

Update from Charlotte Passmore about her work with MSF in the DRC (Congo)

Jambo again from Mweso! It has now been nearly 2 months since arriving in Mweso, I can't believe how the time flies! Apologies that this is only my second update but I've been so absorbed in the groove of work here that I haven't sat down to write properly. I'm slowly figuring out life and work in Mweso, though certain things are still a bit of a mystery. My french is gradually improving and I have at least a few phrases of Swahili that I can manage, which helps when greeting local people. It's really only the educated people who speak french so it's handy to have at least a few key phrases.

As for the work situation, we are continuing to support 5 health centers within the health zone here. 2 of the health centers have been inaccessible because of the conflict and ongoing insecurity up until this past week. My team was finally able to visit these two health centers, which was great. It's been almost 3 months since they were able to visit Mpati and Bibwe so it was great news that we finally had the green light. It is absolutely beautiful in this area, totally stunning. It takes about 5 hours to drive there on terrible roads and the Mpati health center is right at the top of a mountain; you feel like you're at a health center in the sky! We had a wonderful reception from the population there as no other NGOs have been there for months. The children there are really cute, it's the one place I've been to where children run up to you and greet you by hugging your legs, it's really quite sweet. There were many displaced people around, many of which had fled and returned following recent clashes but all seems relatively calm at the moment. Access to water was a big issue as during the recent clashes one of the pipes from the main water reservoir had been cut, so our team went out to evaluate what needs to be done. We stayed out there for two nights and also visited Bibwe health center, which is a bit further again (another 2 hours).

I was responsible for managing the security of the team during the trip, which was definitely a challenge, but I really enjoyed making all the contacts along the way. I met with various community leaders and leaders of armed groups to make sure they are aware that we are in the region, what our plans and activities are, and to make sure that they understand the way that we work (MSF principles of neutrality, impartiality, independence). They were all really happy to see us and were thrilled that we were coming to support the health centers. Acceptance and knowledge of MSF is really strong in North Kivu thankfully, which is key to our

security and ongoing presence in the area. We need to constantly maintain our acceptance here by discussing our activities, maintaining regular contact with all sides of the conflict, explaining the way that we work and making sure that people understand that our ability to work in this area and provide free healthcare for their families is dependent on their ongoing assurances of our safety. It's really interesting and quite different from any other mission or context I've worked in before. While I've worked in conflict zones before, this is my first time being so involved in the security management side of things and the interactions with various sides. Though it's complex and delicate, it is really interesting. Thankfully I have excellent national staff who have a very good understanding of the context and are brilliant confidants, advisers and where necessary, translators. We visited the displaced persons camps in the area also, which are in quite a state after the previous clashes in the area. Many structures and latrines were destroyed unfortunately. The precarious reality of living in this area with constant insecurity and displacement is mind blowing to me.

Medically it's also been really interesting. We are continuing to support the health activities in these remote health centers by providing supplies, clinical supervision and training. The health centers which are further away are harder to reach regularly due to the insecurity and sending the monthly medical supplies by road is really difficult. Currently what happens is that the health centers send people on foot to come and collect the supplies and carry them back on foot. They arrived last week and they were 50 in number. It concerns me having all these people carrying heavy loads to the health centers on foot, sleeping in the bush overnight but apparently this is currently the safest option. We are continuing to support 2 community based malaria clinics in two other areas, in addition to the 5 health centers. The malaria epidemic is decreasing slightly, though it's still an ongoing problem. Malaria is such a killer here, despite the fact that it is so treatable and preventable. With ongoing population displacement, stagnant water and insufficient or improperly used mosquito nets, it means that malaria transmission is ongoing. We had a 4 year old boy called Jeremiah who we urgently transferred the other day from Kashuga Health Center because of malaria. This child had been treated three times for malaria in the previous two months. It's hard to know from the history whether it was an ongoing infection that didn't respond to first line treatment or whether it was re-infection. Regardless, this child had received 3 courses of treatment and when he didn't improve the Mum took him to a traditional healer instead of back to the health

