIBOUTI

CONTEXT

At the end of 1988, hundreds of thousands of Somalis fled the civil war in their country, seeking refuge in Djibouti. About 80,000 of them are now staying in the shanty towns of Djibouti City.

PROGRAMMES

- **Shanty town refugee project:** MSF set up this project in May 1990 to provide medical and nutritional assistance, health care facilities, mother and child care, health education and training for the large numbers of Somali war refugees who fled to Djibouti City.
- **Emergency medical relief:** A short-term health care project in Obock and Tajourah districts (northern Djibouti) was started in April 1992. Activities included supervising and supporting basic health care services in six health stations and monitoring the general health situation.
- **Fact-finding mission:** A fact-finding team was sent to the country early this year and MSF will be starting up a programme for the population in territory controlled by the Front for the Restoration of Unity and Democracy.

Staffing: 7 expatriates

Funding: MSF, EEC.

EL SALVADOR

CONTEXT

El Salvador is one of the few successes in the history of UN-sponsored peace plans. After twelve years of civil war, government and guerrilla forces signed a peace agreement in January 1992. The agreement has remained in effect, with forces on both sides demobilized and all parties determined to achieve lasting political stability and get the country back on the road to reconciliation and economic recovery.

PROGRAMMES

- **North Morazan technical assistance project:** MSF is running a health support programme for 10,000 returnees from Honduras and the local population (25,000). Progress on this project has been achieved rapidly and almost all the renovation work on dispensaries is complete. The training of health workers is running smoothly and the mission will probably be closed down in early 1994.
- **Jucuaran municipality (San Miguel):** MSF stepped up its medical assistance programme with a permanent team in the field to give consultations and train health workers. Renovation work on the health centre is underway. Closure of the current project has been fixed for the end of 1993.
- **Nurses' training programme:** The San Salvador nurses' training programme has been in operation since summer 1992. It is part of an effort to reduce the shortage in paramedical personnel caused by the closure of nursing schools for several years. The training programme is taking place at the University of San Salvador.
- Assistance to the Hogar del niño orphanage continued in 1992.
- The physiotherapy mission for war casualties has been closed down completely.
- MSF took charge of providing medical assistance in the guerrilla demobilization programme and intervened in three emergencies: the Rio Lempa floods, the volcanic eruption and a tidal wave.

Staffing: 13 expatriates

Funding: MSF, EEC, UN, Canadian and French governments.

EQUATORIAL GUINEA

CONTEXT

Although the law regarding the establishment of a multi-party system was voted through in January 1992, political tension in Equatorial Guinea persists. Output of the country's main exports, cocoa and coffee, is stagnating while the level of imports is rising constantly.

PROGRAMMES

Primary health care: MSF has been running a primary health care programme in collaboration with the Ministry of Health as part of the ministry's rural development plan. The programme has expanded from the Nsok-Nsomo district to cover the 100,000 inhabitants of the Mbini, Niefang, Evinayong and Bata districts. Activities include the construction and fitting out of an 18-bed hospital and ten health posts, organization of medical services, distributions of medicines and medical equipment in hospitals and health posts, local health workers' training schemes and health education programmes. A sanitation and water supply programme, as well as an immunization and mother and child care programme are nearing completion. MSF is also developing a system of self-financing for the primary health care service.

Staffing: 12 expatriates

Funding: MSF, EEC, Spanish government.

ETHIOPIA

CONTEXT

Political tension in Ethiopia has lowered, even though insecurity persists. The new government of Meles Zenawi still has to forge stronger ties of national unity amongst Ethiopia's different ethnic groups. Repatriation of Ethiopian refugees from Somalia, Kenya and Sudan has now begun. Inside Ethiopia, there are still hundreds of thousands of refugees from south Sudan and Somalia as well as large numbers of displaced persons.

PROGRAMMES

Refugee assistance

- **Drug supply management:** Since the end of 1991, MSF has been in charge of supplying medicines for the 400,000 refugees in camps in the Eastern and Gambela regions.
- **Gambela region:** In Gambela there are several hundred thousand south Sudanese displaced by the civil war. About 8,000 displaced persons live in Gambela City. MSF's activities include support for the health facilities in the Fugnido camp, particularly disease prevention, basic health care, measles immunization and supplementary feeding for under-fives, and medical and nutritional surveys. Technical assistance covers the rehabilitation of the hospital in the city of Gambela and medical and administrative support for the hospital and the camps. A mobile clinic and a feeding programme have been set up for displaced persons.
- **Dolo Odo, Suftu and Bare (Borena):** An emergency programme is being run for 120,000 Somali refugees and Ethiopian displaced persons who have settled in the Borena region. Seven temporary feeding centres have been set up for children and other vulnerable groups. MSF staff are also in charge of running health care facilities, including an out-patient clinic and a surgery. The centres also have field hospitals (30 to 50 beds each) for children. Assistance is given to the Ministry of Health to resume programmes in their clinics. The clinic in Dolo Odo is being upgraded with a unit for minor surgery.

- **Gode (Ogaden):** MSF continues to run comprehensive medical programmes for refugees in three camps (Gode 1 and 2 and Bohelagare) which shelter some 50,000 refugees, displaced persons and Ogaden returnees. The area is still plagued by drought and insecurity, resulting in high malnutrition rates and population displacements. Technical support is also being provided to the hospital and activities were extended to surrounding villages in February 1993. Activities included a mass measles vaccination programme, setting up six out-patient services, intensive feeding for 400 children and supplementary feeding for over 10,000 children.
- **Darwanaji and Teferi Ber:** MSF launched disease prevention and treatment programmes for about 60,000 returnees staying in transit camps. The programmes were taken over by the Administration for Refugee and Returnee Affairs (ARRA) and the Save the Children Fund in 1992.
- **Hararghe:** Some 45,000 displaced persons live in the Hararghe region (East Ethiopia). MSF runs disease prevention and treatment programmes, intensive and supplementary feeding centres, training programmes and health and nutrition surveys amongst the population. MSF also runs an anti-tuberculosis programme and assists outlying clinics in the region.
- **Moyale:** 35,000 people, displaced by inter-ethnic fighting in the south of the country have settled around the town of Moyale on the Kenyan border. Returnees from Kenya and displaced Ethiopians are now coming back to Moyale, and a programme has been set up to refurbish health structures to cater for their needs. In response to the extremely high malnutrition rates in the area, MSF opened up supplementary and intensive feeding centres. Only one centre remains open as the food situation has greatly improved.
- **Sekota and Lalibela:** The missions in these areas were closed down in June 1992 as planned.
- **Dire Dawa:** MSF ran a medical and nutritional assistance programme and a measles vaccination programme in a camp for 15,000 displaced persons located in

Aysha. The programme was taken over by the ARRA at the end of 1992. In the Armukale refugee camp, MSF supervised measles immunization as well as medical and nutritional assistance programmes for 7,000 displaced persons.

- **Jijiga:** MSF ran medical and nutritional assistance programmes for 10,000 returnees from Somalia in Heregel camp. The teams also supervised the rehabilitation of three dispensaries, and set up three supplementary feeding centres for 1,500 children.

Technical assistance

- **Adigrat and Mekele:** A project was set up to distribute medicines and food supplements to the hospital, train hospital staff and support the surgery department and outpatient clinic. In Adigrat, MSF installed basic facilities for a 120-bed hospital, where teams provided emergency medical assistance.
- **Jijiga:** The Jijiga programme covers surgical assistance to the hospital, with consultations and an in-patient service. Other activities include refurbishing and running the surgical wing and improving the hospital's water supply. The programme is to continue until December 1993 at the earliest. In outlying health posts, MSF is running a programme to relaunch health services for displaced persons in the region.
- **Dire Dawa:** The programme covers surgical assistance for war casualties and the renovation of the surgery ward and operating theatre.
- **Borena region:** MSF is running a basic health care programme in three districts for Ethiopian refugees returning to the country. The main objectives of the programme are to refurbish and expand health facilities and services, train health personnel, monitor nutrition, develop disease prevention services and support the national tuberculosis programme.

Staffing: 60 expatriates

Funding: MSF, Help the Aged, Caritas, Goal, Mondadori, Radda Barnen, BRP, UNICEF, UNHCR, OFDA, EEC, Belgian, Luxembourg, Dutch governments.

FRANCE

CONTEXT

Although France is one of the world's wealthiest countries and has a wide-reaching, comprehensive social welfare system, it is estimated that 2.5 million people live below the poverty line and about 800,000 needy people are unable to claim social security benefits. This includes categories such as asylum seekers living clandestinely in France, the homeless and the unemployed.

PROGRAMMES

The bulk of MSF's activity in France focuses on providing free medical care and social assistance to people who are not eligible for social security benefits (destitute families, illegal immigrants, the unemployed, the homeless, etc). MSF also monitors the health situation of these people in order to raise public awareness to the plight of the poor in industrialized countries and effectively lobby national authorities for change.

- **Socio-medical centres in Lyon, Lille, Marseille, Saint-Denis:** The activity in these programmes (medical consultations, counselling and social reintegration) has greatly increased over the past year. However, the growing number of serious medical cases received at these centres has prompted MSF to intensify its awareness campaign rather than increase the number of centres. This is especially so because the majority of these people do actually have the right to claim assistance under the law, despite the refusal of social and health care authorities to register them.
- **Lead poisoning in schools:** MSF has carried out an evaluation survey of the effects of toxic paints in schools. Children suffer from lead poisoning by inhaling the dust and residue of old paint. The evaluation of the entire project will be finalized in 1993 and distributed to public authorities and associations, who up to now have taken little action to solve this problem.
- **Former Bosnian detainees:** Two MSF workers, a lawyer and a psychologist, are working with former Bosnian detainees who have been granted asylum in France.

The public social services generally do not pay adequate attention to the social needs of such groups. MSF aims to produce guidelines for the authorities in charge of their social integration and has published several reports on the subject.

Staffing: 13 local staff

Funding: MSF, French government, France's Conseils Généraux.

GHANA

CONTEXT

Ghana became host to over 100,000 Togolese refugees fleeing a wave of government and army repression at the beginning of 1993.

