

*Médecins sans Frontières is a private international association. The association is made up mainly of doctors and health sector workers and is also open to all other professions which might help in achieving its aims. All of its members agree to honour the following principles*

### THE MEDECINS SANS FRONTIERES CHARTER

Médecins Sans Frontières provides assistance to populations in distress, to victims of natural or man-made disasters and to victims of armed conflict. They do so irrespective of race, religion, creed or political convictions.

Médecins Sans Frontières observes neutrality and impartiality in the name of universal medical ethics and the right to humanitarian assistance and claims full and unhindered freedom in the exercise of its functions.

Members undertake to respect their professional code of ethics and to maintain complete independence from all political, economic, or religious powers.

As volunteers, members understand the risks and dangers of the missions they carry out and make no claim for themselves or their assigns for any form of compensation other than that which the association might be able to afford them.



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## MEDECINS SANS FRONTIERES in the Democratic Republic of Congo



### MSF IN FIVE WORDS

#### MEDICAL CARE

Médecins Sans Frontières' objective is to provide the best possible medical care to those in need, to ease suffering, to show solidarity and to respect people's dignity. Our teams assist and care for people going through crises that endanger both their physical and mental health. More than two thirds of our volunteers in the field are surgeons, anaesthetists, nurses, midwives, psychiatrists, psychologists, epidemiologists, doctors, pharmacists or laboratory technicians. In the midst of wars, epidemics and famines, they operate on the injured; care for the sick; run vaccination campaigns; set up medical feeding programmes; and offer psychological support to the traumatised. They also help to reinstate and re-equip existing health services and to train medical personnel.

#### A MOVEMENT

Médecins Sans Frontières is an international movement composed of 19 sections. Five of them are operational centres (in Amsterdam, Barcelona, Brussels, Geneva and Paris) which manage MSF's programmes in their country or abroad. The remaining sections, apart from participating in the

work of the five operational centres, are devoted to recruiting international staff, raising funds and running public awareness campaigns. Each section is an association under the responsibility of a General Assembly and Board elected by its members.

#### IMPARTIALITY

Médecins Sans Frontières offers aid to populations in danger free from any ethnic, political, religious or economic discrimination. The organisation works independently, after evaluating the medical needs of the population. Médecins Sans Frontières strives to ensure that it always has the power to freely evaluate medical needs, to access populations without restrictions and to directly control the aid provided, giving priority to those in most grave danger. Médecins Sans Frontières does not take sides in any armed conflict, and thereby strictly adheres to the principle of neutrality, which is not synonymous with silence.

#### INDEPENDENCE

Médecins Sans Frontières is independent of all political, religious, military and economic powers. The organisation's autonomy in decision-making and action derives principally from its financial independence. In 2004, 75% of MSF's income came from private sources. The remainder of its funding comes from institutional donors such as ECHO (European Community Humanitarian Office), part of the European Union, and funding from governments and international organisations.

#### INDEPENDENT FUNDING

Since the creation of Médecins Sans Frontières, millions of individual donors worldwide have made financial contributions to the organisation to support its work. This regular support guarantees the stability of our resources and work. 81.7% of the organisation's expenditure is allocated to its social mission; 6.6% is spent on management and administration costs and 11.7% on fundraising.





Who is MSF?

Médecins Sans Frontières (MSF) is a humanitarian medical aid organisation which was founded by doctors and journalists in 1971. Since then, MSF has become an international movement. MSF brings emergency medical assistance to populations in distress without discrimination and with respect for human dignity. MSF is independent of political powers and is entirely impartial. People working for MSF subscribe to one Charter and respect the principles of humanitarian action and medical ethics.

Médecins Sans Frontières provides medical assistance to populations in crisis, when their survival and their access to healthcare is threatened, when they are victims of violence or when they have no access to essential health services. Wars, famines, epidemics, natural disasters, population displacement...such crises require rapid and effective medical intervention. Working with local health authorities, Médecins Sans Frontières takes care of the sick and the injured, restores acceptable living conditions by securing clean supplies of food and water, and provides decent sanitation and shelter.



