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Guatemala Afghanistan
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Mauritania Yemen
Bolivia El Salvador
Hong Kong Panama Russia
Laos Madagascar
Uganda Zimbabwe
Philippines Kenya
Guinea Colombia



ACTIVITY REPORT ⁹³₉₄







ACTIVITY REPORT

1993-1994

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The maps are provided as a help to the reader. In order to bring costs down, we have used commercial software that allows us limited flexibility. Please note that the place names are indicated as they are known locally, apart from where there might be risk of real misunderstanding. The maps are each to scale, but the scales are not standardized. Maps and names have no political significance.

1 INTRODUCTION

Médecins Sans Frontières is an international, non-profit, humanitarian organisation, whose objective is to provide medical aid to populations in crisis, without discrimination. The organisation relies on volunteers and is independent of all States and institutions, as well as of all political, economic or religious affiliations.

In 1993 and 1994, Médecins Sans Frontières has been working in 70 countries throughout the world. As in the past, a large part of Médecins Sans Frontières' energy has been channelled into the biggest humanitarian crises. Two of the most prominent of these have taken place in Burundi and Rwanda, where Médecins Sans Frontières has launched massive assistance programmes for the victims of massacres, the displaced and those who have taken refuge in neighbouring countries. The organisation has maintained its policy of speaking out against massive human rights abuses. The genocide in Rwanda has been the most notable example in 1994. Médecins Sans Frontières tries to heighten public awareness on what is happening in the field and, where necessary, will call on the international community to commit itself financially and politically to major crises.

Refugee work continues to account for a substantial part of Médecins Sans Frontières' activities on all the world's continents, given the massive population movements that take place annually as a result of war, famine and drought. In refugee camps, Médecins Sans Frontières sets up health facilities and feeding centres and installs sanitation systems. Teams vaccinate refugees against disease and carry out epidemiological surveillance in the camps.

Médecins Sans Frontières continues to work in all of the world's main war zones as well as in areas where conflict seems to die down only to flare up again, such as Angola and Liberia. Teams of surgeons are sent into the most conflict-ridden zones on short-term missions. For example, by mid-1993, missions of this kind were started in several Bosnian enclaves.

Teams of expatriates have stayed in countries, such as Sudan, where conflict, food shortages and population movements are recurring phenomena. Early 1994 saw the resumption of the Khartoum government's dry season offensive and once again a rise in the numbers of displaced inside the country and refugees crossing the border.

Médecins Sans Frontières has also remained in many areas where major emergencies have effectively come to an end, but where rehabilitation and restructuring needs are massive.

Long-term assistance programmes in countries such as Mozambique, Ethiopia and Cambodia focus on the training of local staff and the rehabilitation of health structures.

In many countries of the formerly communist eastern bloc, Médecins Sans Frontières has involved itself in the distribution and supply of medicine and medical equipment, which are scarce. In several areas, teams of expatriates support the restructuring of formerly centralised health structures.

Médecins Sans Frontières has focused greatly on projects in the slums and shanty towns of the Far East and South America, where people sometimes have little access to health care. In several countries of South America, assistance is targeted at street children and indigenous peoples who are among the most marginalised members of society. Médecins Sans Frontières is also concerned by the fact that severe poverty in urban areas has given rise to social problems, such as child prostitution. AIDS programmes have also been stepped up in some countries.

This report is mainly an overview of assistance programmes in 1993, although it does report on the progress and development of projects in early 1994. On a country-by-country basis, all activities are summarised and the number of volunteers in the field and the main sources of funding included. Projects in specific countries and regions, where activities have been most intense or where large-scale emergency programmes are ongoing, have been highlighted.

The report also includes a detailed description of the structure and functioning of the Médecins Sans Frontières international network, and explains why and how missions are launched, while setting out the humanitarian objectives of the assistance programmes and ruling principles of the organisation.

As we go to press, MSF is responding to the biggest emergency the organization has ever faced, that of Rwanda. At the end of July, 360 volunteers backed up by 1,500 local staff, were providing assistance to the Rwandan people.

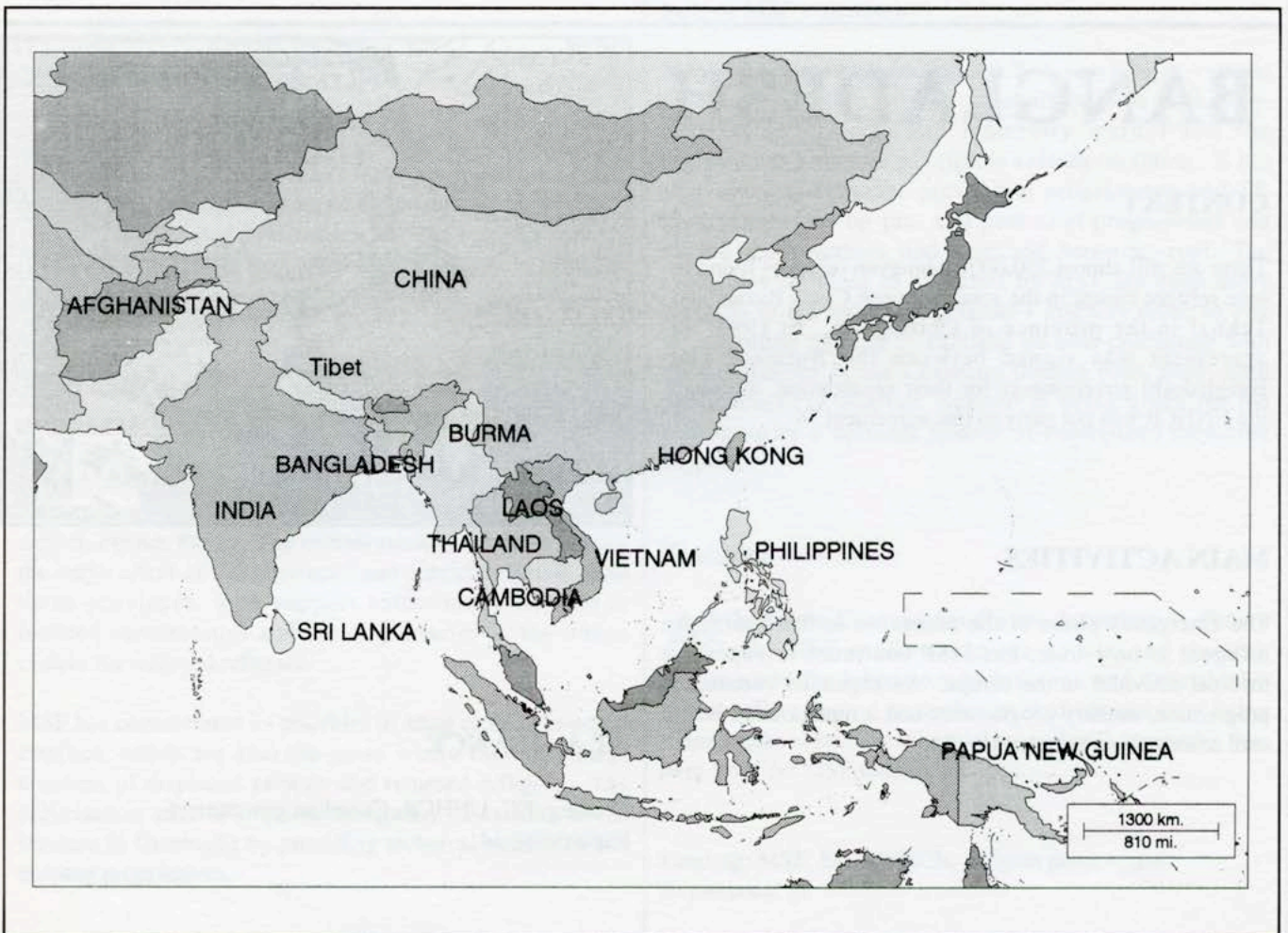
Médecins Sans Frontières would like to thank all those who have contributed to the setting up and successful operation of its missions in 70 countries throughout the world. We are particularly grateful to the 2.1 million donors without whose support we would be unable to function, the European Union, the United Nations High Commissioner for Refugees and the governments of France, Belgium, Holland, Spain, Luxembourg, Switzerland, Greece, the United Kingdom, Sweden, Finland, Norway, Denmark, Italy, Germany, the United States, Canada, Australia and Japan.

Médecins Sans Frontières

2 MSF MISSIONS

ASIA

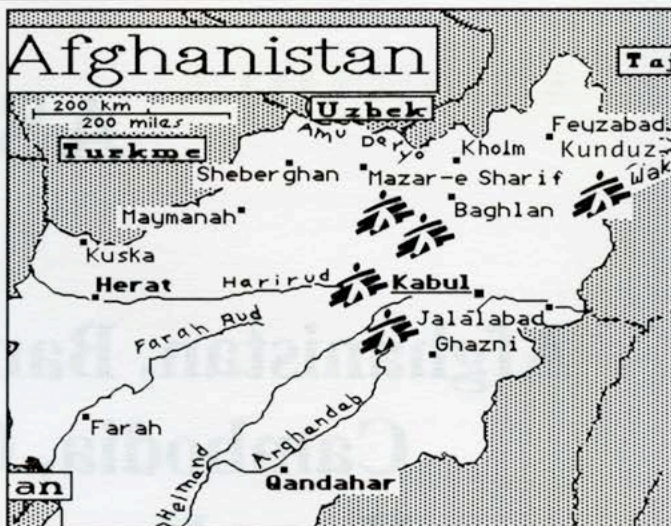
**Afghanistan, Bangladesh, Burma,
Cambodia, China/Tibet,
Hong Kong, India, Laos,
Papua New Guinea /Bougainville,
Philippines, Sri Lanka, Thailand,
Vietnam**



AFGHANISTAN

CONTEXT

The fifteen year war in Afghanistan has been virtually forgotten by the international community since the departure of the Soviet troops. January 1994 saw the onset of the sixth battle for Kabul and renewed fighting in the north.



MAIN ACTIVITIES

MSF is working with the Tajik refugees in Mazar-i-Sharif and Kunduz and with the displaced in Jalalabad. In Kabul's Jamhuriat hospital, MSF is supporting the surgical ward and supplying medicine and medical material. MSF is also providing assistance to five dispensaries and various health posts in and around the capital.

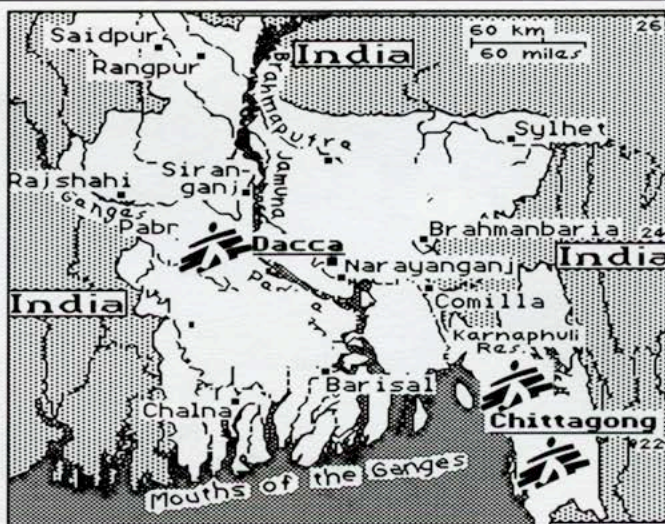
AT A GLANCE

Funding: MSF, EC, UNHCR, Belgian, Swedish, Canadian and Danish governments
Expatriates: 38

BANGLADESH

CONTEXT

There are still almost 250,000 Rohingya refugees living in nine refugee camps in the south between Cox's Bazaar and Teknaf in the province of Chittagong. In 1993, an agreement was signed between the Burmese and Bangladeshi governments for their repatriation, although the UNHCR was not party to this agreement.



MAIN ACTIVITIES

The emergency phase of the assistance to the Rohingya refugees is now over, but MSF continues to supervise medical activities in the camps. An expanded vaccination programme, sanitary programmes and a mother/child health care scheme have been launched.

AT A GLANCE

Funding: EC, UNHCR, Canadian government
Expatriates: 14

CAMBODIA

Despite the fairly peaceful climate that reigned during the elections held under the supervision of the United Nations transitional authority (UNTAC) in May 1993, Cambodia is still not a country entirely at peace. In several areas, the Khmer Rouge guerilla army has stepped up its efforts to prove itself a force that must be reckoned with politically as the government army has found itself unable to contain it militarily. Although government troops managed to take the main Khmer Rouge stronghold, Pailin, in April 1994, it was shortly re-taken by the Khmer Rouge.

The economic situation risks deteriorating with the UN's commitment to provide food aid to returned refugees coming to an end in May 1994. The returnees have not yet been reintegrated into Cambodian society and increasing numbers are moving into shanty towns growing up on the edges of the bigger towns. Many of those who hoped to return as farmers are unable to find land safe to farm because of the vast number of mines still waiting to be defused. These have already accounted for hundreds of thousands of victims and continue to take a daily toll of lives and limbs. Nevertheless, mines continue to be laid throughout the countryside.

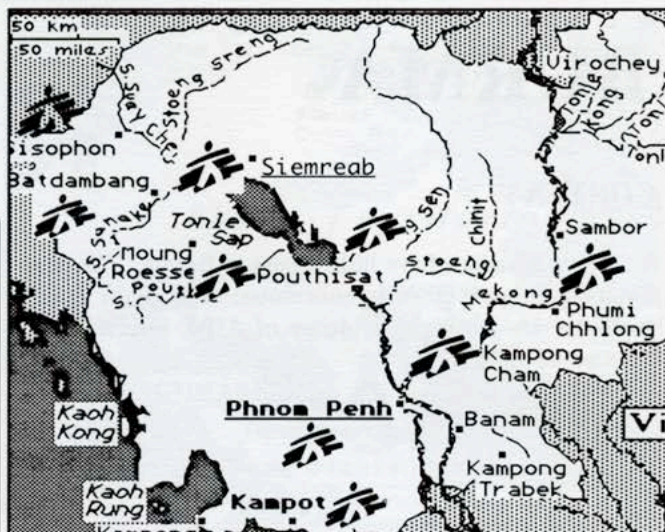
Main health problems

The principal health problems faced by Cambodia are tuberculosis, the main reason for hospitalisation, malaria, the principal cause of death among hospitalised children, cholera and haemorrhagic dengue fever, which can break out in severe though short-lived epidemics. In Kratie province, bilharzia is also a serious problem.

MSF activities

MSF is continuing its work in Siem Reap, Banteay Meanchey, Battambang, Pursat, Kampot, Kompong Thom, Kompong Cham, and Kratie provinces and in the capital, Phnom Penh. The overall strategy is to concentrate the major effort on the provincial and district hospitals of all these provinces, with support sometimes extended to isolated communities and the dispensaries of the transit centres for returned refugees.

MSF has concentrated its priorities in areas close to zones of conflict, which are also the areas where there are large numbers of displaced persons and returned refugees. The organisation aims to improve the quality of existing health services in Cambodia by providing technical assistance and training programmes.



Specifically, MSF's objectives include the upgrading of hospital infrastructure, particularly in terms of hygiene (with an emphasis on sterilisation), the provision of water and electricity, (MSF tries to rehabilitate existing buildings rather than construct new ones), the supply of medicine and medical material and the provision of basic health information on health matters, to be shared with other agencies concerned. A health district has been denominated in Phnom Penh where particular attention will be paid to the problem of AIDS and other sexually transmitted diseases. The new national health policy and health development plan drawn up by the government in 1994 have been based, in part, on MSF experience.

MSF has supported and relaunched services in various provincial hospitals (mainly in laboratories as well as in-patient, paediatrics and maternity wards) and the organisation continues to upgrade existing facilities. It has also organised disease prevention programmes and TB programmes, set up pre- and post-natal programmes and trained health workers, mid-wives and dispensary staff. The medicines supplied to hospitals by MSF are even more essential in the light of Cambodia's inability either to pay for importing them or to continue its own production with the breakdown of the Comecon trading bloc, their main pharmaceutical supplier. Support is being given for the setting up of a national system of centralized medicine supplies.

Training

At the Ecole Centrale des Cadres Sanitaires in Phnom Penh, MSF continues to run specialised training programmes for laboratory technicians and anaesthetics nurses. Two former anaesthetics students are now being trained to become tutors themselves and will eventually take over from the MSF team.

Funding: MSF, EC, UNHCR, Belgian government
Expatriates: 51

BURMA

CONTEXT

Relief organisations have little access to Burma. The need for medical assistance is enormous. The main health problems are the high incidence of AIDS infection and widespread malaria.

MAIN ACTIVITIES

MSF is providing medical aid in suburbs of the capital Rangoon and is handling the distribution of medicines and medical materials. The programme's target group is the 250,000 Burmese who have been relocated by the government in the past few years. The installation of laboratory services is allowing the MSF teams to launch a campaign to combat the spread of malaria in the Arakan region.



AT A GLANCE

Funding: MSF, Glaxo
Expatriates: 4

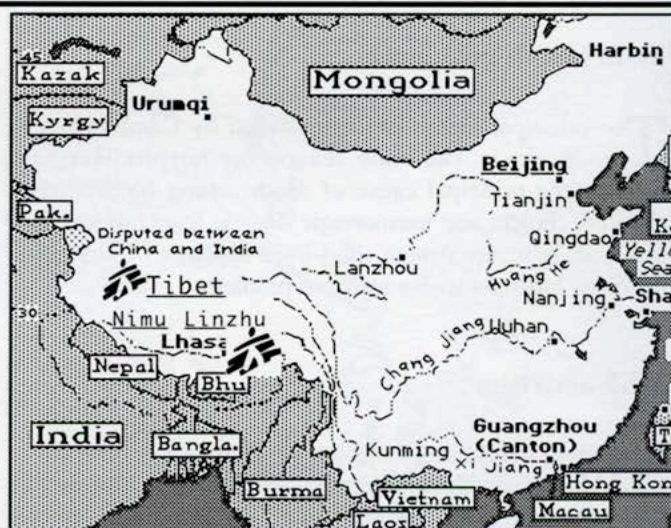
CHINA/TIBET

CONTEXT

While China opens itself to the outside world, human rights abuses continue unchecked. In 1993, Tibet was once again a region under oppressive military control.

