Under Fire: the human cost of small arms in north-east Democratic Republic of the Congo

A case study

Oxfam

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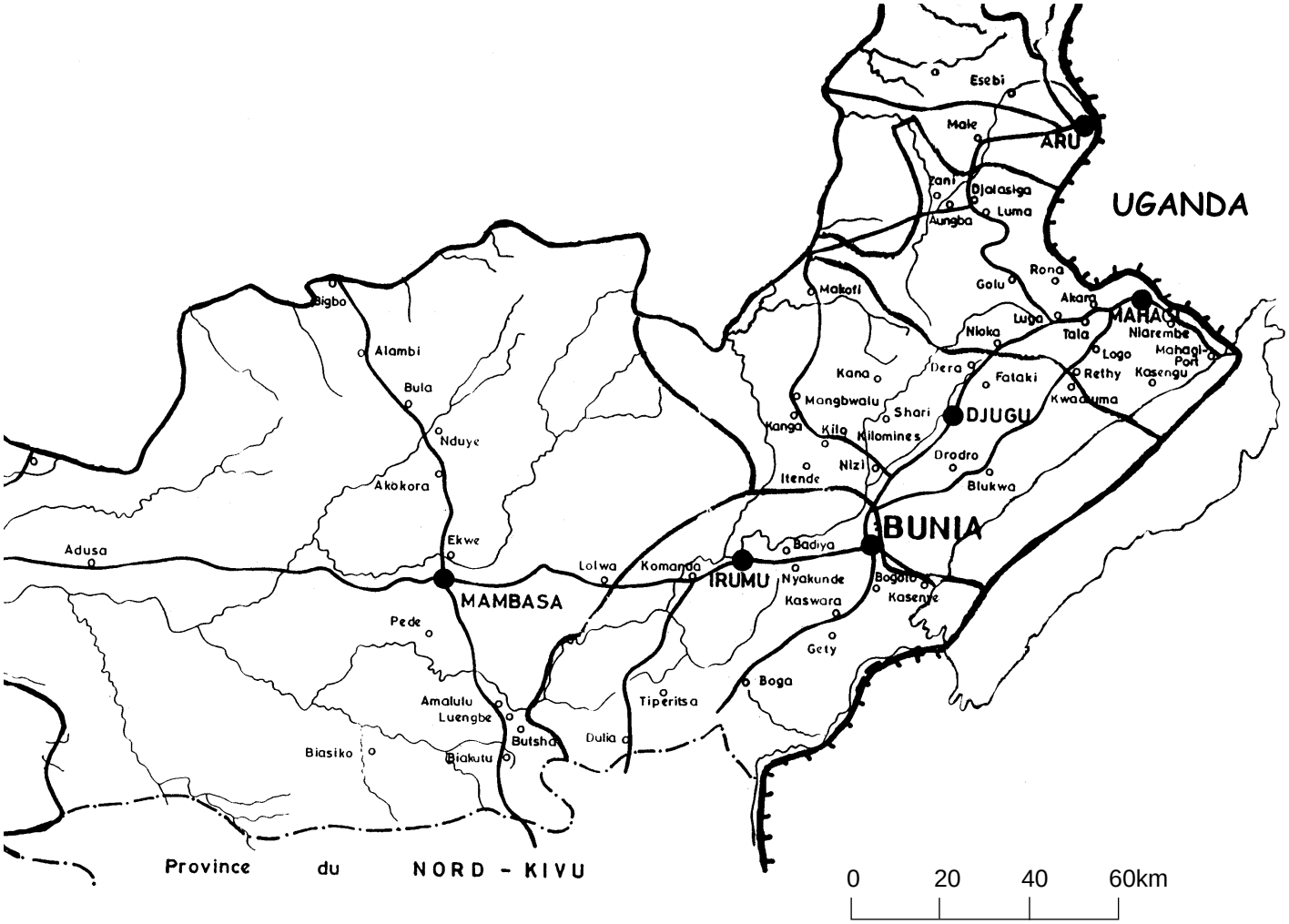
Cover photograph: M'penzi, a three-year-old victim of small arms, shot twice, parents killed, September 2000 at Linga

Abbreviations

AAA	Agro-action Allemande (Welthungershilfe)
AFDL	Alliance des Forces Démocratiques pour la Libération du Congo
ALTI	Aide aux Lépreux et Tuberculeux de l'Ituri
APC	Armée du Peuple Congolaise
CAC	Communauté Anglicane du Congo
CME	Centre Médical Evangélique
COOPI	International Cooperation of the Italian Government
CUEB	Centre Universitaire de Bunia
DRC	Democratic Republic of the Congo
Ex-FAZ	Ex-Forces Armée Zaíroise
FAC	Force Armée Congolaise
FAO	Food and Agriculture Organisation
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
MLC	Mouvement de Libération du Congo
MONUC	Mission de l'organisation des Nations Unies au Congo
MSF	Médecins Sans Frontières
NALU	National Army for the Liberation of Uganda
NGO	Non-governmental Organisation
NRM	National Resistance Movement
OCHA	Office for the co-ordination of Humanitarian Affairs
OMS	Organisation Mondiale de la Santé
PEV	Programme Enlargi de Vaccination
RCD	Rassemblement des Congolais pour la Démocratie
RCD/ML	RCD/Mouvement de Libération
RDC	République Démocratique du Congo
RPA	Rwandese Patriotic Front
UPDF	Uganda People's Defence Force
WHO	World Health Organisation

Map of Democratic Republic of Congo

Map of North Kivu and Ituri



Methodology

This research was carried out in line with terms of reference provided by Oxfam GB.
It is largely a descriptive survey, with some epidemiological data collected from health districts and school inspectors. It is a situational analysis of the effect of small arms and armed groups on the well being, health, education, and development of the population in Ituri and North Kivu, two newly created provinces under the Uganda-backed RCD/ML rebel movement.
The report includes an analysis of health data from health districts. Most of the material was collected through interviews, questionnaires, and from documents already available or written at the request of the principal researcher. To protect the identity of some respondents, sources are referred to in the footnotes by numbers, rather than named.

Limitations

The proposed itinerary was totally changed due to the insecurity in Ituri and North Kivu. Three weeks were spent in Bunia instead of four days as planned because of three battles that took place during the research. It was hoped to make a comprehensive assessment of health care in all 18 health districts in Ituri and all 5 districts in the province of North Kivu under RCD/Ml. Unfortunately only one third of the districts were visited due to warnings of ambushes on the roads. Visits around Bunia were very restricted because of the permanent presence of soldiers in battle positions from 3 November until 20 November 2000.

Acknowledgements

Due to the continuing insecurity in Ituri and North Kivu, it is not possible to mention the names of those who assisted in the research. The author is very grateful to the Oxfam team in Bunia for their warm hospitality, for their assistance in many practical ways, and for their jokes that diffused the fear as the bullets whizzed overhead!

1/ Executive Summary

1.1. The ongoing conflict in the east of the Democratic Republic of the Congo has been described as one of the world's worst humanitarian crises. It is a war mainly fought out with small arms. The resulting humanitarian crisis continues to be fuelled by new supplies of arms, brought in by businessmen or by soldiers belonging to the foreign armies present in the region. This report examines the role of small arms and armed groups in this crisis, looking in detail at the north-eastern part of DRC, paying particular attention to the health and educational impact of the conflict. The area studied is currently controlled by the Ugandan government and includes the newly-proclaimed 'provinces' of Ituri and North Kivu. Aspects covered include a historical review of the war, an overview of the small arms trade, the exploitation of resources as a factor fuelling conflict, and detailed analysis of the immense human suffering experienced by the population. The impact of small arms is documented with reference to direct effects, such as figures of those killed or wounded, as well as to the wider impact of armed violence on economic development, displacement, spread of disease, health provision, and education.

1.2. The humanitarian situation in eastern DRC is deteriorating exponentially. In a country where millions of people have only rags to wear, little food, no education, no access to health care, and where many have been forced from their homes, soldiers have new uniforms and new arms. Containers of guns come into a country where schools have no books, and hospitals no drugs. What started as a boundary conflict between a Hema landowner and a Lendu village in June 1999 exploded into a major war in the Djugu territory of Ituri because of the political chaos and the specific manipulation of certain political authorities. An estimated 50,000 people have died as a result of the conflict and 180,000 have been displaced by this war. In North Kivu, 70,000 have been displaced by armed conflict. Mortality is very high amongst the displaced; hunger and disease are constant realities. Displaced populations live in makeshift shelters, but are too frightened to harvest food in their fields.

1.3. Health districts have no support from the government of DRC or rebel authorities. Many health districts have no doctors and almost no infrastructure (no vehicles, no salaries, no stationery, no fridges). One in 25 children in Bas-Uélé region suffer with cretinism caused by easily preventable iodine deficiency. Tuberculosis is increasing in Ituri. There is virtually no effective AIDS and STD control programme. Plague is breaking out, with one village seeing 66 cases of the bubonic plague in two months. Malaria continues to kill thousands of susceptible children, and measles infected 2000 children in one health district in 1999. Maternal mortality is increasing and more women present with the complications of prolonged labour. No health districts have vehicles for transferring women in labour and the facilities in health centres are extremely basic with few drugs and little equipment.

1.4. Despite being a very fertile area, many people in Ituri have experienced extreme hunger over the past four years because of war and displacement. Ten per cent of children are malnourished. Education is in crisis. Most schools have no books.

Teachers receive a few dollars a month taken from contributions from parents. Seventy per cent of children have not been able to go to school at all.

1.5. The Democratic Republic of the Congo is in the midst of a war between a number of armed factions supported by neighbouring states. The conflict has split the country diagonally down the middle. Territory in the east and north of the country is under the control of rebel groups backed by the presence of troops from Uganda, Rwanda, and Burundi. The war in the east has its roots in the Rwandan genocide of 1994; in the 1996–1997 war that ousted ex-President Mobutu Sese Seku from Zaire; in the political and economic vacuum created during thirty years of his corrupt regime; and in the politically inexperienced and diplomatically maladroit presidency of Laurent Kabila from 1997 until his death in January 2001. The conflict also has more distant roots at the turn of the century in the rapacious greed of the regime of King Leopold II of Belgium and in the principle that he created that the immense mineral riches of Congo were free to be exploited by external powers. There are also links to the Belgian colonial administration, to the very sudden transfer of power at independence to a totally unprepared and inexperienced national government that deteriorated in a few weeks and was preyed upon by the cold war politics of the superpowers.