PROGRAMMES

Refugee assistance: MSF set up an emergency programme in the Delta Region, where 100,000 Togolese refugees have sought shelter. In addition to a measles vaccination campaign for children under five, MSF provides technical and logistical support to the dispensaries in the area. Many of the refugees have been taken in by their extended families, but a camp has been set up for 10,000 people in Klikor, where MSF is constructing a water supply system and a new dispensary.

The future of the mission will depend on developments in Togo, which remain uncertain, and on the ability of the local health system and other partner agencies to care for new arrivals.

Staffing: 3 expatriates

Funding: MSF, French government.

GREECE

PROGRAMME

MSF has been working at the Leros psychiatric clinic in collaboration with other NGOs and the Greek Ministry of Health. The MSF team is in charge of physiotherapy and occupational therapy for 80 patients. MSF collaborates with the local authorities to improve the welfare rights of the patients. Training of personnel

and improvement of the hospital's facilities are included in the programme, which ended in June 1993.

Staffing: 3 local posts

Funding: MSF, Greek government.

GUATEMALA

CONTEXT

Despite the ending of the civil war and the arrival in power of a democratically elected government, social and political violence continues in all sectors of Guatemalan life. There are reports of continued human rights violations mainly against the indigenous Indian peoples, which constitute half the population of the country.

PROGRAMMES

MSF's work in Guatemala since 1984 has consisted mainly of projects for displaced Amerindian groups and shanty town dwellers, both in the capital and outside.

- **Izabal and Peten Districts:** A community primary health care project was started in November 1992 for the indigenous Queché population living in Izabal and Peten districts. Activities focused on relaunching health care centres, supplying basic medical equipment and medicines, training community health workers and traditional midwives. The project is to be expanded to other parts of Peten in order to cater for Guatemalan refugees returning from Mexico.
- **Guatemala City:** MSF reoriented its project in El Mesquital shanty town in 1992 in order to identify new needs and diversify its programmes accordingly. About ten new areas were identified where new hygiene, drainage and water supply projects are being set up. The training schemes for health workers continue to be run in partnership with local health centres.
- **Huetenango Department (Todos Santos):** The Todos Santos community health programme covers training health workers and midwives, and improving the water

supply and sanitation facilities. The project was extended in 1992 for another three years with an aim to achieving full self-sufficiency by the end of this period.

- **El Milagro Project:** Launched to upgrade health facilities and set up a water supply and sanitation system in the El Milagro shanty town (pop: 60,000), this project was opened in July 1992 for a four-year period and is to run in collaboration with the Development Studies Institute in Geneva. Despite the community's various efforts over the last thirty years to supply homes with drinking water, including payment for fraudulent water concessions, inhabitants still had to buy water from truck reservoirs supplied by companies at an extortionate price.
- **San Andres:** The community health care project was completed in April 1992 and handed over to the Guatemalan Social Security Institute.

Staffing: 17 expatriates

Funding: MSF, EEC, UNHCR, UNICEF, Spanish government.

GUINEA

CONTEXT

The democratization process in Guinea, which began with a new government in 1990/91 and a promise of multiparty elections in 1993 is going ahead slowly amid high political tension. Economically, Guinea remains among the least advanced countries of the world. The economic growth promised by the structural adjustment programmes has yet to reach the levels initially forecast.

PROGRAMMES

- **Kankan, Mandiana, Kouroussa and Dabola prefectures (Upper Guinea):** MSF has worked in Guinea since 1984. The current programmes are being carried out as part of a broader government project to develop a national health policy. They are technical assistance projects to supply medicines and medical equipment to hospitals and health centres, train health and administration personnel and upgrade health facilities.

- **Nzérékoré, Yomou, Lola and Beyla (Guinea Forest region):** MSF is working with the government of Guinea to set up a public health care system for the entire area. In addition to training and administration, the MSF teams are working to refurbish three of the four main hospitals. Direct medical assistance is given through an extended immunization programme, distributions of medicines to four hospitals, 35 health posts and 43 health centres through the central pharmacy.
- **Tuberculosis programme:** The project was started in 1991 and is run in three dispensaries in Conakry and two dispensaries in Mamou and Labé. Activities include prevention and treatment of tuberculosis, training of health personnel and general health education.
- **Emergency programme:** MSF teams intervened during a meningitis epidemic which broke out in December 1992. Some 2,000 people were infected and the death toll was estimated at between 300 and 400 people. Activities included treatment and prevention of the disease and collection of data on the epidemic for a study.
- **Sierra Leonean and Liberian refugee assistance programme:** 220,000 Liberian refugees arrived in the eastern part of Guinea and 200,000 Sierra Leonean refugees arrived in the west. The refugees have settled among the local population. MSF supports the refugees through the local health system.

Staffing: 33 expatriates

Funding: MSF, Eriksjälpen, EEC, UNHCR, Belgian and Luxembourg governments.

GUYANA

PROGRAMME

Emergency cholera programme: MSF intervened in Guyana when a cholera epidemic hit the country in 1992. The aims of the project were to train public health workers and instructors in the treatment of cholera, to set up centres and supply medicines for cholera patients. Teams also collect data on the epidemic and support the capital's laboratory. The project covers the entire country (pop: 200,000).

Staffing: 4 expatriates

Funding: MSF, EEC.

HAITI

CONTEXT

The recent history of Haiti, the poorest country in the western hemisphere, has been marked by violence. The political situation is still highly unstable and living conditions for ordinary Haitians have worsened.

PROGRAMMES

- **Port-au-Prince:** MSF supplied medicines, medical and surgical materials to hospitals, supported surgical activities and provided transport for the hospital's medical staff. The programme to distribute medical and surgical equipment to hospitals in Port-au-Prince and its outskirts was completed in May 1992.
- **Camp Perin:** MSF runs a primary health care programme which covers immunization, training and health education.
- **Training:** Training programmes for anaesthetist nurses are being run at Justinian and Fort Liberté Hospitals in partnership with a local NGO. MSF is working on a scheme to reorganize the pharmacy and surgery wing at Saint Justinian Hospital.

Staffing: 10 expatriates

Funding: MSF, EEC, Luxembourg government.

HONG-KONG

CONTEXT

Voluntary repatriation of Vietnamese boat people has proceeded steadily at a rate of 1,000 per month according to the Comprehensive Plan of Action signed in Geneva in June 1989. Forced repatriation was carried out by the Hong Kong government at a rate of 30 people a month. Some 40,000 Vietnamese, of whom about 30,000 have not qualified for refugee status, are still living in cramped detention centres. With the 1997 deadline approaching, and the Chinese government's clear decision not to accept Vietnamese boat people on the territory after they take over, all possible means are being sought to encourage them to return home. The closure of the camps is scheduled for 1996.

PROGRAMMES

Assistance to refugees and asylum seekers:

MSF has worked in Hong Kong since 1988 providing health services to Vietnamese refugees and asylum seekers in the Pillar Point refugee camp (pop: 3,400) and in the Whitehead (pop: 16,000) and Chimawan (pop: 2,000) detention centres. Activities included pre- and post-natal care, mother and child care, running health centres, training health personnel and general health education.

Staffing: 7 expatriates

Funding: MSF, UNHCR, EEC.

IRAQ

CONTEXT

Southern Iraq is still under the tight control of Baghdad, whose opposition to the presence of international aid agencies in the region has hindered relief activities in the area. In the north, Iraqi Kurdistan has a *de facto* administration which is in principle protected by the "no-fly" restriction enforced by the UN coalition. This has done little to ensure the security of relief agencies, which have been deliberately targeted for attack, the most recent and extreme example this year being the murder of a Handicap International representative.

PROGRAMMES

In June 1992, the Iraqi government refused to grant the MSF team work visas, resulting in the closure of the Baghdad office and the Basrah programme. Given the continued acts of brutality by the government and ongoing population displacements, MSF decided to maintain its operations in Iraqi Kurdistan throughout 1992, until serious security threats forced it to pull out in May 1993. This decision was influenced by the relative improvement in the health situation and the disruption of the normal running of operations caused by the need to have 24-hour armed protection. MSF's programmes have been taken over by the Kurdistan health authorities and a liaison office in Zakho has been kept open in case further emergencies should arise.

- **Basrah:** From April 1991, MSF distributed drugs to 34 health centres and set up supplementary feeding programmes for malnourished children. The mission was closed down in 1992 due to the government's refusal to grant work visas.
- **Sulaymaniyah, Daniya, Raniya:** The missions covered distributions of medicines, monitoring population displacements, fuel supplies to hospitals during the winter, assistance to hospitals and supervision of dispensaries.

Staffing: 8 expatriates

Funding: MSF, UNICEF, UNHCR, EEC, OFDA, France's Conseils Généraux, Dutch government.

KENYA

CONTEXT

The year 1992 was disastrous for the Horn of Africa. The rains failed, resulting in wholesale starvation. In northern Kenya a million people were threatened with starvation. Kenya is host to about 400,000 refugees from Somalia, Ethiopia and Sudan, fleeing famine and war. Because of the drought, large numbers of Kenyan nomads have lost their herds, from which they derive their livelihood.

PROGRAMMES

In response to last year's emergency arising from drought and war, MSF's main activities covered:

- feeding centres, especially for under-fives, nursing and pregnant mothers
- measles, tuberculosis immunization, cholera clinics
- health posts and in-patient clinics
- distribution of drugs and medical supplies
- sanitation and water
- training for health workers and general health education
- monitoring health and nutrition and collecting data.
- **Liboi camp:** MSF is in charge of medical and nutritional assistance and measles immunization programmes for 45,000 Somali refugees. Liboi was initially a transit camp, but has now become semi-permanent.
- **Ifo, Dagahaley and Hagadera camps:** The programme was set up in the three camps in February 1992. MSF runs in- and out-patient services, nutritional centres, and measles vaccination programmes. Water supply and sanitation systems have also been set up by the teams for the 110,000 Somali refugees.
- **Mandera camp:** MSF runs intensive feeding centres for 400 children and supplementary feeding and measles immunization programmes for 12,000 children. The total refugee population is 55,000.
- **Garissa and Ijara:** 61,000 displaced persons and nomads moved here because of the drought and food shortages. MSF has medical and feeding programmes in both locations.
- **El Wak:** MSF runs measles immunization and food aid programmes for 10,000 displaced

persons in El Wak and 33,000 displaced persons throughout the district. MSF runs the medical assistance programme for 20,000 Somali refugees.