MAIN ACTIVITIES

MSF provides medical and technical assistance to the Tibetan people. Programmes are underway in Nimu and Linzhu counties. Two reference hospitals have been constructed and volunteers are supervising the water distribution in villages. In October 1993, MSF began treating people suffering from Kashing-Beck syndrome, also known as «big-bone disease».



AT A GLANCE

Funding: MSF, EC, Australian, Canadian, Dutch and French governments
Expatriates: 8

HONG KONG

CONTEXT

To date, there are an estimated 29,000 Vietnamese asylum seekers in Hong-Kong's refugee camps. The UNHCR is now trying to find ways of encouraging Vietnamese refugees to return home, while discouraging aid agencies from launching new programmes.



MAIN ACTIVITIES

MSF has stepped down its activities in the Whitehead detention centre where it has closed down operations in one of the two clinics in which it was assisting. In Pillar Point, MSF runs a clinic three days a week.

AT A GLANCE

Funding: MSF, EC, UNHCR

Expatriates: 4

INDIA

CONTEXT

The population of India is 844 million, many of whom live in dire poverty. On 30 September 1993, an earthquake devastated the districts of Osmanabad and Latur in the province of Maharashtra killing 10,000 and displacing more than 100,000 people.



MAIN ACTIVITIES

MSF teams launched an emergency programme in the wake of the earthquake.

AT A GLANCE

Funding: MSF

Expatriates: 18 in the months following the earthquake

LAOS

CONTEXT

In 1989 MSF began working in Laos at the outset of the repatriation of Thailand's Laotian refugees. Since then, the country has experienced a certain amount of economic growth. Pharmacies and private health centres are springing up while the government is investing less in public health and national hospitals are deserted.

MAIN ACTIVITIES

MSF is providing technical assistance and support to health services in the Saravane and Champassak provinces of southern Laos. In October 1993, a similar programme was launched in Bokeo province in the north-west of the country where many repatriated refugees have settled. MSF is also involved in family planning.



AT A GLANCE

Funding: MSF, EC, Belgian government
Expatriates: 12

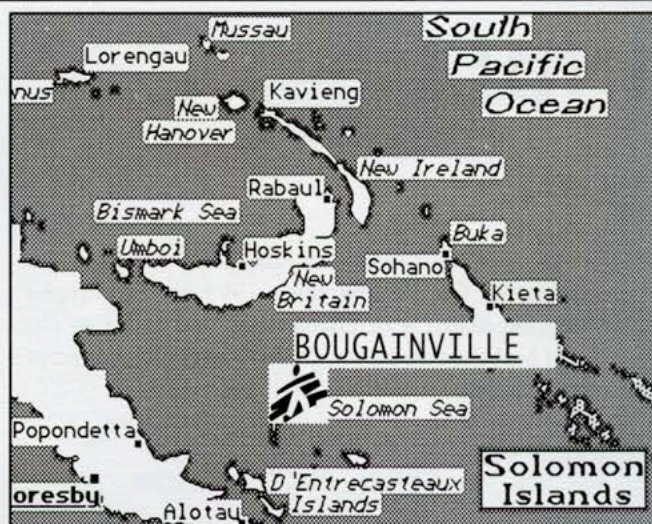
BOUGAINVILLE

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. Following the military intervention in 1991, relief agencies have been unable to work in the rebel zone.

MAIN ACTIVITIES

In 1993, MSF was forced to abandon its medical assistance programmes in so-called «care centres», where villagers from rebel-controlled areas have been regrouped by the government.



AT A GLANCE

Funding: MSF
Expatriates: 2

PHILIPPINES

CONTEXT

The frequency of natural disasters in the Philippines is such that MSF has been active in the country since 1987. In the Pinatubo region alone, between 12,000 and 20,000 people are displaced each year as a result of recurring volcanic eruptions.

MAIN ACTIVITIES

All of MSF's projects in the Philippines have been handed over to local personnel. Owing to MSF's ongoing emergency preparedness programme, assistance was provided rapidly after the volcanic eruptions in Pinatubo and Mayon. A project to benefit street children in Quezon has been in operation since 1992 and in Davao a project controls the spread of tuberculosis.



AT A GLANCE

Funding: MSF, EC
Expatriates: 11

SRI LANKA

CONTEXT

Since 1983, a war has been going on between the Sinhalese majority and the Tamil minority living in Sri Lanka.

MAIN ACTIVITIES

In January 1994, MSF relaunched its surgical programme on the island of Mannar, situated off the north-western coast of Sri Lanka. In Point Pedro and Batticaloa, a surgical programme is being carried out. MSF has several mobile clinics in Batticaloa and Trincomalee. MSF is also working in Madhu Church, which is functioning as a camp for 18,000 displaced, and providing assistance to 7,000 displaced in Palampiddi. In the eastern part of the Pamiir region, MSF is supplying medicine and medical material.



AT A GLANCE

Funding: MSF, UNHCR, Canadian, Swedish, Norwegian, Australian and Dutch governments
Expatriates: 22

THAILAND

CONTEXT

Thailand's last elections took place in September 1992 when Chuan Leekpai became prime minister. Progress has been made in combating child prostitution and in AIDS prevention. As many as 1,000,000 Thai people may be HIV positive.



MAIN ACTIVITIES

MSF has been providing medico-social assistance to the child prostitutes of Bangkok and is working in two inner city districts in Bangkok with a Thai partner called the Foundation for Slum Child Care. A mobile clinic is bringing this assistance to other slum pockets of the capital. Assistance is also provided to Vietnamese and Burmese refugees. In May 1994, MSF launched an AIDS care programme in Chiang Mai to improve community access to health care in collaboration with local NGOs.

AT A GLANCE

Funding: MSF, IRC, NCA, UNHCR, US and Dutch governments

Expatriates: 26

VIETNAM

CONTEXT

Over the last four years, refugees have been returning from Thailand, Malaysia and Hong-Kong. 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.



MAIN ACTIVITIES

MSF's priority in Vietnam is the restructuring of the health system, the training of doctors and pharmacists and ensuring that there are sufficient medical distributions. In Da Bac, activities centre around the hospital, where MSF is trying to reorganise the management. In Nha Trang, MSF is assisting a private health centre which will focus on mother/child health care, family planning and HIV screening. MSF also provides assistance in Phu Loc and Nam Dong.

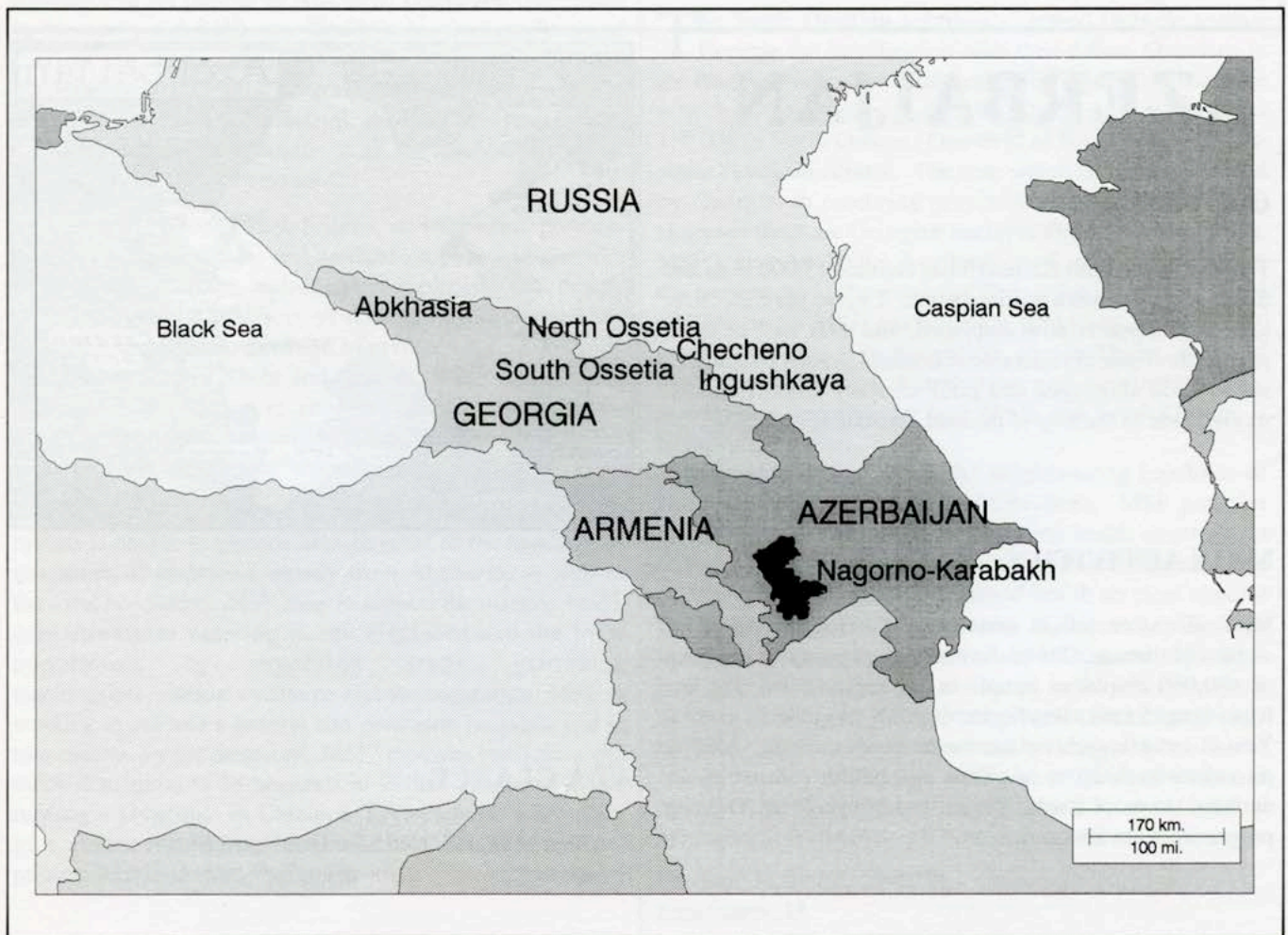
AT A GLANCE

Funding: MSF, EC, WFP, Belgian, Canadian, Swedish, Dutch and Luxembourg governments

Expatriates: 12

CENTRAL ASIA

**Armenia, Azerbaijan, Northern
Caucasus (including Georgia),
Russian Federation, Tajikistan**



ARMENIA

CONTEXT

Armenia is still suffering the crippling consequences of an economic and energy embargo imposed by Turkey and Azerbaijan since the outset of the Armenian offensive on Nagorno-Karabakh. The Armenian people are suffering greatly from deteriorating living conditions and the rationing of electricity in winter.

MAIN ACTIVITIES

MSF has renovated the Kharberd home for mentally handicapped children, where it is carrying out a psychological and pedagogical programme. Strengthening links between the home and local health structures has been a priority as has ensuring heating throughout the winter months. MSF is also active in a similar project in the Gumri home for children up to the age of four. MSF also supplies surgical and medical material to Nagorno-Karabakh's hospitals.



AT A GLANCE

Funding: MSF, EC

Expatriates: 9

AZERBAIJAN

CONTEXT

The war in Nagorno-Karabakh has claimed 15,000 lives and displaced more than a million people. Twelve per cent of the total population is now displaced, and over half of these people are living in miserable conditions. Azeris continue to suffer food shortages and poor sanitary conditions and receive little in the way of medical assistance.

MAIN ACTIVITIES

Medical and technical assistance is being provided for victims of the war. One of the main target groups is made up of 400,000 displaced people in the region bordering the front-line: Saatli, Beylagan, Imishli, Agjabedi, Barda, Yevlah and Mingechivir and the hospitals in Baku. MSF is providing back-up to hospitals and health centres in the northern towns of Barda, Yevlah and Mingechivir. Training programmes are also underway.



AT A GLANCE

Funding: MSF, EC, UNHCR, Dutch government

Expatriates: 16

NORTHERN CAUCASUS

Following the disintegration of the former Soviet Union in 1991, already existing ethnic tensions in enclaves and autonomous republics of the northern Caucasus were exacerbated by the rising tide of nationalism in the newly independent republics. Minorities began to call for self-determination, fearing that their interests would be side-lined within the newly independent Georgian and Russian states. This resulted in various armed struggles, which in turn gave rise to massive population movements, putting additional strain on the already faltering health structures. Tension persists throughout the region.

MSF is working throughout the former Soviet Northern Caucasus. Assistance programmes are presently being run throughout Georgia and the Russian republics of North Ossetia, Ingushkaya and Checheno. The biggest medical problem in the region is the scarcity of medicine. MSF is being forced to target much of its assistance directly at the existing health structures.

MSF in Georgia

After months of bitter conflict, Abkhazia was seized by separatist forces in September 1993. MSF provides assistance in six regions of Abkhazia: Gagra and Goudaouta in the north and Sukhumi, Gouliripchi, Otchamchira and Gali in the south. MSF's work in Abkhazia includes evaluations in hospitals, hospital statistics, distribution of medicine and medical material, medical information, an AIDS programme, evaluations of all the medical structures, mine accidents and vaccinations.

In Immeretia's largest city, Kutaisi, an MSF team provides hospitals with medicines and medical supplies and provides free medical treatment, mainly to the displaced. Two mobile clinics cover the districts of Khoni and Samtredia. In Megrelia, the areas covered are Martvili, Senaki, Shorotsku, Tsalensija, Abasha, Khobi and Zugdidi. MSF is evaluating the safety conditions to reopen facilities in Zugdidi. However, the mobile team in Kutaisi is accessible to the remaining 80% of Mengrel's population.

In Adjara, south-western Georgia, the local health care system is unable to provide enough relief to the hundreds of thousands of displaced, mostly from Abkhazia, as well as the local population. MSF aims to support the existing health care structures catering to the displaced and the local population, by supplying drugs, providing teaching/information exchange and immunization. MSF is working in Adjara's general and paediatric hospitals and in two centres for the displaced. MSF provides medicines and medical material to 38 hospitals in Tbilisi. The team is also running a polyclinic in Gldani, a Tbilisi suburb where they give diagnosis and free treatment and are involved in a primary immunisation programme.



Emergency medical assistance is also being provided to the 52,000 displaced people, many of whom are living in public buildings with little access to health care. The current stumbling blocks include incomplete registration, bad transportation and economic limitations. MSF's main area of work in this region includes medical distribution, training, vaccination, family planning, an AIDS programme, epidemiological and mine surveillance and the translation of medical information.

North and South Ossetia, Ingushkaya and Checheno

The South Ossetian separatists' armed struggle against Georgia for reunification with their fellow Ossetians in the Russian Federation continued until July 1992. There are now 7,900 refugees in South Ossetia and as many as 150,000 in North Ossetia. One-third of South Ossetia is now under Georgian control. The rest, which is being blockaded by Georgia, is receiving provisions from North Ossetia. However there are Georgian enclaves throughout the region. MSF's team in Tbilisi distributes medication and monitors the programme in the district of Eretvi, South Ossetia. Local doctors under MSF guidance are providing assistance to numerous villages in the region. As in Tbilisi, much of MSF's work covers distribution and monitoring. An assistance programme for both North and South Ossetia, is based in Tskhinvali.

Territorial disputes divide the neighbouring republics of North Ossetia, Ingushkaya and Checheno. MSF provides assistance to the displaced and supports health structures in this area. Teams are based in Piatigorsk and Nasran. The deterioration of formerly centralised health services remains the major concern for aid agencies in this area. The high incidence of shigellosis, measles, diphtheria and polio have lead MSF to consolidate its assistance in the area of hygiene and sanitation. In both North Ossetia and Ingushkaya activities centre around logistical back-up, sanitation and access to basic health care. MSF also provides assistance to reference hospitals, by way of emergency services, hospital hygiene and sanitation.

Funding: MSF, EC, UNHCR
Expatriates: 18

RUSSIA

CONTEXT

The Russian people are now experiencing some of the side-effects of the transition to a market economy. Unemployment figures are high and the number of homeless people has grown.

MAIN ACTIVITIES

Basic health care is provided in Moscow's three main train stations: Kurski, Leningradski and Paviletski. Legal and psychological counselling is also provided to the many homeless people of the capital. The Russian ministry of health has made a dispensary available to MSF and the organisation is also supplying two of the city's hospitals with medicine and medical material. MSF is also active in several regions of the Russian Trans-Caucasian republics. (see separate article on the Northern Caucasus)



AT A GLANCE

Funding: MSF, EC, UNHCR, Johnson & Johnson
Expatriates: 5

TAJIKISTAN

CONTEXT

In 1993, Tajikistan took the first steps to restore control after the civil war of 1992. A gradual political normalisation took place but it was undermined by the disorder following the forced return to the south of populations displaced in the interior of the country. Some of the 500,000 people who had taken refuge in Afghanistan have also begun to return.

MAIN ACTIVITIES

Between July and September 1993, MSF launched a measles vaccination campaign. Following the outbreak of an epidemic of bleeding diarrhoea and fearing the spread of cholera (included in the epidemiological programme), MSF took emergency measures including the rehabilitation of water supplies. MSF is now monitoring cases of diarrhoea and cholera, training local staff and preparing for the repatriation of the displaced. MSF continues to supply medicine and medical material to Tajik health centres and hospitals and is treating war wounded.



AT A GLANCE

Funding: MSF, EC, UNHCR
Expatriates: 6

EASTERN EUROPE

**Albania, Bosnia Herzegovina, Croatia,
Former Yugoslav Republic of
Macedonia, Romania,
Federal Yugoslav Republic
(Serbia and Montenegro)**



ALBANIA

CONTEXT

Public health care in Albania has deteriorated greatly in past years and hospitals and health centres are currently short of the most basic medical supplies and equipment.



MAIN ACTIVITIES

In January 1993, MSF started a nation-wide relief programme which involves the distribution of medical materials and medical equipment to all hospitals, polyclinics and health centres in Albania. A new cold chain is being implemented. Obsolete hospital equipment is being replaced and training in the use of the new equipment is underway.

AT A GLANCE

Funding: MSF, EC

Expatriates: 12

CROATIA

CONTEXT

The situation in Croatia appears to be more settled. However, the Dalmatian coast has seen the mass arrival of thousands of Bosnian refugees and the poorly equipped health structures are struggling to cope with the newcomers.



