



Ethnic Cleansing Rears Its Head In Zaire

POPULATION IN MASISI SUFFERS UNTOLD HARDSHIP

1 November 1996

REPORT SUMMARY

MSF is deeply concerned by the on-going situation in Masisi, particularly the humanitarian situation of the people whom MSF consider a population in danger. This is a political conflict for which there are only political solutions. MSF therefore appeals to the Zairian authorities and the international community to help the people of Masisi urgently through taking the vital careful and measured political steps to enable the conflict to be resolved and the elements exacerbating the crisis to be addressed.

Only the Zairian authorities in cooperation with the international community can prevent further bloodshed and suffering of the people of Masisi. Political delays are killing people. At the worse, and this is the scenario threatening the whole region at the time of writing of this report, this conflict is spiralling out of control, throwing the region in to further chaos. Therefore, immediate steps must be taken towards the resolution of this crisis. The imminent threat of a regional war caused by the unacceptable situation which has been left to fester, can no longer be ignored.

Humanitarian Crisis

Masisi, a region just Northwest of Goma town in Eastern Zaire, is a war zone. Renowned for the presence of 1 million Rwandan refugees who left to the area in July 1994, the region is less known for the war taking place a few kilometres down the road from the camps.

At the date of this report, anywhere up to 300,000 people have been displaced by the Masisi conflict while over 50,000 people, mainly Zairian Tutsis of Rwandan expression, have been forced to flee to neighbouring Rwanda since 1994. The numbers killed are unquantifiable due to lack of access or reliable figures but are estimated to be in the thousands.

The 1.2 million people of Masisi as well as those of the neighbouring regions are living in a state of high insecurity and uncertainty. Armed bands control Masisi, attacking villages, burning down homes and looting health centres and parishes. People are sent fleeing into the hills, remaining inaccessible and invisible. Massacres have been perpetrated throughout the region by all sides. The parishes are all closed and over 50 per cent of the health centres lie deserted. Until October 1996, when Masisi hospital opened, only 1 of 5 hospitals in the region functioned, and then at only 50 per cent capacity. Even the two hospitals which are now operational (only at a very reduced capacity) can only serve one ethnicity, leaving the vast majority of the population without access to secondary health care.

Only two humanitarian organisations involved in emergency relief for the population in Masisi, MSF and ICRC are working in the area. However, due to the high insecurity, humanitarian access is severely limited. Not only the ongoing fighting creates a security risk for the aid workers, there have also been regular direct threats to teams as they travel to carry out their work, particularly when teams crossed ethnic front lines. On several occasions MSF staff has been even held at gunpoint. As a result of the restricted access, MSF estimates that hundreds of thousands of people remain without access to basic health care.

cannot be denied or ignored any longer. The threat of a 'Hutuland' created by the extremist elements from the camps is imminent.

- **The situation of the people at the Petite Barriere/Umbano camp in Rwanda must be addressed.** The camp being located less than 1 kilometre from the border puts them at risk. In addition, conditions in the camp are poor. The rights of these people must be protected.

MSF calls upon the Secretary General of the United Nations to implement urgently the UNDHA recommendations and make an official response on the situation in Masisi. A special UN representative should be appointed immediately, mandated to undertake discussions with the Zairian authorities in order to find endurable solutions to the political problems in the whole of Kivu, including Masisi. In addressing the problems in Masisi, the problems of the refugee camps, i.e. the continued impunity of the alleged perpetrators of the genocide, the presence of the former Rwandan military and interahamwe, the re-armament and the movement out of the camps should be dealt with.

REPORT CONCLUSIONS

- **The population of Masisi are in grave danger** due to the armed conflict in the region. The number of both internally displaced and people living in enclaves, many of whom are inaccessible, is alarming in the extreme.
- **The population of Masisi is denied access to medical care and other humanitarian assistance.** The lack of access to health care facilities is alarming and the health problems in the region are increasing while access is diminishing. Humanitarian access will only continue to decrease as the war continues to spiral.
- **Humanitarian access to the populations in danger is being denied** due to the lack of security and the actions of warring parties. MSF is frequently forced to withdraw its assistance from areas (usually temporarily) due to the risks to humanitarian personnel, particularly Zairian and international medical personnel.

The Zairian authorities in cooperation with the international community must act immediately to alleviate the humanitarian suffering in Masisi and surrounding areas. Humanitarian access is a prerequisite to provide assistance. Therefore, humanitarian organisations should be facilitated in their work and their working principles should be respected.

- **The importance of the Masisi conflict in the Great Lakes Crisis must be acknowledged.** The Zairian authorities and the international community must take responsibility for the situation in Masisi and North Kivu in order for there to be any hope of finding lasting solutions to the Great Lakes and its Masisi Crisis. The situation has been left to fester and it is now spiralling further out of control. Institutional mandates can no longer be allowed to prevent international responses to protect the people of Masisi.
- **The root causes of the conflict are political and need political solutions.** Only through the introduction of a genuine process of correct and informed political action can enable lasting peace for the region. In finding political solutions, the nationality issue and local land disputes need to be resolved.
- **The future of Masisi and North Kivu is inextricably linked to solutions to the regional refugee crisis.** Without a solution to the Rwandan refugee crisis, peace cannot come to Masisi. The relocation of the Hutu refugees in Masisi and North Kivu would be a disaster for the region, both locally and for the Great Lakes region.
- **Movement outside the Goma camps by the refugees, particularly referring to Masisi, must be prevented.** The presence of armed groups from the camps present in Masisi, fuelling and taking part in the conflict for their own ends,

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GLOSSARY OF TERMS

Please note that many of the terms are given a specific meaning in this report for the sake of clarity. In North Kivu, there are many terms which are used interchangeably to refer to different groups or parties.

Tribal/ethnic/social and other groups

Indigenous: this report uses this term in place of autochton, the term used in North Kivu to describe the various indigenous tribes including the Hunde, Nande, Nyanga, Tembo and others.

Banyarwanda: Literally meaning "sons of Rwanda", in this report the term refers to populations of Rwandan expression (both Hutu and Tutsi) living in North Kivu. The Rwandan refugees of 1994 are excluded from the term in this report (see refugees below).

(Ba)Hutu: In this report, refers to Hutus of Rwandan expression living in Zaire and the term excludes the Hutu refugees of 1994. They represent around 70-80% of the population of Masisi

(Ba)Hunde: Refers to the tribe who consider themselves to be the major part of the indigenous population of the Masisi region. They represent around 20-30 per cent of the population of Masisi.

Interahamwe: meaning in Kinyarwanda "those who fight together". This term is often used by the local population of North Kivu to refer globally to Hutu refugees living in the Masisi region mainly since 1994 (in the Goma camps or otherwise). Recently however, as the conflict worsens and drags on, the term is increasingly used by indigenous tribes to refer to any Banyarwandans, whether in Zaire since 1994 or 1885. The report does not refer to interahamwe as being responsible for the attacks but rather to "refugee bandits".

Refugee: refers to the Hutu refugees who arrived in Eastern Zaire in July 1994 and who now live in the 5 camps around Goma (namely Kibumba, Katale, Kahindo, Mugunga and Lac Vert). Among these refugees are the interahamwe who were involved in the genocide against the Tutsis and moderate Hutus in Rwanda.

Fighting parties

(Ba)Ngilima: This is the name of the combined forces of Hunde, Nande, Nyanga and other tribal groups which has been forcing people out of villages in the northern parts of Birambizo and Mweso health zones. They state their aim as being to chase out the Banyarwanda whom they claim are attempting to create a Hutuland in Masisi. The majority of the fighting is now between the Ngilima, the Hutus and the Zairian military

The Ngilima is a coalition of young men who are not known as killers but rather looters. They have recently launched a new offensive in northern Masisi.

Hutu Combatants: in this report, this term is used to refer to the Hutus fighting in Masisi (not including refugees or refugee bandits). These fighters are well armed and appear to have various regional leaders in the Masisi region. Their plan and organisation is along lines of guerrilla action. The self-pronounced leaders do not always appear to be in control of the combatants. They have been successful in forcing out the majority of Tutsis, Hundes and Nande from the region, so that they now inhabit around 90 per cent of villages in the region. In the current conflict they have alienated themselves from the Tutsis, regarding them as the enemy also. This is an important change from 1993 when there was solidarity amongst the Banyarwanda.

Maimai: meaning "bullets turn to water", locally this term is often used interchangeably with Ngilima. In this report, the term refers to the Hunde fighters who use traditional systems of mystical power or fetishes to empower them. Maimai also refers to the practice of the fetish. Traditional "doctors" work alongside the traditional chiefs (Mwami) to invoke this power which is believed to render the Hunde fighters invincible. Reportedly there are special indoctrination ceremonies for young men between 12 and 20 years of age known as vaccination campaigns. The system is invoked in periods of war or unrest. The last time it is reported to have been widely used was in the 1964 uprisings.

The local population are fearful of the fetish, including the Banyarwanda and the Hutu combatants. This has an important impact on the conflict: while the Hutu are far more heavily armed, the Hunde are seen by all to be as strong, if not stronger, because of their fetish.

In the past months however, the Hundes have become noticeably better armed. It is interesting to note that all the fighters have the same weapons: not a mixed bag of old arms, but relatively modern arms. There is considerable speculation as to their source.

Mwami: the customary chiefs of the Hunde tribe and the traditional owners of all the lands in Masisi. The Mwami is responsible for invoking the use of the traditional belief system. The Mwami plays an important role in the organisation of the Maimai, he being the spiritual as well as the customary leader of the population in his region.

Nyanga: from Walikale, this tribe has been a part of the Ngilima since the 1964 rebellion and joined with the Hunde in attacks on Banyarwanda in 1993.