- **Wajir:** MSF has set up eleven dry ration distribution points in the area for 100 under-fives.
- **Banissa region:** Not so long ago the population in this area totalled only 3,000. It was inflated to 30,000 after the arrival of an estimated 25,000 Ethiopian refugees and a few thousand nomads. Before MSF arrived in the town of Banissa there was only one health post, run by a nurse, where both the local population and the displaced people sought medical help.
- **Kakuma:** MSF's medical assistance programme caters for 23,000 Sudanese refugees and supervises three health posts in the area. A training programme has been set up for Sudanese nurses at the hospital, as well as a special tuberculosis programme.

Staffing: 70 expatriates

Funding: M S F, Stichting Vluchteling, UNHCR, BRP, EEC, Dutch, Belgian, Luxembourg, Canadian, and United States governments.

LAOS

CONTEXT

Although the socialist government remains in power, Laos has continued the process of opening up politically and economically. The country has obtained observer status with the Alliance of South East Asian Nations (ASEAN) and has begun to receive investments from industrialized countries such as France and Japan. A peace agreement over the border dispute between Thailand and Laos was signed at the beginning of 1992. The UNHCR is in charge of a repatriation programme for refugees who fled the communist regime in 1975.

PROGRAMMES

MSF runs a technical assistance programme for hospitals which covers medical and administrative support and renovation work.

- **Saravan province:** Renovation and construction work at the Saravan provincial hospital and two district hospitals and dispensaries was completed in 1993. The running of the gyno-obstetrics service has been taken over by a midwife and a mother-and-child care service has been set up. A system of fees for out-patient consultations has been launched. Although this does not cover the running costs of the hospital, it allows the hospital to have a small budget of its own. A new agreement has been signed with the government to extend the project to the end of 1994.
- **Champassak province:** MSF has been working in three districts of the province since 1990. The projects cover training and refresher courses for health workers, distributions of medical supplies and the refurbishment of health structures. The objectives of the programme are to improve the quality of services and expand them to cater adequately for the entire area.

Staffing: 8 expatriates

Funding: MSF, UNICEF, EEC, Belgian, Canadian and Australian governments.

LEBANON

CONTEXT

The Syrian-brokered peace settlement for Lebanon appears to have put an end to Lebanon's war although tension in the south persisted.

PROGRAMMES

- **Beirut (Bir Hassan dispensary):** MSF's first programme in the country aimed to provide medical assistance to civilians wounded by fighting in a southern suburb of Beirut whose population consists mostly of Palestinians, Lebanese and Shi'ite displaced persons. MSF set up and supported a dispensary (Bir Hassan) run entirely by local staff. The mission was closed in 1993 and is now run independently.
- **Biakout dispensary:** MSF supervises the Biakout dispensary which provides basic health care for about 300,000 people, of whom about half are displaced.

- **Emergency programmes:** Although no large-scale project was launched, MSF provided assistance to local surgery units treating war casualties in south Lebanon.
- MSF was unable to obtain the necessary authorization from the Lebanese authorities and Palestinian representatives to provide medical and non-medical assistance to 400 Palestinians stranded in the no-man's land between the Lebanese and Israeli borders early this year.

Staffing: 1 expatriate

Funding: MSF, Luxembourg government.

LIBERIA

CONTEXT

Liberia's civil war has now run into its fourth year and continues to take a heavy toll on civilians throughout the country. Fighting between the West African peacekeeping forces (ECOMOG) and Charles Taylor's NPLF continued unabated and in an attempt to cut off rebel-held areas completely, relief access to victims is being restricted. This culminated in the bombing of an MSF relief convoy by ECOMOG jets in April 1993.

PROGRAMMES

MSF runs emergency relief programmes in six locations in Liberia for displaced persons, Sierra Leonean refugees and local populations.

- **Monrovia:** MSF relaunched services at the paediatric unit of the JFK Central Hospital and handed the programme over to the hospital's administration in late 1992. Support is still given to four other hospitals in the capital and 20 out of its 30 clinics. Programmes for displaced persons included setting up temporary and mobile clinics, shelters, water supplies and sanitation systems. MSF provides technical assistance to the National Drug Service, an organization set up to coordinate the distribution of medicines to health structures in the capital and as soon as it is possible, throughout the entire country. MSF teams also work in partnership with two local NGOs: the Children's Assistance

Programme (CAP), which aims to assist children in difficulty, especially orphans and abandoned children, as well as the Medical Emergency Relief Cooperative International (MERCIC), which aims to maintain the operation of a network of ten clinics in the capital.

- **Lofa County:** About 110,000 Sierra Leonean refugees are spread out over four districts in Lofa County, where there are also 30,000 displaced Liberians. MSF assists the county health team and supervises three intensive feeding centres.
- **Nimba County:** MSF works with the staff of the Kolahun hospital and runs a medical supply centre with UNICEF.
- **Margibi:** MSF personnel work at two hospitals in Margibi. The MSF programme to relaunch health services was handed over to another agency. Also in 1993, a medical and nutritional programme was relaunched for 100,000 people who had been displaced by fighting.
- **Cape Mount:** The project consists of supervising two mobile clinics, relaunching six clinics and medical support to feeding centres run by another NGO.

Staffing: 20 expatriates

Funding: MSF, UNHCR, UNICEF, EEC, Dutch and Belgian governments.

MADAGASCAR

CONTEXT

Widespread poverty was compounded by a drought in the south of the country and low agricultural production of both sugar and coffee, Madagascar's main exports. Violent demonstrations and civil unrest prompted the government to set a date for the first round of presidential elections in 1992, which were won by opposition leader, Alfred Zafy.

PROGRAMMES

Antananarivo: MSF's project focuses on assistance for the homeless and includes:

- the creation and supervision of four dispensaries, four crèches and four feeding centres for children, in partnership with a religious association. The programmes are

expected to run independently at the end of 1993.

- the organization of a health care service in a youth centre (closure: end 1993)
- the creation of an intensive feeding programme in the Bezelatana paediatric hospital started in April 1993
- a sanitation programme for shanty towns started in March 1993.

Toliara: In March 1993, MSF closed its extended programme of immunization and feeding programmes at 12 centres in Toliara province.

The possibility of setting up hospital rehabilitation projects in other parts of the country is currently being studied.

Staffing: 7 expatriates

Funding: MSF, UNICEF, EEC, Japanese government.

MALAWI

CONTEXT

The Malawian economy has suffered greatly over the past year as a result of the suspension of development aid, world recession, falling agricultural prices and severe drought. Malawi hosts one million refugees from Mozambique. The drought brought in new arrivals, swelling the population of a number of camps. This triggered off epidemics and rising malnutrition rates. As a result of the many landmines buried in fields and roadways, the repatriation of refugees, which was to start in early 1993, has been delayed. A number of refugees have nonetheless returned home of their own accord now that travel by land is possible.

PROGRAMMES

Refugee programmes

MSF's work in Malawi over the past years included medical assistance and feeding programmes for Mozambicans in nine refugee camps in the Ntcheu, Chikwawa and Nsanje districts (pop: 7,500 to 100,000 in each camp). Because of the severe drought in 1992, programmes were extended to the local population around the camps. In the districts of Chikwawa and Nsanje, a series of nutritional surveys

among the local population has been carried out to assess the consequences of the drought, thereby enabling the Malawian authorities and relief agencies to target their food support.

Current activities include immunization programmes, nutrition surveys, feeding programmes, supplying medicines to main hospitals to treat diseases such as cholera, meningitis and dysentery, establishing centres for new arrivals, collecting epidemiological data and setting up an early warning system.

Two MSF missions were closed in Ntcheu and Chikwawa, where the general situation of the refugees had reached a satisfactory level. MSF's operations were handed over to the American Refugee Council and other agencies. Some of the teams were reduced and the work gradually handed over to Malawian and Mozambican personnel.

Staffing: 40 expatriates

Funding: MSF, UNHCR, EEC, BRP, Dutch government.

MALI

CONTEXT

Fighting between government forces and the Tuareg movement continued throughout 1992. A peace agreement has now been signed providing for a separate system of government, the progressive integration of rebel forces into the army and the repatriation of Tuareg refugees from Algeria and Burkina Faso. The agreement has not been fully put into effect and insecurity remains a major problem in certain areas.

PROGRAMMES

- **Primary health care project:** MSF carried out a short term project in the 6th and 7th districts of Mali (Gao and Kidal) to bring basic health care to the settled and nomad populations in the area (pop: 120,000 and 100,000 respectively). Particular attention was given to the

30,000 Tuaregs returning from refugees camps in southern Algeria.

- **Technical assistance:** MSF is working with the Malian government to set up a short-term plan of action for the health system and a pilot project for the nomad populations.
- **Training:** An agreement to start a training course in ophthalmology for nurses and doctors in Timbuktu and Bamako hospitals was signed between the Malian government and MSF in 1993.

Staffing: 3 expatriates

Funding: MSF, Luxembourg government.

MAURITANIA

CONTEXT

Tuareg and Moor refugees from Mali arrived at the eastern border of Mauritania in the spring of 1991 and were settled in three UNHCR camps in the Bassikounou region. In all, the refugee population is about 40,000.

PROGRAMMES

- **Refugee emergency programme:** MSF has been running medical programmes in two camps (pop: 25,000) since early 1992. The teams first intervened in response to a massive measles epidemic and critical food shortages in the camps. Medium-term programmes, which also cater for local populations are now in place.

Activities include an expanded programme of vaccination for all under-twos, running two intensive feeding centres and one day feeding centre for children, mother and child health care, supervision of health care and supply of medicines to two dispensaries as well as a general health monitoring programme.

Staffing: 6 expatriates

Funding: MSF, UNHCR, EEC.

MOZAMBIQUE

CONTEXT

The 18-year long civil war in Mozambique caused over a million deaths, displaced 4.5 million people and sent another million fleeing across the borders. The Mozambican people's situation was further aggravated by the drought and subsequent famine in 1992. Security conditions greatly improved after the government and the Renamo rebel group signed a peace agreement and fixed a date for elections at the end of 1993. Whereas previously the only safe form of travel was by air, access to many areas by land routes has now become possible.

