



The Humanitarian Situation in the Democratic Republic of Congo

A Statement Delivered by Helen O'Neill
Deputy Director of Operations, Médecins Sans Frontières

United Nations Security Council
« Arria Formula » meeting,

January 24, 2006

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Mister Chairman, Members of the Security Council,

Médecins Sans Frontières (MSF) is grateful for this opportunity to address you today.

Millions of people are living in crisis throughout the Democratic Republic of Congo (DRC) and northern Uganda. While others will brief you on the continuing emergency in northern Uganda, where MSF also has serious concerns, we would like to call your attention to the DRC, in particular to the human catastrophes currently unfolding in the eastern provinces of North Kivu and Katanga.

Running for their lives: civilian displacement in central Katanga

As we speak, people's lives and livelihoods are being torn apart by violent conflict between armed factions in both provinces. On Friday January 20, 2006, renegade soldiers from the Congolese army attacked the North Kivu town of Rutchuru, causing more than 30,000 people to flee northward toward Kayna and eastward to Uganda. MSF teams had to evacuate for Uganda as well. According to recent reports, inhabitants of Kanyabayonga fled as well, fearing an attack on the town. All of these events are taking place in an area with heavy Mission d'Observation des Nations Unies au Congo (MONUC) presence, highlighting how unstable the situation is, and how, for many, the talk of peace and democracy is premature.

In Katanga, we find perhaps the most forgotten crisis in a country beleaguered by several underreported humanitarian emergencies. Since last August, fighting between various armed groups has violently displaced more than 100,000 Congolese civilians. Many have been forced to run for their lives repeatedly, and throughout their multiple flights, they are taxed and robbed of their few remaining possessions. Despite this massive upheaval, very little assistance has been provided to the displaced, who have lost everything and are now trying to find refuge in areas ill-equipped to receive them. Why are their most basic needs for food, shelter, water, and medical care not being met? Why is there a near total lack of national and international relief efforts? Unless assistance is mobilized immediately, many lives could be lost.

Since peace was officially declared in the DRC two years ago, there have been several waves of violence in Katanga Province: in Kitenge, Mitwaba, Pweto, Mukanga, and elsewhere. Mai-Mai militia groups have attacked villages, burned people's homes, looted possessions, and killed and raped during these rampages. They have subsequently forced survivors to serve as porters. Military operations conducted by the Congolese army against these militia groups have sacrificed the needs and well-being of the civilian population in the name of restoring order and security. And soldiers have committed abuses ranging from robbery and extortion to abuse and rape.

As a nurse, I was in central Katanga's Lukona village in September 2005 providing emergency assistance to recently displaced families. I remember the long lines of parents

waiting patiently so their children could be vaccinated against measles. I listened to their harrowing stories of how they arrived at this moment – the family members who were killed, the sexual violence endured, the incessant fear and exhaustion from constantly running for their lives. For many, this was not the first time they were displaced. They told me how they were hungry and lived in constant fear because they had no idea when and to where they would be forced to flee next. What struck me most, though, was that these people seemed to have no expectations of being helped. They were tired, and grateful to receive anything at all.

The situation has only deteriorated. Since mid-November 2005, more than 80,000 people have fled their villages because of military operations and Mai-Mai attacks. Congolese army operations against the Mai-Mai in the Manono – Mitwaba – Dubie triangle in November caused 6,000 people to seek refuge in Dubie and another 4,000 in Pweto. In December, another 10,000 people fled to Dubie, and the displaced around Mazombwe, near Mitwaba, were attacked by Mai-Mai militia and forced to flee once more. There are now more than 17,500 displaced people in Dubie and 13,000 in Mitwaba.

People in and around Kilumbwe have also fled recent fighting and have sought refuge on the islands and the banks of Lake Upemba. One wounded civilian we treated in Bukama hospital told us about multiple murders he witnessed as well as how the Mai-Mai were forcing civilians to work for them. Nearly 15,000 people now live in mosquito-infested swamps, on small floating islands on the lake itself, and in the villages of Nyonga and Kibondo. Just last week, militias attacked two villages, Kibondo and Kyubo, further adding to the insecurity felt by displaced people.

