

# NORTH KIVU: AN EXHAUSTED POPULATION

*Médecins Sans Frontières, 19 December 2007*



The recent fighting in the province of North Kivu, in the Democratic Republic of Congo (DRC), has only aggravated a dramatic humanitarian situation. Through its medical aid projects, Médecins Sans Frontières (MSF) witnesses the increasing vulnerability of the local population and the displaced. Displacement, violence, disease, malnutrition, and cholera: these five words reflect the daily reality of many Congolese people in North Kivu. In this document, **MSF gives a voice to the victims of this conflict**, who we are treating on both sides of the frontline – in Goma, Rutshuru, Nyanzale, Masisi, Kitchanga, Mweso, and Kilolirwe. Through this document, MSF also expresses its deep concern for the thousands of people we cannot reach because of the insecurity.

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# DISPLACEMENT

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*“I came here two months ago, with my husband and our children. We walked for three days. Now we live in Bulengo camp. My parents both got killed in another war in 1999. Now we fled the war again. I had eight brothers and sisters; only me and my oldest brother are still alive. My little brothers and my big sister got killed in the fighting. We are no soldiers ourselves and yet they kill us.”*

Jeanne\*, from Masisi District  
Goma camps, November 2007

According to the United Nations, the province of North Kivu hosts an estimated 800.000 displaced people. 2007 has seen the **new displacement of hundreds of thousands of people**. This is an additional dramatic chapter for the people of North Kivu, many of whom have lived in fear and have been repeatedly displaced for more than ten years.

In Masisi (80 km west of Goma) and in the neighbouring locations of Lushebere and Buguri, about 30,000 people have found refuge in a camp and in host families. The latter share kitchen utensils, water jerrycans or even food. But MSF witnesses that both the local populations and the displaced are increasingly struggling.

In Masisi camp, MSF has provided basic material assistance including plastic sheeting, blankets, soap and has built 60 latrines and showers. Hundreds of displaced families have arrived since the beginning of December, following renewed fighting in the region.

Several thousands of newly displaced people have also arrived in Kitchanga (85 km north-west of Goma) over the last few weeks. In November, MSF started running a mobile clinic in Kilolirwe, near a camp where about 15,000 displaced people are living. MSF is offering free healthcare to both the displaced and the local people, but cannot have a permanent team in the camp due to insecurity.

The population of Rutshuru, about 50 km north of Goma, has almost doubled following new displacement between October and December 2007. Tens of thousands of people have fled fighting in the region and sought refuge in Rutshuru and Kiwanja.

MSF has been running cross border mobile clinics from Kisoro, Uganda, to three locations in eastern DRC – Jomba, Chengerero and Bunagana. . Staff continue to assist approximately 13,000 people who have fled to Nyakabanda camp in Uganda, roughly 15km from the border with DRC. The MSF teams have built shelters, latrines, and have improved access to drinkable water.

In the camps near Goma, hundreds of people are still arriving every day. Over 45,000 people are now living in the camps, which only increases humanitarian needs. Although the camps are easily accessible, humanitarian aid is still insufficient and people living there complain about the lack of food.

\* The names of these people have been changed.

# DISEASE

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*"I fled to Goma when my triplets were two weeks old.  
People were treating me bad because of what happened to me.*

*In 2006, armed men came to the village. They came to loot, everyone had to stay in their house and so did I. I was alone at home with my three children, as my husband had died. An armed man came to my house and he raped me. After this I was sick for nine months. I could hardly work and needed medical care. Unfortunately there was no clinic and the only thing I did was buying some medication at a dispensary. I gave birth to triplets. Everyone in my village knew that I was raped. People were mocking me, raped women have a very hard life.*

*Life in Goma is better, since there is more access to healthcare for my children. There was no health care whatsoever, not for me after the rape, and not for my babies. Part of the travel we did by foot, part by car. This was before all the disturbances, otherwise we would have never made it. Imagine being in that area with three boys and three babies, we would have died in the forest!*

*Here we are staying with a woman of my church, she is helping us, although she doesn't have much herself.  
No I have never been to an STI clinic and if you can help I would be very happy.*

Marceline\*, from Walkale District  
Goma camps, November 2007

**Access to health care for people in North Kivu was already weak, but is even more limited today.** The fighting has forced several aid organisations to suspend their activities, and health centres are not getting any supplies, or are deserted by the medical staff.