1.6. Partly because of the complexity of the present war and its tangled roots in the past, the international community has largely ignored the plight of the traumatised people of the east of Congo. Their plight has also been ignored because there are too many stakes held by external actors profiting both from the exploitation of Congo's mineral wealth and from the sale of arms to the countries that are embroiled in the fighting.

1.7. The UN panel looking at the illegal exploitation of natural resources in DRC has commented in its report (S/2001/49) that armed groups are motivated by the desire to control and profit from natural resources and that they finance their armies and military operations by the exploitation of these resources. Instead of there being a clear military strategy amongst the invading armies, on the ground there is a confusion of objectives and interests, manifested by the disintegration of the political system and the creation of many official armed groups, all backed by the same side, that fight each other. This was illustrated by the battles in Kisangani in June 2000, that left more than 600 civilians dead, and the street battles in Bunia in November 2000 between different factions of the rebel movement. At the same time, the chaos created by the invading forces has left a security vacuum that has allowed numerous militia groups to flourish. Many of these militia groups are supported unofficially by the armies of the invading governments. In Ituri and North Kivu, arms are sold illegally by soldiers and generals to these militia groups, who terrorise the population. Theft, rape, and murder are reported daily. Ambushes by militia are regularly documented on the roads leading out of Bunia in Ituri and out of Beni in North Kivu.

1.8. Access for humanitarian organisations including Oxfam becomes increasingly difficult. Many areas are out of bounds even to UN agencies. However there is a critical need to increase humanitarian aid. This, combined with an arms embargo to the countries involved in the conflict, the establishment of a neutral administration respected by all sides in the region, and controls on the exploitation of the wealth of Ituri and North Kivu are amongst the conclusions of this report.

1.9. Oxfam GB works throughout DRC providing clean drinking water to and improving hygiene conditions of more than half a million vulnerable people. This US$3.5 million programme includes providing water and sanitation to displaced people as well as supporting water and nutritional needs of feeding centres.

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2/ Armed Conflict in Eastern Congo

Introduction

2.1. The ongoing conflict in Eastern Congo has been described by the interim co-ordinator for emergencies for the UN[1] as one of the worst humanitarian crises in the world. Ituri is perhaps the bloodiest corner of the conflict. Due to the hostilities, largely fought out with small arms and fuelled by continual resupply of these weapons, the population of DRC is experiencing hunger, disease, displacement, and a total collapse of services. The economy is paralysed; the population struggles to survive in conditions of continual armed unrest; and humanitarian organisations work in great insecurity, facing enormous difficulties to reach those in need.

2.2. The UN estimates that 16 million are affected by the war, but it is almost impossible to count the numbers killed, wounded, or displaced by a multitude of conflicts.[2] Because there is almost no infrastructure remaining, the total population is not known and therefore measuring the prevalence of disease or rates of death through violence is almost impossible. However, there are many documented accounts that help to give an idea of the immensity of the suffering. Throughout the country there are daily reports of massacres, killings, epidemics of disease, new displacements of people, and hunger. Armies, militia groups, and their weapons are seen in abundance. In a country where millions of people have only rags to wear, little food, no education, no access to health care, and where many have been forced from their homes, soldiers have new uniforms and new arms. Containers of guns come into a country where schools have no books, and hospitals no drugs.

Katanabo, 38 years old. Reputed to be a thief (he steals from the fields of others and has been beaten up several times), and father of six children.

Before 1970, life was good. Even up to 1998 you could work for a salary, but now it's a waste of time – the patrons don't pay anything. Nobody can get on, poverty is in every home. We get poorer and poorer – we can't even get enough food and drugs. We dig our fields – but most of that is nicked. If we're lucky we can eat once at the end of the day – but sometimes we go three days without a thing. Our typical meal is manioc leaves, sometimes without even salt or oil. If we've got a bit of manioc flour we make a porridge – real watery, not the stuff you can grab with your hands – you have to drink this.

Drugs are too expensive, so we look for plants. The real healers can't be found these days – modern medicine isn't so bad, but many people die because they can't afford to go to the health centre.

You can't go and look for a job in town – folk are too frightened of getting shot. You're frightened of tomorrow. In the villages you can't see any granaries any more. Soon we and our children will die of hunger.

[1] IRIN-CEA Weekly bulletin 48 (25 - 1 December 2000)

[2] IRIN-CEA Weekly bulletin 48 (25 - 1 December 2000)

2.3. Since the invasion of eastern DRC from Uganda, Rwanda, and Burundi on 2 August 1998, Ituri has been bogged down in a morass of political confusion. Different elements of the Ugandan political and military hierarchy have empowered conflicting factions, who are frequently summoned to Uganda in an attempt to resolve the constant squabbles. This has resulted in a total breakdown of public administration and a complete absence of public services. The situation remains one of extreme insecurity, with a catalogue of human rights abuses, and the manipulation and orchestration of a tribal conflict.

2.4. The most devastating effect of the invasion of the east of Congo has been the inter-ethnic war in the territory of Djugu, which local NGOs and other humanitarian actors estimate to have resulted in the deaths of an estimated 50,000 people, and the displacement of 180,000. This war started as a border dispute in a village near Rethy, and escalated into a tribal war because of the orchestration of certain authorities in the RCD/ML leadership with the involvement of elements within the Ugandan UPDF army. This war would have been prevented if there had been any semblance of political authority in Bunia backed by a neutral defence force. There have always been tensions between Hema (the Wagegere branch) and Lendu living in Djugu, but despite the differences (the Hema are ethnically of Nilotic origin, the Lendu Southern Sudanic) they speak the same language, Kilendu, and have often intermarried. Poor Lendu and Hema have cohabited for years. A few wealthy extremists were able to pay soldiers to kill innocent civilians, sparking off terrible revenge killings by both sides.

2.5. There are numerous reports recounting in graphic detail the numbers wounded and killed by both sides. Thousands have been killed by bullets, machetes, spears, arrows, and thousands more have died from disease. Hundreds of villages have been destroyed. An estimated 74 schools have been burnt to the ground, and 47 health centres burnt or looted. Three Protestant and four Catholic missions have been destroyed.

2.6. Attempts at peace have been made. The first peace commission, lead by Jacques Depelchin, openly denounced the killings carried out by the UPDF, but it was suspended by Governor Lotsove. President Museveni then called a peace conference in Kampala with 18 representatives from Hema, Lendu, Alur, Ndo Okebo, and Mambisa tribes. Immediately after the conference, Governor Lotsove was dismissed.[3] Resolution of the conflict, however, is as much dependent on firm neutral political leadership in Ituri and control of the military as on peace talks between Hema and Lendu leaders.

2.7. The armed conflict has also permitted the massive exploitation of the resources of Ituri by politicians and military from all warring parties. The allure of the natural riches of the region goes some way to explain why so many factions continue to fight for control of key areas. Rewards for those controlling the richest deposits are potentially huge. It has been noted by many observers that gold, timber, and rare minerals (such as coltan, wolfram, and tourmaline) are being extracted to be sold abroad. Some of the profits made on these unofficial exports are then employed to fund the pay and equipment of the soldiers belonging to the different armed groups, thus perpetuating the crisis.

[3] IRIN Special report on the Ituri clashes, part 2

Warring parties

2.8. The official armies employed in the fighting in Ituri and North Kivu are the Uganda People's Defence Force (UPDF) and the Congolese Armée du Peuple Congolaise (APC). The RCD/ML formed a regiment based in Bunia called Usalama in September 1999.

2.9. **Militia groups** - The complexity and confusion in the political leadership is reflected in a number of different militia groups that feed off the chaos and are spawned from the leadership. At Mufutabangi, halfway along the Bunia–Beni road, to take one example, the road is frequently barricaded by four different groups – the ex-FAC, the ex-FAZ, the Interahamwe and the NALU from the Ruwenzori mountains. Lorries, pick-ups, and bicycles are all looted on a regular basis, women are raped and carried off to the rebel camps, and men are forced to join the groups.[4]

2.10. **NALU** - The National Army for the Liberation of Uganda has been operating in the Ruwenzori mountains for the past five years. They have operated a reign of terror over the civilian population in Kabarole, Semiliki, and Kasese districts in Uganda, and Watalinga and Ruwenzori collectivities in Congo. The UPDF are engaged in a long-term campaign to try to eradicate the NALU rebels.

2.11. **Ninjas** - A group of armed bandits commonly referred to as the Ninjas, steal and terrorize people in an area between Aru and Mahagi.

2.12. **Ex-FAC** - These former soldiers of Kabila, the Force Armée Congolaise, are either integrated into the APC, or have joined up with militia groups. Some operate independently from home, using weapons they received before August 1998.

2.13. **EX-FAZ** - These former soldiers of Mobutu, the Force Armée Zaíroise, have formed several detachments of militia groups, particularly in the forest in the territory of Mambasa, and in the west of Irumu.

2.14. **Pro-Amin** - These are guerillas who were associated with the West Nile Liberation Front, particularly active north of Aru until being effectively disabled by the liberation war in 1997. However a remnant persists, which has links with the NALU and the Lord's Resistance Army in Sudan.

2.15. **ASPEL** - This is an offshoot of John Garang's SPLA that is active in the Kumuru collectivity in the corner of Congo with Uganda and Sudan. Many weapons come from Sudan with this group.

2.16. **Other groups** - There are also other militia groups with less clear allegiances, some of which are simply groups of armed bandits, while others have links with the military.

[4] Source – 003

2.17. **Civilians with arms** - Many civilians have arms at home. Everyone has agricultural implements such as machetes that can be used in war, and most people have a spear. Arrows are manufactured in huge numbers during the war in Djugu, using scrap metal salvage from metal barrels, iron bars, and nails. Increasingly, civilians have been able to get guns, but few can afford to pay soldiers $150 to $200 to buy ex-military stock.

Arms supplies

2.18. The majority of small arms come into Ituri and North Kivu from Uganda with soldiers of the UPDF. Uganda boosted its military expenditure in 1999 from $150m to $350m, increasing troop commitments and purchasing tanks and anti-aircraft missiles.[5] Uganda has used private companies to fly in arms to eastern DRC. These include a Swiss company that ran the Ugandan C-130 Hercules aircraft, and planes registered in Swaziland belonging to Congolese companies Planet Air and New Goma Air.[6] North Korea has supplied both the Ugandan and DRC government with arms. One shipment for Uganda in February 1999 included six tanks, 5,000 anti-tank missiles, 5,000 anti-aircraft missiles, 5,000 automatic machineguns, 1,000 grenade launchers, and 2,000 boxes of ammunition.[7] Uganda is also reported to have purchased Mi-24 helicopters from Belarus (a deal carried out through a British firm and a Ugandan bank), as well as six MiG-21 fighter jets from an Israeli firm.[8] Uganda officially buys arms from South Africa ($ 636,507 of sales authorised in 1996[9]) and the US (Uganda received $1.5m in weaponry from the US in 1997 and 1998[10]: an example of these weapons is $21,182 of pistols and revolvers bought in 1997[11]).