MAIN ACTIVITIES

MSF runs an assistance programme in North Zadar and Gasinci for former detainees of Bosnian origin and for people expelled from Banja-Luka. Assistance is also being provided in the Karlovac transit camp where 2,000 people are waiting to be relocated abroad. A badly-needed counselling programme for traumatised refugees is also underway in Gasinci.

AT A GLANCE

Funding: MSF, UNHCR, US, British, Swedish and Dutch governments

Expatriates: 25

BOSNIA HERZEGOVINA

MSF has been in Bosnia-Herzegovina since the end of 1991, when it opened a medical-logistical base in Sarajevo. From here, the whole of Bosnia-Herzegovina was originally supplied with medicine and medical material and equipment. By August 1993, the Bosnian crisis had escalated and MSF began sending surgical teams to Srebrenica, Gorazde, Tuzla and Sarajevo on short term missions to do reconstructive surgery and provide back-up to local surgeons. In 1994, MSF teams remained in place despite the heightened tension inside Sarajevo and the near seizure of Gorazde. The number of displaced people inside Bosnia-Herzegovina is now estimated at nearly 2 million.

Northern and central Bosnia

Medicine and medical material are supplied to 35 health centres in Central Bosnia. In addition to the distribution of supplies, the organisation gives support to the local production of essential medical items.

In Serbian-dominated Banja Luka, assistance is directly focused on the numerous psychiatric hospitals in the area. In Tuzla hospital, an MSF physiotherapist assists the surgical department at the request of hospital authorities. Patients previously operated on by the MSF plastic surgery teams receive treatment. In north-western Bosnia, MSF distributes drugs and medical supplies to Bihac's health structures. There are 300,000 people trapped in this pocket of north-western Bosnia. Although MSF is not doing the secondary distributions to the peripheral health facilities, spot checks are made to monitor the effectiveness of the local distribution system.

The objective of the MSF mission in Sarajevo is to improve civilian access to basic drugs and medical materials. Supplies are being sent to over 90 clinics, hospitals and health centres. Assistance is also provided to communities under Serbian control living around Sarajevo. A plastic surgery team has already been operating on and off in Sarajevo. A new project is being launched, whereby a team of plastic surgeons and traumatologists will spend one week in six inside the enclave. Surgical activity is combined with training for local doctors. The MSF 'Household Survey' of Sarajevo, published in December 1993, reports that post-traumatic stress and mental illness have become the most serious health threats in Sarajevo. MSF is in the process of launching a badly-needed mental health programme.

MSF has been working in Mostar throughout the war but owing to limited access and widespread fighting, there are no permanent teams.



In addition to the regular distribution of drugs to 10 health centres, Mostar East (the Muslim side) is visited regularly in order to assess improvements of the secondary distribution system from the hospital to the four health centres in the area. A water and sanitation project will be set up for water purification and waste treatment, many of the existing facilities having been destroyed during the siege.

Activities in the eastern enclaves

In June 1993, MSF re-established its presence in Gorazde with a surgical team. In April 1994, the MSF team in the enclave pursued its activities throughout the month-long Serbian offensive, during which hundreds of people were killed and wounded. During the worst of the crisis, the hospital came under fire day and night and constant sniping and shelling emptied the streets. Despite severe shortages of medicine and medical equipment, given that no convoys were able to enter the town, MSF continued its work in the hospital and in a make-shift dispensary on the left bank of the Drina. Since the Serbian forces withdrew, MSF has rehabilitated the hospital and is in the process of restoring the water distribution system. The main focus of the work now is medical assistance, the organisation of pharmacies and the provision of anaesthetics.

In 1994, MSF has been able to work in Srebrenica without interruption. The total population of the town and surrounding villages of Srebrenica is 45,000 of which 25,000 are refugees. It is estimated that as many as 5,000 are living rough. Programmes in Srebrenica include medical distribution, surgery, rehabilitation, assistance in dispensaries and emergency water supply. MSF is also distributing medicine in the smaller enclave of Zepa, located between Gorazde and Srebrenica, where 10,000 people are living.

Funding: MSF, EC, UNHCR, Swedish, British, US and Dutch governments
Expatriates: 36

MACEDONIA

CONTEXT

This former Yugoslav republic has been recognised as an independent state by all the members of the international community with the exception of Greece, which is protesting at the use of the name Macedonia. The Greek economic embargo continues.



MAIN ACTIVITIES

In February 1993, MSF launched a medical assistance programme for the 3,000 Bosnian refugees in five centres in Macedonia. This was taken over by UNHCR in June 1994.

AT A GLANCE

Funding: MSF, UNHCR
Expatriates: 1

ROMANIA

CONTEXT

Four years after the revolution, the torturous transition to a market economy continues and, despite progress, there is ongoing marginalisation of certain ethnic and social groups, particularly the gypsy community.



MAIN ACTIVITIES

MSF activities in Romania revolve around family planning, mother-and-child health care and other medical and social assistance, including the training of local staff. Two of the most important projects benefit members of the gypsy community and children in institutions. MSF also supports a local NGO in Piatra-Neamt whose aim is to combat child abandonment. All programmes rely on a large staff of local health workers.

AT A GLANCE

Funding: MSF, Johnson & Johnson, Enfants d'Ailleurs
Expatriates: 15

F.Y.R.

CONTEXT

Sanctions against Serbia and Montenegro remain in force. The situation remains very tense in Kosovo, where 90% of the residents are ethnic Albanians who continue to demand some degree of self-rule.



MAIN ACTIVITIES

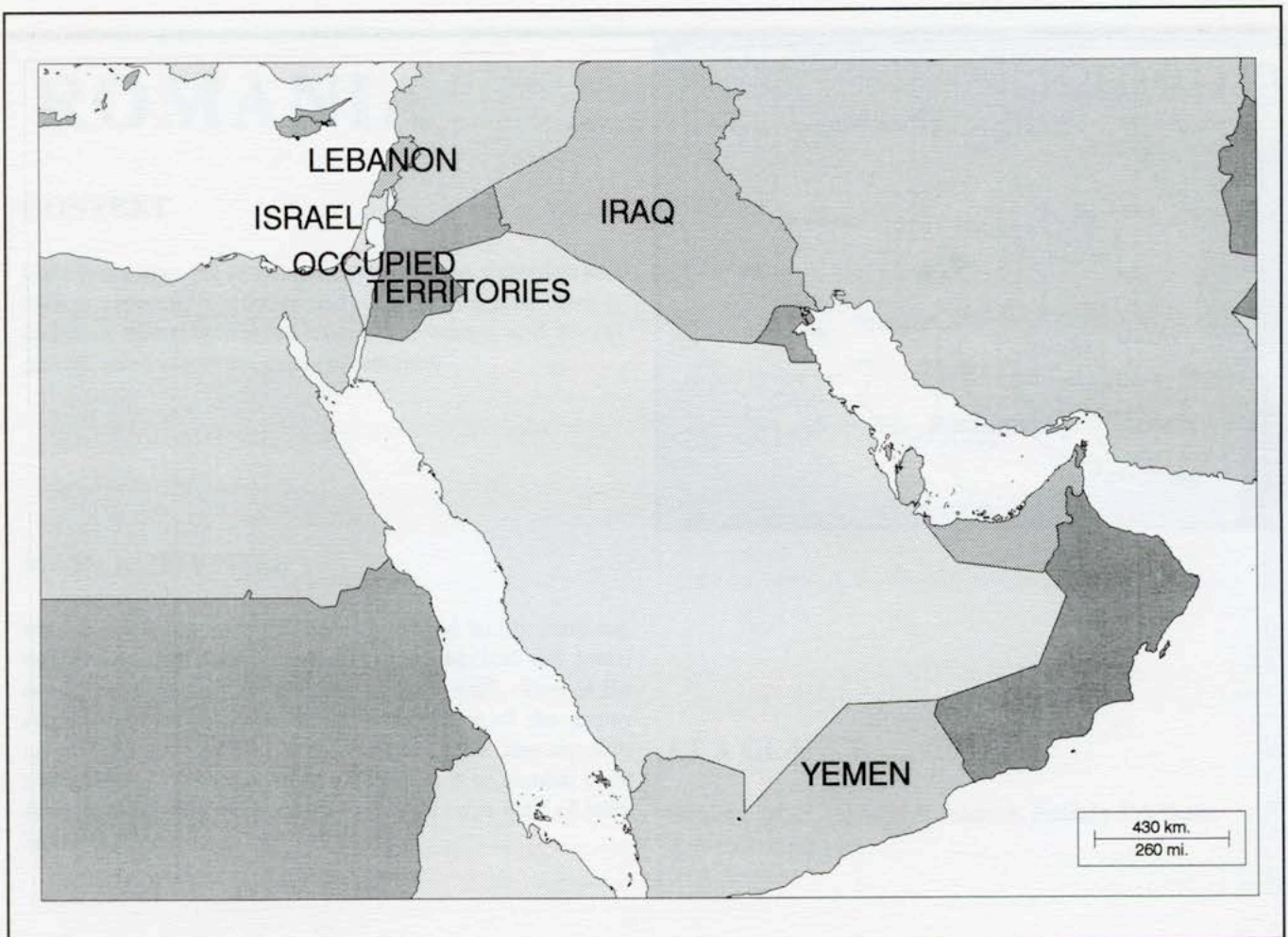
MSF is supplying some hospitals in Serbia and Montenegro. In Kosovo, two MSF volunteers are running a medical distribution programme to official medical establishments as well as other dispensaries and clinics. MSF is also distributing hygienic products throughout the region. A programme to combat tuberculosis is set to begin.

AT A GLANCE

Funding: MSF, EC
Expatriates: 5-20

MIDDLE EAST

Iraq, Lebanon, The Palestinian Authority, Occupied Territories, Yemen



IRAQ

CONTEXT

Since the end of the Gulf War, Saddam Hussein has tightened his grip on Iraqi society. In the south, Shiites are oppressed while, in the north, the Kurds have a form of self-government not recognised by the Iraqi state. MSF suspended its operation in Iraq when the emergency phase came to an end in 1993.



MAIN ACTIVITIES

Between January and April 1993, MSF's team of seven expatriates pursued its programmes in Suleymaniah, Raniah and Dianah. In large part, assistance was directed towards the displaced populations. Activities included management of medical supplies, supervision of health structures and fuel distribution. MSF kept an office in Zahko, Kurdistan, from where it evaluated the needs during the winter of 1993 and in 1994.

AT A GLANCE

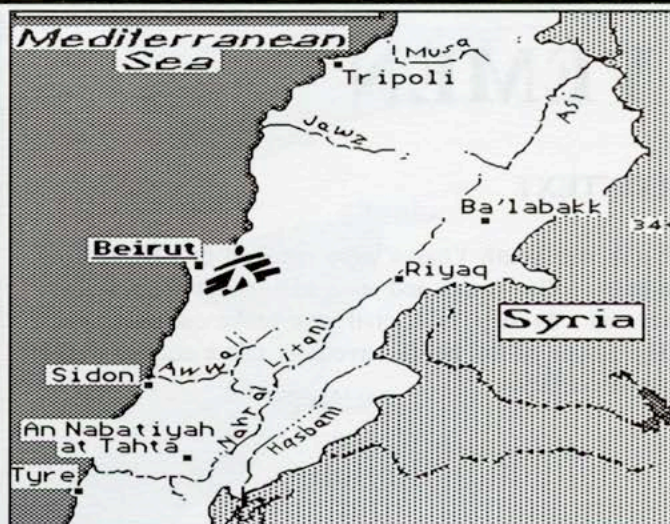
Funding: MSF

Expatriates: 1

LEBANON

CONTEXT

After fifteen years of war, Lebanon is experiencing a major economic crisis, which has taken its toll on the health sector. At least 50% of the population have little access to health care.



MAIN ACTIVITIES

From July 1992 to June 1994, MSF provided back-up to Biakout dispensary outside Beirut, which now provides medical assistance to 35,000 displaced people in the form of medical distribution, sanitation, education and preventive medicine. MSF continues to provide back-up for Bir Hassan dispensary in southern Beirut. In the Saida region of southern Lebanon, MSF also provides health care assistance to the displaced in villages and is beginning to equip and relaunch several other dispensaries providing health care for 20-30,000 inhabitants.

AT A GLANCE

Funding: MSF, EC

Expatriates: 5

GAZA/WEST BANK

CONTEXT

Five years after the Palestinian Intifada against the Israeli state began, it now seems that the two sides have come to an agreement that may lay the groundwork for peaceful coexistence in the future, despite continuing violence. Although, Gaza and Jericho are now under Palestinian rule, financial assistance and massive investment will be needed to build up the infrastructure.

MAIN ACTIVITIES

In November 1993, an exploratory mission was sent to the Occupied Territories, in order to evaluate the mental health needs of children and adolescents traumatised by the consequences of the Intifada. MSF plans to launch a health care centre, in collaboration with a Palestinian organisation. Counselling services for children and adolescents will be available from mid-1994 onwards. MSF continues to support a local mental health group in the Gaza Strip. Technical assistance is given to occupational therapists and a training workshop is being organised. All projects are co-ordinated from Jerusalem.



AT A GLANCE

Funding: MSF, Dutch government
Expatriates: 7

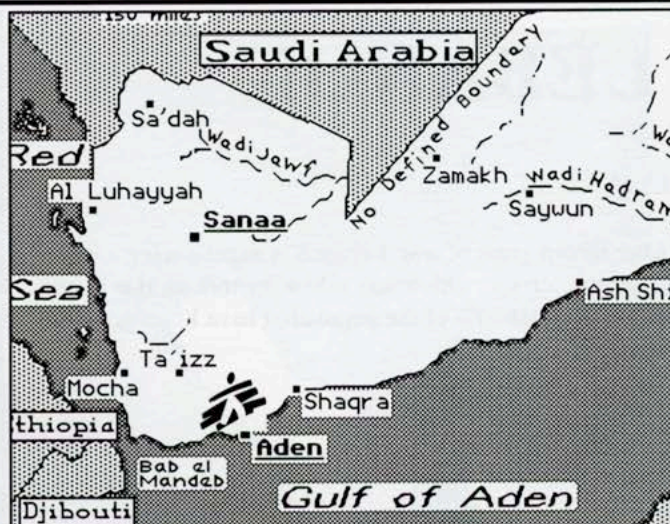
YEMEN

CONTEXT

North and South Yemen were reunited in 1990 but the armies, police forces and state administrations remained separate. In May 1994, civil war broke out once again. The forces of the North have now taken control of the whole country.

MAIN ACTIVITIES

MSF has a team in Aden where the main activities centre around the provision of water and drugs and the relaunching of seven dispensaries. Since the onset of the fighting, Aden can only be reached by sea from Djibouti. Assistance is also being provided to Somali refugees in the south of the country, although the assistance to refugees in the north has ended since the onset of the war. MSF continues its rehabilitation work in Dhi-Sufal.

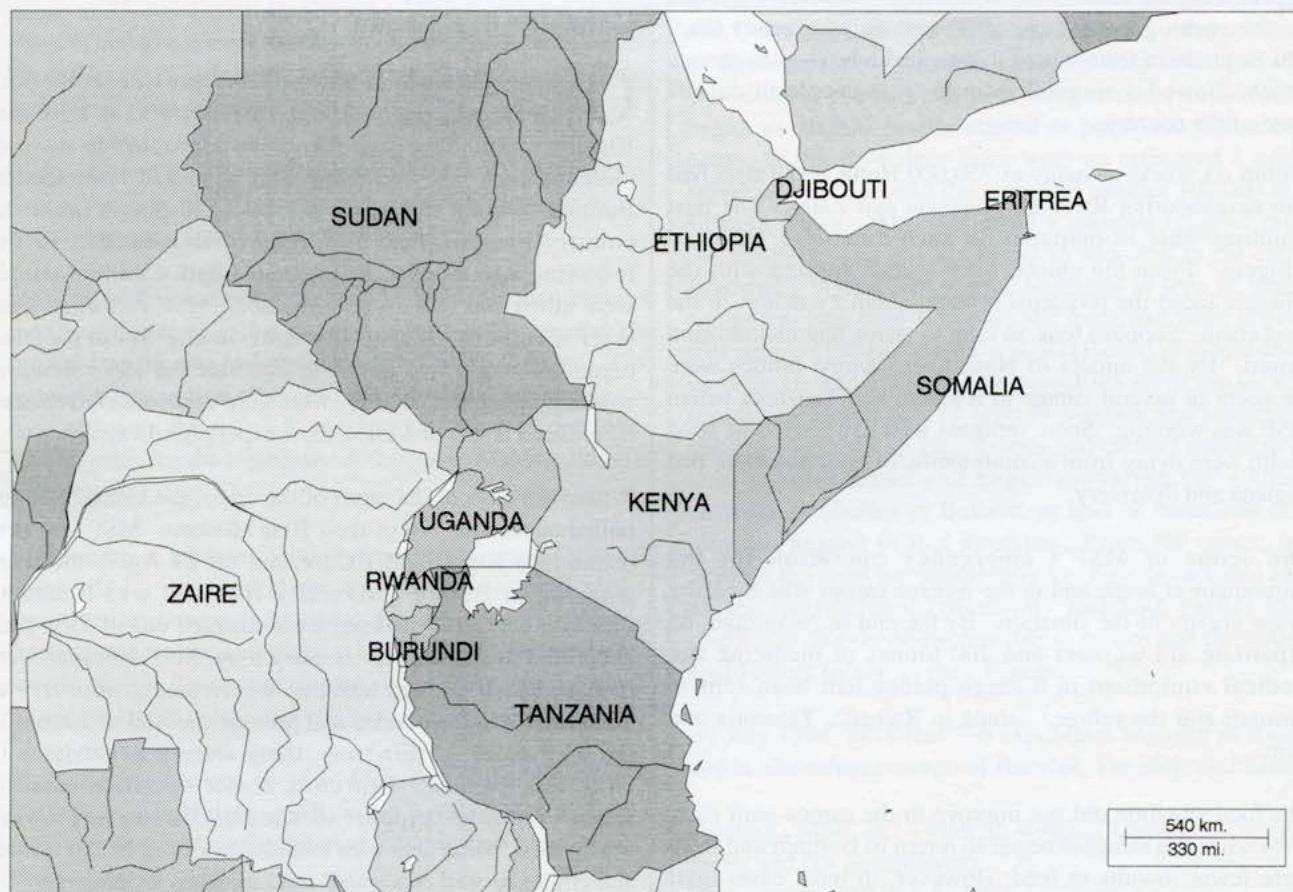


AT A GLANCE

Funding: MSF, UNHCR
Expatriates: 9

HORN & EAST AFRICA

**Burundi/Rwanda/Tanzania,
Djibouti, Ethiopia, Kenya, Somalia,
Sudan, Uganda, Zaire**



BURUNDI RWANDA

The emergencies in Burundi and Rwanda have been marked by widespread massacres of people for the sole reason of their ethnic origin. The populations of Burundi and Rwanda are made up of two major groups, the Hutus and the Tutsis. Massacres characterized the unrest in Burundi, but the violence in Rwanda has rapidly taken on the characteristics of a genocide.