Nande: This tribe is found in more northern parts of North Kivu, particularly in the Kayna/ Lubero/Beni regions. They formed part of the Bangilima in the 1964 rebellion have been solicited to join once more in 1996. Many Nande were chased out of their homes in the Masisi region in April 1996.

Tembo: A tribe from the south of the Masisi region who fled with the Hunde to the Sake/Minova region on the edge of Lake Kivu. Since August 1996, some are returning to their villages in the southern part of Masisi.

Refugee Bandits: This report uses this term to refer to the Rwandan refugees from the Goma camps who infiltrate the Masisi region to steal cattle or act as mercenaries in attacks on villages occupied by Hunde or other non-Rwandan tribes.

Tutsis: refers to Tutsis of Rwandan expression living in North Kivu.

Government/Administration

BCZ/Bureau Central du Zone: Each health zone has a Bureau Central du Zone (BCZ) which is headed by the Medecin Chef du Zone (MCZ). In Masisi, this structure has often disappeared or is disintegrating. Only Kirotshu BCZ remains. Attempts are being made to reinstall the Masisi BCZ is being in October 1996

Health Zone: There are 19 health zones in North Kivu each headed by an MCZ.

MCZ/Medecin Chef du Zone: see BCZ

Masisi: In this report this refers to the administrative region of Masisi (health zones of Masisi, Mweso, Kirotshu, Birambizo and part of Pinga) which is the region at the centre of the conflict. Masisi is also the name of the town in the heart of Masisi health zone. The region has an estimated area of 4,420 km², is a hilly pasture and forest landscape with only very few dirt roads suitable for four wheel drive vehicles. During the wet season these axial roads become treacherous and often impassable.

North Kivu: has 6 administrative regions: Goma, Masisi, Rutshuru, Walikale, Lubero and Beni.

Military

DSP: Division Speciale Presidentielle. An elite military corps of President Mobutu of Zaire. In 1993, the DSP were sent into the region to disarm the population. Contingents of DSP still remain in some villages, notably Kichanga and Masisi. These military are no longer paid by the state but are now paid by the local populations in return for protection.

FAZ: Forces Armees Zairoises is the general term for the Zairian army. Divisions coming from some regions of the country are more feared by the population than others. FAZ were sent in as part of the operations launched in Masisi. Many who were sent in 1993, accompanying the DSP, were not paid and have become deserters. They still remain in Masisi and are paid by the local population either for protection or to take part in attacks.

Operation Kimya (calm): the military operation launched in April 1996 by military chiefs from Kinshasa with the aim of disarming the population and bringing an end to the conflict. Operation Kimya soldiers are still found in the Masisi region where they protect villages and isolated population groups

Operation Mbata (slap): launched in May as a follow-up to Kimya. Its aims was to retrieve arms from the population by force since the more persuasive and diplomatic tactics of Kimya were deemed to have failed. The main action of this campaign was in the Rutshuru and Lubero regions in April/May 1996.

Operation Likonga/Mukuki (spear): the successor to Mbata announced in August 1996 but still to be officially launched. The aims are to disarm the population and to remove the so-called "interahamwe" from Masisi.

Humanitarian Agencies

Cemubac: a local medical development organisation with Belgium support. Working in Masisi for over 30 years, the NGO is involved in long term health activities through support of the regional health structures.

ICRC: International Committee of the Red Cross - Geneva. ICRC and MSF are the only two international humanitarian agencies currently working in Masisi.

MSF: Medecins Sans Frontieres. The Dutch section has been working in North Kivu since late 1992. The present programme in Masisi is a joint operation of MSF Holland and MSF France, under MSF Holland management. The Belgian and the French sections work in other regions of Zaire as well.

UNHCR: United Nations High Commissioner for Refugees. The Goma office is a Sub-Delegation.

UNDHA: United Nations Department for Humanitarian Affairs. The DHA has a regional office in Nairobi, the Integrated Regional Information Network (DHA-IRIN).

Miscellaneous

Affected Zone: used in the report to refer to areas outside Masisi affected by the conflict. This includes Rutshuru region, Lubero and Goma. These areas have received many thousands of displaced.

Hutuland: the name given by the non-Hutu population to the mono-ethnic Hutu state which they believe the Hutus want to create in Masisi.

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INTRODUCTION

Medecins Sans Frontieres is deeply and urgently concerned about the people of Masisi, a population victim to untold hardship and suffering as a result of the ethnic war taking place in their homes, villages and communities. This report highlights the escalating humanitarian crisis in Masisi and its links with the massive Rwandan refugee camps in Goma, stressing the impacts on the fragile Great Lakes Region of Central Africa.

MSF started its presence in Masisi in 1992, when it developed an emergency intervention programme to provide a rapid response to a variety of unforeseen emergencies and to support the health structures which were affected by the conflict. Through its continued presence in the area, MSF has been able to witness an ongoing decline in the functioning of the health services due to the lasting and even worsening conflict.¹

Humanitarian access to the population in danger in Masisi is now limited to such an extent that MSF can reach only a small proportion in order to provide it with the essential health care that it so urgently needs. With less than 50 per cent of health structures functioning, with limited health personnel, high insecurity and erratic medical supplies, hundreds of thousands of people receive no assistance and are at extreme risk.

Through this report, MSF contributes the first hand testimony of its field operations to raise awareness in the international community about just how serious the situation in Masisi is and how the desperate humanitarian plight of the people of Masisi can no longer be ignored. Without political steps to resolve the crisis and to improve the security situation being taken by the international community and the Government of Zaire, the population will remain unprotected and in extreme danger, with humanitarian assistance continuing to be denied.

In chapter 1, the report gives a background on the conflict which is extremely complex and ever changing. By looking briefly into recent history, the origins of the nationality debate reveal the deeply entrenched ethnic problem between the Banyarwanda and the indigenous populations. Chapter 2 looks at the role of the 1994 Rwandan refugee camps in Goma in fuelling and exacerbating the Masisi conflict and reveals how their presence is a now an added element in the conflict.

Chapter 3 outlines the humanitarian crisis in the region focusing on the medical plight of the populations and their changed ethnic segregation, while Chapter 4 sets out the constraints on the provision of humanitarian aid as witnessed by MSF teams in the region. Chapter 5 sets out MSF's appeals to both the Zairian authorities and the international community to take urgent political action.

¹ MSF is presently running four programmes: an emergency intervention programme, a water & sanitation programme, a drug supply programme through a local NGO ASRAMES and a solar energy programme.

1 UNDERSTANDING THE CONFLICT

1.1 Causes of the conflict: old and new

Essentially the conflict is between the Hunde and the Banyarwanda Hutu living in the Masisi region of North Kivu. Divisions and tensions between the Hunde and Banyarwanda (both Hutu and Tutsi) are historical and have been exacerbated by political rulings and local economic tensions before and after Zairian independence. The conflict between the two groups is rooted in nationality as well as economic and political status.

1.1.1 Banyarwanda in North Kivu

North Kivu is inhabited by "autochthones" and by people of Rwandan expression (their ancestors coming from the Kingdom of Rwanda). When colonial powers redrew the borders of the countries in the Great Lakes region in 1885, people speaking Kinyarwanda (Banyarwandans) now found themselves in the Belgian Congo. In fact historical sources dispute whether the date of the relevant boundaries of the Belgian Congo should be dated to 1885, 1908-10 or 1921.² A decision as to which date is "correct" is very pertinent to the decision as to who gets nationality or not.

The reality of the ethnic make-up in Masisi is very complex. The whole population are descended from immigrants from many different places and at many different times. Three categories of immigrant can be identified. The first is made up of the descendants of those who arrived long before colonial times (Hunde, Nyanga, Kano, Tembo, Banyarwanda). A second is composed of Zairians by origin who came from the zones neighbouring Masisi before or after independence (1960). The third category is made up of the Banyarwanda.

The Banyarwanda immigrants came in four waves to Masisi. The first wave was between 1920 and 1940 when the Belgian colonialists brought Rwandan Hutus and Tutsis to Masisi to work. A second wave was in 1948 when the Belgians promoted the migration of Rwandans from the densely populated areas of Rwanda to North Kivu. Between 80,000 and 150,000 Rwandan migrants, mainly Hutus, received land, tools and other privileges when they arrived in Masisi. After 1959, Rwandan Tutsis fled to Zaire to escape the political violence and ethnic persecution which took place in Rwanda from 1959 onwards. The final wave was the exodus of Hutu refugees from Rwanda to Kivu in 1994.

As a result of the redrawing of boundaries and the various waves of migrations, Banyarwanda have become the dominant group in Masisi, making up around three quarters of the population. Mainly Hunde (with fewer Nyanga, Nande and Tembo) make up the other twenty-five per cent. In all North Kivu, Banyarwanda make up about 50 per cent of the population. Ten per cent of these were formerly Tutsi.

In practice, by the 1970s when UN assistance to these refugees ended the many thousands of Rwandan refugees who had arrived after 1959 were socially and economically assimilated. The

²1885 is the date of the Berlin Conference where the colonialists drew up the new map of Africa; 1908 was the date of the Brussels Convention through which Congo was annexed to Belgium and the Eastern boundary of Congo was delineated; and 1921 the repatriation of colonies after the First World War when Ruanda-Urundi passed from the Belgians to the Germans.

camps in Masisi, Bibwe, Ibula and Walikale closed and the refugees remained under the responsibility of the Zairian state. No negotiations were undertaken between Zaire and Rwanda for their return to Rwanda.

1.1.2 Land, nationality and political power

Disputes over land ownership are central to the conflict. In Masisi, the Banyarwanda adopted their traditional subsistence methods and by the 1980s, two thirds of the land was devoted to cattle and one third to agriculture. By this time, the Banyarwanda dominated the region economically with cattle and dairy goods produced and sold by the Tutsis.