2.21. Between 1991 and 1998, US weapons deliveries and military training in Africa totalled more than $227m. US weapons to Africa totalled $12.5m in 1998, including substantial deliveries to Chad, Namibia, and Zimbabwe, all of which backed Kabila. In March 1999 a Belgian arms dealer was arrested in South Africa for selling 8,000 US M16 rifles from the Vietnam War era to Kabila's forces. The following countries involved in the DRC war all had sections of their military trained by the US in 1997-98: Angola, Chad, Namibia, Rwanda, Zimbabwe and Uganda.[12]

[5] IMF's Managing Director Michel Camdessus on French radio, 2 January 2000, as reported in World Policy Institute's *Deadly Legacy: US arms to Africa and the Congo War*, 11 January 2000, William Hartung and Bridget Moix

[6] Amnesty International *DRC: Killing Human Decency* p.37

[7] Norwegian Initiative on Small Arms Transfers Database and Amnesty International *DRC: Killing Human Decency* p.37

[8] Amnesty International *DRC: Killing Human Decency* p.38

[9] Norwegian Initiative on Small Arms Transfers Database

[10] World Policy Institute's *Deadly Legacy: US arms to Africa and the Congo War*, 11 January, 2000, William Hartung and Bridget Moix

[11] Norwegian Initiative on Small Arms Transfers Database

[12] World Policy Institute's *Deadly Legacy: US arms to Africa and the Congo War*, 11 January 2000, William Hartung and Bridget Moix

[13] International Action Network on Small Arms, *Undermining Development: The European arms trade with the Horn of Africa and Central Africa*, William Benson

2.22. Although the European Union drastically cut back on its arms supplies to the Horn of Africa and Central Africa (from $700m in 1985 to less than $50m in 1998[13]), there is still a large flow of illicit arms, and no control over arms previously sent. At the beginning of 2001, the EU holds to its declaration of an arms embargo to DRC, and is considering strengthening and broadening its scope. However, unlike the UN instrument in operation over arms destined for Rwanda, there is no embargo on weapons sent to countries known to be involved in supplying arms to the warring parties, or on some countries participating in the conflict (Uganda, Zimbabwe, Namibia, Chad).

2.23. The APC has been supplied directly by the UPDF. Militia breakaway groups like Tibasima's militia around Bogoro, fled into the bush with arms that had been supplied to them by the UPDF when it was still incorporated into the APC.

2.24. Rebel groups are allegedly supplied indirectly via the UPDF and the Congolese government. There are many cachets of arms along the borders, particularly in the territory of Aru. Ugandan soldiers have reportedly sold arms to militia groups in Arua.[14] Militia groups in Djugu territory buy guns from Ugandan soldiers for $150 - $250 at Retso, a village on the shores of Lake Albert.[15] During the war in Djugu, many locals reported that the UPDF sold and gave arms to armed Hema groups.

2.25 While evidence for the flows of arms will remain difficult to find and even harder to verify, a picture emerges from Ituri of new supplies falling in the hands of armed groups that use them to manipulate the existing ethnic tensions in the region. New supplies of arms fuel both the ethnic conflict and the larger war in DRC, making the prospects for peace increasingly more difficult.

[14] Source – 009

[15] Source – 012

3/ Effect of small arms on the humanitarian situation

3.1 In this report, the direct impact of small arms is measured in the figures of deaths and injuries and in the daily incidents of armed violence (rape, theft, arbitrary arrests). The wider impact of small arms has been traced to indirect effects, such as displacement as people flee attack, spread of disease when health facilities are closed due to the activities of armed groups, the breakdown in education when public resources collapse due to conflict, and in terms of economic desolation as all normal activity ceases in the midst of this war.

Human rights abuses in the five territories of Ituri Province (Aru, Mahagi, Irumu, Mambasa, and Djugu) in the year 2000

Killings

3.2. Estimates of the total number of soldiers and civilians killed in the past two years by those carrying small arms are difficult to come by and unreliable. One source in Kampala quotes the number of Ugandan UPDF killed in the north and east of Congo (including the front line in Equateur Province) at between 2 and 4,000, and Congolese APC soldiers at 7,000,[1] but this is likely to be a gross underestimate. In Bunia alone there have been at least three military clashes in the last seven months, resulting in the death of around 50 soldiers. Violence against civilians is indiscriminate, with reports of at least one fatality a week and daily incidents of armed violence. Civilians have been caught in the cross-fire during the military clashes, often because they have no warning of the attack. For example, on 15 November 2000 a man transporting palm-oil 750km by bicycle – a trip of 11 days – was shot dead on the approach to Bunia when he arrived in the middle of a fire-fight.

Territory of Djugu

3.3. No one knows exactly how many people have died as a result of the tensions between local ethnic groups. Some estimates suggest that since the war flared up in 1999 some 50,000 people have lost their lives. During the period of this study, November 2000, six Hema were killed by Lendu (arrows, machettes, bullets); 2 Lendu killed by Hema (bullets) and four Lendu killed by soldiers (rocket launcher) – all near Bambu. Figures for fatalities leapt sharply when the conflict flared up again in January 2001, with reports of hundreds being killed from both ethnic groups.[2]

Wounded

3.4. It is impossible to know the total number of wounded in the territories as many are not reported, health centres do not send their statistics regularly to the districts, and many wounded are treated at home. Where records are kept, the true extent of the damage caused by small arms can be glimpsed. Rethy health district, for example, treated a total of 298 people with bullet wounds from June 1999 to February 2000.[3] Civilians often fall victim to the use of high-powered assault rifles, as bullets can travel well beyond the immediate scene of battle. During the fighting in Bunia on 6 November, for example, one woman was caught in the cross-fire and had her breast taken off by a bullet.

[1] Source 011

[2] Press release: 'Congo: Massacres in Ugandan-controlled areas', Human Rights Watch, 22 January 2001

[3] Guide pour une aide humanitaire urgent 1999-2000, Bureau Central ZSR de Rethy

Safari, left, lost his foot from a bullet in cross-fire

3.5 In the territory of Aru the situation has been particularly serious around Ondolea where an estimated 10 to 20 people have been injured by bullets each month for the period September to November 2000 by militia groups. In Ariwara there are frequent armed robberies by groups of bandits coming from Arua in Uganda. In these areas, local men have formed themselves into groups of 10 to 15, armed with machetes, spears and bows, to form a local defence force called 'Patrouilles'. Occasionally, innocent people walking at night have been killed by mistake by these groups.[4]

Other forms of armed violence

3.6. Armed robbery and rape is a daily reality for people in Ituri. Sometimes the violence accompanying such attacks can be extreme. In November 2000, for example, a woman in Bogoro was raped and killed by soldiers. Armed ambushes on many of the roads are a constant danger for those wishing to travel in the region. Frequent robbery of vehicles has meant that many businesses have ceased to use lorries to transport goods, relying instead on bicycles. Delivery of humanitarian aid has also been made more difficult by the threat of armed attack.

Prosecutions

3.7. It is rare to hear of crimes being punished. Where they are, it is usually with a level of brutality that is not merited – for example, the case of Mangwasi from Mambasa town who was summarily executed for the theft of a bicycle and 50kgs of fish.[5]

Liberty of expression

3.8. The population have no official channel through which they can present their complaints. The official armed forces have banned all meetings of a political nature. It is difficult for the local people to access reliable information. For example, the radio broadcasts on CANDIP, the local radio station, tend to reflect the views of those in control of the station at that time.

[4] Source – 009

[5] Source – 001

Religious freedom

3.9. There have been no recorded cases of oppression directed against churches by the authorities, but churches were badly affected by the war in Djugu, and some church leaders were implicated. Churches and mosques are thriving, with churches packed during Sunday worship and evening meetings. Muslims are free to attend mosques. The morning call to prayer was absent on the day of fighting in Bunia – and its return the next morning was a reassuring sign that normality had returned.

Wider effects of small arms

Displacement

3.10. An estimated half a million people are displaced across North Kivu and Ituri as a result of the activities of armed groups. The patterns of displacement are complex, as the refugees' or IDP's perception of the danger they are in from different factions vary depending on their ethnic or national identity. However, these movements of people all share one feature: they are motivated by the fear that people with guns will use them on vulnerable communities. Population movements that have been recorded include the following:

Refugees

3.11. **Sudanese** - There are 76,000 refugees in Aru, Aba and Dungu.[6] Fortunately there is an effective UNHCR programme looking after them and access is relatively easy. However, tens of thousands were forced back into Sudan by AFDL troops in early 1997.

3.12. **Ugandans at Boga** - The 1,800 refugees have been registered under a UNHCR programme, but UNHCR have been unable to get to the camp. The refugees received no aid in 2000 apart from one hoe per family. Boga hospital, which has large debts, can no longer afford to treat sick refugees. On a visit in November, a woman had been at home for five days with a fractured wrist without treatment, and five women had had to give birth at home without medical assistance over the previous three months. The refugees eat the little food they have now grown with no supplements. Life is particularly difficult for widows and orphan children. The school for the refugees is in a half built church. There are no benches or desks. The children write on pieces of paper on their knees. Their teacher cuts up pencils that he buys himself into three pieces so that the children can have one.

Internally Displaced Persons

3.13. **From the war in Djugu** – there was an estimated 180,000 IDPs (58 per cent Lendu and 42 per cent Hema). 44 per cent of the Lendu and 10 per cent of the Hema IDPs are not accessible[7] because of insecurity in Djugu, particularly around Niongo and Libi. ICRC have registered 19,000 families. Access was blocked during the war. The first time Oxfam was able to get to the northern half of Djugu was in April 2000 when routes to the area reopened. IDPs are hiding out in forests like at Dhera, where there may be as many as 17,000 unassisted people.

[6] Interview with UNHCR delegation in Aru

[7] Oxfam figures, July 2000

An estimate put together during the course of this research from figures obtained from different health zones in Ituri and Mahagi territory shows that there could be as many as a quarter of a million people displaced from the war in Djugu (earlier estimates by Oxfam suggest the figure to be somewhere between 150,000 and 200,000). At Rethy, displaced living near the hospital are now helped by COOPI and AAA with food, and by Oxfam with water and sanitation, but before July conditions were desperate. The local committee has buried 179 people from this site alone who died from disease, using 327 planks and 30kg of nails to make the coffins.