**In North Kivu, MSF is offering free health care in hospitals in** Rutshuru, Nyanzale, Masisi, and Kitchanga. The MSF teams are supporting several health centres and are running mobile clinics in Masisi and Rutshuru Districts.

In Masisi, between 650 and 800 consultations are being carried out each week in a health centre and hospital, mainly for respiratory infections, malaria, and worms. More than 100 new patients are being admitted to Masisi hospital every week. MSF has increased the capacity of the hospital from 70 to 170 beds.

MSF is running Rutshuru hospital and a referral centre in Nyanzale. The organisation has also rehabilitated three health structures in Binza health zone, to the north of Rutshuru, where over 10,000 consultations have been carried out since the beginning of September. With thousands of displaced people constantly on the move, MSF has dispatched medical teams to establish mobile clinics in schools, abandoned health centres, or tents, to provide basic health care and refer severe cases to Rutshuru hospital. MSF's mobile medical teams have conducted more than 1,500 consultations in Kabaya, Kinyandoni, Rugare, Katale, and Karembi.

\* The names of these people have been changed.

In St. Benoit hospital, Kitchanga, MSF is working together with Ministry of Health staff to provide basic health care and medical care for children with malnutrition. When security permits, mobile teams visit four health centres located in Mweso area: Bukama, Kashuga, Kalembe, and Jardin Théicole de Ngeri (JTN). In November, MSF carried out a total of 5,420 consultations in Kitchanga, Kilolirwe, and Mweso health zone.

In a health centre located in Nyakabanda refugee camp, on the other side of the Ugandan border, MSF has carried out between 100 and 150 consultations per day, mainly for diarrhoea and respiratory infections.

# VIOLENCE

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*“There had been fighting for several days but when the shots got close. I went and hid in the fields around my village with six other people. We spent several nights sleeping in the bush. But even though we were all hidden, I was shot. It was probably a stray bullet. I was the only one in the group who was wounded. I was shot in my left arm. Because my arm was almost torn off, I walked to get some help. It was the 9th of November 2007.*

*I’m a widow, my husband died 13 years ago at the start of the events. Two of my children were killed in the war, one was decapitated and the other one was shot. My third child was poisoned. So a young boy helped me during the journey.*

*At the health centre the nurse told me that I would have to go to the hospital because my injury was serious and I needed more care. So I walked four hours to the next town with a ten year old boy who looked after me.*

*When I got to Lushebere they called MSF to come and get me and take me to the hospital.*

*I left everything there but I don’t want to go back. Anyway, I have no one left there now! Even if it’s calm there, I want to stay here.*

*I was not really scared, otherwise I wouldn’t have had the strength to get to Lushebere.”*

Inès\*, from Masisi District  
Masisi Hospital, November 2007

When the fighting worsens, like recently in Masisi and Rutshuru Districts, the number of war wounded – either injured by bullet or by machete – increases in the MSF structures. At Masisi hospital, a surgical team is treating both military and civilians. Since the beginning of September, MSF has treated a total of 200 patients who have been injured in the violence in Masisi hospital. Every day, new trauma patients are admitted. In Rutshuru, two surgical teams treated over 150 war wounded between September and December.

As part of the violence against the population, sexual assault is extremely frequent. In Rutshuru and Nyanzale, MSF offers specialised treatment to victims of sexual violence. In 2007, over 2,600 victims of sexual violence have been treated by MSF in Rutshuru region. In Kitchanga hospital, MSF is supporting a Congolese organisation which offers medical care and psychological support to victims of sexual assault. 333 people have been treated in 2007. In Masisi, MSF is providing drugs to treat victims of sexual violence and is training women – “mamans educatrices” to help identify and supporting rape victims.

\* The names of these people have been changed.