While the land on which Banyarwanda were settled was considered vacant by the colonialists, traditionally the land was owned and allocated by Hunde customary chiefs (mwami). When independence came, disputes over land escalated and were often resolved violently. In addition the traditional political system of mwami chiefs was imposed on the Banyarwanda involving participation in community labour and payment of tributes.

While the Banyarwanda have gained economic power in Masisi, political power has remained in the hands of the Hunde, through their mwami. The reasons for this lie largely in the nationality issue. Before Zairian independence the inhabitants of the Belgian Congo and of Ruanda-Urundi did not have their own nationality but acquired Belgian nationality without being citizens. After Zairian independence, the 1964 constitution granted Zairian citizenship to those whose ascendants are or were members of a tribe or part of a tribe living on Congo territory before October 1908. This section was not included in the 1967 Constitution.

In 1972, a law was passed specifically granting nationality to the Banyarwanda who were on Zairian territory before 1950 and who had continued to live in Zaire after that date. However, in 1981 a law was passed retroactively withdrawing Zairian nationality from those people unable to prove ancestry predating 1 August 1885. Effectively this revoked the citizenship of the majority of Banyarwanda in Masisi, leaving them stateless.

Without Zairian nationality, the Banyarwanda could not exert any formal influence in local or national political life despite their economic power. The Hunde, who have always considered themselves to be the indigenous population of North Kivu while they consider the Banyarwanda to be foreigners, were fearful that if the Banyarwanda got nationality the minority Hunde would lose their political power as well as their right to demand tribute from the Banyarwanda.

1.2 Building up the conflict

With Zaire's move towards democracy from 1989, ethnic groups began to defend their territorial and economic interests. In 1990, with the start of the civil war in Rwanda, tensions rose and Banyarwanda youth left for Rwanda. In 1992, the National Sovereignty Conference brought into question the 1981 nationality law.

On the ground, an attack by Hunde on the village of Ntoto in Walikale, North Kivu in March 1993 sparked the first phase of all out fighting in Masisi. The targets in this multiethnic village

were the Banyarwanda. This incident marked the beginning of five months of intense conflict, with attacks both by Hundes (together with other indigenous tribes) on Banyarwanda, and by Banyarwanda on Hunde.

The fighting died down in July 1993 leaving at least 6,000 people dead³ and 350,000 internally displaced. The conflict had begun the establishment of ethnic enclaves and left a legacy of deep suspicion and hatred. Peace was restored by troops from the Division Special Presidentielle (DSP). In early 1994 peace conferences, attended by customary chiefs of all warring parties, were held in the villages of Masisi and Mweso. Unfortunately recommendations that the nationality issue be resolved by the Zairian government were never adopted by the parliament in Kinshasa.

Tensions in the area have been heightened by the arrival of nearly one million Rwandan refugees in Goma, North Kivu in July 1994. The majority and minority populations in Masisi began to come into conflict again, with elements of the new refugee population complicating the situation, until fighting broke out in June 1995, reaching peaks of violence and intensity in November 1995 and April to June 1996, with constant high level violence since August 1996. Fighting has broken out throughout Masisi, spreading to the neighbouring regions of Lubero and Rutshuru.

At the date of this report, anywhere up to 300,000 people have been displaced by the conflict while over 15,000 people have sought refuge in neighbouring Rwanda. The numbers killed are unquantifiable but are estimated to be in the thousands.⁴ Members of the dominant ethnic group in each area are driving out members of the minority ethnic groups. The creation of ethnic enclaves and divisions which began in 1993 continues to this day. Many villages and regions where Hutus, Hundes and Tutsis lived side by side have become mono-ethnic leaving a legacy of hatred, violence and fear. Mixed villages are under threat and ethnic lines are the front lines of today's Masisi.

A peculiarity of this conflict are the vast tracts of abandoned land seen all over Masisi. After clashes, all the people flee and the "victors" the attack do not take always up the land of the defeated. In some attacked villages a small group of men are left to defend them, but usually the villages are simply burned. The region is scattered with abandoned homes and fields, and large no-man's lands.

1.3 Chasing out the Tutsis

The Tutsis have been repeatedly victimised in Masisi although, as a distinct group, they have never had a pro-active role in the conflict. In 1993, the Banyarwanda, Hutu and Tutsi, fought

³ Numbers of dead cannot be given with any accuracy as was shown in 1993 when figures of dead ranged from 6,000 (the official figures) to 40,000 (local sources).

⁴ Accurate figures are unobtainable since the killings reported take place in far off places, often away from villages and estimates of dead at any one incident given are very variable and rarely impartial. Actual battles are rarely witnessed by international agency staff nor are the victims. Reported battlegrounds cannot be reached due to insecurity and inaccessibility. In this report, MSF only refers to figures which are first hand and which it considers reliable.

together, fled together and defended each other against the Hunde and other tribes. Today, the Tutsis have been rejected as well by the Hunde and the other tribes, by the Hutus and ultimately by the local authorities. From July 1994 to the end of 1995, 38,000 Tutsis⁵ have been forced to flee to Rwanda, i.e. have been ethnically cleansed.

Many of the Tutsis who remained in Masisi tried to seek protection with each other. However, they became direct targets for all sides. Such happened with the Tutsis who had grouped at the Mokoto monastery in May 1996. A MSF team found evidence of a massacre in which at least hundred people were brutally slaughtered. 800 hundred survivors who had managed to flee were found in Kichanga where they were protected by the Hunde population.⁶ MSF provided emergency surgical care to victims of severe machete and bullet wounds. However, the Hunde population soon became tense and the presence of the Tutsis was putting pressure on the enclaved population's already limited food supply.

In the end however, the Tutsis are ethnically cleansed from the area or be killed. For the Kichanga Tutsis, after great pressure of MSF on particularly UNHCR, some courageous initiatives by private individuals were taken to evacuate them to Goma for which some international organisations provided funds. They eventually left to Rwanda, many claiming refugee status. While MSF was aware of the dilemma of *de facto* facilitating ethnic cleansing, an evacuation remained the only viable solution to protect those people: if the population were left behind they would have been killed. And neither the local authorities nor the United Nations could secure safe sites for them in Zaire's borders. In the confusion about nationality, the fear is that these people will be stateless. The Zairian authorities appear to reject their citizenship while the Rwandan authorities affirmed them to be Zairian and not Rwandan.⁷ Victims of this incertitude, 13,500 of these Tutsis find themselves in the poorly equipped Umbano/petite barriere camp placed within 800 metres of the Zaire-Rwanda border. These refugees are at risk and are liable to attack and this camp could become a flashpoint for escalating conflict in the area.

There are still pockets of Tutsis in Masisi with estimates between 1,000 and 2,000 left in the region, maybe more. While it is unclear how many want to leave at the present time, with the course the Masisi conflict is taking, it is likely they will be targeted in the future. However, they are blocked by insecurity on the roads and the inability of evacuation trucks to reach them. Private trucks which have tried to reach them in July have been attacked and forced to return to Goma.

1.4 An Armed Conflict

In 1993, Masisi was a conflict fought with machetes and spears. Today the war is fought with guns, hand grenades and mortars. Weapons carried openly are a common sight in Masisi - three years ago it was mainly the military who bore the arms.

⁵ UNHCR Goma statistics from 1995.

⁶ There are some examples of the FAZ playing a role in protecting enclaved Tutsi populations, Hutu protecting Tutsi displaced and Hunde protecting Tutsi.

⁷ It is worth noting that under international law a municipal act of deprivation of citizenship cannot be invoked to justify the expulsion of a minority.

Medical evidence of the widespread use of arms is present in all the health centres. There are significant numbers of cases of war trauma caused by bullets all over the region. During one attack near Birambizo in early August 1996, MSF staff reported 27 wounded and 3 dead, all injured by grenade and/or gunshot. During an attack on Kichanga, 18 people were reported injured by bullet and grenade explosion. 5 people died from their injuries.

All the parties appear to be armed now. In the earlier part of the conflict, the Hutus were the better armed, with the Hunde relying on their *Maimai* to protect them. However, the Hunde and Ngilima appear to be more heavily armed recently. Where the arms originate is a subject of debate. The arms trade in the camps is already well known and documented⁸ and it seems the arms trade in the Masisi region is flourishing. Some parties arm themselves by attacking Zairian military. Other sources reveal that unpaid Zairian military sell their arms in order to receive some form of salary. The fate of the arms collected during the disarmament campaign of Operation Kimya in April/May 1996 is still a point of discussion.

1.5 A Cattle War?

Cattle are no longer seen in Masisi. Before the loss of the Masisi herds by war and looting, North Kivu was reputed as a leader in modern cattle rearing methods in Africa. When MSF started work in the region in 1992, large herds of thousands of cattle were seen grazing all over the 170,000 hectares of pasture land. In August 1996, no a single cow is seen on the green hillsides of Masisi. According to the Association of Cattle Raisers of North Kivu, ACOGENOKI, of 450,000 head of cattle which existed in Masisi in 1993, 35,000 now remain⁹. Around 50,000 head of cattle were reported to have been lost in the 1993 Masisi war. The rest, some 365,000, have been lost during the current round of conflict.

Periods of particularly intense fighting have been marked by large scale cattle theft with all sides stealing from each other. Since the cattle were largely in the hands of the Tutsi, both Hunde and Hutu attacked Tutsi farms to steal cattle. Hutu also attacked Hunde cattle owners. Hutu and Hunde also attacked each other to steal each others' cattle. Cattle have become one of the spoils of war.

MSF has been informed on many occasions of villagers being killed during attacks to steal cattle. The link between the cattle raids and refugees from the Goma camps has been made frequently. Now reports come in that former refugee and Hutu allies are attacking each other over cows.