Distribution of Hema and Lendu IDPs

Site	**Estimated number** (figures from health zones)
Dhera forest	17,000
Nyankunde district	7,856
Bunia district	40,000
Drodro	42,000
Bambou	7,000
Rethy	32,000
Tchomia	20,000
Fataki	28,000
Mongwalu	10,000
Boga	6,710
Mahagi	30,000
TOTAL	**240,566**

3.14. The displaced people in the territory of Mahagi have received almost no assistance. Many displaced people in Mahagi and the north of Djugu have no clothes – an estimated 55,060 have been registered by the administrative authority in Rethy as being in desperate need of clothes.

3.15. In Bunia life is equally tough for Hema and Lendu displaced people. Both groups talk of experiencing extreme hunger, going for three days sometimes without eating. As a result of renewed fighting in January 2001, Oxfam estimates that there are an extra 20,000 IDPs in the area.

Family of Sel-Onita

Case study of life as an IDP – Family of Sel-Onita in Bunia

Five families with a total of 59 people live in one house. They are Hema people who fled their homes in Blukwa after massacres there. Six children have died in the last year since they arrived. Two children are registered in the COOPI feeding programme. The families live by looking for firewood, that sells for 2-3 Congolese francs a bundle (4 US cents). Every day one person can collect and sell five – six bundles, making 10-15 francs a day ($0.2) – with which they can buy two cups of beans and a kilo of manioc for supper. They also walk 20km to the local market to buy manioc leaves that they sell in markets in Bunia – at
5 francs for a small bundle or 10 francs for a large bundle (a profit of one to three francs per bundle). They can carry seven to ten bundles a day, but only on market days. The other option is to work on the fields for other people – one person can make 20 francs a day, working from 7am to midday.

They can not afford the $1 to send the children to primary schools. In any case, the schools have been shut because of the battles in Bunia of the past month. They eat once a day – some manioc leaves, usually without oil or salt. Manioc porridge is a treat eaten three times a week, sweet potatoes twice a week, beans once.

'We haven't seen meat for five months. Our soap ran out two days ago.'

They have no blankets, no plates, bowls or cutlery, only two cooking pots and three serving dishes. Rain comes in at night. Two families sleep in one room.

IDPs in North Kivu

3.16. Using figures from health zones in North Kivu, the distribution of IDPs fleeing conflicts between Interahamwe, NALU, Mai-mai and Ugandan UPDF soldies has been estimated as follows:

Site	Estimated Number (figures from health zones)
Watalinga	9,850
Rwenzori	6,850
Beni-Mbau	4,722
Butembo	12,166
Kanyabayaonga	42,694
Mabuku, Mabaloko	
Maboya	? 50,000
TOTAL	**126,282**

3.17. The only assistance that these IDPs have received has been food distribution by Agro Action Allemande at Kanyabayonga. In October and November 2000, approximately 50,000 people fled the villages of Mabuku, Mabaloko and Maboya. These people are hiding out in fields near their villages. Conditions are appalling – in Mabaloko 41 deaths have been recorded out of 5,000 people between 21 October and 25 November – a rate of 2.4 deaths a day per 10,000.[8]

Humanitarian Access

3.18. Humanitarian agencies work in dangerous and difficult circumstances in Ituri and North Kivu, but they are vital as a stabilising presence. The difficulties experienced in distributing humanitarian aid are usually due to insecurity as a result of the threat of armed attack or ongoing hostilities. The result is that the people with the most critical needs in eastern DRC are inaccessible. Forest dwellers and other displaced people in the Kivu provinces, for example, are isolated due to the terrain and insecurity. International agencies have made progress in negotiating access, notably for the national immunisation days. These negotiations are piecemeal, however, and often rely on the personalities and preferences of the authorities involved.

3.19. However, there are accessible populations in urgent need of aid that could be reached if more humanitarian assistance was available. The only humanitarian aid currently available is funded by ECHO. Despite ECHO's funding, there are still financial shortfalls: Oxfam GB and other NGOs have been unable to provide assistance to all those in need who are within reach. In addition, NGOs are unable to provide assistance to the level of internationally recognised standards for humanitarian aid. These standards, such as Sphere, were agreed upon, along with a humanitarian charter, as the minimum assistance to meet essential needs with impartiality and respect for life with dignity.

[8] Recorded by source 006

3.20. In the places where Oxfam has been able to assist, the improvements are impressive. In Djugu territory, for example, there were 599 cases of cholera in 1999.[9] In 2000, after the start of a comprehensive water and sanitation programme, there were only 13 cases.[10] Other water-borne diseases have declined rapidly as well. Diplomatic pressure on the involved governments and warring parties to improve security, protect the civilian and displaced populations, and reduce the obstacles to delivery are crucial to combat effectively the humanitarian impact of small arms.

[9] Dr Lobho Romby. *Rapport Epidemiologique et Rapport de Service*, 1999

[10] Dr Lobho Romby. *Situation Humanitaire dans le Zone de Sante Rurale de Rethy*, 2000. Cases registered up to September 2000

4/ Impact of small arms and armed groups on Development

Health Care

4.1. Ituri was divided in 1985 into 18 health districts with a target population of 3,010,271.[1] Fragile health services, run down over the past ten years and starved by the war of the last two years, are now at breaking point. 8 out of 18 health districts in Ituri have no doctor, either for their hospitals or for their district management. Aru district, with a population of 298,628 has no doctor working in the hospital or for the health district. Most health districts have no vehicles, no fridges and no electricity.[2] Some that had radio communication before the war have had to hide their radios and so have no contact with the provincial health office in Bunia. Many districts do not have the structure to produce an annual report. The only time that nurses and doctors have received state salaries in the last ten years was in July 1998, the month before the invasion. The Zairean government gave the responsibility of running whole health districts to churches – in Ituri, only three districts are meant to be run by the state, but of these only one has a doctor. No funds have been received for the health districts from the government in ten years.

Cretinism

As a consequence of the conflict, health care is in crisis and the health of the population is appalling. An example from a study into iodine deficiency disease in north-east DRC illustrates this. Simply because of a deficiency of iodine in the diet, 83 per cent of women in Bas-Uélé region and 73 per cent in Haut-Uélé had goitres, as opposed to 12.5 per cent around Nyankunde.

One-third of women in Bas-Uélé were infertile as opposed to one-sixth around Nyankunde.[3] **One in 25 children in Bas-Uélé suffer with cretinism**[4] (3.8 per cent; compared with 0 per cent in Tshopo region), a disease caused by iodine deficiency which leaves the child extremely stunted (half the size of an adult) and severely mentally retarded. This appalling fact that would provide any newspaper with a dramatic front page story is virtually unknown outside of DRC. All that is needed to prevent these three devastating conditions is iodised salt, or to give the target population in affected areas one injection of iodine every five years. Yet because of underdevelopment, breakdown in the economy and in health facilities, and the war in eastern DRC it has been impossible to stop more children developing as cretins.

4.2. Church-run districts battle to keep going on tiny incomes received from patient fees and limited grants by overseas donors. The only health state programme functioning in Ituri has been PEV (Programme Enlargi de Vaccination), funded by UNICEF and WHO. In the past four years, health personnel have often been threatened, nurses have been raped, and health centres looted.

[1] An estimate made at the time of the first polio National Vaccination Day in 1999

[2] *Situation logistique des 18 zones de santé de l'Ituri, Province Orientale*, WHO report, November 2000

[3] *Iodine deficiency disorders and infertility in north-east Zaíre*, Ahuka ona Longombe and Glenn Geelhoed, pubished in Nutrition vol 13, No 4 1997

[4] *La carence en sélénium comme co-facteur de la carence en iode dans les grandes endémies goitreuses du Nord-est du Zaíre* Dr Ahuka ona Longombe 1993

4.3. **Acute, epidemic and chronic disease** - From meningitis to measles, cholera to plague, the population of Ituri suffers from a great diversity of epidemics. Bubonic plague, which is carried by rat fleas, used to infect 20 to 30 people a year before 1996. In 1997, following the renewal of war, there were 72 cases, 53 cases in 1999 and 207 cases from June to October 2000, with 48 deaths. A disease directly related to poor hygiene around the house, this epidemic has arisen particularly in villages of displaced people who live in appalling conditions in which rats have flourished.

White Fire, Black Death

Gosenge Vele in Rethy health district was a hamlet of six houses when 1800 people, displaced from the war in Djugu, set up camp. They fled massacres in their home villages when armed men fired on them and burnt their houses. Hundreds were killed from bullet wounds. From September 1999 until June 2000 they had no outside help and lived in deplorable conditions.There was no clean water, no food, and the people lived in makeshift shelters. The smell was so bad from the excreta that lay on the ground that the Oxfam team who arrived in June 2000 found it difficult to work there. Virtually all the children were malnourished, and many had already died of kwashiokor (severe malnutrition). Fifty graves have been dug in the year since the settlement started. With the presence of Oxfam, COOPI and ICRC, the children have received food supplements, there is clean water and latrines, and medicines in the small health post. The nurse, R'dza-Uts is paid $3.5 a month. He has virtually no equipment, but fortunately has received some drugs from ICRC. He knew that plague had hit the village when he noticed several dead rats around the houses. In October and November he treated **66 cases of Bubonic plague**, with only six deaths. Bubonic plague presents with fever and large swellings in the groin, called bubons. By the time it becomes pneumonic and the patient starts coughing up blood, it is usually too late to treat.The district medical officer, Dr Lobho Romby, was infected with plague this year, but fortunately diagnosed himself immediately and started antibiotics. One man in Gosenge Vele, Njango Buli, has lost four members of his family this year – his father and an uncle died from plague, his mother from diarrhoea, and his son from plague. All of these are preventable diseases related to poor living conditions.