PROGRAMMES

Emergency medical programmes and technical assistance

MSF has bases in eight out of Mozambique's ten provinces, where teams give direct assistance to the population (emergency food and medical aid, immunization programmes, general/mother and child health care, feeding programmes) and technical assistance to health structures (renovation of buildings, water and sanitation, training, consultations and surgery, distributions of medical supplies). Because of the opening up of Renamo-held areas, a larger population is now accessible to relief agencies, which has led to an increase in MSF's activities.

- **Moamba district:** Health care programme for war victims including reorganization of curative and preventive health services, support for mother and child health care, vaccinations, monitoring nutrition and training local health workers.
- **Ressano Garcia:** rebuilding and upgrading health centres, supplying medicines and equipment.
- **Manhiça district:** Reconstructing and refurbishing health centres, training health personnel and disease prevention; monitoring nutrition rates, general food distribution to vulnerable groups covering some 100,000 people; supervision of three supplementary feeding programmes for

pregnant women and three more for under-fives.

- **Namaacha District:** Technical and logistical support programme throughout the district, relaunching existing health structures, construction of a maternity centre, installation of a water supply system for the health centre.
 - **Sofala:** Supervision of a feeding centre (Gorongosa), cholera emergency programme.
 - **Zambezia:** Supervision of the Mocuba hospital, "flying programme" to monitor living and health conditions in ten districts in Zambezia, feeding centres in Morrumbala and Mopeia, sanitation and nutrition programme for returnees arriving in Milange.
 - **Quelimane:** Preparation of food stocks in case of shortages.
 - **Angoche, Cuamba:** Rehabilitation of health structures, small-scale water and sanitation projects, support for health care services, training of personnel, cholera and measles emergency programmes, distribution of food supplies.
 - **Tete:** MSF has set up a health care project for the large numbers of refugees returning home from Malawi, of whom an estimated 160,000 have already arrived in Tete. Assistance programmes will be stepped up in the districts of Mutarara and Ulongwe along the Malawian border. MSF also set up an emergency cholera programme when a widespread epidemic hit the province in 1992.
 - **Inhambane/Vilanculos:** Medium-term technical assistance project at the Vilanculos rural hospital to train medical interns. Supply and management of medical stocks in the area.
 - **"Flying doctors" programme:** An MSF team provides medical assistance to inhabitants of six out of Manica province's nine districts through a "flying doctors" programme. One team will be stationed in Nyacafulla district, the main transit point for refugees returning from Malawi.
- Emergency food distribution:** Short-term food aid programmes were run in Manhiça and Magude districts as well as in Tete province

in response to shortages caused by the drought.

Anti-drought task-force: In response to the need for regular information on the drought and its subsequent problems, MSF created a data collection and distribution service called the CIS programme (*Célula Inter Secções*). On the basis of data collection in all the districts where MSF operates, an overview of the situation in the country is published in a monthly bulletin. Other relief agencies have joined in the data collection.

Staffing: 75 expatriates

Funding: MSF, EEC, UNICEF, World Food Programme, Dutch Interchurch Coordination Committee for Development Projects (ICCO), Spanish, Dutch, German, Canadian and Danish governments.

NICARAGUA

CONTEXT

Although the Sandinistas were voted out of power in 1990, peace has not been entirely restored in Nicaragua. The economy has been in serious difficulty, with glimpses of recovery only beginning to appear. The disruption of ethnic Indian communities has in no way been resolved, and the shanty town population around the capital, Managua, has continued to swell as a result of the economic crisis.

PROGRAMMES

Technical assistance

- **Puerto Cabezas:** The Miskito Indians, who were the main target group for this programme, constitute the largest group in the area. MSF's activities included training and supervision of health care workers, renovation of the hospital laboratory and training of hospital and laboratory personnel. The health infrastructure was upgraded by renovating and equipping old health posts and building four new ones. The services will cater for the local population and Miskito Indians repatriated from Honduras. The programme was handed over to Healthnet International at the end of 1992.
- **Wiwili:** The project to relaunch the health structures in Wiwili (pop: 50,000 - including

about 6,000 Miskito returnees) is to continue until 1994 as scheduled. A surgery unit has been set up and the relaunching of health posts continues. MSF also runs training schemes and is setting up a drug supply system for the Wiwili central pharmacy.

- **Jinotega:** The four-year Jinotega technical assistance programme (training, management of medical stocks and data collection) was closed in 1992 as scheduled. Activities included practical training for medical auxiliaries, improving the drug management and data collection systems and rehabilitating rural health posts.

Emergency programmes

- **Cholera:** Cholera and water purification kits were distributed throughout the country and in neighbouring Guatemala following the outbreak of a cholera epidemic.
- **Natural disasters:** MSF intervened in the Tsumani earthquake and Cerro Negro volcano disasters in 1992. Assistance was brought in (shelter, food, medical supplies) in the first 24 hours thanks to a mini-emergency stock kept in Managua.

Staffing: 14 expatriates

Funding: MSF, EEC, Spanish, Dutch and Belgian governments.

NIGER

CONTEXT

In Mali and Niger, the Tuaregs have been in rebellion for the past two years. The fighting has cast into exile over 100,000 people, who have fled mainly to Algeria and Mauritania.

PROGRAMMES

- **Immunization programme:** The four-year countrywide expanded programme of immunization (EPI) supervised by MSF was closed down in 1993.
- **Training programme:** The AIDS training programme for health workers in Zinder, which was opened in 1991, has also been completed.

Staffing: 6 expatriates

Funding: MSF, USAID, French government.

OCCUPIED TERRITORIES

CONTEXT

Although the Intifada seemed to abate a little in 1992, the situation in the Israeli-occupied territories has remained tense. Occupation, overpopulation and unemployment are causing serious frustration, particularly among the young. It is estimated that up to 30,000 Palestinians suffer from psychological problems as a result, but few if any facilities have been created for treating them.

PROGRAMMES

- **Mental health programme:** Since June 1991, MSF has been supporting the Gaza Community Mental Health Programme (GCMHP), set up by a Palestinian psychiatrist in 1990. The GCMHP aims to improve the expertise of Palestinian medical personnel in the area of mental health care. MSF has organized training courses for the local medical staff and prepared a curriculum. A physiotherapy department has been set up in collaboration with the GCMHP.
- **Training programme:** MSF's second programme in the Gaza strip is a refresher/training course for students from Gaza who, since the beginning of the Intifada, have not been able to follow their clinical biology and biomedical classes in Al-Byreh University and Ramallah. MSF is running laboratory training courses in the UNRWA medical centres and supplies them with microscopes. The trainees are awarded a UNRWA certificate at the end of the course.
- **Physiotherapy programme:** MSF has been carrying out a physiotherapy programme for Palestinians in the West Bank and in the Gaza strip since the beginning of the Intifada in 1988. In collaboration with local partners, the MSF team supervises a physiotherapy programme in an UNRWA camp and in the Ittihad Nablus hospital. About 500 consultations are carried out each month in six centres. MSF has also been training local assistants to carry on running the programme after the MSF mission is closed.

Staffing: 8 expatriates

Funding: MSF, EEC, Dutch government.

PANAMA

CONTEXT

The departure of former president Noriega has done little to ease the economic situation of Panama's inhabitants, 64 percent of whom live below the poverty line.

PROGRAMMES

- **Soloy primary health care:** A primary health care project for 21,000 inhabitants, mostly of Guemymín origin was started in February 1993. They live in small communities in areas which are difficult to reach. MSF is working to expand the activities of a general hospital and plans are underway to relaunch a network of health centres, with community involvement as a major objective of the project. A training scheme for local midwives and health workers is included in the programme.

Staffing: 3 expatriates

Funding: MSF, Spanish government.

PAKISTAN

CONTEXT

Pakistan is host to about three million Afghan refugees. Many suffer from tropical malaria, the most dangerous form of the disease. In the past several years, hundreds of Afghan microscopists have been trained in diagnosing malaria as part of MSF's anti-malaria programme.

PROGRAMMES

- **Malaria programme:** The malaria programme initially involved setting up a reference laboratory to double-check the results of malaria diagnoses carried out by fifty laboratories. In-service training was provided to several hundred malaria laboratory assistants from and for Afghanistan. Through the training of health personnel, malaria prevention has become integrated into the basic health care system and health education. The health survey teams in the North West Frontier Province and Baluchistan are mainly active in organizing and carrying out epidemiological surveys and

monitoring the health and food situation among Afghan refugees. The results of these surveys will form the basis for evaluation and policy-making aimed at improving refugee health programmes.

- **Emergency programme:** Floods in Pakistani Kashmir and Punjab forced 250,000 people to abandon their homes in September 1992. Between September and November, MSF provided emergency medical supplies and took charge of sanitation in Djelum district.

Staffing: 3 expatriates

Funding: MSF, UNHCR, EEC.

PAPUA NEW GUINEA (BOUGAINVILLE)

CONTEXT

The 260,000 inhabitants of the island of Bougainville continue to suffer the consequences of the blockade imposed by the Papuan government in 1990. A military intervention in 1991 cut the island off from the outside world completely. No relief agencies were allowed in to assist the civilian population. Both in government-occupied areas and in those controlled by the Bougainville Revolutionary Army, the health system is completely disorganized and medical supplies are either in short supply or totally lacking.

PROGRAMMES

- **Medical assistance programme:** MSF is the only outside organization working in the area. Two fact-finding missions were sent to the island in April 1992 and June 1992. In December 1992, MSF started a programme to provide medical assistance in the "care centres", where villagers whose homes are in rebel-controlled areas have been regrouped by the government. The programme covers the management of a pharmacy, supplementary provisions of basic medicines, advice to medical personnel and the establishment of a vaccination programme. MSF has recently obtained permission to get medical aid through to people in territory held by the Bougainville Revolutionary Army through a neutral intermediary (eg. the Church).

The agreement with the Papuan government should be extended shortly, but the frequency of ambushes has made security a major cause for concern.

Staffing: 2 expatriates

Funding: MSF.