A precarious situation in a neglected region

Despite this critical situation, very little assistance has been provided to those most affected by the violence. Efforts by MSF and local host communities have done little to alleviate the severe overcrowding in camps around Mitwaba and Dubie. This desperate group of displaced is largely dependant upon the goodwill of local people for food, clothing, and shelter, causing considerable strain on the communities. In Dubie and Nyonga, the price of the staple food, manioc, has doubled, while other food like potatoes and onions can no longer be found on the market. Fishing on Lake Upemba is restricted, further limiting the meager resources available to the population. Health structures run by the Ministry of Health in many of these areas only provide services according to a user-fee system, which drastically limits access to health care to those who have been robbed and left destitute.

MSF is currently providing emergency medical care, shelter, non-food items, and water and sanitation facilities in several locations. But we are far too alone, and other national and international aid organizations must urgently mobilize in order to meet people's ever-increasing needs. We do not understand why the international aid community is only mobilized in areas with significant numbers of UN troops, like the Kivus, while people in Katanga are abandoned even in the face of desperate and growing needs.

There are large-scale medical concerns – from malaria and respiratory infections to diarrhea – resulting from thousands of vulnerable people forced to live in overcrowded and unhygienic conditions. The region is still plagued by regular outbreaks of epidemic diseases like measles and cholera. In fact, MSF is currently responding to cholera outbreaks in Ankoro, Kinkondja, north of Lake Upemba and around Malemba Nkulu. In Kikondja health zone, MSF treated

570 new cholera cases from January 6-20, and in Kabalo, 190 cases were reported between November 15 and January 12.

Food insecurity, and by extension, malnutrition, is also rising. In Mukubu, MSF is admitting 20 severely malnourished children each week at its therapeutic feeding center (TFC). While not a staggering number in and of itself, a nutritional assessment last week revealed that 33 percent of the 3,500 children screened were either moderately malnourished or at risk.

In Mitwaba, the last World Food Program (WFP) distribution took place in August, with 13,000 displaced people receiving three months worth of food rations. They have received nothing since. And because of current military operations, people have limited access to fields for cultivation. In Dubie, food distributions have been erratic. A local NGO began distributing food in August and September when there were only a few thousand displaced people. The group has since withdrawn even though thousands more have arrived. The WFP has committed to distributing one month's worth of food rations, but only by rerouting food destined for people in Mitwaba. These distributions themselves have been hampered by logistical problems and an under-estimation of the displaced population and the resources needed to bring the food in.

The more than 15,000 recently displaced people in Nyonga, on Lake Upemba, have not received any assistance at all apart from medical care and non-food items provided by MSF teams. Shelter material and cooking sets were distributed to 3,200 families, a measles vaccination campaign is being conducted for 8,000 children, and medical care is provided by mobile clinics and a fixed health center. But most of the displaced have sought refuge in the surrounding forests and are inaccessible to our teams. In Pweto, for example, the teams could only reach the people who followed the main road because of fighting in the area.

Sexual violence is also a major concern. In mid-December, MSF treated five women and one 14-year old girl near Pweto who say they were raped by soldiers from the Congolese army. Because of taboo and stigmatization, we fear the scale of the problem is underestimated.

In addition to conflict and extreme deprivation, the displaced also struggle with the fear of theft and violence in the places where they have sought refuge. People in Dubie and Mitwaba often report how soldiers from the military steal their non-food items and other meager possessions, while patients in Mitwaba describe how the military regularly diverts the little food aid that arrives.

General insecurity does restrict access to the displaced. In the last several weeks, roads have been cut-off because of military operations or blocked by militias. When the road between Sampwe and Kasungeshi was blocked in early January, MSF could only get to our base in Mitwaba by plane. That same week, a private truck often used by MSF was attacked and looted while returning from Mitwaba.