Relatives of plague victims stand by their graves, Gosenge–Vele, November 2000

The biggest killers in Ituri are malaria, diarrhoea, and respiratory infections:

Numbers of cases and deaths from three most prevalent diseases in Ituri

	Malaria cases	Deaths from malaria	Diarrhoea cases	Deaths from diarrhoea	ARI disease	Deaths from ARI
1996	20,658	303	11,524	226	4,883	179
1997	30,432	1,390	17,662	933	9,005	261
1998	79,693	798	32,253	537	26,991	394
1999	72,455	602	12,114	599	5801	149

NB. ARI = Acute respiratory infection

4.4. There is no control programme against any of these diseases in Ituri, apart from what is carried out in individual districts. Bed nets and insecticide are not available for malaria control. Anaemia is a consequence of malaria. In the COOPI feeding unit in Rethy, out of 608 children helped, 62 died. Of these, 60 had severe anaemia.[5] In Boga hospital in 1999, 114 blood transfusions were carried out on 184 children with severe anaemia. In 2000 this was 104 transfusion out of 219 children with anaemia. In other health districts, materials for transfusion, HIV tests and the enthusiasm to persuade families to give blood are often lacking, so hundreds of children in Ituri die from severe anaemia. **Laybo district with 279,130 people does not have the facilities to do a blood transfusion.**[6]

4.5. Meningitis is another frequently reported disease. Meningococcal vaccine has never been available in Ituri. In Boga (with a population of only 60,479) there were 101 cases of meningitis recorded in 1997, 110 cases in the first half of 1998, and 292 cases of meningitis in 1999 with 19 deaths.[7]

4.6. Bacillary dysentery is a disease that flourishes in situations of displacement, poverty and poor sanitation. There were 1,428 reported cases of dysentery in Rethy district in 1999 (an increase from 926 cases in 1997). Cases of typhoid increased from 253 in 1997 to 451 in 1999, and amoebic infection from 772 to 1,641 in 1999.

4.7. There was a serious epidemic of cholera in 1998 in Ituri, particularly in Bunia, Tchomia, and Boga health districts. The presence of cases of cholera is directly related to the quality of drinking water. Oxfam's sanitary interventions in Bunia, Tchomia and Rethy health districts greatly reduced the number of cases in 2000. For example in Rethy district, there were 599 cases of cholera in 1999, but only 13 in 2000, after Oxfam protected 41 springs and built 38 latrines in many sites around Rethy. The same

[5] Commentaire général sur les cas des déces et proposition de nouvelle stratégie de lutte contre l'anémie Jean Bisimwa Balola, Nutritioniste, COOPI, Rethy.

[6] Rapport du Zone de Santé Rurale de Laybo, le 5/12/00 Dr Lopay Bay Léonard

[7] Rapport annuel de la zone de santé rurale de Boga, 1997; 1998; 1999; Manela Mazaribara, Administrateu de la zone de santé de Boga.

[8] Rapport de la mission exploratoire organisée dans la zone de santé de Bunia, 13/9/00, Bahati-Alexis Chibanvuya, MSF-Holland

situation was also seen in Bunia, with 973 cases in 1998 (with 76 deaths)[8] 371 cases in 1999, and less than 50 cases in 2000 (final figures for 2000 not yet available). Other districts have not been helped and suffer with appalling sanitation – for example Laybo, has only 10 per cent of families using well constructed latrines.[9] Biringi has only one health centre, and in Adranga only four out of 46 springs are protected in their catchment area.[10] Here, 30 per cent of primary school children have ascaris worms in their stools, 40 per cent have hookworm and 10 per cent have schistosomiasis. Fifty-four per cent of the population are infected with the worms that cause river blindness.[11]

4.8. **Maternity care** – One indicator of the impact of armed conflict in DRC is the abnormally high figure for maternal mortality (1,806 per 100,000 births in rural areas and 2,000 per 100,000 births, ie 2 per cent, in urban areas).[12] The apparent increase in maternal deaths in towns is presumably because these are many maternal deaths in villages that are never reported. In 1998, only 70 per cent of births in DRC were reported to have been assisted by a qualified midwife.[13]

4.9. In Ituri no figures are available for maternal mortality across the districts. Some districts have recorded the numbers of deliveries and maternal deaths, but many mothers die at home without it being recorded. The war has caused a big increase in the numbers of women who can not get adequate health care when they give birth. In Boga district in late 1996, for example, two women were waiting in the hospital to have caesarian sections as their pelvises were too small to permit a normal delivery. On 5 December, 200 marauding FAZ troops from the liberation war passed through Boga and everyone fled in panic. Staff in the hospital only left the hospital for one day, but in that time these two women ran away, and it was later heard that they had both died at home in agonising labour. Now there are nurse practitioners in two health centres in the Boga district who carry out caesarian sections in small operating theatres for women who can not get to Boga because of the distance and danger in travelling. The operating theatres were built through the efforts of the staff, local communities and Catholic and Brethren churches. The centres each do six caesarians a month on average. This has had a major impact in reducing maternal mortality in the Boga district.[14] Despite their greater accessiblity, these centres still see women with ruptured uteruses, from prolonged labours – two uterine ruptures in 2000 out of the 42 caesarian sections performed from January to October 2000 (out of 267 deliveries).[15] Both these women came from a different health district after being in labour for three days.

[9] *Rapport du Zone de Santé Rurale de Laybo*, le 5/12/00 Dr Lopay Bay Léonard

[10] *Rapport du Centre de Santé*, Adranga, Infirmier responable, Bhuruga, 1/12/00

[11] *Rapport du Centre de Santé*, Adranga, Infirmier responsable Bhuruga, 1/12/00

[12] Etat des lieux du secteur de la santé; Profil sanitaire du niveau central, des provinces, des zones de santé et des menages, avril – juin 1998. Ministère de la santé publique, RDC, mai 1999 p.37, Travail effectué avec l'appui du Proframme des Nations Unis pour le Développement et l'OMS

[13] ibid p.40

[14] *Commitment in the midst of chaos*, article in the Yes magazine of the Church Mission Society, April – June 2000

[15] Rapport de la maternité, Zassi, Accoucheuse responsible du Centre de Santé, Mission Gety

[16] calculated from the 1997 & 1999 *Rapports epidémiologique et rapports des services* from Rethy

4.10. Maternal mortality is recorded only in hospitals and some health centres. In Rethy, maternal mortality was 905 per 100,000 in 1999, a huge increase on the 50 per 100,000 of 1997, and 73 of 1995.[16] This shows how badly services have been affected by the war. Nyankunde recorded the deaths of 18 mothers in childbirth between 1996 and 2000[17] with an average maternal mortality of 308 per 100,000.[18] Most of these deaths were caused by the 'delay in arriving at the hospital, which results in the child being dead and macerated inside the uterus. (227 women delivered stillborn babies in the same five year period). The mothers die from haemorrhage following rupture of the uterus or infection.'[19] In Aru, the recorded maternal mortality in health facilities was 432 per 100,000 in 1999, and 310 per 100,000 in 2000, but there were 1,443 fewer deliveries in health facilities in 2000.[20] This reflects the effect of the war in reducing the number of women who deliver in health centres – the real maternal mortality could only have been higher than in 1999. Mabalako health centre normally has 50 deliveries a month. Since everyone had to flee in the bush following the fighting between Mai-mai and Ugandan soldiers, **two women have died in labour while in hiding, and two babies born to displaced mothers have died from neo-natal tetanus.**[21]

4.11. Another sign of the affect of the war on maternity services is the number of women with Vesico-vaginal fistulas (VVFs). This terrible problem is only seen where women with obstructed labours do not receive help quickly enough. The women with this condition are totally incontinent and live a life of misery. Their husbands often abandon them. Nyankunde has operated on **36 women with VVFs** (one in 1997, ten in 2000). Some of these were women who fled the war in Djugu. The family don't have the money to bring in the woman when labour starts. Deliveries must take place in the village. The child's head becomes blocked causing prolonged pressure and eventually necrosis of the vaginal wall, leaving a communication between the bladder or rectum.

4.12. Prof Ahuka commented "I operate on these patients and three days later I find that they have had nothing to eat. They beg me to give them food. What depresses me is that instead of patients asking you questions about their operations, they ask you for food. I recently asked a lady to breastfeed her baby – she said how could she be expected to have any milk when she hadn't eaten for three days. In the orthopaedic rehabilitation ward, we give the patients' families a field each – but some have no energy to cultivate because they have nothing to eat." [22]

4.13. **Family Planning** – Only 4.5 per cent of women in DRC of child-bearing age use any modern method of contraception.[23] In Ituri, the contraceptive pill is expensive, and condoms, at $0.3 for three are very expensive. Uninformed church leaders still preach that AIDS is a curse from God, and that to use condoms is to encourage prostitution in their parishes.[24]

[17] *Rapport des maladies aggravées par la guerre à l'hopital de Nyankunde*, Aibhaku Mandra, Directeur du Soins, CME, Nyankunde

[18] *Rapport de l'état de santé de la population, zone de santé*, Nyankunde, 1995 – 2000, Kirere Mathe, 30/11/00

[19] *Rapport des maladies aggravées par la guerre à l'hopital de Nyankunde*, Aibhaku Mandra, Directeur du Soins, CME, Nyankunde

[20] *Données de la zone de santé d'Aru*, 1999 & 2000

[21] Source 006

[22] Interview with Prof Albert Ahuka

[23] *Etat des lieux du secteur de la santé; Profil sanitaire du niveau central, des provinces, des zones de santé et des menages*, avril – juin 1998. Ministère de la santé publique, RDC, mai 1999 p.40

[24] Travail fin d'étude, *Les églises à l'utilisation de preservatif dans la lutte contre le SIDA*, Baguma Tahigwomu

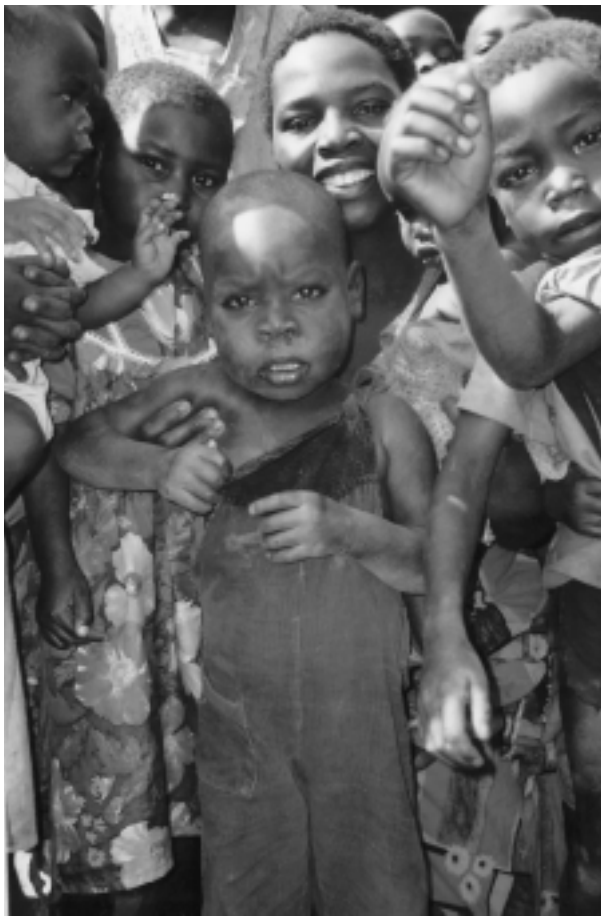
4.14. **HIV/AIDS** - Sadly the war has meant the virtual end to any HIV education programmes. There are too many people being killed by the war for AIDS to be perceived as a one of the worst problems facing the future of Ituri. Most health districts do not have HIV testing kits. The few studies that have been done show that HIV infects between five and 13 per cent of the adult population in Ituri. Thirteen per cent out of 189 healthy adult blood donors in 1998, compare with 10.3 per cent in 1996 in Nyankunde;[25] in Bunia, 5.5 per cent (out of 128 tested) of adult donors were HIV positive in 1999 and 4.1 per cent (out of 206) in 2000.[26]

Tumba *25 year old prostitute*

"I was married in Beni when I was 15. My husband lived by begging, and after putting up with that for seven years I left him and came back to Bunia, two years ago. I've been a prostitute for ages. I don't have a fixed price, but take what the bloke gives me – anything between $1 and $5. I have to look for men in the bars, but I bring them back to my place – I pay $5 a month for my house.