Some commentators in the region remark that the conflict will not stop until there are no more cattle. Even the relative calm in Masisi since June 1996 is sometimes attributed to the lack of cattle. Villages that still have cattle are under serious threat of attack and some, such as Ngungu, are currently being protected by FAZ troops for that very reason. Yet attacks do

⁸Human Rights Watch Arms Project Rwanda/Zaire. "Rearming with impunity: International Support for the perpetrators of the Rwandan Genocide" May 1995, Vol.7, #4.

⁹Association Cooperative des Groupements d'Eleveurs du Nord Kivu: Letter to Head of the Sub Delegation of UNHCR in Goma, 30 September 1996.

continue, cattle or not, as proved by the attacks in Mweso and Birambizo where no cattle are to be found.

The loss of the herds has important nutritional impacts as does the loss of most of the pigs, chickens and goats. The impact on food security in the region is already felt as nutritional problems become apparent.¹⁰ In addition, the question who will compensate the losses incurred by farmers who have lost their livelihoods remains unanswered.

¹⁰ See section 3.1.2 below

2 THE REFUGEE CAMPS

While historically the Zairian population have been welcoming to the refugees and still received the Hutu refugees in 1994, resentment is rising particularly with the continuing waves of violence emanating from the camps, whether attacks on local people, humanitarian agencies or military. Peace initiatives in Masisi ended and the roots of the conflict in Masisi remained unresolved. In fact, they were exacerbated by extremist elements of the new refugee population, many of whom had now returned to Zaire having left in 1990 to support the Kigali government in the Rwandan war. Another reason for the resentment lies in the living daily parody that the refugees in the camps have a far better quality of life than the local population¹¹. The indifference of the international community as to the fate of the local population, only adds fuel the injustice felt by them.

The 1994 refugee crisis had an overwhelming impact on the whole region. Soon it became clear that the camps are sanctuaries for the perpetrators of the genocide and safe havens for the former Rwandan army and militias.¹² There is growing evidence that refugee bandits from the camps, particularly through the supply of arms, support and have actively liaised with Hutu combatants in Masisi. The local authorities and population talk increasingly openly of attacks by "Interahamwe" blaming them for attacks on Mokoto, and more recently attacks on Kichanga and Masisi, Ngungu and Birambizo. Local gendarmerie report arrests of Hutu militia from the camps who are selling arms to the Zairian Hutus¹³. The local gendarmerie however claim they cannot control the sale of arms in the region.

One claim is that Hutus are paying refugee bandits or mercenaries from the camps to take part in attacks against Hunde and Tutsis to win territory, chase out the local populations and to steal cattle. Others claim that the Hutu and refugee leaders are working together to create a mono-ethnic region which they popularly call a Hutuland.

MSF has had first hand evidence of an attack involving refugee bandits. In June 1996, Hutus mounted an offensive against Kichanga, an enclave of over 19,000 displaced Hunde people which is the single largest concentration of "autochthones" in northern Masisi. The village is

¹¹This is a common effect in refugee crisis areas in Africa and in some cases refugee situations can benefit local populations. However, in the present case the effect is negative. The economy of the region has been completely skewed, with market prices in the camps being much lower than in the open region. Apart from the economy, the environment has been destroyed as huge swathes of forest have been decimated to provide firewood for the refugee needs. With no forests left, agencies go into Masisi to bring the refugees firewood. Zairians then go to the camp to buy their wood, as well as their oil, rice, maize and other staples. It is even cheaper to have a beer in a bar in the camp than in Goma town

¹²MSF as one of the first agencies, called for measures to protect the refugees and to bring an end to impunity of those people implicated in the genocide and to stop the re-armament and separate the former Rwandan military and militias from the refugees and to stop the mass diversion of humanitarian aid. As a result of the lack of appropriate political measures to change this situation, MSF has been forced to withdraw from the refugee camps. See MSF, 'Breaking the Cycle', November 1994 and 'Deadlock in the Rwandan refugee crisis', July 1995.

¹³One of many claims came from a Zairian Gendarme working in Bambu in April 1996. He had recently arrested an arms dealer whom he claimed was a refugee from the camps. The 30,000 Hutu displaced in Birambizo from Mweso health zone fled in October 1996 to Rutshuru.

always at risk of attack by surrounding Hutus and has provided a base for Hunde to attack surrounding Hutu villages. During a fierce battle, 62 people were killed, 57 of whom were Hutu and 5 Hunde. MSF staff, including expatriates, saw the bodies of those killed as well as papers which had been found on the bodies. These included ration cards from Mugunga refugee camp near Goma, Forces Armees Rwandaises identity cards issued in Rwanda and other military identification cards from Lac Vert refugee camp near Goma. Other papers included maps, instructions for attacking Kichanga, a name for the operation and details of payment for the action. There is evidence that there are many other attacks of this kind taking place in Masisi.

However, there is now an increasingly uneasy relationship between the Banyarwanda Hutus and these refugee bandits: this is revealed in attacks on refugee bandits by Hutu and vice versa. For example, in late June 1996, fighting between Hutus and refugee bandits was reported. 21 Hutu refugees were reported killed by local Hutus after refugee bandits had mounted an attack near Nyakariba in an attempt to steal cattle. Previously attacks focused on cattle owning Hunde and Tutsi. With the diminished stocks of cattle in the region, the refugees appear to have turned against their former Hutu allies.

Aside from the physical impact of their presence and their perceived role in fuelling the Masisi conflict, the presence of the refugees has also radically altered the indigenous population's attitude towards the Banyarwanda in Zaire. Previously most people accepted their presence and integration in the region, usually however maintaining a distinction between Zairian Banyarwanda and refugees from Rwanda (largely those after 1959). Even after the refugees arrived in 1994, a fairly passive attitude prevailed although an increasing number of anti-Banyarwanda voices were making themselves heard, notably at national government level.

By 1996, the Banyarwanda as a whole have come to be seen very negatively by the Zairian population, the distinction between settled Banyarwanda and the refugees is becoming blurred. The gulf between indigenous and Banyarwanda populations in North Kivu is wider than ever and is widening. This consolidation and acceptance of extremist attitudes amongst the people is an important and dangerous new element in the conflict and will play an important role in future actions.

3 HUMANITARIAN PICTURE: A NEW ETHNIC MAP FOR MASISI

The map of Masisi has changed dramatically since 1993. Ethnic lines began to be drawn at that time while some disappeared after the Peace Conferences of 1993/94. However, in this renewed phase of conflict the lines are being drawn fast and they have changed dramatically over the past 6 months. This is clearly illustrated in the accompanying ethnographic maps. Overall what we see is the systematic ethnic cleansing of Tutsis from the region, with the enclaving of Hunde populations and a continuing conflict over political rights and land taking place between the Hutu and the Hunde. Hutu, as the majority population, now control the majority of Masisi. In October 1996 the Nglilima were once again pushing forward into Masisi.

As well as revealing clearly the considerable changes in the population's physical distribution, this new ethnic map highlights the radically altered humanitarian situation of the population. Through mass displacement, enclaving of isolated communities and desperate insecurity, communities have lost their land and homes and consequently food and shelter. They are also unable to seek medical care from the usual health care facilities due to their ethnicity or simply insecurity.

3.1 Health for Populations on the Move

3.1.1 Health system in Disarray: no hospitals, no staff, no health care

The conflict has upset, and largely brought to a standstill, the whole local health system in Masisi. The five health zones most heavily affected by the Masisi War are Masisi, Mweso, Kirotshe, Birambizo and Pinga. Rutshuru, Kayna and Goma ("affected zone") are also affected, particularly by huge numbers of displaced, as the war and its consequences spread out from Masisi. An estimated 1.2 million people live in Masisi¹⁴ and about one-quarter are estimated to have been displaced since November 1995.¹⁵

In Masisi, only 2 of the usual 5 hospitals facilities currently function as hospitals. Both hospitals were re-opened with assistance from MSF, ICRC and Cemubac. The Kirotshe hospital reaches only 50 percent of its potential and serves only the Hunde displaced population. Masisi hospital, which re-opened in September 1996, also serves only a Hunde population. The hospitals of Mweso, Birambizo and Pinga have been functioning as health centres since April 1996. Birambizo finally closed its doors in July 1996, despite the courageous efforts of the MCZ and some nuns to maintain the facility.

¹⁴ "Rapport synthese d'etat de lieu et contraintes PEV dans le Nord Kivu", EPI Goma, November 1995 (Summary report on the state of the EPI in North Kivu and its constraints). The population figures given in this report are based on local unofficial population counts in the health sphere ("aire de sante") of each health post or centre.

¹⁵ On 27 May 1996, UNICEF estimated the total number of displaced in the North Kivu region as 271,000. However, any accurate figures are impossible to obtain since it is often the same people displacing over and over again while censuses are erratic, the population movements happen very rapidly and many of the displaced are absorbed into the population. In fact, most of the population has been displaced at one time or another. Because of this phenomena, only those displaced for less than 6 months are counted officially. Since the UNICEF report, at least 100,000 were displaced in May/June 1996 and 30,000 in October 1996.

For this population of 1.2 million, there are only 2 doctors available, at Masisi and Kirotshe. Due to the ethnic front lines created by the conflict, these doctors can only cover a limited population composed of the ethnicity of the region in which the health facility is found. As a result, the majority of the health system is running solely with auxiliary staff, the bulk of whom have only very basic health qualifications. Most of the qualified health staff in the region have fled, and many are still fleeing due to the insecurity.