PERU

CONTEXT

The extreme violence caused by the Shining Path and the government clampdown on the movement continued to hold the Peruvian nation in its grip. The conflict has claimed more than 25,000 lives and displaced 600,000 people, while aid workers have become prime targets for attack. Many of the civilians who have fled the violence are living in appalling conditions in shanty towns in large cities. Because of the Shining Path's fierce animosity towards Western aid workers, most of the work has to be carried out through Peruvian health workers.

PROGRAMMES

Primary health care projects

- **Tumbes:** Between April and December 1992, MSF provided basic health care support for the 100,000 inhabitants of Tumbes, a rural area in northern Peru. This included two mobile clinics, training and distribution of medicines and medical supplies to local health posts. Special emphasis was laid on combating malaria.
- **Hospital boat:** MSF runs a community health care project for 50,000 inhabitants in the Upper Amazon region, who mostly live in isolated communities on the banks of the Ucayali, Tapiche and Pinhaua rivers. An MSF hospital boat supports 21 health posts. MSF will also be giving training to staff specialized in community health care. A self-financing system based on the sale of medicines at cost price is being set up.
- **Displaced persons:** A new programme will be launched in 1993 to provide medical aid to displaced persons in Ayacucho.

- **Lima school health care programme:** Following a fact-finding mission, MSF is to launch a basic health care programme in schools in Lima's shanty towns. The programme is scheduled to start in 1993.

Cholera programme

In response to the cholera epidemic, three emergency medical assistance programmes to treat cholera victims in different areas were run until July 1992. These included the distribution of cholera kits, sanitation equipment, training and health education.

Staffing: 8 expatriates

Funding: MSF, Kallpa Peru, EEC, Spanish government.

PHILIPPINES

CONTEXT

In 1991, Mount Pinatubo erupted, forcing tens of thousands of residents in the area from their homes. On two occasions in 1992, 10,000 and then 50,000 people had to be evacuated from the area. This disaster further aggravated the bad socio-economic climate in which living standards have deteriorated over the past years.

PROGRAMMES

- **Pinatubo emergency relief:** MSF set up and ran a camp for 20,000 people evacuated from the Pinatubo site, which remained open until March 1992. In addition to providing food, shelter and medicines, MSF set up a water supply and sanitation system in the camp. Although the evacuees have now been resettled, MSF maintained staff to intervene in case of food shortages, or further evacuations resulting from mud floods during the rainy season, as was the case in June 1992.
- **Emergency preparedness programme:** The frequency of natural disasters in the Philippines makes it vital to have sound contingency plans and build up emergency supplies. MSF is collaborating with the Philippines government on a study to

identify needs, set up plans of action and develop standard equipment to respond more efficiently to emergencies, especially volcano eruptions.

- **Street children's project:** MSF is carrying out a one-year project to assist street children in Manila, whose number is estimated at about 50,000. As the children have no access to basic health care, the project covers both the logistical and medical aspects of setting up a regular medical service. A basic health education programme for children to be implemented by "street" social workers is included in the scheme. A mobile service gives consultations in five centres. Other activities include the supply of basic medicines, educational material, transport and a tetanus immunization programme.
- **Davao tuberculosis programme:** The objectives of the project are to establish a tuberculosis prevention and treatment system for the entire district.

Staffing: 1 expatriate

Funding: MSF, EEC, Dutch government.

ROMANIA

CONTEXT

Like most of the countries of Eastern and Central Europe, the transition to a market economy is proving a painful process for most of the Romanian population. The recession is blocking efforts to develop public services. The country is still suffering the consequences of the ban imposed by the Ceausescu government on all contraception methods and abortion, which resulted in an exceptionally large number of abandoned children, and a high rate of health complications amongst women who attempted clandestine abortions.

PROGRAMMES

Since it began working in Romania in 1990, MSF has opened various programmes to assist in relaunching the country's health system.

Children's programmes

- **Neamt and Roman children's homes:** The main objective of MSF's activities in these homes is to assist children showing signs of backward physical and mental development. A therapy programme and a training scheme for the staff have been created. The team works with the district health authorities in order to raise awareness amongst paediatric health workers and families on the prevention of mental illnesses in young children. A special effort is being directed at encouraging families to keep mentally ill children at home instead of placing them in an institute.
- **Constanza orphanage:** This programme is being carried out in three orphanages. The objectives are to improve the health care services in order to eliminate psychomotor backwardness as a result of inadequate attention. This included training Romanian staff and providing direct material assistance. MSF decided to withdraw from two of the orphanages in the face of resistance to any change from the staff, but has maintained the programme in the third, where substantial progress has been made.
MSF also set up a training programme for nurses, as well as a children's playroom at the paediatric wing of the Constanza hospital.
A new mission to train 30 nurses in an orphanage for 130 children (aged 3-7) has been planned for mid-93 at the request of the institute's administration and staff.
- **Transylvania children's programme:** This programme is run in three districts in south Transylvania for 900 children in homes and aims to improve social and medical services in the homes. MSF is also trying to set up a system whereby children in homes can return to their families. Activities include training the institutes' personnel as well as social workers and social assistants.

Family planning: MSF supports the establishment of family planning centres and networks in Constanza and Transylvania. This includes supplying and marketing contraceptives (pills, IUDs, condoms), information campaigns and training. Workshops on birth control for gynaecologists, general practitioners and

nurses have also been organized. In a different scheme that has now been taken over the Holland Friends organization, Romanian specialists have undergone refresher internships at Dutch hospitals. Under the MSF programme, 50 specialists took part in the training course.

Gypsies programme: Gypsies in Romania continue to be victims of widespread xenophobia. MSF provides social and medical assistance to seven rural and urban gypsy communities (total pop: 7,000). The programme includes health education, raising general living conditions (transport, water supply), improving access to medical care and promotion of human rights.

Medical programme (Cluj): MSF supported a Hepatitis A and B prevention programme being carried out by the Institute of Public Health in Cluj. This included conducting a prevalence survey as well as a health education and immunization campaign.

Staffing: 15 expatriates

Funding: MSF, Fondation Terre des Hommes Lausanne (Switzerland), EEC, Luxembourg government.

RUSSIA

CONTEXT

Over eight million people live in Moscow, which has experienced shortages in consumer goods, unemployment and high inflation. Moscow has an estimated 30,000 to 50,000 homeless people, who are amongst the worst hit by the economic crisis.

PROGRAMMES

- **Assistance to the homeless:** MSF's programme for the homeless in Moscow covers medical consultations in Moscow's main railway stations (where most of them take shelter), data collection, preventive care and hospitalizations. MSF teams also put together information on the causes of homelessness and have approached Russian associations to take charge of the social problems of this group. The

programme was launched in May 1992 and is scheduled to run for two years.

- **Emergency food distribution:** This programme was carried out in 1992 for vulnerable groups such as the elderly, large families, and children who are amongst the worst affected by food shortages in the winter.

Staffing: 4 expatriates

Funding: MSF, EEC.

RWANDA

CONTEXT

Sapped by inter-ethnic clashes between Hutu and Tutsi, combined with a tottering economy and galloping population growth, Rwanda has been torn between political reform and the civil war sparked off by the Rwandese Patriotic Front in 1990. By March 1992, the fighting had spread from the north of the country to the capital and the south, turning hundreds of thousands of civilians into refugees in their own country.

PROGRAMMES

Refugee emergency: In April 1992, MSF set up a programme for 350,000 displaced persons staying in 28 camps in the Byumba and Ruhengeri regions in the north of Rwanda. This included creating relief posts in each of the camps, feeding programmes and support to existing health facilities. Water supply and sanitation systems were set up and teams carried out epidemiological surveys to check the health situation amongst the displaced.

The number of displaced persons rose from 80,000 people in April 1992 to over 600,000 people in February 1993. In response to this huge increase, MSF increased its expatriate staff from 12 to 30 during the first half of 1993.

Staffing: 30 expatriates

Funding: MSF, OFDA, EEC, Belgian, Dutch, United States, French, Danish and Canadian governments.

SOMALIA

CONTEXT

The war that tore Somalia apart had been raging for a full year before the tragedy reached the headlines of the international press. The UN and most foreign embassies evacuated Mogadishu and were absent throughout 1991. By the spring of 1992, it was estimated that 1.5 million Somalis were in immediate danger of death and 3.5 million were in grave danger if a massive supply of food did not reach them. Following "Operation Restore Hope" in December, the food situation has now improved. However, the handling of the operation has aroused much animosity amongst the Somali people towards the foreign presence in their country. This hostility has also been directed towards aid workers, for whom insecurity conditions have worsened in many areas since the intervention.

PROGRAMMES

MSF opened its emergency mission in Somalia in January 1991, after the fall of president Siad Barre and at the beginning of the civil war. Programmes focus on medical and nutritional assistance to war casualties, refugees and displaced persons.

- **Mogadishu:** There were several thousand displaced persons living in camps in Mogadishu. MSF gave medical and surgical assistance to Medina and Benadir hospitals and supplied about 30 health structures in the capital.
- **Marka-Brava:** The total population of this region, including displaced persons was 145,000. MSF ran 18 feeding centres, measles immunization programmes for 20,000 children and set up water supply systems for displaced persons and residents.
- **Kismayu - Gilib:** Heavy fighting and food shortages in the area brought in new arrivals at a rate of up to 100 a day to the town of Kismayu alone. 15,000 people out of the population of 200,000 suffered from severe malnutrition. MSF ran six feeding centres for 6,000 children, set up, supervised and supplied dispensaries and installed water supply and sanitation systems. MSF surgical and medical staff

are still working at Kismayu hospital. Altogether, the programme covered 100,000 people.