As well as responding to emergencies, Médecins Sans Frontières also tackles the health consequences of major economic and social inequalities by expanding access to healthcare and fighting against infectious diseases. Whenever the impact of medical action is limited by violence imposed on a population and whenever humanitarian action itself contributes to prolonging this violence or is manipulated to serve political purposes, Médecins Sans Frontières publicly condemns what it witnesses. This freedom of speech and action is possible because of Médecins Sans Frontières' financial independence, which is guaranteed by donations given by private individuals.

Each year, more than 2,000 international volunteers from dozens of different countries work for MSF – doctors, surgeons, nurses, administrators, logistics experts etc. - to undertake missions in more than 70 countries. They work alongside more than 20,000 national staff, who play a vital role in all the countries in which MSF operates.

In 2004, MSF spent 27.6 million euros on its programmes in the Democratic Republic of Congo, representing the largest budget committed to any country except Sudan. All five MSF operational sections are currently working in DRC. More than 2,000 Congolese staff work alongside 150 international staff to bring medical assistance to the Congolese population, with around twenty programmes across the country.

MSF IN THE DEMOCRATIC REPUBLIC OF CONGO

**1981** First MSF emergency intervention for Ugandan refugees, in the Aru health zone, located in the Eastern Province.

**1985** MSF intervenes to help Angolan refugees in the Katanga province.

**1987** MSF works in Equateur offering healthcare in various zones of the province.

**1992** MSF provides assistance to people being forcibly displaced in Katanga and expelled to Eastern Kasai. The assistance includes large-scale vaccination campaigns and health care in Mwene Ditu (Eastern Kasai) and Likasi (Katanga) health zones.

MSF assists displaced people following the Masisi conflict in North Kivu, and rebuilds health facilities.

**1994** MSF provides assistance to Rwandans fleeing to Eastern Zaire after the Rwandan genocide and the military advancements of the FPR. MSF publicly condemns the fact that refugee camps are being used as military bases and a source of income by perpetrators of the genocide. As a consequence, the organisation decides to end all its programmes and withdraw from the camps in 1995.

MSF becomes involved in the fight against HIV/AIDS, and begins supporting a health centre in Kinshasa. The centre offers medical care to people suffering from sexually transmitted disease and raises awareness of HIV/AIDS amongst people at risk. The project is expanded to other areas and MSF works towards improving the safety of blood transfusions.

**1995** MSF sets up the Congo Emergency Pool (PUC) as epidemics spread through the country (ebola, cholera, measles, meningitis, etc.). Since then, the PUC - with its three units in Kinshasa, Kisangani, and Lubumbashi - has been responding to all types of medical emergencies.

**1996** MSF starts providing help to various health zones in Katanga, where people have limited access to healthcare. Over the years, MSF responds to many emergencies in this highly unstable zone, including those linked to epidemics and to the consequences of violence.

**1996-1997** In forests in eastern Zaire, Rwandan refugees are tracked and massacred by Congolese rebels together with the Rwandan and Burundian armies. MSF tries to

help them and the local populations caught up in the violence. In 1997, MSF publicly condemns these events.

**1998** Congolese rebels supported by the Rwandan military launch a failed attempt to take Kinshasa. MSF provides assistance to many wounded people in the Kinshasa and Bas-Congo hospitals, as well as to Angolan refugees in Kimpepe (Bas-Congo).

**1999** In Bas-Congo, MSF provides assistance to refugees escaping the Congo-Brazzaville war.

**2000** MSF supports the Bandundu General Hospital and takes care of displaced people in Sicotra camp, near Kinshasa. MSF also provides healthcare for people living in the Pimu health zone (Equateur).

**2002** Ituri-Mambassa War : MSF assists people fleeing violence and torture carried out by armed groups.

**2003** Violent clashes for the control of Bunia, in Ituri District, result in a massive number of wounded people. MSF opens a surgical centre on the outskirts of Bunia. Additional health and nutrition centres are set up in Erengeti and Oisha for people who have fled for many days through the forest.