Meanwhile less than 50 percent of the health centres in Masisi are functioning and even then with difficulty. In fact, due to the low qualifications of the available health staff, the centres are in fact running as health posts. The average distance to each health care facility by foot is over 20 kilometres and, if they manage to reach them, the population have to pay for their health care under the cost recovery system.¹⁶

Of the health centres which are functioning in Masisi, the majority have been re-opened and then supported by either MSF or ICRC with emergency supplies of drugs and materials which are distributed free, financial incentives to health staff to remain in the centres and emergency surgical care assistance where necessary.

All the functioning health facilities are dependent on MSF or ICRC. A few are supported by Cemubac. The local cost recovery system is not functioning in Masisi and until recently did not function in the affected zone. Insecurity caused by the conflict prevents the delivery of drugs and supplies from Goma to the health zones. ASRAMES, the local NGO responsible for the bulk of the supply of drugs and materials to all the health zones in North Kivu, has seen its activities decrease by up to 50 percent over the whole region. The impacts on the health structures are extremely destructive for the health of the population.

3.1.2 Food, Shelter and Water

Food has been a growing problem in the conflict zone. There is up to 39 per cent global malnutrition amongst children under 5 in some areas, notably Mweso health zone.¹⁷ With access routes cut off due to insecurity and bad physical conditions, much of the transport of food and other goods has been brought to a standstill. Markets have all but stopped over the past 9 months as villagers are too scared to go to their usual market places for fear of attack. Markets which do take place tend to be mono-ethnic which means that the variety brought by different ethnic communities with their various skills (Hutus as traditional agriculturalists, Tutsis as cattle herders) is no longer present. Some mixed market experiments have been

¹⁶ With the Zairian national budget for health care standing at 0.09 US cents per person per year in 1995/96, the cost recovery system for health care in North Kivu is the backbone to a functioning health care system in the region in normal times. During times of conflict this system is completely disturbed as patients are unable to pay, meaning that drugs cannot be purchased and salaries of health staff remain unpaid.

¹⁷ MSF Goma figures from August/September 1996, based on various nutritional surveys conducted in the region. Precise or elaborated figures are difficult to obtain due to the inaccessibility of many areas

taking place in Masisi health zone but they are problematic and not widespread.¹⁸

Due to the fighting, many of the men of the community are involved in protection of their communities as well as taking part in warfare. As a result, only the women and children are left to tend to the fields. Often their fields are not even accessible; the insecurity is so great that they fear being ambushed. The problem of food security is an issue which will continue to grow as the stocks of food diminish and the fields remain untended.

The most hard hit are the enclaved villages which have neither commercial links nor access to fields, meaning that they have little or no access to food sources outside their village boundary. In Kichanga, the population, which is ten times its usual size, relies on fields immediately surrounding the village. Any forays further afield often fall victim to attacks. The population suffers visibly from nutritional problems, with the numbers of children in the therapeutic feeding centre currently at 100, having risen from 15 in June 1996. The available diet is severely limited both in terms of variety and quantity.

During the fighting, houses are often burnt down by the invading fighters. This prevents the community returning to their home easily, which is quite aside from the psychological affect this has on the villagers. Many displaced have no possibilities of shelter and are often found living in public buildings in friendly communities or else are taken in by local families who can afford to help them. On fleeing their villages, the communities have usually lost all their few possessions, left only with the few clothes they stand in.

The conflict has led to a break down of community organised activities such as maintenance of roads and water supply systems. Because of insecurity, the communities are often unwilling to clear the frequent avalanches or fallen trees from the roads. Protected water sources are no longer maintained leading to pollution and health risks. Increased concentrations of populations through displacement or enclaving also leads to poor sanitary conditions and a reduced water supply per family.

3.1.3 Health issues not addressed

The results of the lack of food, shelter and water on the health of the population become glaringly apparent through the increasing incidence of water-borne and respiratory disease, particularly in the rainy season.

There is a rise in the cases of measles reported leading to concerns about epidemics. The national enlarged programme of immunisation (EPI) has ground to a halt and the future effects on the population's health are of concern. In the meantime, vaccination campaigns are carried out in response to perceived epidemic risks. There are also war trauma cases which cannot be treated due to the lack of surgical facilities and trained staff.

In most areas there is no access to maternity services, there are no pre or post natal care services and no tuberculosis, sexually transmissible disease (STD) or iodine programmes.

¹⁸ However, the attempts to create mixed markets is seen as a positive step towards peace in the Masisi health zone. Tolls and fees exacted at the market places is also a deterrent for the local population. Mono-ethnic markets have even been known to be boycotted to prevent the "wrong" ethnicity receiving their produce

None of the water supplies in the centres are checked anymore, let alone chlorinated while sanitary facilities are often non-existent.¹⁹

3.2 Health Zone Facts

State of Health Facilities in the Conflict zone September/October 1996

Health Zone	Estimated Population Sept 95	Major Ethnic Group Sept 96	Health Centres Sept 95	Hospitals Sept 1995	Health centres Oct 96*	Hospitals Oct 96*
Mweso	165,000	Hutu with 3 Hunde enclaves	20	1 (closed March 96)	14	0
Masisi	237,800	Hunde Hutu	30	1 (closed Nov 95)	15	1 (re-opened Sept 96)**
Birambizo	299,293***	Hutu	25	1 (closed March 96)	11	0
Pinga	127,019	Hunde (Some Hutu)	19	1 (closed Jan 96)	?	0
Kirotshe	290,000***	Hutu (Hunde displaced)	25	1 (closed Jan 96)	13	1 (re-opened April 96)
TOTAL	1,119,112	--	119	5	53	2

* all re-opened centres and hospital supported with drugs, medical materials, rehabilitation, salaries and supervision by MSF and ICRC. Rutshuru and Kirotshe hospitals are supported but run independently while the health centres are dependent on international assistance.

** serves the Hunde population only

*** these zones have also received many thousands of displaced from the other zones

Mweso

Before April 1996, Mweso remained largely a mixed population with baNande, baTutsis, baHutu and baHunde. By May 1996, the zone became entirely Hutu, after Hutu combatants launched an offensive in the area which caused over 80,000 displaced. Hunde fled south (to Kichanga/Kirotshe) and Nande north (Kayna/Lubero). Attacks by Hunde on other villages caused the Hutu and Tutsi to flee east (Rutshuru). In October 1996, some villages in Mweso were attacked leaving at least 10,000 displaced and reportedly many dead. Mweso town is

¹⁹ It should be noted that even before the war, many of these services were very limited.

regarded as a base for the Hutu combatants.

The exceptions to the Hutu dominance are two Hunde enclaves in Kalonge and Kichanga. The enclaved village of Kichanga, originally home to a population of 2,000 people, is now choked with over 19,000 Hunde living in a village surrounded by Hutus. Kalonge now has a displaced population of 5,500 Hunde over and above the original village population of 7,000.

There are no hospital services for the population of Mweso health zone. Of the health centres which are open, only 3 are run by adequately qualified health staff (A2) while the rest are run by health auxiliaries. In effect only 3 health centres function as health centres, the majority functioning as health posts. Recently, some of these more qualified health staff have fled due to the resurgence of fighting in the northern part of the zone.

The main health problems include war trauma, diarrhoea, malaria, measles and malnutrition.

Masisi

The Hutu population predominates. The Hunde area forms a wedge stretching back from Masisi and covering Pinga. In the southern part of the health zone, there are mixed villages still existing in the area around Ngungu. How long they will remain is in the balance.

The hospital in Masisi has been functioning as a health centre since November 1995 when the MCZ fled the area along with the majority of health staff. From January to May 1996 the area was completely inaccessible due to first a military quarantine imposed on the Masisi health zone and then to landslides on the dirt road which physically prevented access. All supplies of drugs and materials to the area were suspended for over 5 months, as well as information on any health issues affecting the population.

For the moment the population in Masisi is strictly divided according to ethnicity. The health centre and hospital in Masisi Centre are now able to serve the Hunde population only. There are plans by agencies to upgrade some health centres in the region to referral centres so that the Hutu population would have access to secondary health care. However, these initiatives are threatened by one ethnic group trying to prevent assistance to the opposing ethnic group²⁰. This seriously affects the ability of humanitarian agencies to provide neutral and impartial assistance in the region.²¹

Masisi is currently experiencing a period of relative calm and there is guarded optimism about the situation in the zone particularly with the re-opening of the Masisi hospital and the return of the MCZ. Unfortunately, this calm may be attributed more to the absence of cattle and the creation of clearly defined ethnic zones rather than the resolution of any of the causes of the conflict.

The main health problems include diarrhoeal disease, respiratory disease, measles and malnutrition.

²⁰ Letters to the Medecin Inspecteur Regional (Regional Health Inspection) in Goma express concerns by the Hunde community leaders that providing upgraded health services to the Hutu population serves to support the creation of a Hutuland.

²¹ See below chapter 4.

Birambizo

This zone has been the centre of much conflict and is currently controlled by Hutus, most of the Hunde and other tribes having fled to Kichanga or south to Sake. Many displaced by the fighting in Mweso were found in this zone but attacks in October 1996 caused over 20,000 Hutus to flee to Rutshuru.

The population of the zone has no access to hospital care since the March 1996. The hospital, which was functioning as a health centre, closed in July 1996. The whole system of health centres has been seriously disrupted by the widespread violence and most centres function as health posts.

Major health problems include respiratory tract infections, trauma, measles and in July 1996 there was an epidemic of meningitis.

Kirotshe

Previously a mixed area, over 30,000 displaced Hunde have lived in this zone since November 1995 either in camps at Sake and Bobandana or integrated in the local population. The Hunde occupy the lake side area, while Hutus inhabit the hills behind. This area has been much calmer since May 1996. Major health problems include malaria, diarrhoeal disease and malnutrition.