- **Baidoa:** 75 percent of the 80,000 people in the town were displaced persons in 1992. Mortality rates reached 30 to 50 per 10,000 per day (there were 7,000 deaths in September alone). MSF opened up 10 health centres in and around the town and set up an in-patient facility and a water and sanitation system.
- **Wajit - Hoddur - Kansardhere:** Between them, the three villages sheltered about 32,000 displaced persons. Hoddur had been completely pillaged and left without any health structures. MSF opened 12 feeding centres, provided medical assistance and set up water supply systems in and around these villages to prevent further population movements towards Baidoa.
- **Somaliland:** 160,000 displaced persons in the region. MSF set up supplementary feeding centres for under-fives and pregnant women, and supports ten mother and child care clinics in the area, as well as the hospital in Burao.
- **Giohar and Adan Yabal:** MSF is running a programme to set up a health care system and a cold chain throughout the district of Giohar (pop: 130,000). So far, five outpatient dispensaries, one mother and child care centre, a maternity centre and an expanded programme of immunization are fully operational. In Adan Yabal district (pop: 35,000) MSF has set up five outpatient dispensaries, one mother and child care centre and an expanded programme of immunization. Water and sanitation programmes have also been set up in both districts.

Staffing: 54 expatriates (end 1992)

Funding: MSF, Somaliahjelpen Norway, "Chaîne du Bonheur" (Switzerland), Terre des Hommes Lausanne, Mondadori Public Campaign (Italy), International Fund for Agricultural Development, UNICEF, EEC, Dutch, Belgian, Canadian, United States, Swedish, Finnish, Luxembourg and French governments.

SOUTH AFRICA

CONTEXT

South Africa has the most developed economy in Africa, but the majority of its people live in the utmost poverty, especially in rural areas and in the homelands. Amongst the most needy are Mozambican refugees who fled to South Africa - mostly to the homelands - and are considered to be illegal immigrants.

PROGRAMMES

- **Refugee programmes:** The first MSF programmes were opened to distribute food and provide medical assistance to 45,000 Mozambican refugees who had settled in KaNgwane and Gazankulu homelands. Medical care was also provided for the local populations and included training local personnel and improving the water supply.
- **Childcare programme:** In Johannesburg's townships, MSF is studying the possibility of setting up a child care system and has started supporting informal day care centres in the area in partnership with local groups.

Staffing: 6 expatriates

Funding: MSF, EEC, BRP.

SRI LANKA

CONTEXT

For a small country with 17 million inhabitants, which had enjoyed a quality of life without equal in South Asia, the human cost of the civil war between the Tamil rebels and the Sinhalese-dominated army has been enormous. More than 50,000 people are dead or missing, most of them civilians, and another 600,000 people are displaced within the country. The 200,000 refugees in India are threatened with forced repatriation and there are several hundred thousand exiles scattered throughout the world.

PROGRAMMES

MSF has worked in Sri Lanka since 1986 to bring aid to the victims of the conflict between the government of Sri Lanka and the Tamil Tigers.

- **Point Pedro:** A team of three people have continued running surgical activities in the hospital. However, they have had to work in complete isolation as a result of the army's blanket blockade, which covers certain medical supplies.
- **Mannar hospital:** MSF relaunched its surgical assistance programme in September 1992, but closed the operation again in March 1993 after the Pakistani government agreed to send a team of surgeons.
- **Madhu Church:** The displaced persons' camp (pop: 35,000) was extended following the UNHCR's decision to set up a new camp for returnees from India. However, the camp was quickly filled up by new arrivals of displaced people forced from their homes by fighting. MSF provides medical assistance and treats patients in need of minor surgery.
- **Trincomalee hospital:** The surgery team withdrew after the programme was taken over by local doctors and a team of Pakistani surgeons. MSF continues to run its mobile clinics with local staff.
- **Monaragala:** MSF's obstetrics programme will be handed over to Sri Lankan personnel in the second quarter of 1993.
- **Batticaloa:** An MSF team supports the surgery and paediatric units at the hospital. The MSF paediatrician also gives consultations from a mobile clinic with the help of a nurse.

Staffing: 21 expatriates

Funding: MSF, UNHCR, Dutch, Swedish and Norwegian governments.

SUDAN

CONTEXT

Sudan has had to deal with fifteen coups d'état in twenty years, thousands of refugees from neighbouring countries and a ten-year long civil war. In 1992, government forces launched a massive offensive against southern Sudan, the stronghold of the Sudan People's Liberation Army (SPLA) and succeeded in taking about a dozen towns, causing heavy civilian casualties. The number of victims has been further increased by fighting between the three factions of the SPLA, food shortages and the Sudanese government's refusal to allow relief workers access to many areas of the country. It is estimated that a further 300,000 people in the south are at immediate risk of death from a wasting disease called Kala azar. Here again, relief organizations have been unable to obtain access to areas where the epidemic is at its worst. In Khartoum's shanty towns, the government has been resettling half a million "squatters" (mainly refugees from the south) to areas situated 40 km north of Khartoum against their will. These zones are in desert areas without facilities or infrastructure for the refugees.

PROGRAMMES

Emergency programmes

- **Khartoum area:** MSF provides medical support to five dispensaries in Omdurman, supports the primary health care programme of the Sudan Council of Churches for 150,000 south Sudanese, covers sanitation in two camps and runs basic health care in two refugee camps (50,000 displaced). The teams also run a Kala azar research programme.
- **Western Equatoria:** MSF is working to expand the operational capacity of the Yambio hospital and is supplying medicines and equipment to the Tambura, Maridi and Mundi hospitals. These units have had to cater for a growing number of people who include returnees from Zaïre and people displaced by fighting in the Nile region.

- **Western Upper Nile:** In the Western Upper Nile region alone, 40,000 people have died from Kala azar. MSF has provided basic health care support and training for local staff since 1988. Two Kala azar treatment centres have been set up and 20,000 people have been treated for the disease by MSF teams. They also conduct surveys to keep trace of the spread of the epidemic.
- **South Eastern Equatoria:** MSF started an emergency programme in Yondu camp near Kayo. A second programme was set up in Dudulabi where a new camp was opened to receive the continuing influx of people fleeing the fighting. The estimated population of both camps is 25,000 people. Activities consist of feeding programmes, measles and meningitis immunization and setting up water and sanitation systems.
- Since the beginning of 1993, MSF activities have grown to include two new missions in Akobo in the east of Sudan and in Akon, a famine-stricken area of Bar el Gazal, which has been cut off from the outside world for years.

Staffing: 21 expatriates

Funding: MSF, Band Aid, UNICEF, EEC, Dutch, Danish and United States governments.

SWITZERLAND

CONTEXT

In 1990 and 1991, the Swiss authorities were faced with a substantial increase in asylum requests, overstressing the capacities of the five centres for asylum seekers in the country.

PROGRAMME

MSF was requested to assist in providing medical care at a centre for asylum seekers from 1990. Activities included organizing the health care system, carrying out medical check-ups and treating minor illnesses. MSF also worked with the Migrant Health Group to draw up a specific approach to health care for immigrants in the Geneva canton.

Staffing: 4 local posts

Funding: Swiss government.

THAILAND/MALAYSIA

CONTEXT

Hundreds of thousands of refugees fled to Thailand from Cambodia, Laos and Burma, making it the country with the largest number of refugees in South-East Asia. Following UNHCR's mass repatriation programmes, all the camps have now been closed. Meanwhile, the Thai economy is rapidly expanding and is now the fifth largest in Asia. However, this did not spare the country political unrest throughout 1992.

PROGRAMMES

Refugee assistance

For the past fourteen years, MSF has been working in Thailand in camps for Cambodian, Vietnamese, Laotian and Burmese refugees. MSF's logistics centre, from which most the missions in the region are supplied, is run from Thailand. In Bangkok, a special rehabilitation programme for child prostitutes and socio-medical programmes for shanty town dwellers has been running since August 1990.

- **Cambodian refugees:** Over the course of 1992, all Cambodian refugees in Thailand were repatriated in a programme that went relatively smoothly. MSF finally closed down its long-running programme in the Site II/Khao-I-Dang camps in mid-1992. At Camp Site B, MSF wound up its programmes in December 1992.
- **Vietnamese refugees:** The Sungei-Besi mission (Malaysia) for Vietnamese refugees was closed down in November 1992. Many of the refugees had returned home and the supervision of medical care for the remaining refugees was handed over to the Malaysian Red Crescent. MSF is progressively reducing its assistance programme at the Sikhiu camp on the Cambodian border (start-up: 1990) as the overall health situation has greatly improved.
- **Laotian refugees:** In the Chian Kham camp for Laotian refugees the few remaining refugees - mostly Hmongs - are expected to leave for the United States or return to Laos. Although the teams have been reduced, the

programme will be continued until the camp's final closure.

- **Mons and Karen refugee programme:** MSF continues to run programmes in eight Karen refugee camps spread out around Mae Sod. Preventive programmes were expanded in 1992 and infant mortality fell significantly. With increasing cases of infection by multi-resistant strains, malaria continues to cause great concern. MSF is also running a medical assistants' training course. The Lhoe Lo camp, which shelters Mons refugees, is to be transferred to a site nearer the border in September/October 1993. Six camps near Mae Hon Song and in the Burmese Karen state are covered by a flying doctor team which supervises health care and supplies medicines. About 15 laboratories have been set up to monitor the incidence of malaria.

Technical assistance

- **Bangkok shanty town project:** MSF runs a primary health care and social development programme in two "garbage slums" in Bangkok, which together have a population of 7,000. The inhabitants of the slums face the same type of problems as in most other places: poverty, social isolation, no access to health facilities and malnutrition. The programme includes running two primary health care and two day care centres, support, training and supervision of a women's group in charge of improving hygiene and collecting "social data" in the communities. The mission was started in January 1993 and is programmed for completion in three years.
- **Child prostitute programme:** MSF collaborated with the Thai Centre for the Protection of Children's Rights and the Swiss Association François Xavier Bagnoud on this project. The aim of the project was to offer children a way out of prostitution and provide social counselling and medical help. A large scale campaign was organized in the villages to make parents aware of the realities of child prostitution and encourage people to take legal action against those responsible for running child prostitute rings.

Staffing: 35 expatriates

Funding: MSF, François Xavier Bagnoud Association, UNHCR, UNBRO, EEC.

TIBET

CONTEXT

The Chinese occupation of Tibet and the ruthless repression by the Chinese government of the Tibetan people's claims for independence have been the subject of much lobbying by human rights groups for a long time.

PROGRAMMES

Primary health care: MSF has been working in Tibet for the last two years. The teams work with some 100,000 people living in Nimu and Lingzhou (Lhasa District). Activities in 1992 included the reorganization of a cold chain, screening and treatment of tuberculosis, prenatal care, and the opening a physiotherapy unit, and an in-patients wing at Nimu.