Since the end of 1993, MSF has channelled much of its energy into emergency assistance for the Burundian and Rwandan displaced and refugees and into ongoing appeals to the international community. Throughout the Burundian emergency, MSF spoke out against the failure on the part of the international community to ensure that the necessary food rations arrived in the Burundian refugee camps, where death rates were alarmingly high. From the outset of the Rwandan crisis, MSF called on the international community to stop the genocide and to see that the perpetrators be brought to justice.

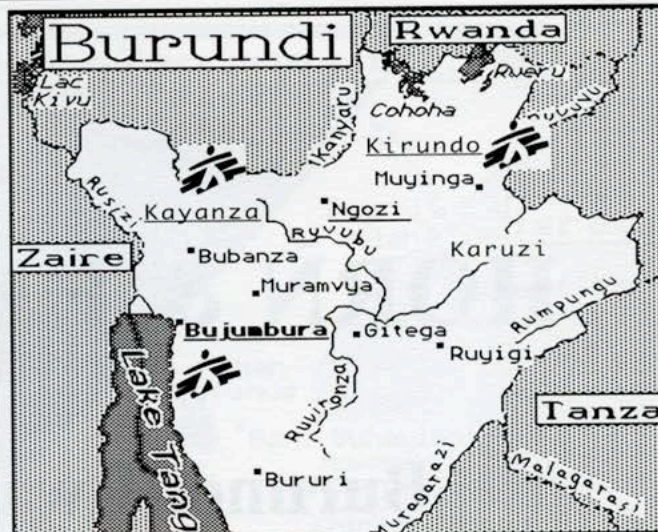
Massacres in Burundi provoke massive refugee emergency

Following the failed coup d'état of 21 October 1993 and the ensuing massacres, MSF sent an emergency team into Bujumbura from where it launched a helicopter service which allowed a surgical team to treat people in cut-off areas of the country.

Within six weeks as many as 750,000 Hutus and Tutsis fled into neighbouring Rwanda, Tanzania and Zaire. The host countries were ill-prepared for such a massive influx of refugees. From the outset, MSF teams working with the refugees faced the problems brought about by delays in the food chain. Supplies took so long to arrive that malnutrition soared. By the middle of November, famine rations were the norm in several camps in Rwanda and Tanzania where MSF was working. Soon, refugees who had arrived in good health were dying from a combination of poor nutrition, bad hygiene and dysentery.

The scope of MSF's emergency operation for the Burundians at home and in the refugee camps was evidence of the gravity of the situation. By the end of November, 85 expatriate aid workers and 200 tonnes of medicine and medical equipment in 6 cargo planes had been sent to Burundi and the refugee camps in Rwanda, Tanzania and Zaire.

The food situation did not improve in the camps until early 1994 when the refugees began to return to Burundi and there were fewer mouths to feed. However, in most cases their villages were decimated and their crops burned.



Many did not make it home and remain dispersed in the hilly region in the north of the country, totally dependent on outside assistance. MSF launched emergency programmes in Ruyigi, Karuzi and Kirundo, where most of the returnees were arriving, often malnourished and weak. MSF's five mobile teams brought assistance to the displaced, dispersed and returnees alike. MSF continues its work with Burundian refugees, and returnees who are either displaced or dispersed throughout the country. Long-term humanitarian assistance is now essential in order to facilitate their reintegration into Burundian society.

Genocide in Rwanda

On 6 April, a plane carrying the presidents of both Rwanda and Burundi was shot down as it flew into Kigali airport. This gave rise to an unimaginable wave of violence even in comparison with what had been seen in Burundi. Within weeks, the number of displaced inside the country had run into hundreds of thousands. In the following two months, an estimated half a million people were killed and two million had fled. MSF lost more local staff members than at any time in the history of the organisation and was forced to evacuate the 126 volunteers working inside the country, who were immediately replaced by reduced teams of MSF's most experienced expatriates.

Within ten days of the onset of the crisis, the United Nations pulled out all but 270 of their Blue Helmets. MSF sent new teams into Kigali and Butare, but on 24 April, the team working in Butare University Hospital was forced to evacuate when 170 patients were dragged out of their beds and killed by the militia. In early May, MSF missions were launched in RPF-held territory where teams were free to administer to the wounded and provide medical assistance to the displaced. At this time, there were 8 expatriates in northwest Rwanda. This cross border operation based in Kisoro provides support to Kidaho, Butaro and Cyeru communes. Main activities included assisting health centres and clinics as well as a water and sanitation programme.

In the ICRC's Kigali field hospital, MSF has had a team of 6 people in place. An assistance programme for the displaced was begun. Six other volunteers have been providing relief to 25,000 people in four locations. Main activities include sanitation, the provision of drinking water and a measles vaccination campaign. Malaria and dysentery are widespread and malnutrition is on the rise.

Three volunteers have refurbished Byumba District Hospital where they have ensured water supplies. In Bugesera, MSF's five volunteers have been running mobile teams for the local health centres as well as in the orphanage-turned-hospital at Nyamata. In June, half of the patients had war wounds. The team carried out an evaluation of the needs of the estimated 20,000 displaced persons.

Co-ordination and support for the missions in Byumba and Bugesera were ensured by a team of 5 people: a medical co-ordinator, head of mission, a logistician/administrator and a logistician dealing with purchasing and transport, based in Kampala, Uganda, and an administrator based in Nairobi.

Assistance to the Rwandan refugees

MSF has 55 volunteers working in Burundi's Ngozi, Kayanza and Kirundo provinces.

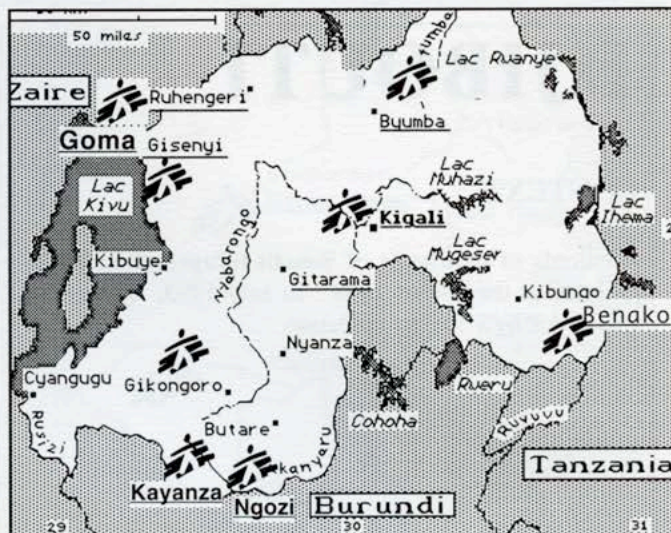
In Ngozi and Kayanza, where MSF is providing medical assistance in four camps, the number of refugees remains stable at 25,000 Tutsis. In Kirundo, MSF is present in four types of refugee camps catering to Rwandan Tutsi refugees, Rwandan Hutu refugees, Burundian Tutsi displaced and Burundian Hutu returnees.

In the Bunyeri, Mugendo, Kyonza and Rukuramigabo camps, MSF is supplying water and sanitation facilities and is carrying out a health care programme.

MSF has 68 volunteers working in the Rwandan refugee camps of Tanzania. The Benako camp quickly became the second largest city in Tanzania after Dar-El-Salaam. Two months after the first refugees began arriving, the population had soared to 300,000. A camp at Lumasi was opened in June to cater for the overflow. A third site, Mshura, has also been found.

In Benako, a measles vaccination programme has been completed. By June there was already a 14% global malnutrition rate and the camp population was suffering from severe water shortages. MSF is also working with around 50,000 Rwandan refugees in the district of Karagwe, providing health care.

Malnutrition has set in and MSF is distributing protein biscuits to all children under five. A measles vaccination programme is underway aimed at those from 6 months to 15 years of age.



The most common health problems are malaria, bronchitis and pneumonia as well as machete and bullet wounds.

MSF is also working with around 50,000 Rwandan refugees in the district of Karagwe in the Murongo, Kayeni, Tehabalissa and Nyakasimbi camps. MSF provides basic health care, measles vaccination and sanitation and is also trying to solve the problem of water shortages.

The biggest refugee crisis ever recorded

MSF has had a team in Zaire's Kivu province since 1991. Thousands of Burundian refugees fled to Goma and Uvira at the end of 1993, and Rwandan refugees started to arrive in their thousands in April, May and June 1994. On 14 July, 1994, the biggest refugee crisis ever recorded began as 20,000 people started to pour into Goma every hour. Within five days there were an estimated 1 million refugees in and around the town and another 100,000 in the Bukavu region. MSF launched a massive relief effort for the refugees, who quickly began to succumb to the cholera epidemic. Within two weeks, hundreds of tons of medical equipment had been flown in, the team had been upped to 630 people (130 expatriates and 500 locals) in Goma and 15 in Bukavu and Uvira. The priorities were clean water supply, the installation of sanitary systems and treatment of cholera. MSF set up dispensaries and cholera camps in five sites around Goma and began preparing for a similar outbreak of cholera in Bukavu, as tens of thousands of the refugees headed in that direction. From the outset, MSF stressed the need for repatriation for the refugees and called on the international community and both parties to the conflict to do everything possible to ensure that the refugees could return safely to their villages.

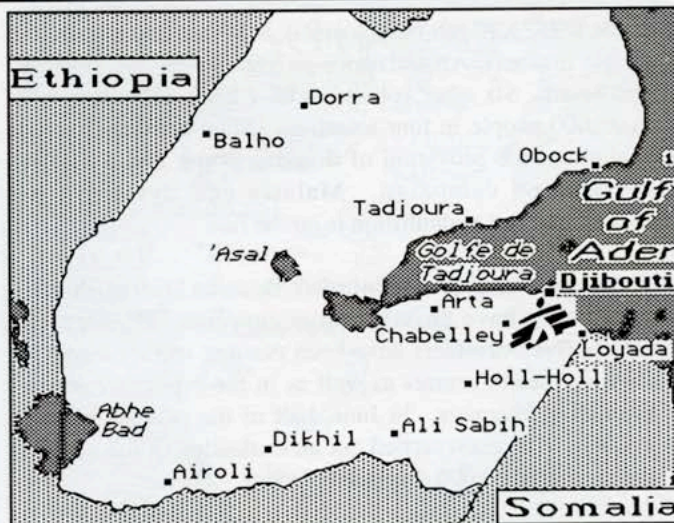
By July 1994, MSF had 360 expatriates working in Rwanda and in the refugee camps of Burundi, Tanzania and Zaire.

Funding : MSF, EC, UNHCR, Belgian, Canadian, Danish, Swiss and US governments
Expatriates : 360 in July 1994

DJIBOUTI

CONTEXT

Hundreds of thousands of Somali refugees flooded into Djibouti at the end of 1988. In July 1993, Djibouti city was struck by a cholera epidemic.



MAIN ACTIVITIES

In April 1993, MSF took responsibility for the medical care of 20,000 Somalis taking refuge in four camps south of the capital. In the wake of the cholera campaign, an emergency aid programme was launched. The epidemic has since been brought under control, and the aid programme is being handed over to national authorities. MSF evaluated the medical needs in the north of the country, but found that there was no possibility for intervention.

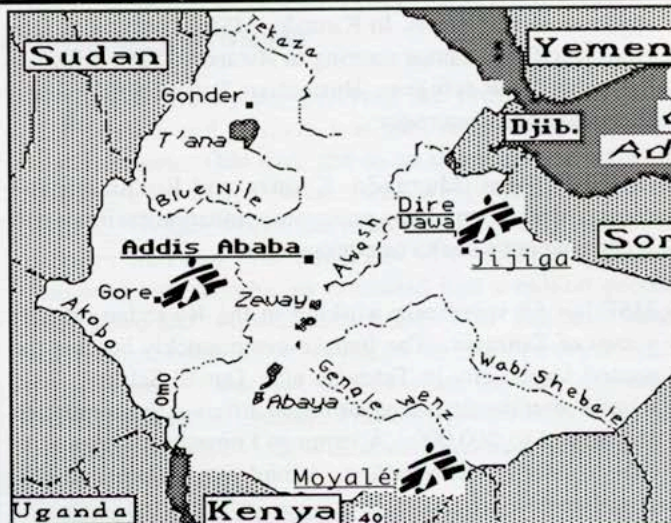
AT A GLANCE

Funding: MSF, EC, UNHCR, British, Canadian and Swiss governments
Expatriates: 10

ETHIOPIA

CONTEXT

Political tension in Ethiopia has lessened in the past few years. However, there has been an increase in insecurity in the south of Ogaden in recent months. Although the harvest in 1993 showed an improvement, serious food shortages are foreseen in 1994 as 1 million tons of food need to be imported.



MAIN ACTIVITIES

In Borena, MSF provides emergency aid to refugees and displaced. Regional clinics are backed up with personnel, medicine and medical material. A field hospital has been set up. The local health care infrastructure of the region, particularly in Moyale, is being rehabilitated. MSF supplies medicine and medical equipment to the hospital at Dire Dawa, overhauls the water supply, provides sanitary assistance and renovates buildings. In Jijiga, MSF assists an estimated 200,000 people and is renovating the hospital as well as running a nutritional programme in two camps for the displaced in Gode.

AT A GLANCE

Funding: MSF, UNHCR, UNICEF, US, Swiss, Swedish, Norwegian, Finnish and Dutch governments
Expatriates: 22

SUDAN

The 12-year-old civil war in Sudan is the culmination of a power struggle between the mainly Arab/Muslim north and the mainly black Christian and Animist south. The Khartoum government, under a banner of 'Islamicisation', is fighting against the Sudan Peoples' Liberation Army (SPLA) in the south, itself riven by factional infighting.

Droughts, floods, epidemics and war have caused the deaths of over one million people. Millions of southerners have fled to the north, many of whom are living in miserable conditions on the outskirts of cities. The dry season government offensive at the beginning of 1994, pushed already displaced populations further south. In May, 1994, 6,000-7,000 people were fleeing into Uganda and Kenya every day. Malnutrition is rampant in pockets of the country, particularly in the south, where an MSF survey carried out in Alek, in the Bahr El Ghazal region, in April/March 1994, showed the rate of severe malnutrition for under-five's to be over 9%. In short, the country is in a state of chronic emergency.

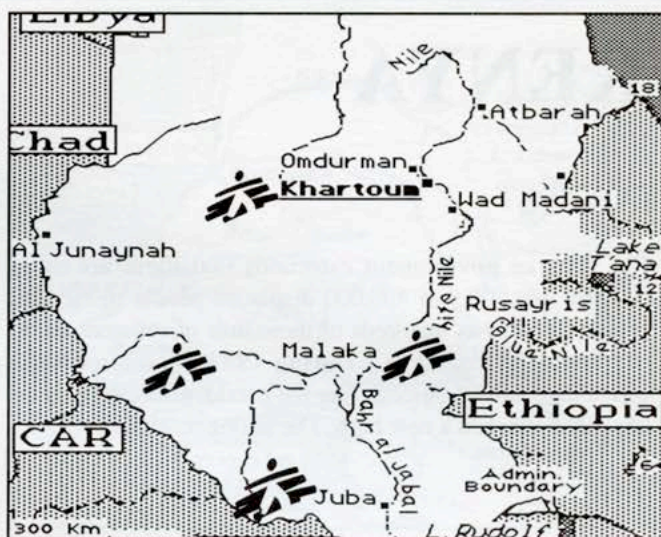
The need for foreign assistance

The continuing disruption of agriculture and the breakdown of infrastructure as a result of the war have meant that outside assistance is necessary in order to avoid starvation among thousands of displaced people in Eastern Equatoria and in Jonglei. Operation Lifeline Sudan (OLS), a joint UNICEF/WFP/NGO operation coordinated by the UN DHA since 1991, is not able to supply the quantity of food aid required. Providing humanitarian assistance in Sudan is no easy task, as the international community is not responding to the appeals for funds and the fighting complicates access to civilians. The Khartoum government objects to humanitarian aid going to rebel areas and constantly seeks to hamper aid efforts. Continued fighting between factions of the SPLA also hinders aid distribution.

MSF has been working in Sudan since 1979 and is present in several areas in the south working in collaboration with the OLS. Security is a major problem for humanitarian workers and MSF teams are often forced to evacuate from project sites.

MSF activities

In Khartoum, MSF provides health care and sanitation programmes in two camps for the displaced. In nearby Omdurman, it supervises and supplies the five dispensaries serving 100,000 displaced. In Jebel Aulia, a health centre supplies a population of 80,000. Water and sanitation programmes are running in Jebel Aulia and Omduman El Salam camp.



In Moyo, south of the city, MSF supervises a health centre providing consultations, vaccinations, supplementary feeding and health visiting for 40,000 people in a camp-shantytown.

MSF is present in three areas of Western Equatoria. In Yambio, the district hospital catering for 500,000 is being given medical and technical support. MSF is also supplying medicines and medical material and an MSF surgeon is trying to upgrade the operating theatres. In Maridi, where the MSF team followed those who fled the fighting in Mundri, they are providing health care, nutritional surveillance and selective feeding programmes in Angutua camp. Similar services are being provided for 25,000 displaced in Mangalore, as well as improvements to the sanitation facilities.

In Eastern Upper Nile, MSF is presently running a referral hospital in Akobo, providing health care for 50,000 people in the area and in the Waat 'Hunger Triangle' where relief programmes are concentrated.