MSF starts antiretroviral (ARV) treatment in the Kabinda Treatment Centre in Kinshasa. By the end of 2005, 1,500 patients are under ARV treatment in the capital.

**2004** In north Kivu, 20,000 persons are displaced following armed violence around Kayna and Kanyabayonga. MSF sets up an emergency assistance programme.

**2005** At the end of the year, after 20 years of medical intervention in the region, MSF stops working in Equateur Province. The decision is taken after other organisations become involved in the region.

In November and December, thousands of people flee fighting between the Mai-Mai and the army in Katanga. MSF provides healthcare to the displaced and distributes basic supplies.



Despite the transition process, intense violence continues in North Kivu. Various armed groups defend their own interests by regularly using violence against civilians. These armed groups are paid little or nothing and regularly steal from the population. As a result, people live with a great deal of insecurity from day to day. The state infrastructure is damaged and healthcare is the privilege of the rich.

In this context, MSF teams focus on providing medical, surgical and nutritional help to the victims of violence.

## WALIKALE: HELP TO THE HOSPITAL AND HEALTH CENTRES

Access to health centres is regularly restricted by the ongoing insecurity and violence.

Medical teams have been working at Walikale General Reference Hospital since October 2003 in a variety of departments including surgery, paediatrics, maternity and internal medicine. MSF provides medicine and medical equipment and renovates the hospital buildings.

MSF, in collaboration with the Provincial Health Inspection of North Kivu, treats children suffering from severe malnutrition and handles urgent epidemic outbreaks.

MSF also supports three health centres and two health posts and treats patients with sexually transmitted diseases as well as victims of sexual violence.

**CONGOLESE STAFF:** 20  
**INTERNATIONAL STAFF:** 6



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## RUTSHURU: VIOLENCE AGAINST CIVILIANS

MSF has supported the Katwiguru health centre since August 2005, and the Rutshuru hospital since October 2005, through developing surgical capacity and assisting with other services.

Civilians in this region are often caught up in clashes between armed groups. MSF brings healthcare to isolated villages by using mobile clinics. When security conditions allow, the team is able to support health centres over periods of several weeks. Specialised consultations are organised for victims of sexual violence.

**CONGOLESE STAFF:** 99  
**INTERNATIONAL STAFF:** 7



## **BENI, KAYNA AND KANYABAYONG: STANDING BY THE BELEAGUERED POPULATION**

Cholera is endemic to the north and south of Lac Edouard and around Beni. MSF teams regularly work in these areas and treat close to a thousand people suffering from the disease every year.

In 2004, MSF established a therapeutic nutrition centre in Kayna to treat severely malnourished children. This was followed by five other centres in nearby regions. Specialised consultations to treat victims of sexual violence are in place at the Kayna hospital and in a centre in Kanyabayonga.

Since June 2005, MSF has been supporting medical and surgical services at Kayna hospital in the emergency room and the operating theatre. MSF teams are responsible for all surgical emergencies. Mobile teams regularly provide emergency help in the nearby region. In January 2006, MSF opened an emergency programme in Kanyabayonga when 35,000 people were displaced following violence and clashes in the district of Rutshuru.

MSF also provided temporary support to the Linzo health centre north of Beni, after military operations led to population displacement. In the Beni General Reference Hospital, MSF treats victims of sexual violence.



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**CONGOLESE STAFF:**

**157**

**INTERNATIONAL STAFF:**

**8**

As in other regions in the eastern parts of the country, daily life in South Kivu is extremely difficult and access to health services very erratic, due to ongoing inter-factional fighting.