center, where there was traditional cutting/scarring performed on his abdomen. Unfortunately by the time they returned to the health center for medical care his condition was very poor. He had severe cerebral malaria, severe anemia and he was showing signs of decompensation. We decided to cut our visit short as the Mum couldn't afford the transport to the hospital and we knew he didn't stand a chance otherwise. He needed a blood transfusion and a higher level of care than what the health center in Kashuga could provide. We rushed him to Mweso hospital, though rushing on these roads means driving 40km/hr. He was unconscious and was struggling to breath. His Mum didn't hold him on the journey to the hospital, perhaps because she had her baby with her, but perhaps also because she was distancing herself...at first I thought it was strange but perhaps it's because she already knew the likely outcome and reacted out of self-preservation. Clarice, one my national staff colleagues held the boy on the 40 min drive and we kept exchanging worried glances. We managed to make it to the hospital and the child received a transfusion but unfortunately had a liver abscess which would have required surgery, if he was stable enough. Unfortunately Jeremiah had everything against him and he succumbed to his illness the next evening. It's so frustrating because these are illnesses and outcomes of poverty. People don't generally die of malaria when they receive prompt treatment and follow-up. Unfortunately, despite our best efforts we lost him and he's just one of many examples that I have seen in my time here. I can't imagine how devastating this must be as a mother but life goes on here, there are more children to feed and daily safety and security concerns to consider. The precariousness of life in North Kivu....it's hard to wrap your mind around how we all live in the same world and yet have such starkly different realities. I take my anti-malarials nightly and sleep under the protection of my mosquito net, thankful for the privilege that I have not earned but deeply appreciate.

As for the humanitarian situation in general here in Mweso, there's been a significant influx of IDPs (internally displaced people) into Mweso town over the last month. Apparently all the local schools and churches are full of IDPs and others are staying with local host families. One of my Ministry of Health nurse supervisor colleagues told me that he has 22 people staying in his house at the moment. He used to work in the area northeast of us where many people are fleeing from and therefore knows many people who are asking for help. It is amazing to me how people open their homes for those in need, when already the houses are very small and cramped. The humanitarian situation is

understandably very concerning. When we travel with the outreach team, it's easy to spot the displaced people as they carry rolled up foam mattresses on their head and have as many belongings as possible tied to their backs. Even the small children have a load to carry. I get ready for bed in the evening in my spacious room for one, climb into my large bed and I try to imagine what it must be like in the local houses and churches at the moment. Life here is so precarious and is flipped upside down in an instant, it's hard to imagine the reality faced by those living here.

Given the changing humanitarian situation we are looking at our strategic planning and how to respond to the continuously evolving situation here. Right now we are just trying to better understand what is happening, whether displaced people who have arrived are likely to stay, what the needs are of the most vulnerable, what other humanitarian actors are planning on doing, and how best to respond. We're already thinking about increasing our presence in the zone by supporting other ministry of health structures. It seems better to support a system that's already somewhat functional, rather than create a parallel system, totally run by MSF. What we tend to do is support local health posts or health centers by providing supplies, supervision and an incentive to ministry of health nurses. Nurses here are generally well trained but aren't paid by the MOH, so end up charging the population for care to try to earn some money and keep the health centers functioning. There are often ruptures of medications and access is a constant problem especially given that health care isn't free. We are starting to support another health post in Ibuga, which is a displaced persons camp. It's not far from Kashuga, which is a health center we are already supporting. There has been a massive amount of malaria cases there, and a huge number of IDPs, which has meant that the health center in Kashuga has been totally overwhelmed with patients. We had an emergency MSF team there for the past couple of weeks to help with the malaria response but since numbers have decreased, they have now stopped their intervention, which is why we have started supporting another health post.

Our outreach team is really busy and are definitely finding it challenging to cope with the amount of work. It's such a strong team, they are all so highly skilled and experienced, they are such a joy to work with. In the strategic planning for the next year, there is a plan to either expand the outreach team, or add a second outreach team, but that won't be for quite some time. For now we are managing,

but it's definitely hectic and hard to keep tabs on what's going on in all these places. I do love being out and about everyday and am really enjoying the work and my team, despite all the challenges. I had my mid-mission rest and recuperation weekend in Goma last weekend, which was really great. I was able to go with a friend from the project, which was lovely. We enjoyed a weekend by Lake Kivu, went out to restaurants, had a massage and a pedicure and enjoyed a few lovely bottles of wine. It was so awesome to have a proper shower and it was overall very restful and relaxing. I'm feeling rejuvenated and ready to tackle the last 4 weeks of my mission, I can't believe how quickly it's gone! I'm going to enjoy the last month of my time here in Mweso and work as hard as I can.

Charlotte Passmore