In Jonglei, the MSF team in Akon, Bahr El Ghazal province, has dealt with growing numbers in the supplementary feeding centre it runs (an average of 1,800 children per month by April). They are also providing medicine and back-up to the local medico-technical staff and giving medical consultations. Given the warning signs of growing malnutrition, MSF is carrying out nutritional surveys in Mayen Abun and Wunrock and monitoring and evaluating the health status of the population of this very inaccessible region.

The Kala Azar epidemic in Western Upper Nile seems to be under control, but MSF is providing medical care, specifically Kala Azar and TB programmes in Leer and Duar. MSF is trying to improve basic health care in the region.

Funding: MSF, EC, OXFAM, British, US, Finnish, Dutch and Swiss governments

Expatriates: 38

KENYA

CONTEXT

The Kenyan government estimates that there are now between 350,000 and 400,000 displaced people inside the country as well as hundreds of thousands of refugees from neighbouring countries. During 1993, ethnic tension, which had built up since before the presidential elections in late 1992, reached a new high. The unrest continues.

MAIN ACTIVITIES

Since 1992, MSF continues its work with Somali and Ethiopian refugees in the Liboy, Ifo and Hagadera camps. MSF is providing assistance to drought affected nomads in Garissa and evaluating the drought situation in Turkana. MSF distributes medicine and medical supplies to various dispensaries in the north and north-east where it also provides assistance to the displaced from ethnic violence. A programme for Sudanese in Kakuma was handed over to other NGOs when the emergency phase was over. MSF has started a programme for victims of tribal clashes inside Kenya, with assistance being given to local institutions.



AT A GLANCE

Funding: MSF, EC, UNHCR, UNICEF, Stichting Vluchtelingen, US and Belgian governments
Expatriates: 78

SOMALIA

CONTEXT

The international intervention in Somalia became extremely controversial as it developed over the months, from a humanitarian response into a military-led escalation of violence placing the UN (US) forces as belligerent forces in the Somali conflict. Famine subsided early 1993, but the country is still at a loss to come up with a political solution. Large numbers of refugees remain in camps in neighbouring countries and armed confrontations still take place in parts of the country.

MAIN ACTIVITIES

1993 saw the winding down of MSF large-scale nutritional programmes as famine subsided. MSF remains present in Kismayo and northern Mogadishu, sensitive areas of the country. MSF surgical teams support the Kismayo hospital. Medical and nutritional aid is being provided to the displaced and resident populations of Kismayo and Jelib and a basic health care programme has been launched in the northern cities of Hargeisa and Burao. In Adan Yabal and Giohar, MSF has set up dispensaries, carries out maternity programmes and has trained local staff to run mobile



vaccination clinics to cover whole districts. Following the cholera epidemic in February 1994, MSF has been running a cholera unit out of Mogadishu's Karaan hospital. Other cholera camps are being run in Jelib, Kismayo and Giohar.

AT A GLANCE

Funding: MSF, EC, Luxembourg, US and Dutch governments, Chaîne de Bonheur
Expatriates: 37

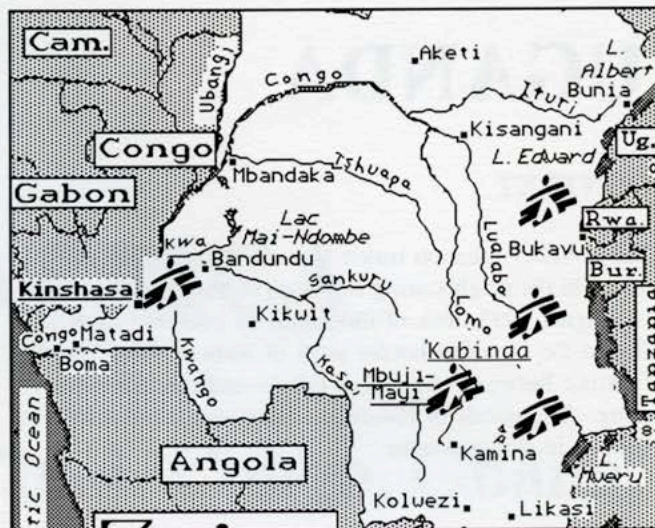
ZAIRE

Zaire's political and economic crisis continues. President Sese Seko Mobutu reacted to growing discontent four years ago by convening a national conference to chart the country's future which, however, turned against him and came up with a new constitution and a new prime minister, Etienne Tshisekedi. Tshisekedi, who is strongly opposed to the president, was eventually sacked and replaced by Mobutu's preferred candidate. The political scene is played out against a background of hyperinflation, fraud and corruption, the disintegration of the social infrastructure and ethnic conflict. All this led to the suspension of foreign aid and co-operation.

MSF first intervened in Zaire between 1978 and 1981, giving assistance to refugees fleeing from the civil war in Angola. It returned in 1984 to assist Angolan refugees in Shaba province. Shaba has suffered greatly from the main power struggle being waged between Mobutu and his opponents. Tshisekedi, a Kasai, was widely backed by the large Kasai population in Shaba and the ensuing resentment led to government-backed inter-ethnic violence, which resulted in the flight of over half a million Kasais to Eastern Kasai province. Tens of thousands of them are still waiting in three towns for transport to take them back. MSF started an emergency programme in March 1993 for the 40,000 returnees camped around the station in Kolwezi. The 5,000 who remain receive treatment at feeding centres and dispensaries. In Likasi, 60,000 people live in public buildings with two MSF dispensaries providing medical consultations, vaccination against measles and preventive medicine. MSF also ensures the supply of drinking water in Likasi and provides medical assistance in Kamina.

MSF assistance in Kasai, Kivu and Kinshasa

The situation encountered by the returnees when they arrive in Kasai is no better. Death rates in the transit camps are high and malnutrition rates alarming. MSF has been providing basic medical care and clean water in the camps in Mwene-Ditu, the railway terminus. While some remain there in the hope of integrating into the local society, others have been heading towards Mbuji-Mayi and Kabinda, sometimes with transportation provided by MSF. In general, the authorities and the local people are reluctant to take responsibility for the displaced. MSF has been ensuring water supplies, sanitation and medical aid for 12,000 displaced in a transit camp close to Mbuji-Mayi, where it runs a dispensary, vaccinates against measles and monitors disease. MSF has also set up intensive feeding centres and provides food support to the under-nourished. Similar activities are carried out in Kabinda. MSF's nutritional studies indicate that the percentage of overall malnutrition is twice as high among the displaced as among the locals.



In rural areas, the displaced represent 18% of the population, and are four times as likely to suffer malnutrition. They are also five times as likely to die as a result. There is, however, no distribution of food, seeds or tools, the policy being that the camps should remain transit camps.

The ethnic problems in Kivu province result from local resentment against the 'Banyarwanda', a collective name given to Hutus and Tutsis. Since October 1993, MSF had been providing assistance there to refugees from Burundi. Following the massive influx of Rwandan refugees into Goma in July 1994, MSF launched a massive emergency programme. *See separate article on Burundi/Rwanda.* Cholera, which became such a killer at this time, had already reached epidemic proportions in Upper Shaba in January 1994. MSF's teams controlled its spread by treatment and monitoring.

In Zaire's capital, Kinshasa, AIDS infection is so widespread that MSF is focusing on prevention, education and treatment. In December 1993, MSF began the relaunch of an AIDS clinic which mainly targets prostitutes, their partners and clients. As it is estimated that around 20% of cases result from transfusions of contaminated blood, MSF is also supporting the Kinshasa blood bank.

In an attempt to help the disintegrating health care system, up until March 1994, MSF had distributed medical kits to supply 33 health zones on the basis of one kit per hospital and seven kits for each health centre and to re-supply one-third of them. Each kit contains supplies for three months. Further distributions are planned dependent on funding being provided.

Funding: MSF, World Food Program, Belgian, US, Swedish and Dutch governments
Expatriates: 42

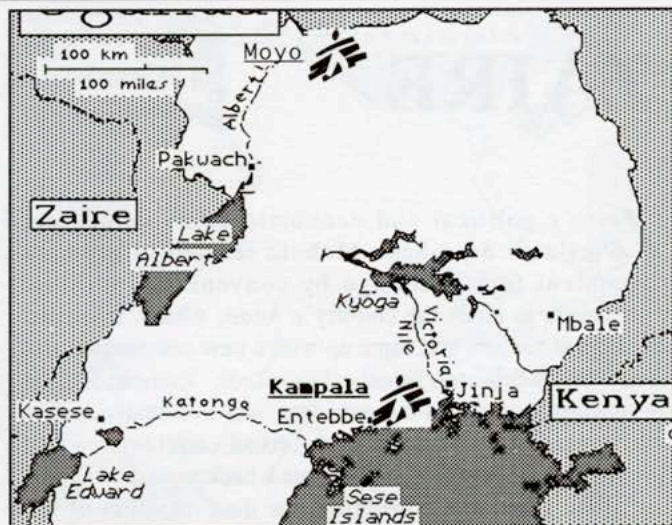
UGANDA

CONTEXT

The political situation inside Uganda is stable, despite the unrest in the neighbouring countries of Sudan and Rwanda. In August 1993, tens of thousands of southern Sudanese fled to the Ugandan border town of Koboko to escape the fighting between the SPLA rebels and the government army. Thousands of Rwandans have also taken refuge in Uganda in recent months.

MAIN ACTIVITIES

MSF has launched a relief programme for the estimated 70,000 Sudanese refugees in Koboko and the 120,000 Sudanese refugees in Moyo. The aid programme mainly concentrates on the provision of supplementary food to undernourished children, and improvement of the sanitary facilities. In the north of the country, MSF is also running a sleeping sickness programme in Adjumani. AIDS programmes have been launched in Kampala and Moyo.

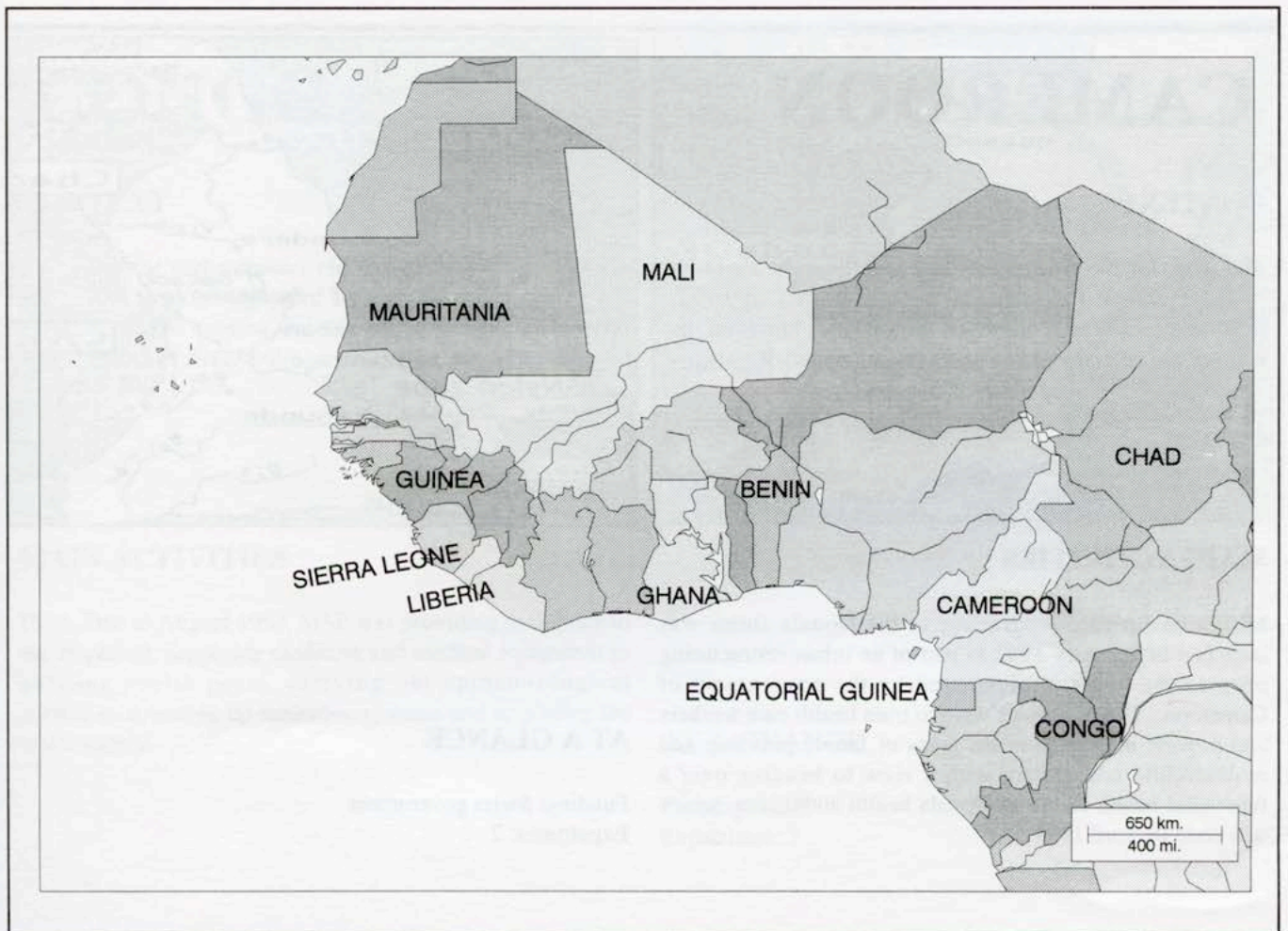


AT A GLANCE

Funding: MSF, UNHCR, UNICEF, Proactivis, WHO, World AIDS Foundation
Expatriates: 45

WEST AFRICA

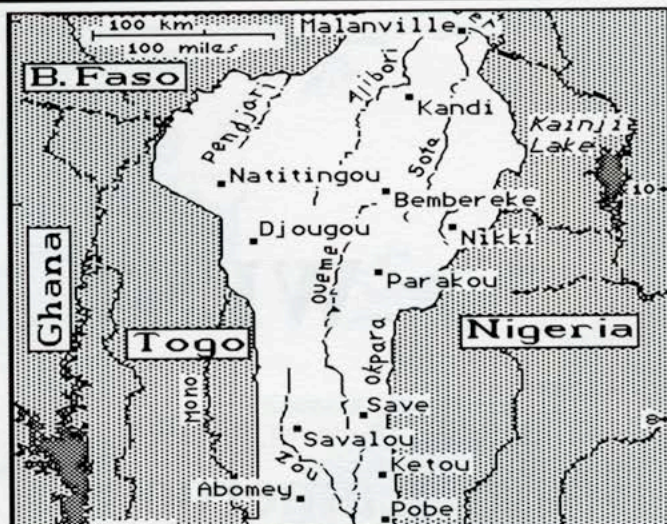
**Benin, Cameroon, Chad, Congo, Ghana,
Equatorial Guinea, Guinea, Liberia,
Mali, Mauritania**



BENIN

CONTEXT

Presidential elections in 1993, have been followed by parliamentary elections in 1994. All have taken place in an atmosphere of calm, despite the worsening economic climate. Most of the 100,000 Togolese refugees who arrived in early 1993, have now returned to their country.



MAIN ACTIVITIES

MSF provided assistance to the refugees during a five-month period in 1993. The refugee emergency is now over and MSF has no plans to launch any long-term assistance programmes in Benin in the foreseeable future.

AT A GLANCE

Funding: MSF, UNHCR
Expatriates: 1

CAMEROON

CONTEXT

The worst of the tension in Cameroon brought about by popular action for political reform ended in 1992, following presidential elections. Since 1985, however, the country has been mired in a severe economic crisis.



MAIN ACTIVITIES

MSF's health care programme in the Douala slums was launched in February 1992 as part of an urban restructuring programme being implemented by the government of Cameroon. The objectives were to train health care workers and provide assistance in the areas of family planning and mother/child health care with a view to handing over a functional health centre to Douala health authorities, which was done in April 1994.

AT A GLANCE

Funding: Swiss government
Expatriates: 2

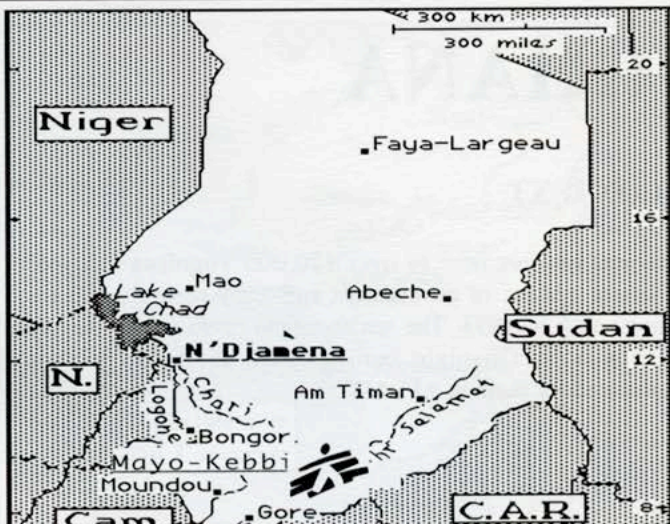
CHAD

CONTEXT

Chad is once again experiencing serious economic and social problems. In the past two years, access to health care and education has been limited owing to the unprecedented number of strikes in the public sector. Civil servants have not been paid for months. It is still questionable as to whether human rights are guaranteed.

MAIN ACTIVITIES

MSF is assisting with the relaunch of health structures in Mayo-Kebbi and financing 70% of national health workers salaries as a means of allowing work to continue. Other than management activities, MSF is undertaking training programmes and rehabilitating district hospitals.