## BUKAVU: TREATING THOSE WITH HIV/AIDS

Since October 2003, MSF has provided antiretroviral treatment to people living with HIV/AIDS in Bukavu. The teams have also treated the 'opportunistic infections' associated with HIV/AIDS and have addressed psycho-social and malnutrition issues in both Bagira and Kadutu clinics. MSF aims to treat more than 1500 patients with ARVs in 2006. Technical support is being provided to the laboratory at Bukavu General Reference Hospital. MSF also runs a specialized clinic to treat people with sexually transmitted infections and victims of sexual violence as well as providing voluntary HIV counselling and testing.

**CONGOLESE STAFF:** 60  
**INTERNATIONAL STAFF:** 7

## SHABUNDA: AIDING THE MOST VULNERABLE AND DISPLACED POPULATIONS

Since September 2001, MSF has been providing care to vulnerable communities and displaced people in the Shabunda region. In addition to the six local health centres, MSF teams support the Shabunda General Reference Hospital in providing paediatric, maternity, emergency, in-patient and surgical services. MSF also helps with the country's tuberculosis diagnosis and treatment programme, runs HIV counselling and voluntary testing clinics, cares for patients with opportunistic diseases linked to HIV/AIDS and treats children suffering from malnutrition and victims of sexual violence.

**CONGOLESE STAFF:** 27  
**INTERNATIONAL STAFF:** 7



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## FIZI-BARAKA: CARE FOR THE LOCAL POPULATION AND DISPLACED COMMUNITIES RETURNING HOME

Since July 2003, MSF has worked in the Fizi health zone. The teams support Baraka emergency hospital in a number of services including paediatrics, maternity, surgery, in-patient and out-patient care. MSF also works in three health centres on the Ubwary peninsula and a health centre in Fizi town. MSF provides care for victims of sexual violence.

**CONGOLESE STAFF:** 88  
**INTERNATIONAL STAFF:** 5

The Oriental Province has long experienced waves of instability, as the ongoing conflicts in Ituri District attest to.

In this huge province, MSF assists victims of violence and helps people deprived of access to the most basic healthcare. As well as responding to the numerous emergencies and epidemics afflicting the region, the organisation cares for people suffering from re-emerging diseases such as sleeping sickness.

## **KISANGANI: TREATING AND PREVENTING SEXUALLY TRANSMITTED INFECTIONS AND ASSISTING VICTIMS OF SEXUAL VIOLENCE**

The Karibu clinic opened by MSF in June 2005 provides more than 1,500 medical consultations per month. Located in the centre of Kisangani, clinical activities focus on the treatment of sexually transmitted infections (STIs) and the medical and psychosocial care of victims of sexual violence.

Medical care is combined with health education activities focusing on the transmission and prevention of STIs/HIV and issues surrounding sexual violence.



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<b>CONGOLESE STAFF:</b>	<b>16</b>
<b>INTERNATIONAL STAFF:</b>	<b>1</b>

## ISANGI: TREATING PATIENTS SUFFERING FROM SLEEPING SICKNESS

Following the discovery that sleeping sickness is highly prevalent in some areas, in March 2004 MSF started a specialised programme in Isangi. The objective is to decrease the number of cases of sleeping sickness by ensuring good medical management and to reduce transmission by combating the vector that spreads the disease: the tse-tse fly. MSF tries to ensure patients are diagnosed early through actively screening more than 80% of the high-risk population. 62,705 people were examined between October 2004 and September 2005 and 955 people were successfully treated. 134 villages participated in vector control. MSF is also involved in clinical research on improving treatment for the advanced stages of the disease.

**CONGOLESE STAFF:** 20  
**INTERNATIONAL STAFF:** 5



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## DUNGU: ACCESS TO HEALTHCARE FOR A NEGLECTED POPULATION AND MANAGEMENT OF HIV/AIDS

Since June 2001, MSF has been working in the isolated and abandoned town of Dungu, in the Haut Uele district. In close collaboration with the General Reference Hospital, MSF responds to emergencies and ensures that free care is accessible to the most vulnerable people.