Gaining access to the region itself is difficult even without the specter of insecurity, but it is not impossible. Planes, boats and motorcycles are sometimes the only way to reach certain areas. It takes two days to go by car from Lubumbashi to Malemba Nkulu and from Lubumbashi to Bukama. From Bukama, it takes a day by boat to reach the displaced in Nyonga. Referring patients from Nyonga to Kikondja hospital takes 4 hours by barge. These very real logistical impediments must not be used as an excuse for not intervening. MSF, for

example, has recently managed to bring materials and open projects in remote villages on Lake Upemba and around Dubie.

All of these recent events only add to the pre-existing harsh living conditions endured by people in north and central Katanga. A report published in November last year by MSF revealed staggering mortality rates in Kilwa of 4.4 deaths per 10,000 people per day among children under five. This is more than double the commonly accepted emergency threshold. The survey also found that only half the people interviewed had access to any health care. While geographic isolation played a part, the cost of care was reported as one of the major factors for this extremely limited access.

Violence and displacement in DRC

Today we call your attention to the crisis in Katanga because it is happening before our eyes. This should not detract from addressing the ongoing needs throughout eastern DRC, particularly in Ituri and the Kivus. In fact, emergency relief programs in the DRC represent one of MSF's largest mobilization of aid in the world today, with more than 220 international staff and 2,100 Congolese staff delivering assistance in 26 locations. Over the past year, MSF has responded to cholera epidemics near Goma and Beni, and massive displacements of people in North Kivu because of fighting around Kanyabayonga. And before two of my colleagues were abducted in June 2005, MSF was providing assistance to more than 100,000 civilians in camps north of Bunia, on the shore of the Lake Albert.

In 2005, MSF provided care to more than 2,300 victims of sexual violence in Bunia. Armed fighters committed more than 75% of the attacks and three-quarters of these incidents involved multiple assailants. Only a little more than 20 per cent of the victims arrived within 72 hours – which makes it possible to use antiretroviral prophylaxis to reduce the risk of HIV/AIDS. In Beni, Rutshuru, and Kayna, MSF treated an additional 1,200 rape victims.

The country's peace process has been positive for some, especially those living along former front lines. But peacekeeping and political efforts have not translated into better living conditions for most Congolese and the situation remains dire in many parts of the country. Recent MSF surveys found strikingly high child mortality rates in several regions – more than six times the emergency threshold in the violence-plagued town of Lubutu, Maniema province. The surveys also revealed that few people have access to health facilities let alone treatment, even in areas not ravaged by violence, in large part because they cannot afford the fees, leading to an even greater human toll taken by easily treated diseases like respiratory infections, diarrheas, malaria and cholera.

Normalization of the Unacceptable

Emergency assistance must reach people trapped by conflict today in Katanga and North Kivu, and this assistance must not be slowed down because aid organizations lack the will to respond. While much of the aid in DRC has shifted to longer-term development, these efforts should not be pursued at the expense of emergency assistance, especially in areas wracked by violence.

The “normalization” described by the international community, represented by the Comité International d'Accompagnement à la Transition (CIAT), contradicts the daily reality of violence and deprivation endured by many Congolese. The process of “brassage” has not yet

created a unified army, and various armed groups keep defending their own interests at the expense of the general population. Whatever the political objectives of military operations, civilians must not be sacrificed in the name of restoring order and security. It is also crucial for all of the armed groups in the region to respect the safety of civilians and not divert the humanitarian assistance that arrives.

A dire situation is allowed to persist in Katanga, the Kivus, and Ituri, with hundreds of thousands of people suffering multiple displacements, direct violence by a variety of armed groups, malnutrition, and recurring outbreaks of preventable diseases. This reality has become so commonplace in many areas that it goes virtually unnoticed. We must all act to prevent this normalization of the unacceptable.

Thank you for your attention.