AT A GLANCE

Funding: MSF, EC, Belgian government
Expatriates: 15

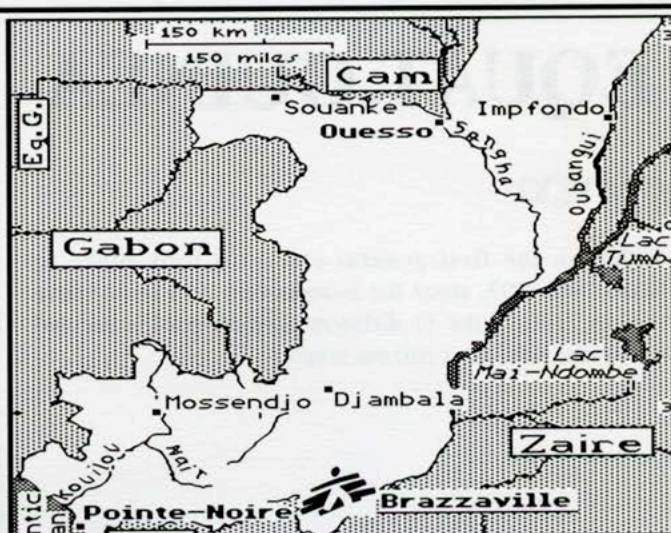
CONGO

CONTEXT

Following the parliamentary elections which took place in June 1993, tension heightened between the government and opposition. The ensuing violence uprooted 9,000 people in four districts of Brazzaville and 3,500 people in provincial towns.

MAIN ACTIVITIES

From June to August 1993, MSF was providing assistance to the displaced, supplying medicine and medical equipment to existing health posts, carrying out epidemiological surveillance, setting up sanitation systems and upgrading the water supply.



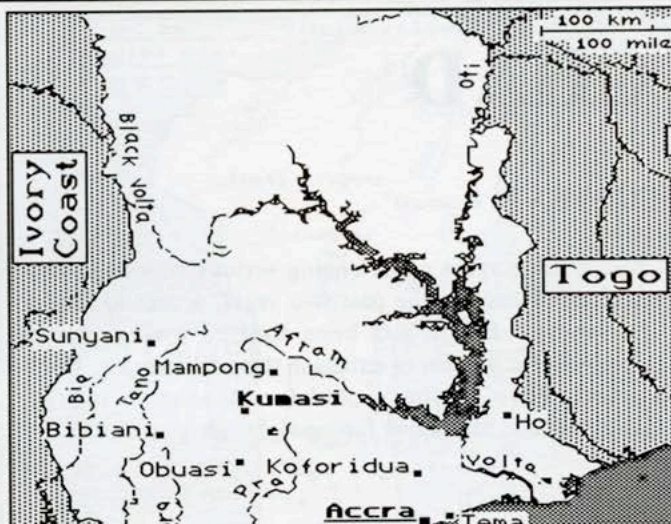
AT A GLANCE

Funding: MSF
Expatriates: 2

GHANA

CONTEXT

Ghana became host to over 120,000 Togolese refugees fleeing a wave of government and army repression at the beginning of 1993. The ten thousand or so who were not taken in by Ghanaian families took shelter in a camp prepared for them in AFLAO.



MAIN ACTIVITIES

The refugees have settled in a camp at Klikor. Several dispensaries have been rehabilitated to cater for their medical needs. Between February and August 1993, an anti-measles campaign was launched by MSF in the Delta region for 50,000 refugees and displaced children under the age of five.

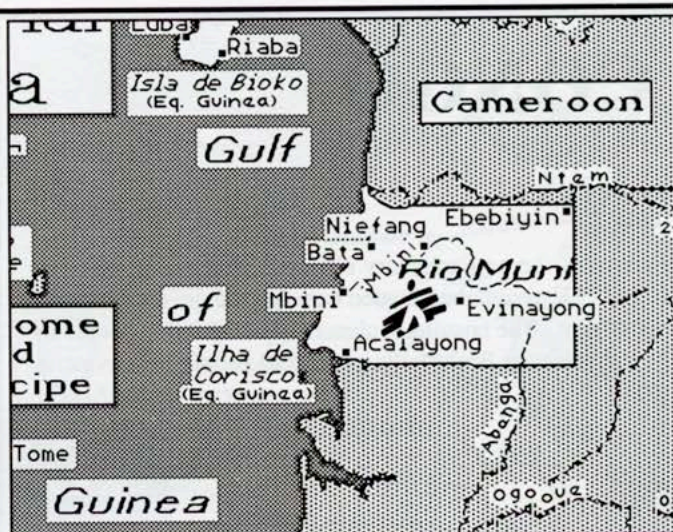
AT A GLANCE

Funding: EC
Expatriates: 2

EQUAT. GUINEA

CONTEXT

Although the first general elections took place in November 1993, since the introduction of a multi-party system, most of the 13 different political parties decided not to take part. Few citizens voted.



MAIN ACTIVITIES

MSF is running four long-term medical projects in collaboration with the Ministry of Health. The central objective is to improve primary health care in Equatorial Guinea by decentralising the health structures. Activities centre around the distribution of medicine and medical material, the training of local health care workers and the setting up of mechanisms to facilitate more efficient health management.

AT A GLANCE

Funding: MSF, EC, Spanish government
Expatriates: 4

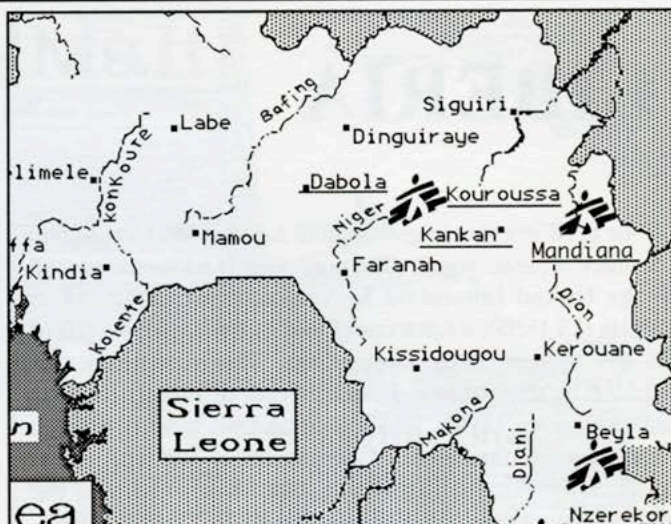
GUINEA

CONTEXT

Violence was on the rise again in Guinea in 1993. In January 1994, the re-election of president Lansana Conté saw a lessening of tension throughout the country. However, the legislative elections scheduled for later in 1994, threaten to exacerbate tensions between the Soussous, the various Forestiers, Peuls and Malinkés.

MAIN ACTIVITIES

MSF is working in four prefectures in upper Guinea (Kouroussa, Dabola, Kankan and Mandiana) where it is providing back-up to three 50-bed hospitals. Activities are being carried out in the framework of health policy: financial support, decentralisation of health management and community participation. MSF also launched an anti-meningitis campaign. In the prefectures of Zérékoré, Yomou and Beyla in south-east Guinea, MSF's projects aim to reinforce the existing health care system.



AT A GLANCE

Funding: MSF, EC, UNHCR, Luxembourg government, Lyons Club, Erikshälpen
Expatriates: 34

LIBERIA

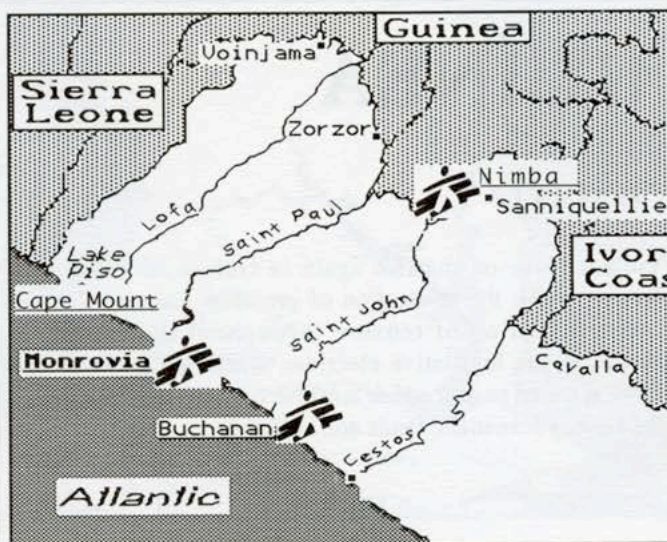
The civil war that began in 1989 has divided Liberia into three separate zones. The northwest is under the control of the United Liberation Movement for Democracy in Liberia (ULIMO), a force comprised of former supporters of the government led by Samuel Doe. This government was deposed by the National Patriotic Front of Liberia (NPFL), led by Charles Taylor, which now controls most of Greater Liberia, while the Interim Government of National Unity, headed by Amos Sawyer, holds Monrovia and the surrounding areas with the backing of ECOMOG troops, deployed by the Economic Community of West African States.

The Liberian National Transitional Government (LNTG) was installed in March 1994, while the country started to prepare for elections. Fighting continues between the original parties and internally amongst the factions. ECOMOG has to an extent become a participant in the conflict by direct military engagements with the rebel troops. A number of new warring factions have further complicated the military picture. ECOMOG and ULIMO have effectively prevented food relief reaching some parts of Greater Liberia. This has resulted in famine pockets. Even where aid gets through, it is insufficient in quantity and its distribution ineffective.

In addition to the exodus of 700,000 Liberians to Guinea and the Ivory Coast, hundreds of thousands of people have also been displaced inside Liberia. It is now estimated that 70% of the population is crammed into a third of the country. Humanitarian organisations are either forbidden to go outside of these areas or find it unsafe to do so. Relief operations are halted on occasion because of insecurity and looting. Whole relief compounds have been looted in Vahun (Lofa) and in the LAC area (Grand Bassa) and clinics and feeding centres have been forced to close. In March 1994, operations were suspended in the south after two Liberian nurses working for MSF were killed.

MSF activities

Since the beginning of the present conflict, MSF has been providing emergency medical care and relaunching basic health care services in Liberia. In Monrovia, MSF has helped relaunch services at the paediatric unit of the JFK Central Hospital and supervises and supports 12 clinics and a hospital through a local organisation, MERCI, created under MSF sponsorship. With this partner, MSF pursues a mother/child health care programme and provides an ambulance service during curfew hours. As water supplies in Monrovia are limited, MSF chlorinates all wells and organises water-trucking.



MSF is providing support with funding and management expertise for the Children's Assistance Programme (CAP) which targets 3,000 orphans and abandoned children in Monrovia and the rest of the country, including NPFL zones. Some 65 child-soldiers who had been picked up by ECOMOG have already received assistance. CAP runs homes for war-affected children, providing literacy classes and vocational training. Similar classes are provided for the children of stall-holders in Monrovia's main market.

The Monrovia-based National Drug Distribution Service (NDDS), which has very few depots outside of Monrovia itself provides medicines and medical supplies to clinics and health centres. For the time being it is managed and funded by MSF.

In Nimba county, MSF supports and supervises 23 clinics, nine supplementary feeding centres, two therapeutic feeding centres and two hospitals. There is also an Extended Programme for Immunisation (EPI). In the LAC area, MSF is supervising the remaining two clinics. In the two camps for displaced persons in Grand Bassa, MSF is operating two out-patient clinics and one clinic with 10 beds which has become the referral centre where emergency surgery can be carried out. There is also a therapeutic feeding centre for 200 children and three supplementary feeding centres for around 2,000 children and 300 adults. MSF is running five mobile clinics in this area, a measles vaccination programme and a sanitation programme. Activities in Cape Mount have been drastically reduced because of insecurity but MSF still supports and supervises 11 clinics in Greater Liberia. MSF also continues to run feeding centres, carries out vaccination and trains local health workers.

The influx into Buchanan continues because of the increased fighting and food shortages. There are now estimated to be 100,000 displaced in and around the town to whom MSF is providing assistance.

Funding: MSF, EC, UNHCR, US, Dutch, French, Luxembourg and Canadian governments.

Expatriates: 42

MALI

CONTEXT

In April 1994, Mali had its first multi-party presidential elections. In June, the transition government, which had been in place since the dictatorship was overthrown, ceded power to president Alpha Oumar Konaré and his government.

MAIN ACTIVITIES

MSF is relaunching the Yeleen ophthalmological centre in Timbuktu with local partners. A training programme for local health workers is underway. The centre will be backed up by mobile clinics so that all 500,000 residents, most of whom are Sonrai and Tuaregs, will have access to medical assistance.



AT A GLANCE

Funding: MSF, Luxembourg government, Luxembourg League for the Blind
Expatriates: 3

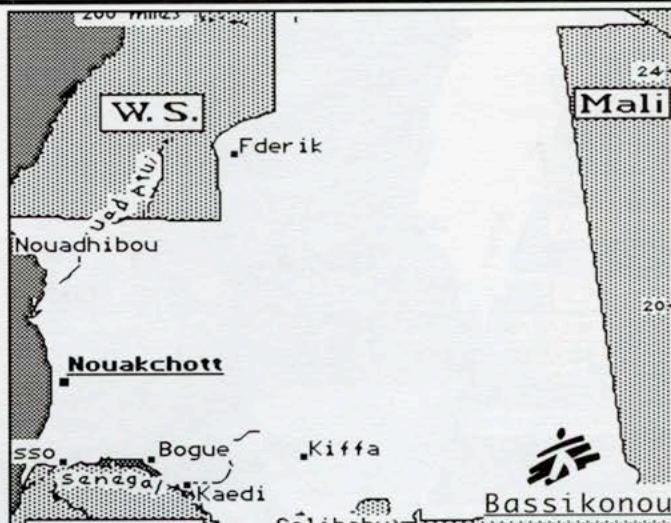
MAURITANIA

CONTEXT

The population in the two Malian refugee camps in Mauritania is continuing to grow. There are now 40,000 people living in Bassikonou and Aghor and little sign of repatriation being feasible in the near future. Tensions persist between the refugees and the local population.

MAIN ACTIVITIES

MSF is carrying out a vaccination programme which has already covered 70% of the target group. There are feeding centres in each camp where both refugees and residents can receive treatment. Epidemiological surveys are carried out in both camps where both refugees and residents can receive treatment, and a midwife provides mother-and-child health care.

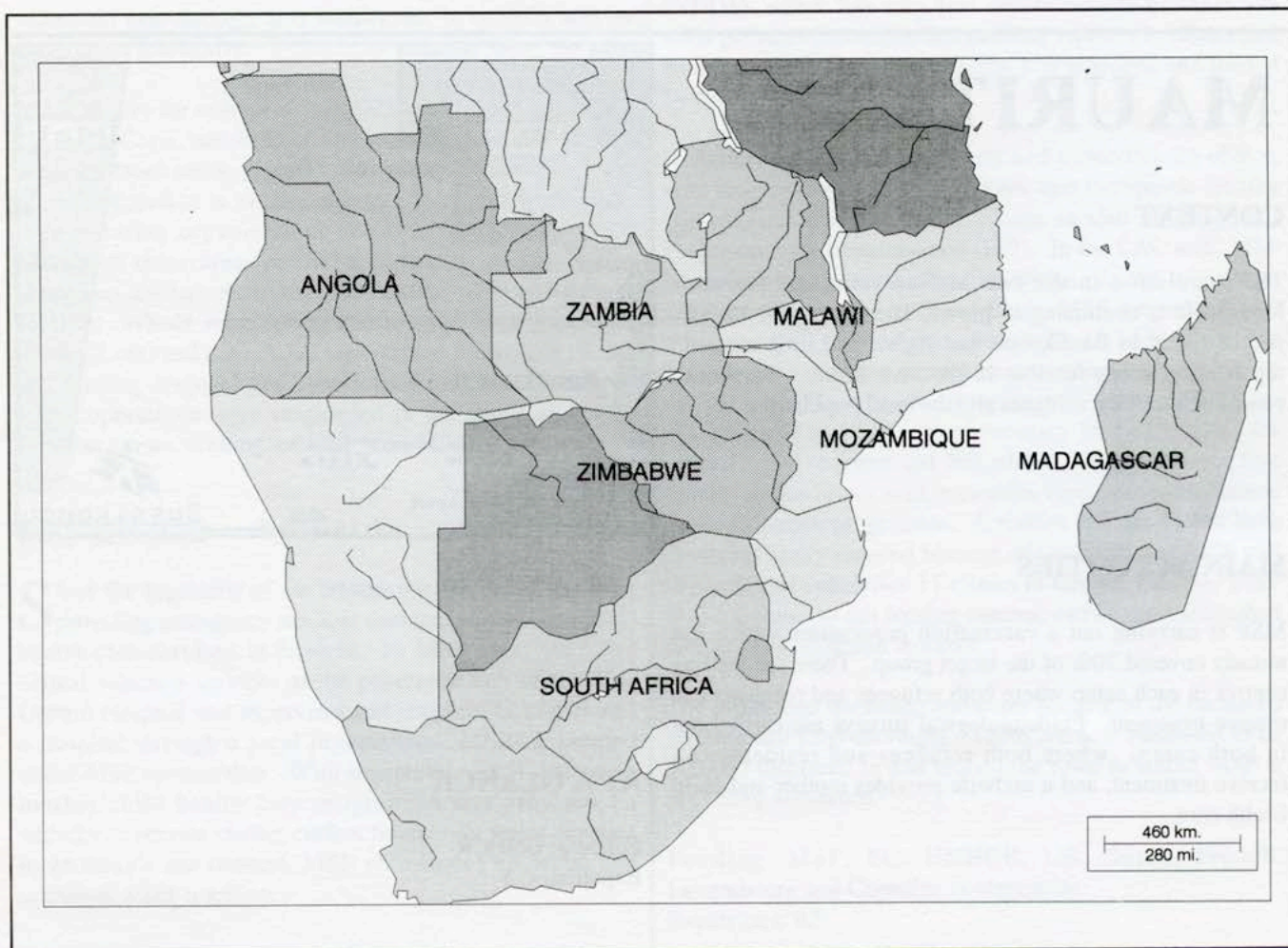


AT A GLANCE

Funding: UNHCR
Expatriates: 5

SOUTHERN AFRICA

**Angola, Madagascar, Malawi,
Mozambique, South Africa,
Zambia, Zimbabwe**



MALAWI

CONTEXT

The end of the civil war in Mozambique has allowed many of the refugees present in Malawi to return home. In June 1994 there will be new elections.



MAIN ACTIVITIES

MSF is continuing its assistance to Mozambican refugees. There are presently 207,000 in the camps at N'sange, Mulange and Mwanza, where epidemiological and nutritional surveillance is being carried out. The team is providing medical and nutritional assistance, monitoring the distribution of food rations and setting up sanitation systems and has launched an AIDS programme for the local population.