MSF teams have rehabilitated the medical facilities and sanitation system, which had been destroyed. They have also built and equipped a laboratory and a surgical theatre, in order to provide effective care to patients. Today, MSF supplies the hospital with essential medicines. The organisation also trains Congolese health staff in managing sleeping sickness and HIV/AIDS; applying universal precautions; administering drugs; and managing human resources. Since July 2005, MSF has also been caring for patients with HIV/AIDS in the hospital.

**CONGOLESE STAFF:** 105  
**INTERNATIONAL STAFF:** 5



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# KATANGA

In Katanga province, particularly in the central and northern areas, people endure dire living conditions and have very little access to health facilities. This situation is aggravated by violence against civilians, which has continued since the end of the war.

The population in Katanga, one of the richest provinces in the country, continues to suffer from fighting between government forces and diverse armed groups, who are battling to gain power and control of resources. Looting, violence and displacement are a routine for the large majority of the population.

MSF's objective is to treat the sick and wounded in areas of conflict, as well as to reduce deaths from disease and malnutrition. When necessary, MSF distributes basic supplies (plastic sheeting, blankets, cooking utensils...) to the victims of looting.

In order to respond to the huge needs of the region, several MSF sections have set up their coordination bases in the provincial capital, Lubumbashi.

## ANKORO: A REFERRAL HOSPITAL FOR SURGERY AND SERIOUS MEDICAL CASES

The hospital, which was looted during the war, has been fully repaired and equipped by MSF. Our teams support and train staff in the different medical, paediatric, gynaecological, obstetric and surgical departments. Running water has been installed on each ward and the drug supply chain has been organised. There is also a therapeutic feeding centre within the hospital.

Tuberculosis patients are being treated as part of the national tuberculosis programme, with the support of MSF.

**CONGOLESE STAFF:** 191  
**INTERNATIONAL STAFF:** 6

## MITWABA: VIOLENCE, DISPLACEMENT AND MALNUTRITION

Since October 2004, MSF has provided assistance to 15,000 displaced people who fled the conflict zones in the north and south of the territory and have congregated in several sites around and in the city of Mitwaba. The programme aims to provide medical consultations, nutritional care and improved sanitation to the local and displaced communities. Malnutrition has been brought on by the permanent insecurity in the region, as the population can no longer farm their lands due to the high risks of being kidnapped, held to ransom or raped.

In September 2005, MSF extended its intervention to the health zone of Mufunga Sampwe, with the opening of three primary healthcare centres.

**CONGOLESE STAFF:** 60  
**INTERNATIONAL STAFF:** 2

## MUKUBU: ACCESS TO HEALTHCARE FOR VICTIMS OF VIOLENCE

Populations displaced as a result of fighting between armed groups attempt to survive in this swampy area. Security is extremely precarious and MSF teams have had to evacuate several times. They have therefore organised mobile clinics in order to provide assistance much faster to civilian victims of violence.

Since August 2005, MSF has been supporting Mukubu's health centre, which provides primary healthcare and care for victims of sexual violence. The team has also set up a therapeutic feeding centre.

**CONGOLESE STAFF:** 82  
**INTERNATIONAL STAFF:** 2



## **NYONGA – EMERGENCY PROGRAMME FOR DISPLACED POPULATIONS NEAR UPEMBA LAKE**

At the beginning of 2006, MSF started a programme in Nyonga to provide assistance to people who had fled attacks in Eastern Manono and Mitwaba. These populations now live in very squalid conditions on the banks of Upemba lake, in straw huts or on floating islets. MSF has opened a healthcare centre and distributes basic supplies for displaced families.

**CONGOLESE STAFF:** 70  
**INTERNATIONAL STAFF:** 4

## **PWETO, KABALO, NYUNZU: MOTHER AND CHILD HEALTHCARE AND EMERGENCY TREATMENT**

MSF supports the referral hospitals and health centres in Pweto, Kabalo and Nyunzu. Over 500,000 civilians live in these three areas devastated by war, where the economy is struggling to take off. People continue to be the target of looting and violence and are often forced to flee as a result.

MSF teams aim to provide medical assistance to the most vulnerable communities, particularly mothers and children. The teams are also working to improve nutrition.