# MALNUTRITION

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*“I came with my child because I noticed she was getting skinny. I thought she needed to be treated, but I didn’t know she had malnutrition. It is when we arrived in Masisi that they told me my daughter was malnourished.*”

*My children may not be well nourished because we cannot cultivate the fields properly. It is because of the insecurity. When we go to the fields, armed people can attack us and rape us. Sometimes we have to share the food with the military, as they take the food instead of paying for it. Sometimes, other families also share with us and there is even less food left.*

*I came to Masisi because I heard that there was no other place to be treated.”*

Annie\* and her 2 year-old daughter, from Masisi District Ambulatory nutritional programme in Masisi, December 2007

Malnutrition also demonstrates the extreme vulnerability of the people living in North Kivu. Data from MSF’s medical programmes are an alarming indication of the scale of malnutrition in North Kivu. MSF is concerned about the people that are cut off from aid by the insecurity.

In Nyanzale, 125 severely malnourished children are treated by MSF each month and 70 children without complications are treated in the ambulatory programme. In October, an assessment of children under five in Masisi revealed that 10% of those screened were suffering from malnutrition. In response, MSF opened an ambulatory nutritional programme in Masisi, Lushebere, and Buguri, and has treated 700 malnourished children. Nutritional activities in Mushaki are currently on hold for security reasons. About 50 severely malnourished children are being treated in Masisi hospital.

In St. Benoit hospital, Kitchanga, MSF is supporting Ministry of Health staff as they provide medical care for children suffering from malnutrition. In Uganda, outreach workers follow up patients in Nyakabanda refugee camp, including children who are suffering from malnutrition and need supplementary food.

\* The names of these people have been changed.

# EPIDEMICS

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*“I have been in the cholera treatment centre before, when my older brother was treated for cholera. Now it is me who is ill. We live in Mugunga I. Unfortunately we lost our plastic sheeting after the problems last week. They also stole all our food and other belongings.*

*I left Masisi District some months ago. I was working as a repairman for motorcycles and radios. One of my clients couldn't pay his bill so we decided together that I would sell the motor and I would keep the amount of money he owed me. I sold the motor, but the same night armed men came to our house. They asked me for the money from the sale. I explained that it wasn't my money and that I couldn't give it to them. They became very angry, shot me in my arm and took the money.*

*My wife was ill, we were hoping to take her to hospital, with the money from the bike we could finally afford it. The hospital refused to treat her without being paid and my wife died. I have four children. Two of them are fighting in the war and the other two are working as 'domestiques' in Goma.*

*My brother and I are in the same camp, but we both have our own hut. My brother recovered completely from the cholera and now he is taking care of me.”*

Michel\*, from Masisi District  
Cholera treatment centre, Goma camps, November 2007

Since the beginning of November, Rutshuru District has been hit by a cholera outbreak. To date, MSF has treated over 1,200 patients in three specialised structures set up in Rutshuru, Kiwanja, and Rubare.

MSF has also responded to a cholera outbreak in and around Goma, where more than 45,000 people are living in camps to the west of the provincial capital. Since September, medical teams have treated around 1,700 cholera patients in cholera treatment centres opened by MSF in a central location between the camps and health centres in Goma, Sake, and Kirotshu. In early December, 15 cases of cholera had been treated in Kilolirwe. These outbreaks are mainly due to the lack of access to clean water and to the bad hygiene conditions in which the displaced people are living. This shows, once again, the increasing vulnerability of people living in North Kivu.

As measles cases had been reported, MSF started a campaign to vaccinate children against the disease in mid-November. Due to ongoing violence in Rutshuru District, the campaign is currently on hold. The MSF teams in Nyanzale vaccinated some 37,000 children between the end of September and the beginning of October. In November 2007, in Nyakabanda refugee camp in Uganda, MSF teams helped the local health and sanitation authorities to vaccinate 5,030 children, aged between six months and fifteen years old, against measles and polio.

\* The names of these people have been changed.

# THOUSANDS WITHOUT HUMANITARIAN AID

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MSF works in Masisi, Kitchanga, Kilolirwe, Rutshuru, and Nyanzale, where it is often the only international organisation present. Despite this presence in the heart of the conflict, thousands of people remain out of reach, due to fighting and insecurity. MSF's nutritional activities in Mushaki have had to be suspended, while our teams in Rutshuru and Nyanzale have been reduced. In Mweso, Kilolirwe, and the neighbouring areas, MSF does not have a permanent presence and has had to adapt its activities to the unstable situation. MSF is deeply worried for all those who are cut off from aid, trapped in the armed conflict.

MSF has worked in the Democratic Republic of Congo since 1981.

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