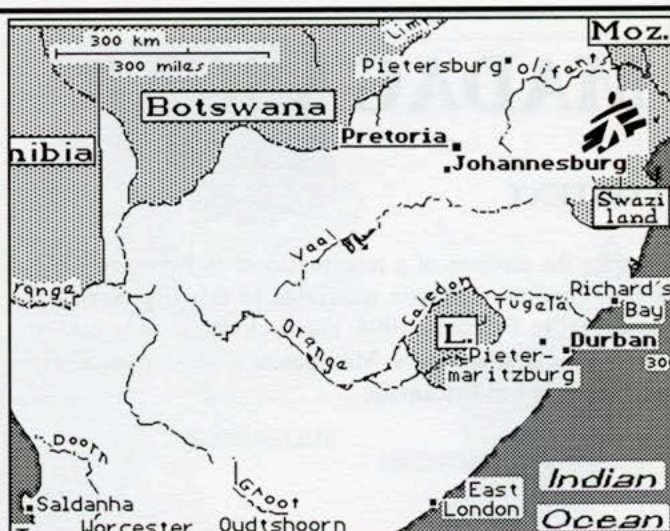
AT A GLANCE

Funding: EC, UNHCR, US and Canadian governments
Expatriates: 20

SOUTH AFRICA

CONTEXT

Since May 1993, Nelson Mandela is the president of a new democratic South Africa. The country is still host to hundreds of thousands of refugees. The plan to repatriate 200,000 Mozambican refugees is underway.



MAIN ACTIVITIES

Along with church organisations and the UNHCR, MSF runs 4 transit centres along the Mozambican border and is improving vaccination coverage and evaluating the nutritional state of refugees before they return home. Two sanitation programmes have been launched in Kangwane and Gazankulu which are set to be handed over to the local authorities. MSF is continuing its assistance to township children, which includes a crèche in a squatters' camp.

AT A GLANCE

Funding: MSF, EC, UNHCR, US and British governments
Expatriates: 8

MOZAMBIQUE

The 17 years of civil war that followed Mozambique's independence ended in October 1992 with the signing of a peace agreement between the governing Frelimo party and the opposition Renamo. The UN sent a force of 7,000 men to monitor the ceasefire and supervise the disarmament and demobilization of the two armies and the formation of a new national army, as well as to facilitate the repatriation of the five million refugees and displaced persons.

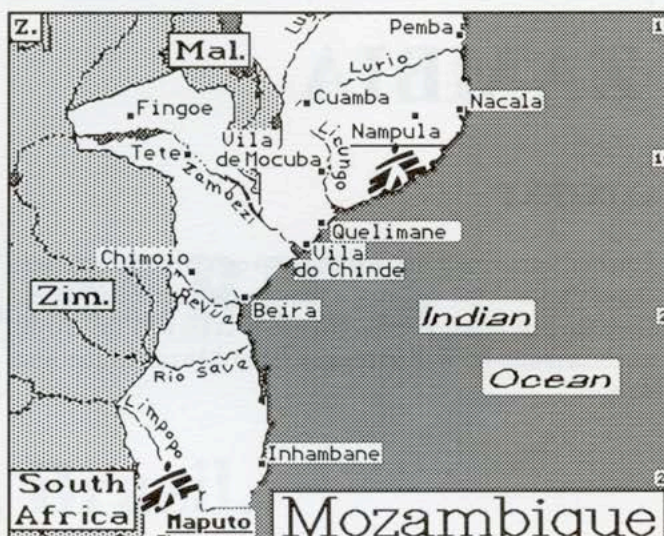
Disarmament and demobilization have been proceeding fairly smoothly this year, a new electoral law has been approved by parliament and an election commission set up. Elections are now scheduled for the end of 1994. There has been limited progress on clearing the estimated two million mines scattered across the country, but much of the main road network has been re-opened encouraging the steady return of refugees and the displaced, and facilitating humanitarian relief. There is still a very strong dependence on food aid and the health care system needs to be overhauled.

Ongoing MSF activities

MSF's 10-year-old programme in Mozambique has been one of the biggest operations the organisation has ever undertaken. Now that the emergency phase is over, MSF is primarily supporting the national health system at district level so as to ensure basic health care.

MSF teams are supporting primary health care in the northern provinces of Nampula and Niassa, providing medical, technical and management support as well as the rehabilitation of clinics. In the province of Inhambane, the primary objective is the provision of structural support to the Vilanculos health district and the supply and management of medical stocks in the area. In Tete province, half of the 600,000 refugees in Malawi have now returned without placing undue pressure on the health services as a result of advance preparations. There are assistance programmes in three districts along the border with Malawi, including a cholera treatment centre and a programme to provide more effective prenatal care to expectant mothers. MSF opened five rehabilitation centres in Mogincual district to treat the victims of an outbreak of Konzo (tropical neuropathy) which can result in paralysis.

In Zambezia and Manica provinces, focus has been shifted onto those areas where large numbers of returnees are expected to arrive, with the rehabilitation of health posts, the launch of vaccination programmes, the training of health workers and the monitoring of the health and nutritional status of returnees. In Muanza, MSF is also working on the water supply.



In Maputo province, MSF is concentrating its activities on areas which have only recently become accessible. The main work has been the rehabilitation of health posts and maternity wards, the supervision of local medical personnel and technical support to vaccination campaigns, as well as the drive to combat shigellosis. MSF provides clean drinking water on four reception sites in Boane district, where it has set up a health post. In Manhiça and Magude districts, MSF is also responsible for the monthly distributions of food, seeds and tools to the people living in Renamo areas, as well as monitoring the health and nutritional status of vulnerable groups cut off by the war and without food stocks.

MSF set up an inter-section crisis centre in Maputo to gather, centralize, analyze and diffuse information on the situation in different parts of the country in the context of drought and famine so as to be able to make recommendations in regard to nutrition and food aid.

Demobilisation and mine-awareness

MSF has facilitated the demobilisation, by setting up dispensaries where general medical examinations and treatment are given to soldiers handing in their weapons and to their families, as well the local population. Under-fives are vaccinated against measles and pregnant women against tetanus. A mine-awareness programme has been started up in Maputo province. Information is also collected as to where mines are situated and handed on to the de-mining authorities.

Funding: MSF, EC, UNHCR, UNOMOZ, WHO, Spanish, Swiss and Dutch governments
Expatriates: 77

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 had to cope with the arrival of thousands of war refugees from Mozambique and Angola.

MAIN ACTIVITIES

MSF is running a medico-surgical programme in M'Kushi. The objectives of the programme are to upgrade the existing health 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.



AT A GLANCE

Funding: MSF
Expatriates: 4

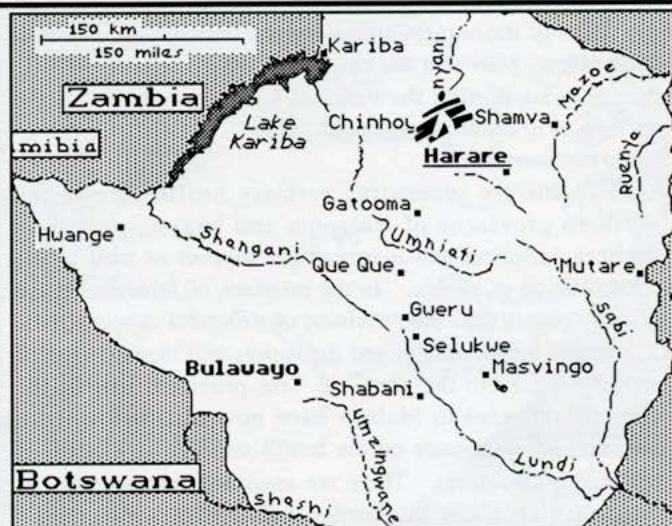
ZIMBABWE

CONTEXT

The first Mozambican refugees arrived in Zimbabwe in 1983, following the civil war in Mozambique. A second and greater influx followed the drought of 1991 and 1992. Since June 1993, about 11,000 have been repatriated.

MAIN ACTIVITIES

Since the cholera epidemic of November 1992, MSF has been providing assistance to Zimbabwe's Mozambican refugees in five camps : Tongogara, Nyangombe, Chambuta, Mazowe River Bridge and Nyamatikiti. Activities centre around sanitation, medical supply and management, the provision of drinking water and epidemic surveillance. MSF also runs the camps' health centres.

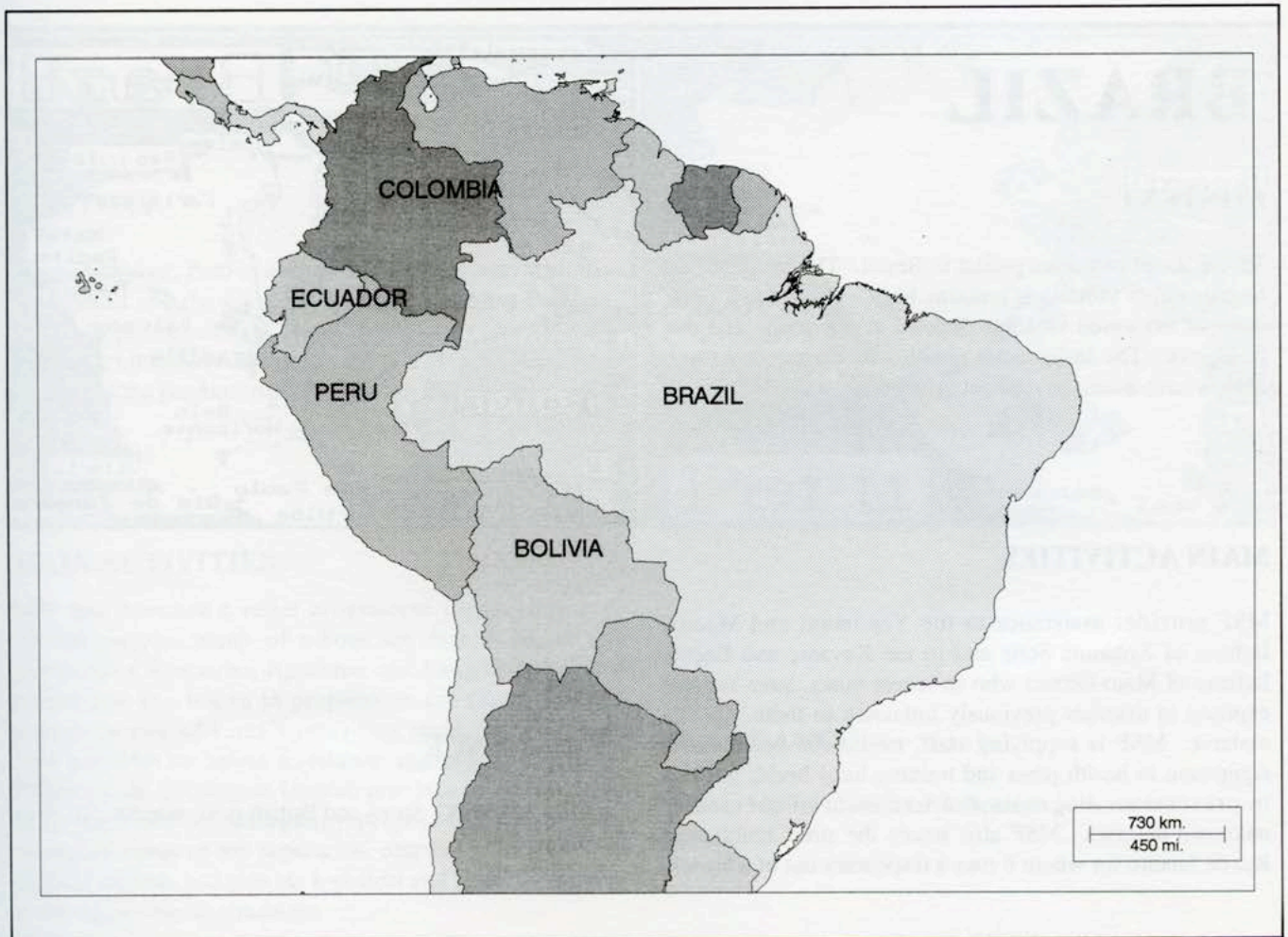


AT A GLANCE

Funding: MSF, EC, Swedish, US and Canadian governments
Expatriates: 11

SOUTH AMERICA

Bolivia, Brazil, Colombia, Peru



BOLIVIA

CONTEXT

Recent years have seen economic growth in Bolivia but social problems persist. Unemployment is high, salaries are down and national investment in education and health has plummeted. Bolivia is still one of the poorest countries of the American continent.



MAIN ACTIVITIES

MSF's project in Mizque province forms part of a larger regional development programme in collaboration with the Bolivian agency CEDEAGRO. The objective is to create a health structure to benefit a population of 18,000 who have been disregarded until now. MSF is assisting in the strengthening and development of the health system in Illampu district within the framework of the present Bolivian health plan which aims to decentralise the health service.

AT A GLANCE

Funding: MSF, Spanish government
Expatriates: 8

BRAZIL

CONTEXT

Severe social problems persist in Brazil. The incidence of human rights violations remains high. There have been cases of organised violence directed at the young and the homeless. The indigenous peoples of the north do not always have access to medical assistance.



MAIN ACTIVITIES

MSF provides assistance to the Yanomani and Macuxi Indians of Roraima State and to the Xavante and Bororo Indians of Mato-Grosso who in recent years, have become exposed to diseases previously unknown to them, notably malaria. MSF is supplying staff, medicines and medical equipment to health posts and training local health workers in prevention, diagnosis and treatment of previously unknown diseases. MSF also assists the street children of Rio de Janeiro for whom it runs a dispensary out of a hostel.

AT A GLANCE

Funding: MSF, EC, Swiss and British governments
Expatriates: 9

COLOMBIA

CONTEXT

Columbia's economy is in crisis. There is 70% unemployment and the cost of living rises by 30% each year. The ethnic Indian communities and the millions of slum-dwellers have suffered greatly from economic decline.



MAIN ACTIVITIES

In Bogotá, MSF is running slum projects in Paraiso, Guacamaya, Lucero Medios and Potosí. One of the primary objectives is to assist street children. Dispensaries have been set up for those who had no access to health care and training is provided for local health workers. Along with a local NGO, MSF provides nutritional assistance to malnourished children and expectant mothers by way of a mobile clinic. In the slums of Buenaventura, MSF provide basic health care, and paediatric consultations.

In June 1994, MSF launched an assistance programme for the victims of the earthquake in La Escalareta, Silvia, Piendamó and Inza. MSF is also supporting rural health care structures in the Cauca department.

AT A GLANCE

Funding: MSF, EC, Spanish and Luxembourg governments
Expatriates: 9

PERU

CONTEXT

Reigned by fear, Peru is also racked by civil war, with the government and the guerrilla movement 'Shining Path' as the main protagonists. The guerrilla war has already claimed 25,000 lives and displaced 600,000 people. Sixty per cent of the population live below the poverty line.



MAIN ACTIVITIES

MSF has launched a relief programme for an estimated 50,000 people, many of whom are displaced, in the provinces of Ayacucho, Apurímac and Satipo. A training programme has begun in preparation for future schools projects in two of Lima's inner-city areas. In Requeno, MSF provides technical assistance and medical support. Following the flooding in Ucayali province in March 1994, MSF launched an emergency project to evaluate the nutritional status of the population, distribute medicine and medical supplies and provide logistical and medical back-up to the regions health structures.

AT A GLANCE

Funding: MSF, EC, KALLPA, Spanish government
Expatriates: 7

CENTRAL AMERICA and THE CARIBBEAN

**Cuba, El Salvador, Guatemala,
Haiti, Nicaragua, Panama**



CUBA

CONTEXT

Cuba is suffering an unprecedented economic crisis, which has been exacerbated by the collapse of the COMECON trade block. Despite the quality of Cuban medical staff and a dynamic health service, health structures are greatly lacking in medicine and medical equipment.



MAIN ACTIVITIES

MSF distributes medicine and medical equipment to 20 hospitals in nine different provinces and also distributes hygienic and sanitary material including soap, disinfectants and insecticides. MSF also assists in water purification.

AT A GLANCE

Funding: EC
Expatriates: 2

EL SALVADOR

CONTEXT

After years of turmoil and bloodshed, the central American state of El Salvador has entered a new and somewhat more peaceful phase following the successful elections of March 1994.



MAIN ACTIVITIES

MSF's medical and sanitary programme in North Morazan for the 10,000 people repatriated from Honduras came to an end in February 1994. A similar programme in Usulután is also scheduled to be phased out at the end of 1994.

AT A GLANCE

Funding: EC, MSF
Expatriates: 10

GUATEMALA

CONTEXT

Despite the end of the civil war and the democratic election of a government, social and political violence continues. The human rights of the indigenous majority continue to be violated and tens of thousands who fled to the inaccessible mountain area in the 80s remain there grouped in the so called People's Resistance Communities (CPR). Several thousands of the 45,000 who took refuge in Mexico have returned, however, and more are expected.



MAIN ACTIVITIES

MSF's activities in Guatemala revolve around supervising health posts, training rural health workers, the rehabilitation of health posts and rural community health support. In Nentón and Todos Santos, refugees returning from Mexico are receiving assistance in order to facilitate their reintegration into society. MSF is also giving medical and sanitation support in shanty towns in Guatemala City, as part of a programme which aims at involving the local population. A mission was started with CPRs, in November 1993, in Sierra, providing health coverage, training and the rehabilitation/construction of dispensaries for 20,000 people.

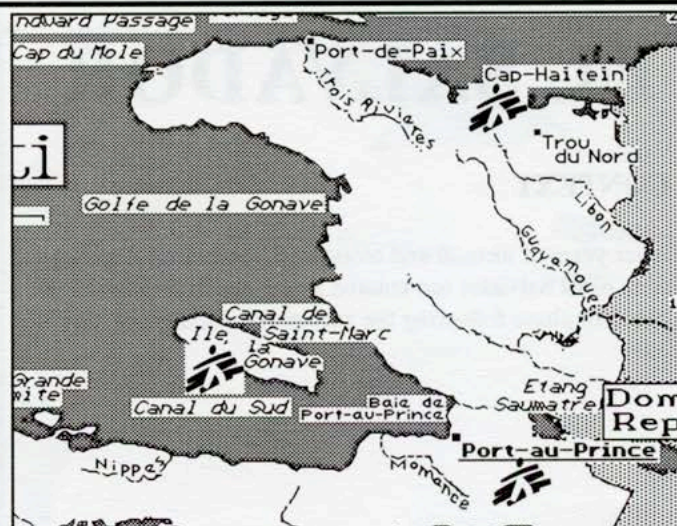
AT A GLANCE

Funding: MSF, EC, UNHCR, Dutch, Spanish and Canadian governments
Expatriates: 28

HAITI

CONTEXT

Haiti is the poorest country in the western hemisphere. Since a military coup overthrew the democratically-elected government of Aristide in September 1991, sanctions have been imposed by the international community. These were stepped up gradually, until the present embargo entered into force.