Activities will be expanded to setting up a prenatal centre, (including training and recruiting traditional midwives), training health workers on the use of basic medicines, reorganising hospital services and expansion of the physiotherapy programme to treat cases of "big bone disease". The MSF team also follows up human rights issues, especially as regards the right to medical care.

Staffing: 7 expatriates

Funding: MSF, UNICEF, Dutch and Australian governments.

TURKEY

CONTEXT

In March 1992, Turkey was hit by a violent earthquake. The centre of the earthquake was in Erzincan (pop: 140,000), 600 km from the capital, Ankara. Five hundred people were reported dead and several thousand were wounded.

PROGRAMMES

Emergency programme: MSF dispatched a team to Erzincan with 15 tonnes of emergency supplies - shelter, food and medicines. Dispensaries were set up for routine consultations and minor surgery until the hospital started functioning again.

Further emergency supplies were distributed in 21 outlying villages.

Staffing: 7 expatriates

Funding: MSF, EEC.

UGANDA

CONTEXT

One of the biggest health challenges in the country is combating the spread of AIDS. The Ugandan government was one of the first in Africa to openly admit the existence of an AIDS epidemic and take concrete action against the disease. Uganda is also host to hundreds of thousands of refugees from south Sudan and a new wave of refugees coming in from Zaire.

PROGRAMMES

Refugee programmes

- **Emergency assistance to Zairean refugees:** Over 9,000 refugees fleeing military repression arrived along Uganda's western borders. The refugees were regrouped in a UNHCR base at Kasese. As the Ugandan health facilities could not cater for such a large population increase, MSF set up a three-month programme to distribute medical supplies and give support to the Ugandan Red Cross.
- **Sudanese refugee programme:** Uganda has been receiving war refugees from South Sudan since 1989. MSF runs medical programmes for refugees in UNHCR camps in the Adjumani region, where there are currently almost 100,000 refugees. The programmes cover medical and nutritional assistance in eight clinics, health education, a hygiene and sanitation programme, and maintenance of temporary and permanent health facilities.

Technical assistance

MSF runs technical assistance projects to help relaunch the country's once excellent health care system, which was destroyed by years of civil war. Two special programmes to control the spread of AIDS and sleeping sickness are also run by the MSF teams.

- **AIDS programme:** MSF is involved in an extensive anti-AIDS programme which includes testing and treatment of sexually transmitted diseases, prevention of transmission by blood transfusion, improvement of services for AIDS victims through the health system and the community at large and an anti-AIDS campaign to inform people about the disease and promote the use of condoms. During 1992, information campaigns targeted at specific groups were carried out, and the impact assessed through a poll at the end of the year. The programme, which MSF has run since 1992 is scheduled for completion in May 1994, when it will be handed over to the Ugandan health authorities.

In Kampala, MSF is carrying out two programmes to involve traditional healers in the anti-AIDS campaign by studying the therapies they use to treat AIDS-related illnesses, as well as by sharing knowledge about the disease so that they can transmit the information to their patients.

- **Sleeping sickness programme:** This programme proved an outstanding success in bringing cases of sleeping sickness down from 30 percent in the worst affected areas in 1986 to 1 percent this year. In the first stages, numerous blood tests were carried out on the population to single out infected cases, but this has now been replaced by an early warning system. The tse-tse fly control programme has been handed over to the district authorities and the programme is scheduled for completion in 1994.
- Other projects in Uganda are being run at the Adjumani Hospital, in Soroti and in East Madi and Kasese refugee camps.

Staffing: 35 expatriates

Funding: MSF, UNHCR, MedAir, German Emergency Doctors, EEC, WHO, Pro-Victimis, Von Däniken and Rockefeller Foundations, Dutch, Swiss and British governments.

VIETNAM

CONTEXT

Refugees from Thailand, Malaysia and Hong Kong started returning home to Vietnam from 1990. The country's economy is fast-changing, but a considerable effort is needed to build a health sector which can cater adequately for the Vietnamese population.

PROGRAMMES

Technical assistance

Phu Loc:

- relaunching reference hospitals in two districts
- training doctors and paramedicals and rural health workers
- supplying medicines
- treatment and prevention of tuberculosis and malaria.

Hoa Binh:

- organisation of a district health team (planning and supervision of a health care programme)
- additional prevention and cure training in hospital
- setting up and developing two polyclinics
- supply of medicines and medical equipment
- setting up a water supply system for the district hospital
- renovation of certain hospital wings.

Hun Nguyen: This project was started by MSF in 1990 and is now in its last phase. The team's work consisted of relaunching the health structures in the area.

Haiphong: MSF worked in two rural districts and three urban districts in the province, where it ran projects to relaunch health facilities. The programme was set up in 1989 and was completed in mid-1992.

Staffing: 6 expatriates

Funding: MSF, EEC, Canadian government.

YEMEN

CONTEXT

Despite the reunification of north and south Yemen, the country's general situation is shaky - both politically and economically. Yemen paid dearly for supporting Iraq during the Gulf War, which prompted the United Arab Emirates and Saudi Arabia to expel Yemeni immigrant workers in their countries. The country is sinking deeper into recession and in the south, public services have been halted, leaving a catastrophic health situation. Yemen also has to tackle the needs of thousands of Somali refugees who arrived in the coastal cities on board overcrowded ships.

PROGRAMMES

Emergency aid

- **Somali refugees:** From the beginning of 1992, the number of Somali refugees arriving in Yemen rose steadily, prompting MSF to intervene April 1992. The refugees are based at two sites: Hiswa and Medinat El Shaab. In the El-Shaab camp, MSF is in charge of disease prevention and treatment and an in-patient service. In Hiswa, MSF is in charge of all health services.

Technical assistance

- **Dhi Sufal technical assistance project:** A part of the renovation work in Dhi-Sufal district has been completed, but training courses for hospital maintenance staff are not yet underway. A health information system is being set up in order to collect data on the development of activities and also to demonstrate the utility of establishing a data base.
- **Expanded programme of immunization:** The project was run in collaboration with Yemeni health authorities in two governorates and was completed in July 1992 after six years.

Staffing: 9 expatriates

Funding: MSF, UNHCR, EEC, Canadian and French governments.

EX-YUGOSLAVIA

CONTEXT

The war in Bosnia-Herzegovina is claiming human lives daily and is causing enormous destruction. The delivery of aid to hundreds of thousands of desperate civilians is seriously hindered by hostile militia and hospitals are often made targets of artillery attacks. Over the past year, the policy of ethnic cleansing continued relentlessly. At best, the international community's response has been confused, with Western governments unable to agree on a comprehensive strategy.

PROGRAMMES

Since the summer of 1991, MSF teams have monitored the health and refugee situation in the war-torn republics. From its first base in Zagreb, MSF started supplying medicines and medical equipment to hospitals in Croatia, Slavonia and Dalmatia. A second team was then sent to Belgrade. Two major operations were carried out in October 1991: MSF was able to get supplies to Dubrovnik and then evacuated half the wounded from Vukovar hospital under extremely dangerous conditions. After the war spread to Bosnia, MSF extended its activities in the war zones, including the Muslim enclaves in the north east. MSF set up a base in Srebrenica and teams worked there throughout the battle for the besieged town. Further assistance was given to refugees in Serbia, Vojvodina, Kosovo, Montenegro, the Dalmatian coast and central Bosnia.

- **Bosnia-Herzegovina:** Over the past year, MSF has supplied 60 percent of the medicines used in Sarajevo hospitals. From its bases in Kiseljak and Tuzla, MSF monitors medical needs in central and northern Bosnia. Near Gorazde, MSF set up a supply centre to sustain the town's population. Fortnightly visits have been conducted to the Muslim-held enclave of Bihac, where about 300,000 people are in critical need of assistance. MSF also set up a base in Tuzla from which it supplies 22 hospitals and health posts.
- **Croatia:** An MSF team runs a medical aid programme on the Dalmatian Coast, in Split, Makarska and the Hvar Island for 100,000 refugees, who lost their refugee

status last July. In addition to supplying the area's health system with medicines, MSF provides medical care in dispensaries and from its own mobile medical van. Fortnightly visits are made to the Serbian-held Krajina region to monitor the situation and distribute medicines when the need arises. In Metkovic, a programme to build prefabricated shelters for refugees in southern Bosnia is under way.

- **Serbia, Macedonia, Slovenia:** MSF supplies 75 hospitals in Serbia, Serbian-held regions and Montenegro with vital medicines and equipment when shortages arise. Mobile teams distribute basic supplies such as powdered milk, blankets and hygiene products to Serbian refugees all over the country. An MSF surgeon was assigned to the hospital of Milici, near the frontline in a Serbian-held pocket in eastern Bosnia. Two hundred refugee centres were supported throughout the winter of 1992/93, a programme which will be run again in winter 1993. MSF also supplies medicines to public and private health structures in Kosovo.

Staffing: 25 expatriates

Funding: MSF, Soros Foundation, Austrian Society of Haemodialyses, Mondadori Public Campaign (Italy), EEC, UNHCR, Regional government of Flanders (Belgium), Dutch, British, Belgian, Swedish and United States governments.

ZAIRE

CONTEXT

President Mobutu agreed to the principle of democratization, but has consistently blocked any concrete moves towards political reforms. Meanwhile, the country sinks deeper into political uncertainty, ethnic violence and economic crisis, all of which has been disastrous for the health care system. The greatest problem is the lack of drugs and medical supplies. As a result, the poor have little, if any, access to health care services. In September 1992, tens of thousands of long-time Kasai residents in the Shaba region were forced from their homes in a wave of government-backed ethnic cleansing. This campaign continues today, and could affect up to 800,000 Kasaians in Shaba.