The three hospitals, which were almost entirely destroyed during the war, have been rebuilt and equipped. Since 2001 in Pweto, and 2003 in Kabalo and Nyunzu, MSF has worked with the health authorities to run and supervise all the departments: outpatients; maternity; pre-natal and infant consultations; surgery; laboratories; in-patients; and pharmacy. In addition, feeding centres for malnourished children have been set up. The teams have also organised water supply and sanitation and have trained health staff.

MSF also works in the health centres of the three zones, supervising the supply of drugs and medical equipment as well as training staff. They also carry

out reconstruction projects. MSF supports large-scale vaccination campaigns and is able to respond quickly to emergencies in the district. Health emergencies, particularly cholera outbreaks, have been dealt with in Kalemie, Kongolo, Moba and Kabalo.

**CONGOLESE STAFF:** 461  
**INTERNATIONAL STAFF:** 29

## **KILWA AND DUBIE: SUPPORT TO HEALTHCARE SERVICES**

Since May 2005, MSF has supported the healthcare services in the Kilwa-Dubie health zone, which has a population of about 220,000 people.

Kilwa, on Mwero lake, has recently enjoyed a period of relative calm and economic activities have gradually begun to recover. However, most of the population continue to live in precarious conditions. MSF supports the General Hospital as well as two health centres in Mubanga and Kilwa. In addition to providing drugs and medical materials, MSF has rehabilitated some facilities and pays allowances to local medical staff. Malaria and sexually transmitted infections are the principle diseases being treated by the teams.

Dubie, 110km north of Kilwa, is on the border of the territories controlled by rebel groups. The north of Dubie is often not accessible due to ongoing insecurity.

MSF provides support to five health centres in the area and manages a 90-bed health centre in Dubie itself. It also runs a feeding programme for malnourished children in the paediatric department of this centre.

Dubie civilians are often the target of violence. MSF provides free consultations and primary healthcare to people fleeing from fighting and attacks on their homes. 29,000 people benefited from this assistance in 2005.

**CONGOLESE STAFF:** 58  
**INTERNATIONAL STAFF:** 13

In Ituri district, violence perpetrated by various and numerous armed actors has a huge impact on civilians, who are subjected to robberies, murders, massacres, kidnappings, rapes and torture.

## BUNIA: HEALTHCARE AND WAR SURGERY IN THE CITY'S ONLY FUNCTIONING HOSPITAL

In April 2003, when armed militias fought brutally for control of the city of Bunia, MSF opened an emergency surgical facility on the outskirts of town. The teams then also set up an independent hospital – the ‘Bon Marché’ - as well as two health centres located in the extreme south and north of the city. MSF cares for the war wounded and ensures access to medical and surgical care for all communities, on an impartial basis. A third of the surgical interventions carried out are related to ongoing violence.

The ‘Bon Marché’ hospital also offers mobile consultations, and mother and child care. Since 2003, MSF has also provided specialised medical care for victims of sexual violence. More than 4,500 people aged between eight months and 80 years were treated as part of this programme between April 2003 and the December 2005.

Since opening, the ‘Bon Marché’ has continued functioning as an emergency hospital. Despite the



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fact that only the most serious cases are admitted, the disappearance of all other functional hospital services in the area has meant that demand on the ‘Bon Marché’ has constantly increased. Its capacity reached 300 beds by the end of 2005.

Chronic emergencies such as cholera outbreaks in the Ituri district are frequently dealt with by MSF, which has emergency response stocks prepared. MSF also supports two health posts.

Outside Bunia, insecurity prevails. Two MSF staff were kidnapped in June 2005, forcing MSF to suspend its activities in the area around the city. This incident illustrated the extent to which insecurity can weaken the aid response.

<b>CONGOLESE STAFF:</b>	<b>325</b>
<b>INTERNATIONAL STAFF:</b>	<b>14</b>



In the 20 years since the start of the AIDS pandemic, 20 million deaths have occurred worldwide, less than 15% of sufferers are currently receiving treatment, there is no vaccine or cure on the horizon and the disease is advancing.