"I hate the life I lead. I tried to quit, but I had no money to pay my rent and buy clothes so I went back to prostitution. I hope to get another job one day to help me survive. I'm really scared of AIDS – but what else can I do to survive?"

4.15. **Nutrition** - In 1998, a Congolese government report estimated that one quarter of children under four years was malnourished (moderated malnutrition 13.2 per cent; severe malnutrition 10.6 per cent). The same report showed that 50 per cent of urban families and 25 per cent of rural families eat only one meal a day.[27] As the conflict intensified, Rethy health district recorded a huge increase in the number of cases of malnutrition in 1999 (4393 as opposed to 560 in 1997). A report carried out by MSF in November 1999 in the more secure northern half of Rethy district showed that 9per cent of children were malnourished. In May 2000, COOPI showed that 6 per cent of childern were undernourished, but that 31 per cent of displaced children were malnourished, 24 per cent of whom were severely malnourished. This was reduced to 9 per cent after they established three feeding centres.[28] In Bunia, 5 per cent of children were malnourished in mid-September following the efforts of the COOPI feeding centres over six months.



Displaced children, November 2000

[25] Studies carried out by Masins, Kabusu, and Kirere, CME, Nyankunde

[26] *Rapport annuel 1999*, Laboratoire Médical de Référence de l'Ituri, Alphonse Ukaba

[27] Etat des lieux du secteur de la santé; Profil sanitaire du niveau central, des provinces, des zones de santé et des menages, avril – juin 1998. Ministère de la santé publique, RDC, mai 1999, p.38 and 48

[28] Point sur la situation nutritionelle en zone de santé de Rethy, 4/12/00

4.16. **Vaccination** - The rate of vaccination coverage of chidren under five having completed their childhood vaccinations was estimated at 29 per cent in DRC in 1998.[29] In Ituri, the results are much worse. The percentage of children completing their third dose of Diptheria-Tetanus-Whooping cough vaccines was 9 per cent in 1996, 15 per cent in 1997, 11 per cent in 1998 and 10 per cent in 1999.[30] Only 19,644 children under one year old out of a potential 196,097 were vaccinated against these diseases in 1999. **War in 1997 prevented stocks of vaccines getting to Bunia for seven months.** In 2000 the triple vaccine was not available for seven months.[31]

More successful has been the National Vaccination Day against Polio, financed by UNICEF and WHO in the last two years, that has reached 96 per cent of children in more than two-thirds of DRC.[32] Results from these campaigns show that when resources and supervision are available, vaccination rates of 105 per cent in 1999 and 98.8 per cent[33] are possible. The great irony of this campaign is that whereas the eradication of polio is a world-wide priority, in Ituri, there were more pressing needs. There were only 14 cases of polio registered in 1996, 18 in 1997, 13 in 1998 and four in 1999 (the reduction in the last year attributable to the 1999 campaign). Compare these figures with the devastating effect of another disease preventable by immunisation – measles. In 1996 in Ituri, 1,719 children were reported with measles, with 97 deaths; in 1997 there were 1,727 cases and 62 deaths; in 1998, 4,623 cases with 157 deaths; and in 1999, 5,961 cases with **407 deaths**. This is gross under-reporting – many sick children do not get to health centres, many health centres in districts do not send their reports, and several districts do not send their reports to the province. In 1999 in Rethy health district alone there were 2,568 reported cases and 244 deaths.[34] Many district health teams wished that the UNICEF resources had been put into buying fridges and motorbikes, and into ensuring that there were sufficient stocks of the all vaccines in Bunia to allow them to carry out their routine vaccination programmes. In Laybo, the most northerly district in Ituri, only 10 per cent of children in 1999 and 8 per cent in 2000 were vaccinated in the routine programme because the district medical officer could not get any vaccines, and has no vehicle, vaccine freezer, or radio for communication with Bunia.[35] In Aru district, 25 out of 28 newborn babies infected with neonatal tetanus died – a condition that is totally preventable if mothers are immunised.[36]

4.17. **Administration of health care** – Only 80 per cent of health districts in the Eastern Province of DRC sent annual reports to the Ministry of Health in 1997.[37] In 1996, five health districts out of 18 in Ituri did not send epidemiological reports. Throughout 2000,

[29] *Etat des lieux du secteur de la santé; Profil sanitaire du niveau central, des provinces, des zones de santé et des menages*, avril – juin 1998. Ministère de la santé publique, RDC, mai 1999 p.39

[30] Estimation de la couverture vaccinale par zone de santé district de l'Ituri, enfants 0 – 11 mois; rapports annuels des vaccinations effectués 1996; 1997; 1998; 1999;

[31] *Rapport de l'état de santé de la population, zone de santé*, Nyankunde, 1995 – 2000, Kirere Mathe, 30/11/00

[32] The State of the World's Children 2000. UNICEF p.13

[33] Résultats de la Journée Nationale de Vaccination Vaccin anti-polio, 1999; 2000

[34] Relève épidemiologique de la declaration des maladies cible du PEV, Antenne de Bunia,

[35] Année 1996; 1997; 1998; 1999

[36] Rapport sur la Zone de Santé Rurale de Laybo, le 5/12/00 Dr Lopay Bay Léonard

Données de la zone de santé d'Aru, 1999 and 2000

[37] Etat des lieux du secteur de la santé; Profil sanitaire du niveau central, des provinces, des zones de santé et des menages, avril – juin 1998. Ministère de la santé publique, RDC, mai 1999, p.80

[38] Synthèse de maladie cible/Declaration des cas ambulatoires, Mois de janvier – aout 2000

12 of the 18 health districts did not send monthly reports to Bunia.[38] In this analysis, many references are made to Rethy district simply because it is so well organised and the disease profile is so well documented. Many health districts have no epidemiological data available, so it is impossible to gain an idea on the numbers of people infected or who die from disease, or who have been wounded in the war in these districts.

Ukaba Alphonse, Technical Director of Medical Referral Laboratory for Ituri Province

4.18. **Laboratory services** – The reference laboratory for Ituri is in a pitiable state, despite the enthusiasm of its director. It is completely self-funded and operates on about 20 per cent of its capacity because of lack of reagents and equipment. It is in desperate need of external funding.

4.19. **Drugs** – MEDAIR have been able to distribute drugs despite enormous bureaucratic obstacles to Ituri, and now Haut-Uélé and Bas-Uélé. This will improve access of the population to basic health care and will improve the self-financing of health centres. MEDAIR have also organised regular seminars on management of centres and the rational prescription of essential medicines.[39] They have also provided, along with ICRC, free drugs for displaced people, and have set up two drug depots. Because of the dreadful state of the roads, a lorry can take a month to travel 1,000 kilometres from Kampala to the depot in Isiro.

4.20. There is a crisis in the treatment of patients with tuberculosis (TB) in Ituri. For five months there has been a shortage of the principal drugs used to treat TB by the Catholic organised 'Aide aux Lepreux et Tuberculeux de l'Ituri' (ALTI) in all health districts in Ituri. At the same time there has been a large increase in new patients with TB:

[39] *Aide en situation d'urgence aux services de santé;* rapport trimestriel, juin – aout 2000 MEDAIR

Number of patients diagnosed with TB in Ituri 1996 - 1999

	1996	1997	1998	1999
New cases diagnosed bacillus +ve	900	959	1,212	1687
Relapse of old cases	84	60	67	81
Pulmonary TB with slide –ve	131	64	165	195
Extra-pulmonary TB	52	66	52	131

4.21. There must be double this number of patients with TB who never get to health facilities to be treated. To treat the newly-registered patients an extra $57,245 is needed – a tiny amount compared with the money needed to treat one patient in Britain with TB, but an unattainable fortune in contemporary DRC.[40]

4.22. **The wounded** - Between June 1999 and February 2000, the centres and hospital in Rethy health district registered **298 cases of bullet shot wounds**. The number of wounds from all causes increased from 1,497 in 1997 to 2,852 in 1999, the 1,350 increase largely attributable to wounds from the war in Djugu. In December 2000, a quarter of the 120 beds in Rethy hospital were still taken by those wounded by bullets. Bullet wounds, if treated without proper surgical debridement, rapidly develop into deep festering wounds and bone infections (osteomyelitis). Many of the wounded admitted to Rethy hospital had been hiding for weeks before being able to seek refuge and care in the hospital. Others were treated in health posts that had already been looted or burnt.

4.23. The reference hospital in Nyankunde hospital, the Centre Médical Evangélique, admitted 302 war wounded over the past five years, averaging 60 a year.[41] In 1996 and 1997 these were soldiers and civilians wounded in the AFDL war, which was particularly intense around Nyankunde hospital. In 1998 the invasion of the east caused more casualties, particularly from fighting between factions. In July 2000 Tibasima and Wamba's troops fought around Institut Supérieur des Techniques Médicales and the Institut Pan-Africain de Santé Communautaire. A night watchman at IPASC was seriously wounded, but saved by the fact that an operating theatre was so close.