PROGRAMMES

Technical assistance

- **Equateur and Shaba "Health Zone"**
Project: MSF has been working on a project to relaunch regional health services in three "health zones" in Equateur and in two health zones in Shaba for the past four years. The programmes concentrate on developing services in hospitals and health centres, and improving the administration of the health system. The most recent project was launched in Kasenga (Shaba) in October 1992, with the reopening of a 50-bed hospital.
- **Kinshasa:** Nutritional assistance to 5,000 malnourished children and their families in 25 feeding centres in Kinshasa. The programme has been extended to the end of 1993 at the request of the World Food Programme. The programme will also be extended to orphans and other vulnerable social groups and will include a food-for-work scheme for the Zairean staff working on the project. In 1993, MSF will be launching a sleeping sickness programme, and an AIDS programme in Kinshasa.
- **Kivu:** Medical assistance for the population of the north of Kivu (pop: 1,500,000): supplying drugs and providing medical care through drug management committees. A contingency plan has been drawn up in case of emergencies (epidemics, fighting). This plan made it possible to take immediate action after the outbreak of cholera in Goma and Katana, malaria in the Beni region, meningitis in the regions of Rutshuru and Rwanguba and during the ethnic conflict in the Walikele and Masiri region. Emergency stocks of drugs, blankets and shelters are being kept at a strategic location in the area.

Emergency programmes

- **Angolan refugees:** MSF provides medical care for 30,000 Angolan refugees living in the Shaba region and supports two general hospitals and health posts in the region. Feeding programmes and food aid for children were set up following a rise in malnutrition rates in early 1992.
- **Kasaian returnees:** The project to assist victims of the wave of ethnic repression of Kasaians in Shaba was launched in

December 1992. At the Likasi and Kolwezi railway stations in Shaba, an emergency programme was set up for the 90,000 people waiting for the train back to Kasai. This included food and medical aid, immunization, drinking water supplies and shelters. MSF teams supply medicines to health facilities in Kasai. MSF runs a similar programme at the Mwene Ditu railway station in eastern Kasai which is the returnees' point of arrival.

Staffing: 11 expatriates

Funding: MSF, OXFAM-UK, UNHCR, UNICEF, UNDP, World Food Programme, EEC, Dutch, Belgian, British, French, Swedish, United States and Canadian governments.

ZAMBIA

CONTEXT

Zambia's economy has never recovered from the fall in copper prices, the country's main hard currency earner. Over the past years, Zambia has also hosted thousands of war refugees from Mozambique and Angola.

PROGRAMMES

- **Misisi shanty town:** MSF started working in Zambia in 1986 to assist Mozambican refugees, but extended its programmes to include technical assistance projects in 1989, when a health care programme was launched in Misisi shanty town outside Lusaka. MSF handed over the sanitation project in Misisi to a local NGO and the World Food Programme at the end of 1992.
- **Technical assistance:** A new programme was launched at M'Kushi Hospital in January 1993 for a two-year period after an agreement was signed with the Zambian Ministry of Health. The objectives of the programme are to upgrade the existing structures, improve the quality of the medical services, establish an efficient system for the management of medical stocks and set up a data collection system and training programme for hospital personnel.

Staffing: 3 expatriates

Funding: MSF, EEC.

ZIMBABWE

CONTEXT

In 1992, the Mozambican refugee population in Zimbabwe rose by about 30,000 people, mainly because of the drought. Since 1984, 150,000 refugees have lived in Zimbabwe. As the 1992 peace settlement between the Mozambican government and the Renamo rebel group remained in effect, some refugees began returning home of their own accord, even though official repatriation programmes had not been started yet.

PROGRAMMES

MSF continued its work to assist the Zimbabwean government in providing health services to Mozambican refugees. MSF works in the five refugee camps in Manica, Mashonaland and Masvingo provinces. Activities include nutritional and epidemiological monitoring, health care, disease prevention and treatment, supply of medicines and medical equipment. The teams also had to set up an emergency programme to fight a cholera epidemic that broke out in two camps.

Staffing: 9 expatriates

Funding: MSF, EEC, Canadian government.

"SONGE" PROJECT

CONTEXT

"SONGE" is the acronym of the French "Soutien aux ONG à l'Est" (East European NGO support). This new project aims at reinforcing young independent NGOs that work in the social or medical field with and for the society's most vulnerable groups: the handicapped, the elderly, refugees, AIDS victims, prisoners and the homeless. MSF helps with professional and management training, invitations for study trips, fund-raising and exchange of information and contacts with similar organizations in the East and West.

PROGRAMME

In 1992, MSF started to work with half a dozen organizations in Romania, Poland and Moscow. In Romania (Cluj), a group of local MSF partners have created their own organization, (Pro Vobis) which for the time being focuses on AIDS prevention and care for the elderly. In Poland, MSF has started an intensive training programme with two organizations in Otvock and Lublin respectively. One is running a day care centre for handicapped children, the other is creating an ecologically run farm and workshops for handicapped adults. In Moscow, MSF's main contacts have been with a special school for handicapped children, an organization for refugee assistance and the Moscow Association of Doctors, probably Russia's first private medical association.

Staffing: 2 expatriates

Funding: MSF, EEC.

THE MEDECINS SANS FRONTIERES CHARTER

Médecins Sans Frontières is a private international organization. Most of its members are doctors and health workers but many other support professions contribute to MSF's smooth functioning. All of them agree to honour the following principles:

1. Médecins Sans Frontières offers assistance to populations in distress, to victims of natural or man-made disasters, to victims of armed conflict, without discrimination and irrespective of race, religion, creed or political affiliation.
2. Médecins Sans Frontières observes strict neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and demands full and unhindered freedom in the exercise of its functions.
3. Médecins Sans Frontières members promise to honour their professional code of ethics and to maintain complete independence from all political, economic and religious powers.
4. As volunteers, members are aware of the risks and dangers of the missions they undertake and have no right to compensation for themselves or their beneficiaries other than that which Médecins Sans Frontières is able to afford them.

MSF IN FIGURES

1992

Permanent expatriate posts:	909
Volunteers sent to the field:	1,800
Expenditure:	\$ 162 million
Private donors:	1,750,000

Note: Medecins sans Frontières International is an association of independent sections and as such does not have consolidated accounts. The financial accounts and activity reports of each section are available on request at the offices listed on page 41. In 1992, 50 percent of MSF's funding came from contributions by private donors, in addition to contributions from the European Community, the United Nations High Commissioner for Refugees and the governments of Belgium, Canada, Denmark, Finland, France, Luxembourg, the Netherlands, Norway, Spain, Sweden, Switzerland, the United Kingdom and the United States.

MSF SECTIONS

BELGIUM

MEDECINS SANS FRONTIERES
ARTSEN ZONDER GRENZEN
Rue Deschamphelerstraat 24
B - 1080 BRUSSELS

Tel: (32) 2-414 03 00
Fax: (32) 2-411 82 60
Telex: 046-63607 MSF B

FRANCE

MEDECINS SANS FRONTIERES
8 rue Saint Sabin
F - 75011 PARIS

Tel: (33) 1-40 21 29 29
Fax: (33) 1-48 06 68 68
Telex: 21 43 60 MSF

HOLLAND

ARTSEN ZONDER GRENZEN
Max Euweplein 40, P O Box 10014
NL- 1001EA AMSTERDAM

Tel: (31) 20-520 87 00
Fax: (31) 20-620 51 70/72
Telex: 044-10773 MSF NL

LUXEMBOURG

MEDECINS SANS FRONTIERES
70 Route de Luxembourg
L - 7240 BERELDANGE

Tel: (352) 33 25 15
Fax : (352) 33 51 33

SPAIN

MEDICOS SIN FRONTERAS
Avda Portal del Angel N°1,1
E - 08002 BARCELONA

Tel: (34) 3-412 52 52
Fax: (34) 3-302 28 89
Telex: 052-99050 OKEY

SWITZERLAND

MEDECINS SANS FRONTIERES
1 Clos de la Fonderie
CH - 1227 CAROUGE

Tel: (41) 22 300 44 45
Fax: (41) 22 300 44 14
Telex: 045-42 19 27

INTERNATIONAL OFFICE

209 Boulevard Léopold II
B - 1080 Brussels
Belgium
Tel: (32) 2-426 55 52 - Fax: (32) 2-426 75 35

MSF BRANCH OFFICES

CANADA	56 The Esplanade, Suite 202 Toronto, ONTARIO M5E 1A7	Tel: (1) 416-366 67 02 Fax: (1) 416-861 93 86
DENMARK	Strandvejen 171,1 DK-2900 HELLERUP	Tel: (45) 31-62 63 01 Fax: (45) 39-40 14 92
GERMANY	Argelanderstrasse 140 D-5300 BONN	Tel: (49) 228-22 03 71 Fax: (49) 228-22 03 71
GREECE *	11 Rue Paioniou GR-10440 ATHENS	Tel: (30) 1-88 35 334 Fax: (30) 1-882 99 88
HONG KONG	A3, 16/F Richmond Court Shatin Plaza, Shatin N T, HONG KONG	Tel: (852) 692 83 80 Fax: (852) 695 99 47
ITALY	1 Via Galluzzi I-00152 ROMA	Tel: (39) 6-58 23 84 30 Fax: (39) 6-58 23 84 30
JAPAN	Honda Building 4F 2-14-5 Takadanobaba Shinjuku-Ku-TOKYO 169	Tel: (81) 3-52 72 18 41 Fax: (81) 3-52 72 88 60
SWEDEN	Vulcanusgatan 8 S- 113 21 STOCKHOLM	Tel: (46) 8-33 64 55
UNITED KINGDOM	3-4 St Andrews Hill EC4V 5BY LONDON	Tel: (44) 71-329 69 39 Fax: (44) 71-329 69 36
USA - NEW YORK	30 Rockefeller Plaza Suite 5425 NEW YORK, NY 10112	Tel: (1) 212-649 59 61 Fax: (1) 212-246 85 77
LIAISON OFFICE GENEVA	14b rue des Cordiers CH-1207 GENEVE	Tel: (41) 22-786 47 19 Fax: (41) 22-786 47 05

* currently being set up as a section

Printer : GROUPE GRAPHIQUE CHAUVEHEID • STAVELOT

Cover design : AXION FISZMAN & PARTNERS • BRUSSELS

Photographs : ROGER JOB



Médecins Sans Frontières Activity Report 1992-93
Published by the International Office of Médecins Sans Frontières
209 Blvd. Léopold II - B-1080 Brussels - Belgium • Tel. 32-2-426 55 52 • Fax 32-2-426 75 35