It is estimated that 1.1 million people are living with HIV/AIDS in the Democratic Republic of Congo. Over 160,000 of those live in Kinshasa (4.2% of the capital's population is affected).

The life expectancy of someone with AIDS who receives no antiretroviral (ARV) treatment is limited. A patient treated with ARV drugs will quickly recover physical strength and should be able to lead an almost normal life, as long as they don't also suffer from a related incurable disease. When treatment is rigorously followed, the majority of patients will remain healthy for many years.

## KABINDA: TREATING HIV/AIDS AND SEXUALLY TRANSMITTED DISEASES

At a walk-in treatment centre in Kabinda, Kinshasa, MSF treats over 1,000 people every month with antiretroviral drugs. MSF also provides treatment for opportunistic infections; specialist treatment for children; advice and voluntary testing; nutritional support and psychosocial care for patients. Each month, MSF carries out an average of 3,200 consultations and screens about 300 people who wish to be tested for HIV/AIDS.

In August 2005, three health centres were set up around the capital to make sure that patients on treatment could be thoroughly followed-up. The most common disease that people with HIV/AIDS are prone to is tuberculosis. Therefore, MSF is



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working in partnership with the Tuberculosis Testing and Treatment Centre to ensure that HIV positive patients with tuberculosis are cared for.

A campaign to prevent the transmission of sexually transmitted diseases, including HIV, was launched in 1994, targeting sex workers. A specialised unit offers treatment for sexually transmitted diseases and HIV/AIDS.

MSF also works on education and encouraging behavioural changes.

<b>CONGOLESE STAFF:</b>	<b>80</b>
<b>INTERNATIONAL STAFF:</b>	<b>6</b>

**MSF IS TREATING 57,000 PEOPLE IN 29 COUNTRIES WITH ANTIRETROVIRAL DRUGS. 3,500 OF THESE PATIENTS ARE CHILDREN.**



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Created in 1995, the Congo Emergency Pool (known as 'PUC') is a team of doctors, nurses and logisticians who are ready to respond quickly to medical emergencies throughout the country. The group is made up of both Congolese and international staff, who can intervene at any time, almost everywhere in DRC, thanks to three base stations situated in **Kinshasa, Kisangani and Lubumbashi**.

The PUC helps to take care of victims of epidemics, malnutrition, natural disasters

or population displacements. It closely monitors health alerts, conducts rapid assessments and responds quickly and effectively to health needs. The team mainly deals with measles and cholera outbreaks.

In order to be able to respond rapidly to emergencies throughout the country, the PUC collaborates closely with many other organisations on the ground. On average, the PUC assesses and responds to about ten health alerts every month.

<b>PERMANENT CONGOLESE STAFF:</b>	<b>43</b>
<b>STAND-BY CONGOLESE STAFF:</b>	<b>40</b>
<b>INTERNATIONAL STAFF:</b>	<b>8</b>



# MSF IN THE DEMOCRATIC REPUBLIC OF CONGO

## KATANGA

- Lubumbashi Belgian, Dutch, Spanish, French sections
- Mitwaba Belgian section
- Mukubu French section
- Ankoro French section
- Nyonga French section
- Kabalo Spanish section
- Nyunzu Spanish section
- Pweto Spanish section
- Kilwa Dutch section
- Dubie Dutch section

## SOUTH KIVU

- Fizi Dutch section
- Shabunda Dutch section
- Bukavu Dutch section
- Baraka Dutch section

## NORTH KIVU

- Rutshuru French section
- Kayna French section
- Kanyabayonga French section
- Beni French section
- Goma French and Dutch sections
- Walikale Dutch section

## ORIENTAL PROVINCE

- Dungu Swiss section
- Kisangani Belgian section
- Isangi Belgian section

## ITURI DISTRICT

- Bunia Swiss section

## KINSHASA

Belgian and French sections



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