Rutshuru²²

Rutshuru is now a predominantly Hutu area while traditionally it has always been a mixed area. The zone heavily most affected by the refugees, Rutshuru hosts three of the five refugee camps (over 450,000 refugees) on its eastern border with Rwanda. Consequently this area totally dominated by the 1994 refugees with a high degree of insecurity experienced ever since their arrival in July 1994. The road axis to Rutshuru town from Goma runs through the camps and is dangerous - there have been frequent attacks on civilian buses and NGO vehicles, using landmines and heavy weapons. In October, there have been several attacks on civilian buses was attacked near the Kibumba/Katale camps killing at least 6 and injuring scores of others.

Hutu displaced living in the school at Kiwanja have now been moved to a camp further to the west (August 1996). This camp was found to be wholly unsuitable for a camp by ICRC, OXFAM and HCR in May 1996, when it was suggested as a site for the Tutsis fleeing Masisi. The reasons were lack of access to water and limited access for humanitarian assistance by road. A health post provides health care for the displaced and additional support is provided to Rutshuru hospital for referrals.

Lubero

This is a mixed region of different tribes from the Masisi region, particularly Nande. The Nande who had been living in the Mweso health zone fled to Kayna health zone when their villages were attacked in late April 1996. After the arrival of the Ngilima in Lubero in May 1996 and the subsequent military attacks, many of these people fled further north into Lubero Region, towards BuTembo. In total over 100,000 people were displaced during this military

²² As of the third week of October this axis is witnessing severe fighting and is closed to all organisations.

operation (Mbata).

In this region, Banyarwanda, particularly Tutsis, are no longer welcome. In February, March and April 1996, Tutsis were fleeing the area, transported by military in the green Rwandan buses for a fee to the border with Rwanda. These transports were stopped at Rutshuru by the local authorities in April 1996. Tutsis were then forced to flee across the border by foot.

3.3 Putting the situation in context

The health picture is dire. As at October 1996, Masisi boasts one hospital and one doctor per 600,000 people. Meanwhile international indicators of population per medical doctor ranges from 1 per 1,000 to 1 per 50,000.²³ In the global figures for Zaire, there is said to be 1 doctor per 28,704 people and 1 hospital per 40,161 population.²⁴ The situation in Masisi is that each doctor serves 20 times the average caseload.

With the majority of the health centres in Masisi running as health posts, there is theoretically one health post per 20,000 people run by auxiliary health staff. According to MSF guidelines for medical care to refugees, a minimum of one central health facility per 10-30,000 refugees and one peripheral health facility per 3-5,000 are required.²⁵ International averages for the percentage of population with access to health services is a total of 51 percent for population in developed countries and 43 per cent for rural countries.²⁶ In practice in Masisi, with the 20 kilometre average walking distance to a health post and the fact that only a small proportion of the population of Masisi is able to access health care at all due to the insecurity, the real access figures for Masisi will be much lower than 40 percent. There is no vaccination except during campaigns, no maternity or under 5 child health care, no STD care nor HIV screening.

If we compare this to the situation of the refugees in the Goma camps which we find a few kilometres down the road from Masisi, the Rwandan refugee population has 100 per cent access to health care, with one health post per 10-20,000 refugees, 1 health centre per 40-50,000 refugees and 1 hospital per 100,000 refugees.²⁷ The average distance a refugee has to walk to receive health care is 1 kilometre.

Whatever norms we look at, whatever indicators are used for comparison, the situation in Masisi is clearly dramatic. The fundamental human right of the population of Masisi to receive medical care is virtually non-existent. The comparison with the refugee camps in Goma only serves to highlight the disproportionality of humanitarian assistance in the region and the total

²³"Developments of Indicators for Monitoring Progress Towards Health for All by the year 2000", World Health Organisation, 1981.

²⁴ PC Globe, Broderbund Software Inc. 1996

²⁵ The needs of internally displaced persons are in many ways similar to those of refugees. It must be noted here, however, that the internally displaced in Masisi find themselves not in camps but are dispersed all over the area. Their situation is in total contrast with the situation of the Rwandan refugees in the Goma camps

²⁶UNICEF, "The State of the World's Children 1996".

²⁷UNHCR statistics, August 1996

lack of concern shown for the fate of the local population who have been deeply affected in all ways by the refugee crisis and the regional crisis. The displaced populations of Masisi remain unprotected, their already fragile health system now collapsed. The population are in extreme danger.

4 ACCESS: A PREREQUISITE TO PROVIDE HUMANITARIAN AID

Of the many serious constraints to the provision of humanitarian aid in Masisi, access is the major problem. The health needs are obvious in the region as noted above, yet MSF and the other humanitarian organisations working in Masisi are frequently unable to access the health centres to provide essential drugs, materials and support. It is the daily changing security situation which negatively affects the possibility to provide assistance.

The inability to provide consistent, quality care with sufficient follow-up and monitoring significantly reduces the benefits to the populations affected and the efficacy of medical work. A clear example is in the case of epidemiological data. Without access, data is not retrieved from the centres and warning signals for epidemics are not received in time. Similar is the story of nutritional problems which are often seen only too late.

An important proportion of the population have abandoned their villages and are living hidden in the hills. Many health centres have very low attendance rates since the people do not feel secure to walk to them. This dispersal of the population out of population centres means that many people are necessarily not receiving the assistance they require. This is also due to the problem of the distances and the poor road conditions in the region. Many population concentrations are hardly attainable by road.

In some circumstances even if a health emergency is known, MSF teams will be unable to reach the area. There have been many experiences of a vaccination campaign or feeding programme being called off at the last minute due to heavy fighting preventing teams from passing.

The insecurity arises from a number of sources. The main source is the fighters themselves who can be aggressive. There have been regular threats to teams as they travel to carry out their work, particularly when teams crossed ethnic front lines. MSF has also attempted to create bases in the region in order to ease access. However, MSF staff on these bases run the risk of being caught up in heavy fighting. Since early September, the MSF team in Mweso has been withdrawn due to threats against staff and vehicles. Local military and intelligence authorities based around the area have harassed MSF staff in the region.²⁸ On several occasions MSF staff has been even held at gunpoint.

Another source of insecurity is the huge amount of arms now in the region and the untrained hands manipulating them. Other sources are the population when they have been "misinformed" about MSF's work (such as the case in a failed vaccination campaign in a Hutu

²⁸ The critical situation in Goma and the area at the time of writing is preventing MSF teams and all humanitarian agencies from leaving their compound at all.

region where the population were told that MSF was coming to poison them).

The ethnic division, the ensuing lack of "neutral" sites and the threat to the impartiality of MSF's work are serious considerations while working in the field. Clearly in an ethnic conflict, to be seen to be impartial is essential. However, in Masisi both parties to the conflict will try to restrain access to the other side using violence if necessary. This could lead to demands for unacceptable compromises to the distribution of humanitarian aid. If one side prevents aid being received by the other, how can aid be given to that first side? In addition, there are increasingly demands to provide facilities on one side because the other side have it. All these demands ignore the objectivity of professional medical practice and the principles of proportionality, working rather on the basis of jealousy and hatred. This can seriously affect the validity of the humanitarian aid offered.

5 MSF APPEALS FOR ACTION

The crisis in Masisi is as complex as the regional crisis of the Great Lakes Region. However, there are clearly steps which can be taken to alleviate the suffering of the people of Masisi. Without these steps, the war will continue and peace for the region will become an even more distant and hopeless dream.

The solutions are political and MSF appeals to both the national authorities of Zaire and the international community to take the necessary steps to implement those solutions. With these steps the people themselves, with the support of the authorities, can begin to think of how to begin the process of reconciliation to enable them to bring lasting peace to their villages and communities. This is a process which was successfully begun by the local leaders in 1993/94.

5.1.1 Role of the National Authorities of Zaire

The appropriate political solutions to the conflict need to be identified and implemented. This requires a solution to the nationality issue and the resolution of local land disputes. Any solution must incorporate a solution to the refugee crisis in Goma. The results of the Peace Conferences of 1993 should be reviewed and their recommendations implemented.

To date the authorities have apparently been relying on military solutions to the conflict. In 1993, the DSP went to Masisi to disarm the population. The war finished but the conflict was not resolved. It has simply festered and now exploded even more violently, aided by new elements in the region. In 1996, the Zairian military have been unable to defuse the situation. There are military present in some villages to protect the populations there. These postings have been successful to a certain degree and should remain to protect those populations in need. However, they are clearly neither a sufficient nor an adequate response to the crisis as a whole. The Zairian military interventions have lacked support and unsurprisingly these operations have been far from successful. Zairian military are reported to be implicated in selling arms to refugee bandits, looting civilians or revolting. The solution to the conflict is political: military intervention may physically calm the crisis but civilian solutions are vital to enable peace to be restored to the region.

The acknowledgement of the regional consequences of the crisis in Masisi will enable the process of finding solutions to the conflict to begin. If the conflict is left to spread it spells

further disaster for the region and suffering for the people. MSF would wish to see the Zairian civilian authorities be even more involved in the search for solutions to reinforce initiatives which are already being taken.

The Government of Zaire together with its regional and global partners need to continue looking for solutions to the refugee situation in Goma. Ultimately, the voluntary repatriation of the Rwandan refugees is the only viable solution. However, the 'old' problems preventing this return, i.e. the power structures in the camps, the impunity of the alleged perpetrators and executors of the genocide in Rwanda and the presence of the military and militias, have not been solved. At the same time, new problems such as the movement of the refugee bandits into Masisi, have emerged. The involvement of refugee bandits on the population of Masisi is serious and must be stopped with those responsible brought to justice.