4.24. **Violence towards health personnel and health facilities** – Between June 1999 and September 2000, 13 health centres in Rethy district were looted of drugs and equipment, and eight centres were set on fire.[42] Health centres across Ituri have been looted, and staff threatened. A midwife in Bunia was raped in a health centre in September 1998. The same health centre was attacked three times in 1998 and 1999 by armed men, who threatened the staff with machetes and guns if they didn't hand over money. The nurse-in-charge, his wife and daughter were held at gunpoint and told "If you don't want to die, give us $1,000." They only had $160 in the centre to give. The armed man pointed ordered them to blow out the lamp before he shot them. The bullets passed over their heads and the man fled.[43]

[40] ALTI – *Projet d'un cofinancement pour la lutte contre la tuberculose et Ituri*

[41] *Rapport des maladies aggravées par la guerre à l'hopital de Nyankunde*, Aibhaku Mandra, Directeur du Soins, CME, Nyankunde

[42] *Situation humanitaire dans la ZSR de Rethy*; juin 1999 à septembre 2000

[43] Interview

4.25. In Laybo district, staff are frequently threatened by soldiers when they ask them to pay for treatment. The following health centres in Laybo have been forced to close after attacks by the Sudanese based SPLA: Rikazu, Adi, Didi, and Gaki.[44] Meanwhile, health centres are crippled by the debts from unpaid bills of soldiers and displaced people. In Nyankunde hospital, there was a debt of $29,375 for the treatment of Ugandan and Congolese soldiers from 1997 to 1999.[45]

4.26. The senior staff of CME Nyankunde have frequently been victims of armed robbery since the invasion in August 1998 – on all of these occasions the senior staff were threatened at gun point and would have been killed if they had had no money or had panicked.

4.27. On 30th March 2000 a midwife from CME was raped by soldiers. Several members of staff have been arbitarily arrested by soldiers and held for long periods.[46] Nyankunde hospital has had three vehicles and two motorbikes commandeered by soldiers since 1996.

Education

4.28. With the invasion of the east of DRC, the government no longer has access to schools in the east. The rebel authorities have not instituted an educational programme in Ituri or in North Kivu. Schools still follow the national curriculum of the Kinshasa government, and secondary school leavers still take the Diplome d'État examination that is sent from Kinshasa. In Kinshasa, the Ministry of Education receives less funds than ever. Civil servants in the Ministry of Education explain that the lack of funding now given to education is because of the priority given to the 'war effort'. "The government's priority is to allow the country to regain its political stability and territorial integrity."[48]

4.29. During the colonial period, education was available for an elite group only. Between 1964 and 1974 there was a relative growth in educational possibilities relative to the growth in the economy. Teachers were paid and books were available in schools. However with the take-over of industries by the state in Mobutu's Zairianisation policy of 1974, and destruction of the economy, the government began to delegate its responsibility to educate children to churches and parents.[49] More than 70 per cent of schools are run by churches or private organisations. The previous Minister of Education in Kinshasa, Kamara Rwakaikara, was obliged to plead with the directors of church schools not to send home children who had been unable to pay their school fees.[50] The director of primary, secondary, and professional education in Ituri, Kabakura bin Kyamulesare, has received no stationery or books for his office or for the schools in Ituri since 1978. He last received a regular salary in 1992, apart from the period April to July 1998 when Kabila's government started paying salaries to teachers again. This was stopped immediately by the invasion of August 1998. His office is in a dilapidated building that has not been decorated since independence. He could not get to his office

[44] *Rapport du Zone de Santé Rurale de Laybo*, le 5/12/00 Dr Lopay Bay Léonard

[45] *Projet de sponsor des soins aux nécessiteux*, Lumago Lemeri, Administrateur de l'hopital, CME, février 2000

[46] *Rapport de l'état de santé de la population*, zone de santé de Nyankunde, 1995 –2000, Kirere, 30/11/00

[47] IRIN-CEA Weekly bulletin 47 (18-24 November 2000).

[48] As quoted by Munkeni-Lapéss Rigobert of the Panafrican News Agency, 30/10/00

[49] *Situation de l'éducation dans la Province du Nord-Kivu en RDC*; écrit le 3/12/00. Source – 010

[50] As quoted by Munkeni-Lapéss Rigobert of the Panafrican News Agency, 30/10/00

during November because of the fighting in Bunia. The only assistance the territory has received, apart from support given by Christian agencies directly to schools has been the support given by UNICEF to 11 primary schools in Ituri over the past six months.[51]

4.30. How many children go to school in DRC? The Ministry's own figures show that three out of ten Congolese children aged five to 14 never attended school in the academic year 1999 – 2000. The remaining seven out of ten would have attended sporadically. The figures in the occupied east of the country are much worse. In North Kivu, the last available figures were from 1995-1996. These showed that 68 per cent (586,337 out of 861,564)[52] children aged five to 14 did not attend school, and would therefore be illiterate, as almost no families in the east of DRC have children's books with which to teach their children to read at home. Of the children in schools in North Kivu, 42 per cent were girls. Since 1996, two wars and the permanent presence of rebels in the province could have only reduced school attendance figures to a fraction of the previous 32 per cent. Added to the insecurity, poverty and the frequent closure of schools, other reasons why children do not now go to school include the forced enlisting of boys into the army or rebel groups like the Mai-mai.

4.31. In 1995, primary teachers in North Kivu received their last state salaries of $5.82 a month. Head teachers received $8.95. With the little that parents pay in school fees, schools struggle to collect something with which to pay teachers. For Anglican schools in Ituri, this varies between one and 15 dollars for teachers in rural areas, and between 15 and 30 dollars a month in towns.[53] With hyperinflation, take home pay is often half this figure. But with schools closed for much of the year, teachers can not expect to receive anything for many months, and certainly nothing during official holidays. Like everyone else in eastern DRC, they have to dig their fields to survive.

View from the blackboard

"The boys join groups of armed bandits who steal, take drugs, and join rebel groups. The girls sell their bodies to get enough money to pay their school fees, or get pregnant and leave school. Teachers are easily corrupted with gifts of money, clothes, cigarettes, or drink. A lady recently stole the chicken of a friend of mine to pay her children's school fees.

"In the schools, the buildings are falling apart, many with leaking thatched roofs. Sometimes church buildings have to be used as classrooms. Some classes take place outside under the shade of a tree, and the children write on their knees as they have no exercise books.

"The poorly-paid teacher appears dirty and wears torn clothes in front of the class. Sometimes he is drunk. There are no scholastic materials or books. Older teachers have a decreased visual acuity and can't even read their notes as they don't have enough money to buy glasses. The teacher is poor and miserable. He's buried in ignorance because he is not retrained. He can't look up anything as he has no books and no kerosene for his lamp at night. He uses the notes he received at school without being able to update them." [54]

[51] Discussion with the Sous-Reged de L'Enseignement Primaire, Secondaire et Professionnel, Bunia 15/11/00

[52] *Situation de l'éducation dans la Province du Nord-Kivu en RDC*; écrit le 3/12/00. Source – 010

[53] *Rapport Succint des Ecoles de la Communauté Anglicane*, Bitanihirwa Kamakama, Conseiller des ecoles anglicanes en Ituri, 26/11/2000

[54] Source – 010

Kyaireta School – form one at work

4.32. In the Anglican primary school at Kyaireta, teachers have not received more than a dollar a month for the past three years. This school was set up in 1993 after a tribal war forced the inhabitants of Mitego to move to Kyaireta in the Semiliki river valley plain. The local community are still struggling to build classrooms. When it rains, the children are sent home. There are five classes and 60 children, with 20 in form one but only six in form five.[55] The school possesses only 26 battered books. The children raise money to buy chalk by cultivating a small field.

4.33. David Komuirungu, aged 46, has been a teacher for 19 years, since finishing in fifth level secondary school in 1981. He walks three miles to school but doesn't have anything to eat until he returns home in the afternoon. He teaches form one, with great enthusiasm, but with no materials apart from a blackboard and chalk.

4.34. Jerome Bahindwa, aged 60, sends two of his children to Kyaireta school. He has had three wives in his life, and 18 children, five of whom have died. He has had to flee DRC three times in his life into neighbouring Uganda – in 1964, 1993 and 1996. This frequent displacement has left him poor.

4.35. In the territory of Djugu, the tribal war of 1999 – 2000 has had a devastating impact on schools. In four collectivities [Walendu Pitsi, Djatsi, Tatsi and Mabendi] 211 nursery, primary, and secondary schools out of 228 have been burnt or closed because of fighting.[56] The number of children in these schools this year was 10,621 compared with 39,597 (27 per cent) before the war last year. Most of these children have been forced to flee ; many have been killed. There were 1,771 teachers for these schools before the war, but only

[55] *Complement des rapports de l'école primair de Kyaireta*, Patrice Opedi-Ruhuga, Directeur de l'Ecole 18/11/00

[56] *Rapport circonstance sur les collectivités des Bbale du Territoire de Djugu*, Male Leba, Préfet de l'Institut de Rethy ; Ndjango Ngbathe, SGAD Rethy; Lossa Uwale, Administrateur de l'hopital de Rethy; Dungo Ngbadhe, Directeur de CRD, 4/12/2000

701 after the war. Average monthly salaries over the previous five years have been between three and five dollars. In 1999 only 8 per cent of primary school leavers managed to take and pass their exams. No government fund has been received by any of these schools in the past ten years. The last salaries from the government were in 1991. Each school works on a budget of between 200 and 300 dollars a year, money which has been collected from parents. Before the war there were 160,092 books for these schools; afterwards there were only 10,314 books. Illiteracy in Djugu was estimated by the Bbale community to be 85 per cent. This can only worsen unless the schools receive immediate help.

4.36. In the territory of Aru, the schools are often closed, the buildings are falling down, most leak when it rains so teachers have to send children home, there are no books, the pupils have no uniform, and there are no inspection visits. In 1999, all the schools in the territory performed lamentably in the primary school leavers exams, sent to Kisangani.

Economic effects of the war

4.37. The formal economy of DRC is dead.[57] Ituri works with four currencies (US dollar, franc Congolais, Ugandan shilling and Nouveaux Zaires) and no banks. It is impossible to make investments in DRC, and most people, apart from those profiting from selling natural resources abroad, lead a life of hunger and uncertainty. Food prices increased in Ituri in 2000 (the price of palm oil increased by 63 per cent between February and August[58]), harvests have been reduced by a delayed wet season, and conflict stops food coming into Bunia from Djugu and Beni.

Marie, *aged 35, former prostitute, lives with her partner*

"I don't like to live by myself, so I tend to move in with someone. When it doesn't work out, I look for another guy. Like everyone else, we live from what we grow, either in our own fields, or we work in other peoples' fields. If we dig 3m by 15m, which takes 3 days for one person, we take home 50 (Congolese) francs ($0.7 US) – but that's not enough to feed us for a day. Before the war, you could earn enough from digging for three days' food. Most of us dig the plot in one day, with three or four people working together – but then you've got to divide up the 50 francs between everyone. We live in poverty and can't get out of it." [59]

4.38. Few businessmen risk sending lorries of food. Most transport of charcoal, food and cooking oil is transported on foot or by bicycle.