MAIN ACTIVITIES

An MSF team is supporting health care in several island villages, where it is focusing on the prevention and treatment of malaria and tuberculosis. In Grande Anse, a mother and child health care programme is in place. MSF is setting up a surgical department in the Beaumont Hospital and backing up the medical activities in the hospitals of Cap Haïtien and Fort Liberté. On 'Isle de la Gonave', MSF supports basic medical care. An emergency preparedness programme is being run in Port-au-Prince.

AT A GLANCE

Funding: MSF, EC, Luxembourg government
Expatriates: 13

NICARAGUA

CONTEXT

Peace has not been entirely restored in Nicaragua. The economy has been in serious difficulty and in the northern region of Wiwili, socio-economic development is continuing to be hampered by the presence of armed groups.

MAIN ACTIVITIES

In Managua, MSF began a slums project in March 1993. Two health posts have been set up and technical assistance is also being provided. MSF provided assistance in the wake of the flooding at Waspan and Wiwili following Hurricane Gert. Heavy rains in autumn 1993 provoked a cholera epidemic, and a prevention campaign was launched in collaboration with the government.



AT A GLANCE

Funding: MSF, EC, Belgian government
Expatriates: 5

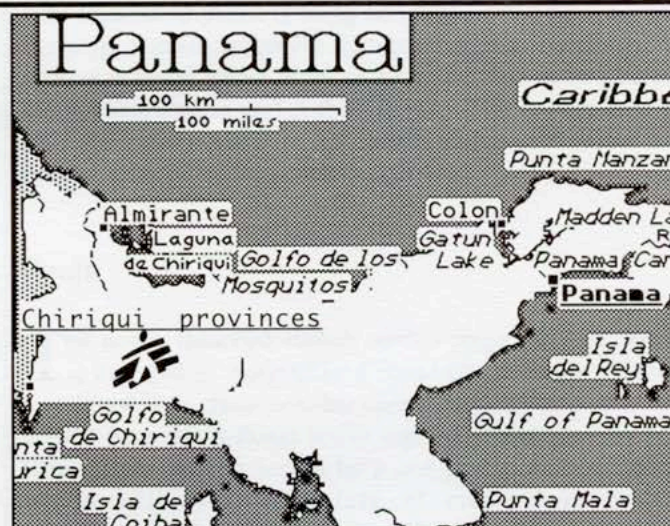
PANAMA

CONTEXT

Indigenous peoples in Panama account for 8% of the total population living in the most inaccessible zones of the country. The three main ethnic groups are the Chocoe, the Kuna and the Ngobe. Most of these people have been marginalised in Panamanian society and are living in dire poverty and subject to continuing discrimination.

MAIN ACTIVITIES

MSF launched a five-year development project in 1993 in collaboration with the ministry of health. The project is targeted at the Ngobe Indians living in Chiriqui provinces and hinges on the training of local health workers, construction and rehabilitation of buildings, medical supervision and support.



AT A GLANCE

Funding: MSF
Expatriates: 4

WESTERN EUROPE

Belgium, France, Spain

WESTERN EUROPE

Over the past years, MSF has stepped up its efforts to provide health care to marginalised people in Western Europe who have difficulty in receiving treatment in national health structures. MSF is currently running projects in Belgium, France and Spain, having finished its medical programme for asylum seekers in Switzerland.

Belgium

The Elisa Centre AIDS programme began five years ago, providing free and anonymous HIV testing for people who for psychological, social or economic reasons find themselves outside of the existing health structures. The focus is on prevention as well as the provision of pre- and post-counselling and information. In an effort to reach high-risk drug addicts and prostitutes who have not yet begun to use the centre regularly, MSF began a needle-exchange scheme and free medical consultations once a week in one of the main rail stations, again with the emphasis on testing, information and prevention. Although needle-exchanges are theoretically illegal, which caused problems initially, these are now tolerated by officialdom. MSF provides special training for the volunteer doctors who staff the Elisa programme.

Further MSF programmes in Belgium aimed at reaching out to those on the margins of society - the homeless, asylum seekers and illegal immigrants - are provided by the Lydia Centre in Anwerp, where a growing number of people take advantage of the 9 hours of medical consultations provided weekly. In Brussels, there is a mobile clinic which continues to grow in popularity, and medical and social assistance is available in Verviers (both of these are run in partnership with other organisations). In Virton, medical consultations are provided in two reception centres, one for homeless men, the other for women and children.

MSF is concerned about the situation regarding the growing number of asylum seekers seeking shelter at the Petit Chateau and other reception centres, many of whom are now required to sleep in tents (on beds provided by MSF). Although NGOs are denied access to the refugees, MSF has managed to make 'diplomatic' visits to the centres to have a look at the conditions there. MSF has sought to make the press aware of the situation and lobbied for debate on the need to change the existing laws and improve general conditions.

France

MSF provides free medical care and social assistance to the marginalized who are often not eligible for social security benefits in centres in Lyon, Lille, Marseille and Saint-Denis and has lobbied on their behalf. By April 1993, a series of political and administrative measures had been taken in regard to their right to hospitalisation and a year later, five public hospitals in Paris affirm this right. In July 1993, as a result of lobbying by NGOs, new immigration laws have been introduced which ensure that medical care is available to all foreigners, no matter their legal status. Hospital beds are now being made available without discrimination and the homeless in some areas are able to receive medical care. MSF is seeking to have this right extended to cover other cities.

The results of the survey carried out by MSF on the effects of toxic paints in schools have now been published and discussions held with the authorities concerned. A treatment method has been developed for children already affected aimed at preventing their condition from becoming more severe, and a professional guide for diagnosing and dealing with lead-based paints is being prepared for the Ministry of Housing. Special equipment for measuring the concentration of lead is being tested in 20 or so apartments in two Paris communes, Pantin and Aubervilliers. The contaminated sites are sealed off and the apartments thoroughly cleaned to remove all residual lead contained in dust.

Spain

The newly launched «fourth world» project in Barcelona is targeted at marginalised members of urban society and illegal immigrants who for various reasons are unable to benefit from the national health service. From here on in, these people will be served by a non-paying mobile clinic which will offer a variety of medical services. Confidentiality is guaranteed. In 1994, the project is still in the pilot stage and will concentrate on three urban areas of greater Barcelona: the Sants-Montjuic district and the municipalities of l'Hospitalet and El Prat. There will be four full-time health and social workers, a logistician/driver and an administrative assistant. The project will be backed up by a team of volunteers. The man services provided consist of: a welcome programme, diagnosis and treatment of diseases, exchange of syringes and distribution of condoms, health education programme, community education programme, psychological and social assistance.

3 THE RESPONSE TO EMERGENCIES

When and how missions are launched ?

Médecins Sans Frontière's field missions are launched in areas where either war, massive population movements, famine or natural disasters have led to a situation where outside assistance is deemed necessary.

When Médecins Sans Frontières is alerted to a new crisis situation in a given area, it immediately sends a fact-finding team on an exploratory mission to the place in question in order to assess the humanitarian needs and the practicalities of intervention. Either on its return or directly by satellite from the field, the team will report on the medical, nutritional and sanitation needs, as well as the political and logistical constraints to be taken into consideration.

Once it is decided that the conditions are such that Médecins Sans Frontières should go ahead and launch a mission, a co-ordination task force will be set up within hours. This task force includes staff from the operations, human resources, logistics and communications departments, who define the project's initial objectives and set up a budget for the necessary personnel, equipment and transport.

Médecins Sans Frontières will then immediately begin sending volunteers and equipment to the field. Teams are backed up by large numbers of local staff.

Médecins Sans Frontières' four key assets

Médecins Sans Frontières' four key assets are provided by its departments of human resources, logistics, medicine and finance, all of which serve to ensure the smooth functioning of MSF missions.

Human resources

Médecins Sans Frontières has an active recruitment policy. Training courses are provided for most volunteers selected. Volunteers are briefed before leaving on mission and debriefed on their return.

For emergencies, the organisation relies on a stand-by staff of experienced professionals, all of whom are ready to leave on short notice. Recruitment focuses on members of the medical profession, but a variety of support staff are also required for any mission to function adequately.

Médecins Sans Frontières, therefore, sends out numerous logistical and administrative personnel, financial managers, sanitary engineers and mechanics who work alongside the doctors and nurses.

Logistics

In the absence of efficient logistics, emergency intervention is impossible. Médecins Sans Frontières is able to depend on reliable logistical support and on short notice. The organisation can decide to intervene in an emergency zone in the knowledge that planes will be loaded with cargo over a twenty-four hour period. Médecins Sans Frontières has three logistical centres based in Amsterdam, Bordeaux and Brussels. These centres purchase, test and store equipment such as vehicles, communication equipment, water and sanitation equipment, surgical instruments, shelters, tools, and cold chains. More than sixty different kinds of emergency kits have been developed for use in specific emergency situations. The so-called MSF kits are easily assembled on the spot and provide almost everything from shelter, communications facilities and power supplies to water processing facilities and food for specific numbers of people.

Technical support

Humanitarian relief requires a certain amount of technical know-how which is provided to the missions by specialist teams based at headquarters. They foresee and make allowances for nutritional needs, vaccination, sanitation and hygiene. Handbooks are also provided to teams. These cover several areas of expertise and are translated into different languages. Médecins Sans Frontières has helped create three consultancy and training bodies in public health which also carry out field surveys. They are Epicentre in Paris, Aedes in Brussels and the Amsterdam-based Healthnet. These three specialist centres now operate independently but remain of invaluable support to Médecins Sans Frontières' field missions.

Independent funding

Financial independence allows the organisation flexibility when deciding when and how to intervene and guarantees the rapid response to emergency which Médecins Sans Frontières is always able to provide.

4 SPEAKING OUT

Médecins Sans Frontières considers that speaking out on largescale or systematic human rights abuses to which it is a witness is as important a part of its mission as its work in the field. There are two principal purposes to such speaking out :

Information

In general, Médecins Sans Frontières promotes the defence of humanitarian principles and the right to humanitarian aid (free access to victims and the right to control the distribution of aid). But MSF also attempts to draw the attention of the international community to the plight of populations in danger, particularly when they are given little media coverage. In certain cases, MSF will encourage an international humanitarian response.

Denunciation

Accusation is not a tool used by MSF as a matter of course. It is its rarity value which contributes to its effectiveness.

When MSF considers it to be in the interest of the victims, it will denounce massive and repeated violations of human rights and/or of humanitarian law, such as forced movements of populations, genocide, crimes against humanity and crimes of war, etc.

Médecins Sans Frontières is very aware of the always-present conflict between giving assistance and acting as a witness in such situations. Each case is treated individually as MSF weighs up the impact of witnessing against the effects it might have in the field.

When acting as a witness in this way, all evidence and public statements must be in agreement with the events and situations which are being denounced, either because they have been experienced at first hand by Médecins Sans Frontières, or because they involve massive violations of humanitarian law or human rights of which MSF has knowledge.

5 FINANCIAL ETHICS

Médecins Sans Frontières is a private, independent, non-profit organisation, without political, economic or religious affiliations.

Médecins Sans Frontières requires funding in order to carry out its operations. Apart from donations by private individuals, the organisation also accepts contributions from governments, international organisations, businesses, churches and foundations.

However, Médecins Sans Frontières will only accept these funds under the following conditions:

- It must be clearly understood that all projects have a strictly humanitarian objective;
- Each project must be proposed and carried out in conformity with the Charter of Médecins Sans Frontières;
- The donor receives no direct benefit, whether political, financial, economic or otherwise, from any project.

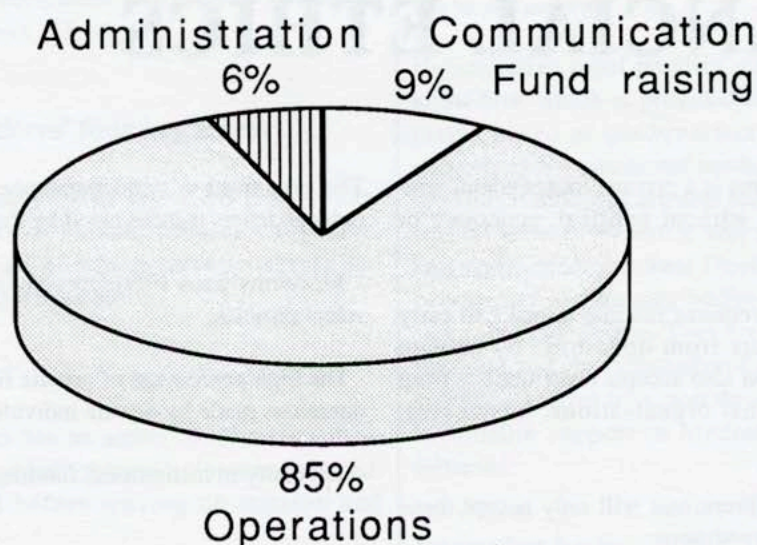
The organisation's independence, particularly its financial independence, is guaranteed by the following:

- Médecins Sans Frontières always retains its freedom to select projects;
- The high percentage of private funding, which comes from donations made by private individuals;
- Diversity in institutional funding.

6 MSF IN FIGURES

	1993	1992
Permanent expatriates posts	972	909
Volunteers sent to the field	1,957	1,803
Expenditure	\$ 186 m	\$ 162 m
Private donors	2.1 m	1.7 m

MSF's expenditure 1993



Note : Médecins Sans Frontières 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 operational offices listed in this report. In 1993, 40 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.

7 AN INTERNATIONAL NETWORK

How Médecins Sans Frontières is organised?

Médecins Sans Frontières is a network made up of six Operational centres, twelve delegate offices in Europe, North America and Asia and the Brussels-based International Office.

Operational Centres

Six operational centres (sections), based in Amsterdam, Barcelona, Brussels, Geneva, Luxembourg and Paris are responsible for carrying out the operations of Médecins Sans Frontières in the field. The operations department, which is the centre of each section, is supported by several others departments: logistics, medical, human resources, financial, communications, fund raising. During emergencies or major crises, the operational centres combine forces, recruiting and dispatching volunteers as well as co-ordinating logistical support and finances.

Each section is run by a President and a General Director. The Board of Directors of each section is composed of volunteers. It outlines the section's strategy. The Board, as well as its President, are elected by the annual General Assembly.

Delegate Offices

Delagate Offices, a major development in the MSF structure in recent years, are responsible for recruitment, public relations and fundraising. They are providing an increasing number of health professionals for field missions and back-up for the operational centres. Based in Australia, Austria, Canada, Denmark, Germany, Greece, Hong Kong, Italy, Japan, Sweden, the UK and USA, they represent a real internationalization of the MSF movement.

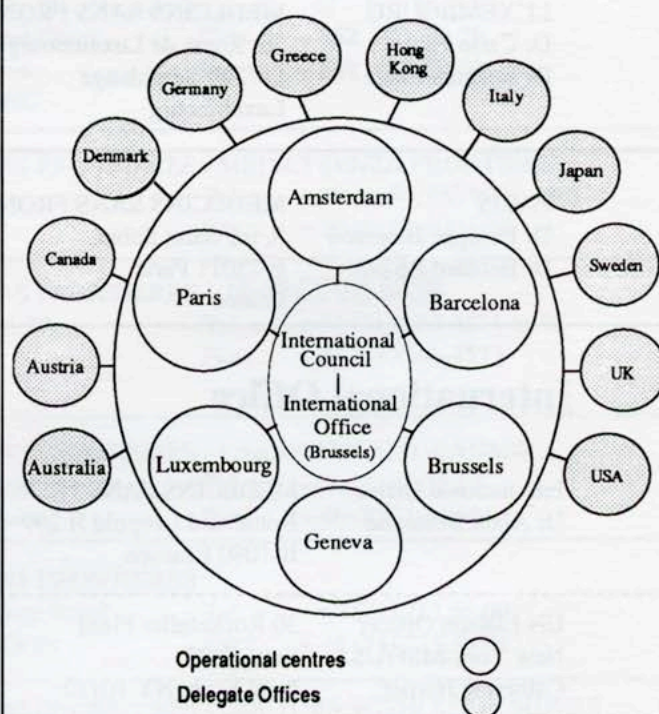
International Council

The International Council is a quarterly meeting of the Presidents and General Directors of the six operational centres and the Secretary-General of MSF International. It outlines the main strategic orientations of the MSF movement. It has a rotating presidency (one country succeeding another). The International Council is animated by the President and the Secretary General, who is responsible for the International Office.

Since July 1994, the members of the International Council are : Dr. Reginald Moreels and Dr. Eric Goemaere (MSF-Belgium), Dr. Philippe Biberson and Dr. Bernard Pécoul (MSF-France), Dr. Carlo Faber and Dr. Béchara Ziadé (MSF-Luxembourg), Dr. Dick van Geldere and Dr. Jacques de Milliano (MSF-Holland), Dr. Bernard Fernandez and Dr. Josep Vargas (MSF-Spain), Dr. Doris Schopper and Dr. Benoit Tullen (MSF-Switzerland) and Dr. Alain Destexhe (MSF-International Office)

International Office

The International Office represents the MSF network to international institutions and organisations. It also facilitates the coordination of the network. Based in Brussels, its has two antennae to the international organisations in Geneva (Robert Muller) and in New York (Catherine Harper).



8 MSF CONTACT NUMBERS

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Médecins Sans Frontières offers assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict, without discrimination and irrespective of race, religion, creed or political affiliation.

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.

THE CHARTER OF MEDECINS SANS FRONTIERES

Médecins Sans Frontières' volunteers undertake to respect their professional code of ethics and to maintain complete independence from all political, economic and religious powers.

As volunteers, members are aware of the risks and dangers of the missions they undertake.