It is clearly essential that the Zairian authorities facilitate the humanitarian agencies in the provision of assistance to the population of Masisi. There are hundreds of thousands of people in desperate need that humanitarian agencies are currently unable to access. Harassment by different local authorities and agents in the conflict area and with regard to bureaucratic matters only hampers and prevents humanitarian assistance being given to the population in danger.

In implementing the necessary solutions regarding nationality and land ownership, MSF believes that the Zairian authorities should guarantee the Zairian nationality of the people who fled from Zaire and who are currently living in the petite barrière (Umbano) refugee camp in Rwanda.

5.2 Appeal to the International Community

Appeal 1 The international community must act immediately to alleviate the humanitarian suffering in Masisi and surrounding areas.

The international community must act on the crisis in Masisi. Humanitarian suffering caused is devastating a population and humanitarian access is very limited. It is clear that the crisis is of regional importance and has been exacerbated by the regional refugee crisis which links up with regional nationality and ethnicity problems since pre-independence times.

Appeal 2 Political solutions must be found

The Masisi conflict is a political problem requiring political solutions. Until the Government of Zaire, assisted by the international community, take the necessary steps, the Masisi conflict will continue to spiral out of control and humanitarian access will continue to be denied. MSF as one of only two humanitarian agencies is finding it increasingly difficult to alleviate the suffering caused by this conflict. Humanitarian access to the populations in danger is severely limited due to the conflict and reigning insecurity in the region.

Appeal 3 International Community must take its responsibility in the crisis and play its role in finding and implementing lasting and credible solutions

The conflict causing this suffering and denying the access of the population to humanitarian

assistance can only be resolved by the politicians and authorities who have the mandate and the power to put an end to the fighting. The international community has a clear responsibility to involve itself in resolving the Masisi crisis, on the grounds of humanitarian responsibility as well as its role as caretaker of global peace and security. Practically its responsibility lies in the regionalisation of this conflict which is intimately interlinked with the regional situation and the escalating regional crisis.

All along the international community has persisted to play an ambiguous and vague role on the situation in Eastern Zaire. At the time of the refugee crisis of 1994, the international community rushed to the assistance of the refugees only by sending humanitarian aid through the United Nations High Commissioner for Refugees (UNHCR), other humanitarian UN agencies and private humanitarian agencies. Yet, no measures were taken to limit the huge potential impact of the presence of the 1 million refugees and of an injection of millions of dollars solely for the refugees on the local population and their region. Measures must be taken from the outset to minimise the negative impacts on the local population which receives the refugees on their land, whether through compensation, provision of food, health and other materials or otherwise. MSF believes that it is the inherent responsibility of the High Commissioner for Refugees to uphold the general principle that the standards of assistance must reflect the special needs of the refugees, while at the same time taking account of the standards enjoyed by the local population.²⁹

The international community had a definite responsibility to be aware of the Masisi conflict long before 1994: to be aware of the nationality issues and the problems of the Banyarwanda wracking Zaire and of the damage potentially (and actually) created by the insertion of a million new Banyarwanda into that explosive mixture. Yet still in 1996, the only UN agency with a considerable presence in the region UNHCR, has done little to make representatives of the international community who have been visiting Goma, aware of the negative consequences of the refugee camps for the population in Masisi, let alone that they pointed out that Masisi is a war zone.

Before the 1994 refugee crisis only four international agencies worked in Goma. Despite the presence of hundreds of United Nations staff, hundreds of humanitarian and non-government organisations in Goma, it is still only these four agencies that work in Masisi with the local population despite their desperate circumstances which amount to a humanitarian emergency. In three years MSF, as one of those agencies, has witnessed the degradation of an already impoverished region, the destruction of social and economic life in the region and the increased poverty and deprivation at all levels. The humanitarian medical situation was always a chronic emergency: now it is an acute emergency directly and critically affecting the lives of hundreds of thousands of people.

The humanitarian agencies on the ground have their job cut out to trying to alleviate the humanitarian suffering as far as they can. The international political community must take its share of the responsibility for these people and activate urgently needed political solutions.

In May 1996, ICRC and MSF both produced press releases on the Mokoto Massacre. MSF expressed its concern over the safety of the Tutsis refuged in Kichanga and the lack of action

²⁹ UNHCR Handbook for Emergencies (1982) p.4.

to remove these people to a safe place. The Tutsis were eventually evacuated by private means but internationally no UN body took up its mandate to protect these endangered and displaced people.

The UNHCR has not chosen to pursue the possibility to take up its mandate for the internally displaced of Masisi. In fact their role and their involvement in Masisi has been desperately ambiguous from the start - one moment concerned and active, the next claiming they have no mandate and refusing to be involved except "under the covers".

In reality there is no problem of mandate. The problem is the lack of political will to fulfil the role of protection. The UN High Commission for Refugees clearly can be mandated in the current situation if it chooses to become involved; in practice of course it is up to UNHCR to seek this consent actively. Provided that UNHCR's involvement has the consent of all concerned parties and enjoys the support of the international community, UNHCR can take up the cause of internally displaced people when "refugees and displaced persons in similar circumstances are present and in need of humanitarian assistance and/or protection in the same area of a country of asylum".³⁰ This could not be more clearly the case of Masisi and Eastern Zaire.

Two years after the refugee influx, the international community acknowledged the disastrous environmental impacts - now is the time to finally acknowledge the humanitarian, economic and social impacts on the local population. In Masisi, losses incurred by the local population are huge - who will be able or willing to compensate them now? And how do you compensate a people who have been thrown back into a far more complex conflict - especially when a large part of the problem is a part of the refugee population itself?

Appeal 4 *A specialised UN representative for Masisi should be appointed immediately. The Secretary General of the United Nations is urged to urgently implement the UNDHA recommendations and make an official response on the situation in Masisi.*

The United Nations has belatedly shown some interest in the situation in Masisi but action is still denied. The DHA Integrated Regional Information Network based in Nairobi has been producing detailed reports on the situation in Masisi since early 1996 which have been circulated inside the United Nations network. The UN Department of Humanitarian Affairs (DHA) sent a mission to Zaire in June 1996 after the massacre in Mokoto to hold talks with the Government in Kinshasa, as well as local authorities and the agencies working on the ground in Goma. The report of the mission was submitted to the UN Secretary General that same month and, while no official statement has been produced, it is understood that the

³⁰ The legal criteria and guidelines for UNHCR's involvement with internally displaced persons (IDPs) derive *i.a.* from UN GA Resolution 48/116 (1993) and Executive Committee Conclusion No. 75 (1994). See also, UNHCR's Operational Experience with Internally Displaced Persons, Office of the United Nations High Commissioner for Refugees, Division of Protection, September 1994 and Protection Aspects of UNHCR Activities on Behalf of Internally Displaced Persons, EC/SCP/87 (1994). It should be noted that the application of the criteria is not automatic. "Even [...] where all criteria appear to be met, requests for UNHCR involvement on behalf of the internally displaced must be carefully assessed with regard to all factors... including the Office's capacity at any one time to respond effectively in a particular situation while continuing to meet urgent needs elsewhere".

Secretary General has decided not to follow-up the recommendations.

The DHA report and recommendations concluded that a political initiative was needed to resolve the issues underlying the violence and that the refugee camps provided an external dimension to the Masisi conflict. A recommendation was that a Special Envoy should lead a political mission to establish a dialogue with the Zairian authorities on political issues central to the resolution of the conflict and the promotion of peace and security in the region. A follow-up by a Special Representative to act as a focal point for ongoing political and humanitarian initiatives was also recommended. MSF fully supports these conclusions and recommendations as did all the heads of United Nations Agencies.

The UN Special Rapporteur, Roberto Garreton, was recently in the region but was unfortunately unable to visit Masisi as he did not have an invitation from the Government of Zaire. The findings of his visit should be followed up with the Zairian Government. MSF calls on the Zairian Government to invite the UN Special Rapporteur for Human Rights in Zaire, Mr Roberto Garreton, as well as the UN Special Representative for Displaced persons, Mr Francis Deng, so that they can visit North Kivu. These international visits could greatly assist the Government of Zaire in finding a solution for the conflict in Masisi and particularly in assisting their own internally displaced people so desperately in need of protection and assistance.

Appeal 5 Masisi must be adopted as a regional issue: Urgent action must be taken to resolve the refugee crisis in the Eastern Great Lakes Region to allow the Masisi crisis to be resolved.

The UN should re-affirm the adoption of Masisi as a regional issue and as a vital element in solutions for the Great Lakes Region. Apparently the Masisi crisis is on the UN regional agenda: this still needs to be officially confirmed. Since the Masisi crisis is obviously part of the regional crisis, during consultations and discussions on the regional situation Masisi must become an integral element in the search for and implementation of solutions particularly as to the future of the refugees.

Of growing concern are the reports of extremist groups in North Kivu forging links with extremist groups in the neighbouring areas and countries. The plight of minorities in the Kivu region is becoming a very crucial issue as it is in the whole region. The ethnic problems are intimately linked throughout the region, Eastern Zaire included.

Masisi should be on the agenda of all regional discussions and solutions to the crisis need to be found urgently.

Appeal 6 The UN must strike out any possibility of relocating the Rwandan refugees in the Masisi region

The relocation of refugees to Masisi would be a disaster for Masisi and the whole of North Kivu, and even for the Great Lakes Region. It would simply exacerbate the conflict further, and even create a new and more dangerous phase in the area. With the existing historical, and very real, crisis of nationality in a province whose people have not been able to vote in the past

two regional elections because no-one could decide or agree who was Zairian and who was not, the integration of 700,000 new Banyarwanda in Eastern Zaire would push the issue even further into the quagmire and even further from any hope of resolution. At the very least, the indigenous population of Masisi would be further minoritised and the last remaining groups would be chased out or killed as were the Tutsi just this year. At the worse, and this is the scenario threatening the region at the writing of this report, this conflict will cross borders. MSF believes it would cause even further and potentially even greater humanitarian suffering to the people of North Kivu. It must be prevented.