[57] *In the heart of darkness*. Leader from The Economist, 9-15 December 2000

[58] Preliminary analysis of food prices in Ituri, MEDAIR 12/10/00

[59] Interviews conducted by source 018

Life on the road

The Wachuruzi (bicycle transporters) lead a particularly grim existence. Some come from as far as Isiro, 750km from Bunia, carrying four 20kg jerry cans of palm oil on the back. They are working for their contractor who owns the bicycle – three jerry cans are for the Boss and one is for the transporter. Palm oil sells at $2.5 a barrel in Isiro and $13 in Bunia. Before the two wars, lorries would bring palm oil. Now the state of the roads is too deplorable and there are too many ambushes to contemplate risking a lorry. One of the Wacharuzi, Mbaka, aged 44, used to work in the beer factory, Unibray in Isiro before it closed in the first war. Another, aged 46, was a lorry driver for a businessman in Mambasa.

The trip to Bunia takes 11 days – and 9 days back to Isiro, for a net gain of $10.5. They are given $7 to buy their food for the whole 20 day trip, and make $10.5 a trip. After five trips they can keep the bicycle (which was not new when they started). Some don't make it – in October, one died on the road with severe diarrhoea, probably contracted from the muddy streams they drink from on the road. The contractor employing 10 transporters can make up to $245 from which he also has to buy and repairs old bicycles.[60]

Wachuruzi (bicycle transporters)

4.39. During the first DRC war, the FAZ pillaged markets. In the second war, the population in many areas – fearing attacks and counter-attacks – were prevented from planting in the second season of 1998. The harvests of the first season in 1999 in Djugu were abandoned to rot in the fields by people fleeing for their lives,[61] and there was no stability until the second season of 2000 to permit planting again. In Aru territory, 80 per cent of families now plant tobacco to dry and sell to British American Tobacco, reducing the amount of food being grown for their families. The income from the tobacco is usually kept by the husbands and therefore does not help the children. Less food is being stored in granaries than five years ago, and more food is stolen from fields.[62]

[60] Interviews with Wacharuzi and a contractor called Seti

[61] *Situation agricole désastreuse en Ituri*, Président du collectif des ONGD, Christian Etongo Ilengo 31/08/00

[62] Source - 009

Dikosi, *an agricultural engineer, married with 3 children*

I work for OKIMO on their farm at Dele. In 1989 when I started, there were 2,300 cows imported from Switzerland. By 1996 there were only 900 because of Tibasima's bad management of the farm. In 1989 I was paid $300 a month – by 1996 this was down to $30. For the last three years I've had no salary at all. With Kabila's arrival there was some hope, but since the rebellion in 1998 all hope has evaporated. To survive, I grow cabbages and leeks and sell them in the market. I used to sell them at Mongwalu, but the road is too bad and it costs too much to get there these days. Even the ladies who buy in bulk from me can't afford much now – the price in the market is too unstable, and the dollar exchange rate changes too quickly. Often there's a military alert or a gunshot and the market is empty in minutes. Lots of my cabbages are stolen in my fields – nobody can sleep in his fields every night. I just about pay the school fees of my children and medical bills, but it's survival – I can't save anything and can't invest at all.

5/ Conclusions

5.1. The most urgent priority in DRC is for the guns to fall silent. An immediate cease-fire should be sought on the front line between all warring parties. In Ituri and North Kivu law and order should be restored by the establishment of a neutral administration that will be respected by all sides.

5.2. The international community should take effective action to prevent new supplies of weapons fanning the flames of conflict. This should take the form of a UN arms embargo on DRC and on all countries supplying arms or participating in the war. The EU should also strengthen its arms embargo on the DRC by making it legally binding, and by extending it to all countries supporting the war in DRC.

5.3. UN member states should strengthen the UN's deployment of observers (MONUC) in DRC and deploy UN human rights observers, especially in Ituri and North Kivu.

5.4. An international committee should follow up the work that the UN inspection recently carried out on exploitation of resources in DRC to regulate the mining of minerals and the cutting of forests. An embargo on trade in gold, coltan, diamonds, and wood from eastern DRC should be introduced in Uganda and Rwanda.

5.5. The deteriorating humanitarian situation in Ituri and North Kivu requires an enhanced and co-ordinated intervention. The UN needs urgently to identify and establish a full-time UN humanitarian co-ordinator. Urgent humanitarian needs include assistance to displaced people, and the rehabilitation of health districts and schools.

[1] From a draft paper *Proposed International Humanitarian Initiative on the Congo* which represents initial US Government thinking on how to rally international action to achieve an augmented and co-ordinated response to the humanitarian crisis in the DRC

Annex 1: Background to the conflict

1. The war in the Democratic Republic of Congo has its roots in the unfortunate history of the country. In what has been a century of conflict for Congo, different rulers and powers have extracted what they could from it with little thought as to the consequences of their actions. Before the creation of the Congo Free State in 1885, the jungles of central Africa were for centuries pillaged for their riches and for their human labour for African and European slave markets. Between 1885 and 1908, King Leopold of Belgium used the vast territory of Congo as a personal fiefdom.

2. From 1908 to Independence in 1960, Congo was governed by a Belgium cabinet minister from Brussels. There was a shift from the amassing of wild rubber to the cultivation of plantations of rubber, on which people were forced to work. Brutality continued. In the 1940s, Congo provided the London-based government-in-exile 85 per cent of its revenue, and Congolese uranium was used to make the atom bombs that were dropped on Japan.[1]

3. In the colony, administration was provided by the government, education by the church and revenue by the mining corporations – a pattern that did not change in Mobutu's time except that the responsibilities of government gradually lessened as the revenue increasingly left the country. The infrastructure of the country was developed, with health facilities and well-developed primary education (with a literacy rate estimated at 30per cent in the cities)[2], though only 136 children completed full secondary education in 1959.[3] By 1960 there were more than 100,000 Belgians in Congo dominating the middle and upper echelons of the administration and society, but only three Congolese held posts in the top three grades of the civil service. There were no Congolese doctors, lawyers, army officers or secondary school teachers.[4]

4. Independence came suddenly, and Congo was immediately plunged into chaos. A colonel of the army, Joseph Mobutu, resolved the impasse by seizing power. Staging a second coup in 1965, Mobutu proclaimed himself president, and immediately reduced the power of parliament, suspended the provincial assemblies, assumed command of the police and had a number of rivals executed.[5] He created a single party state and gradually took personal control of the economy, eventually amassing a personal fortune of $9.5 billion. The country was renamed Zaire as part of an authentisation programme to win him support at home. In the 1990s, faced with mounting pressure against his regime, he was forced to create a national conference to give a show of democratic reform. This lead to a succession of seven prime ministers who lacked any military or fiscal power. In 1991, the increasing frustration of a strangled system was manifested in the widespread pillaging carried out by troops and civilians across the country. Many people were killed and the cost of the damage reached $700m.[6]

[1] John Reader, *Africa: A biography of the Continent* p.631

[2] Edgar O'balance, *The Congo-Zaire Experience*, 1960-98, p.3

[3] Africa A biography of the Continent p.646

[4] ibid p.646

[5] ibid p.655

[6] *Democratic Republic of Congo Country Profile 1999-2000,* The Economist Intelligence Unit

5. The Rwandan genocide of 1994 created the huge exodus of mainly Hutu refugees into Zaire. In late 1996 a rebellion began in the east of the country, lead by Laurent Kabila who had been in hiding since the revolution in the early 1960s. This uprising was backed by Rwanda in response to Mobutu's support of the Hutu Interahamwe rebels who were attacking Rwanda from the camps in Zaire, and suppressing the Banyamulenge tribe around Uvira on Lake Tanganyika. What started as an attempt to destroy Interahamwe power bases rapidly developed momentum and popular support and became a rebel movement to oust Mobutu from power. As the forces of the Alliance des Forces Démocratiques pour la Libération du Congo (AFDL) swept across the country, they met with little resistance. An underpayed, poorly trained, demoralised Force Armée Zaíroise (FAZ) collapsed in the face of a highly motivated and organised movement. Many FAZ troops embraced the rebel movement. In Kinshasa it had much support from within the political and military structures of Mobutu's regime. Rwanda, joined by Uganda, had been happy to use Kabila as a figurehead of the movement to enable their Tutsi group to gain political and economic ascendancy in the region. This backfired after Kabila toppled Mobutu on 17 May 1997 and set up his own power base, renaming the country the Democratic Republic of the Congo (DRC). Initially he allowed Rwandan and Congolese Tutsis to dominate the political scene, but faced with mounting internal pressure from the Kinshasa elite, he then did an abrupt u-turn and reneged on promises made to his eastern supporters. The removal of several Tutsis in a cabinet reshuffle in June 1998, followed by the order for foreign troops to leave Congolese territory by July, sparked off the new rebellion in the east.

6. On 2nd August 1998, Rwandan and Banyamulenge soldiers still in charge of Conglose troops in the east declared that they had taken over the east of the country. This was immediately backed up by the invasion of groups of soldiers and tanks from Uganda and Rwanda. Ernest Wamba dia Wamba was declared as the political leader of the newly created Rassemblement des Congolais pour la Démocratie (RCD). Rwanda and Uganda claimed that their motive in sending in troops was to stabilise their borders against Interahamwe and NALU rebels operating from Congo. However, the RCD has received little support from within Congo, and is politically dependent on decisions made in Kigali and Kampala. The Ugandans also supported Jean-Pierre Bemba's Mouvement pour la Libération du Congo (MLC) in Equateur Province, where Ugandan soldiers and artillery fight alongside Bemba's rebels. Meanwhile in Uganda, attacks by the NALU (National Army for the Liberation of Uganda) rebels have worsened. The wars between Uganda and the NALU, and Rwanda and the Interahamwe have overflowed national boundaries and are now conducted on Congolese territory.

7. Kabila was assassinated in January 2001 and DRC has entered a new phase of uncertainty.

About the author

The author is a British trained, Oxford based General Practitioner. From 1991 to 1998 he worked in the Democratic Republic of Congo with the Church Mission Society. Responsibilities included being health adviser to the Anglican Province of Congo, District Medical Officer, hospital medical superintendent, and director of a nurse-practitioner training school. He has also worked in Uganda and Tanzania. In October 1998 he carried out a study of the impact on health care of the war created by the Lord's Resistant Army in northern Uganda – 'An assessment of health care provision and need in Kitgum District, northern Uganda'.

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