This does not mean the status quo is acceptable: on the contrary and the situation will continue to deteriorate rapidly as is being witnessed. Cross-border skirmishes and all out attacks in Masisi are escalating and regional conflict threatens. The refugee crisis has to be solved - quickly and effectively. A holistic solution is required which deals with the issue head on and directly. Political delays are killing people.

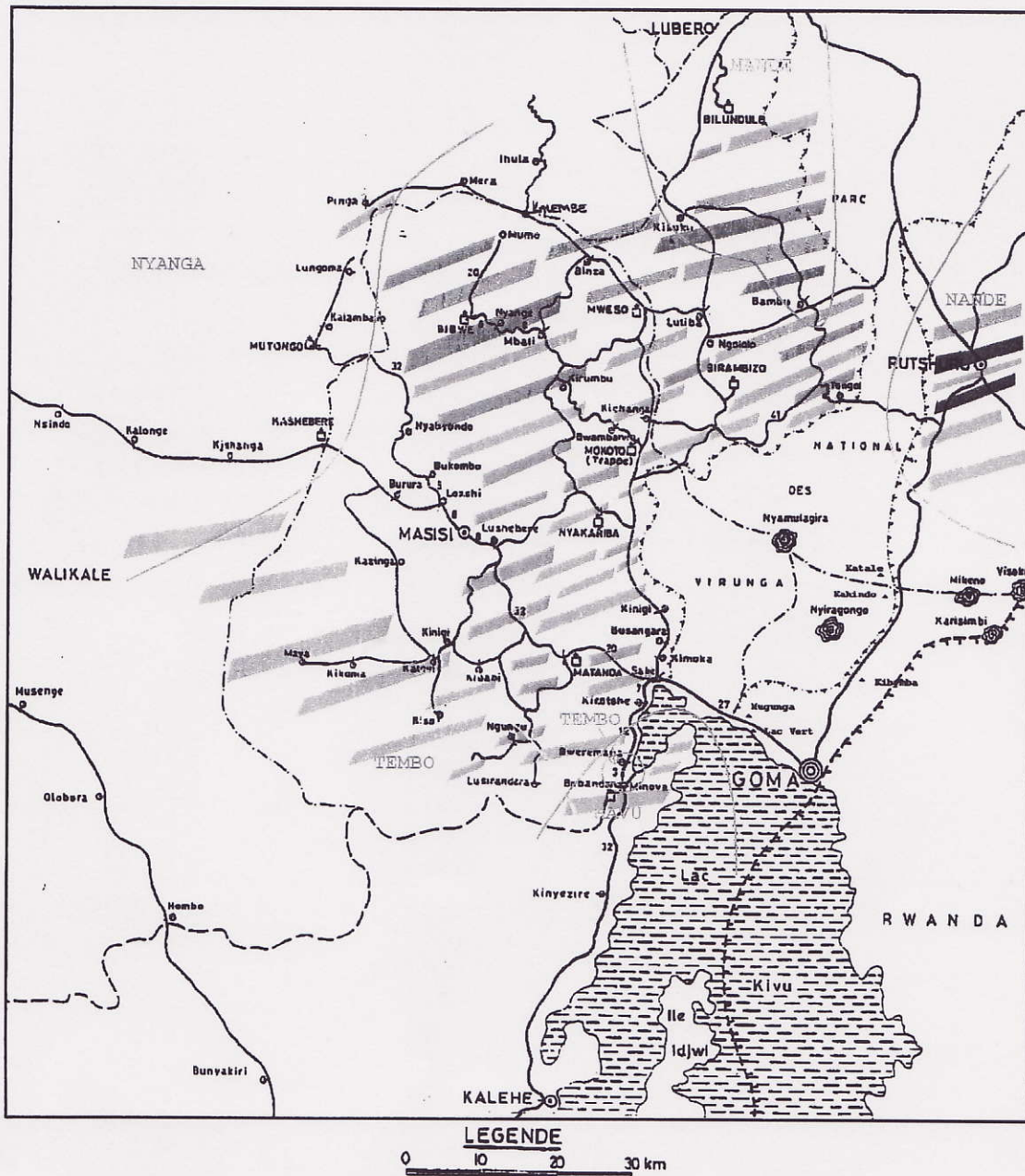
The Secretary General of the United Nations should make a clear statement outlining the position of the United Nations on the status of Masisi and plans for the refugees, ruling out any UN support of an integration of the refugees in Masisi. This should re-assure those of the local population in North Kivu who believe that the UN is in favour of the integration of the refugees in Masisi and so creating a so-called "Hutuland" that this is far from being the truth.

Appeal 8 To resolve the issue of the Tutsis at the Umbano refugee camp in Rwanda

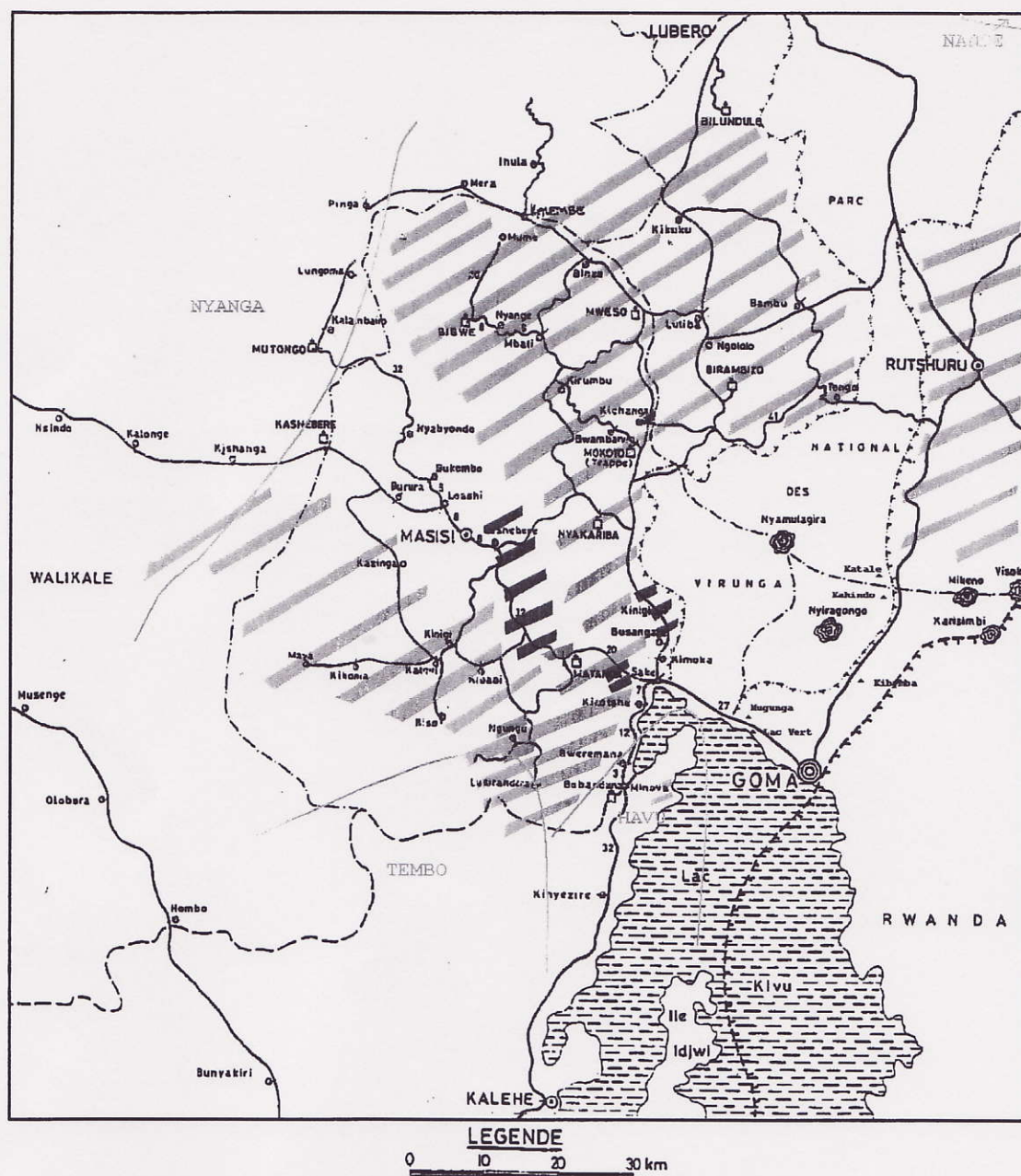
The future of these people in the Umbano/petite barriere camp in Rwanda is in the balance. Their status is unknown due to the uncertainty of the whole Zairian nationality issue.

These people must be provided with adequate humanitarian aid under the coordination of the UNHCR and the Rwandan authorities must be pressured to respect international law and move the camp away from the border with Zaire.







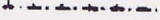







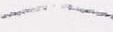




Région de Masisi-Walikale - Kalehe



Région de Masisi-Walikale - Kalehe



Legenda

	State border		Main city of the region
	Region border		Zone
	Zone border		Parish
	Border of the National Park		Center, important village
	Main road		Lake
	Secondary road		Distance in kilometre
	Volcano		Refugee Camp
Distance of Goma to			Tribe border
Masisi	87 Km		
Molongo	139 Km		
Nyakariba	61 Km		
Mokoto	101 Km		
Mweso	105 Km		
Bihwe	155 Km		
			Hunde
			Tutsi
			Vide (empty)
			Hutu

Source: Carte Routiere et Administrative de la Region du Kivu, I.G.Z. 1972