

## **Republic of Congo: the forgotten people of the Ubangi River**

*Tens of thousands of refugee families on the banks of the Ubangi River in the Republic of Congo and Central African Republic (CAR) are facing extreme shortages of food, shelter and healthcare. The refugees fled violence which erupted in Equateur province in neighbouring Democratic Republic of Congo end of 2009. Since then, more than 100,000 refugees have arrived on the banks of the Ubangi, including more than 11,000 new refugees in the past several weeks. MSF is providing healthcare assistance at more than 20 locations along the river.*

Over the last weeks, more than 11,000 refugees have poured into the Republic of Congo fleeing violence in neighbouring DRC. Four months since fighting erupted in Equateur Province in DRC in October 2009, the number of refugees living along the Ubangi River in Liranga, south of Impfondo in the Republic of Congo, has grown to over 100,000. The refugee families are scattered in small groups over an area stretching 500 km along the riverbank, several kilometres from their homes in DRC.

Médecins Sans Frontières (MSF) is providing healthcare in more than 20 permanent and mobile community clinics along the Ubangi River from Mougoumba, south of CAR, to Impfondo in the Republic of the Congo. MSF medical staff are also working in a local health centre and two hospitals, in Impfondo and Mongoumba. All patients with serious medical complications are referred to hospital for treatment. Medical care provided includes prenatal consultations, treatment for malnutrition and vaccinations. More than 10,000 children between the ages of one and five have been vaccinated against measles in the district of Bétou (in the Republic of Congo), and a vaccination campaign for children between 6 months and 15 years of age is underway in the district of Mongoumba (CAR).

Between November 2009 and January 2010, MSF teams provided more than 25,000 medical consultations. The majority of patients (75%) were refugees. The most common illness diagnosed was acute respiratory infection. "Living conditions for the refugees are still very precarious," said Caroline Rousseau, in charge of MSF's operations in Bétou district. "These respiratory problems are linked to a lack of shelter. We also have many patients suffering from malaria. We have distributed mosquito nets and other essential equipment to 2,500 families, but more needs to be done. On the other hand, since an improvement in the water supply and the distribution of soap, the number of cases of diarrhoea has stabilized over the past several weeks."

Distributions of supplies are being organised, mainly by the UN High Commission for Refugees (HCR) and the World Food Program (WFP), but they cover only some of the refugees' essential needs. The problems are real: the transportation and distribution of aid along approximately 500 km of river require significant resources. Until adequate resources become available, the local population is the only source of aid for many of the refugees' daily needs. The number of refugees now almost equals the normal population in this already disadvantaged region and the pressure on meagre local resources is extreme.

"Because food distribution is inadequate, refugees are forced to return to the other side of the river to look for food in their fields, in their villages," said Caroline. "Insecurity remains a problem outside of the main towns. Refugees, especially women, risk meeting with violence during these brief back-and-forth visits. We have treated women who were victims of sexual violence. In addition, those who cross the border are sometimes forced to pay taxes, both on the DRC side and the Republic of the Congo side."

Despite the deployment of DRC government armed forces, local residents still consider the situation in Equateur Province in the DRC to be dangerous. According to the United Nations, some of the 60,000 families who fled their homes but stayed within Equateur Province have now returned home.

MSF has been working in Equateur province since December in two health centres in the communities of Bomboma and Makengo. MSF provides an average of 1,300 consultations a week to the displaced and resident populations, mainly for cases of malaria, sexually transmitted diseases and respiratory infections. In recent days, access to the communities of Imese and Enyele in the south of Dongo province has improved. Since February 18, an MSF medical team has assessed the situation in Enyele, where the situation is calm and most of the population that had fled the fighting in that area has been able to return. However, armed operations are continuing further south in the province, in the swampy areas near Buburu and Bomongo.

Early in January 2010, MSF warned of the need to guarantee protection to the refugees who had fled the violence in Equateur Province. A retrospective mortality survey conducted by MSF's epidemiological research centre (Epicentre) estimated at 1,500 the number of deaths due to violence in Equateur Province over a seven-day period between October 28 and November 32009. The UNHCR mandate is to protect populations who flee a country because of direct violence or well-founded fears. On the other side of the border, in the Republic of Congo, UNHCR refugee registration began several weeks ago, but no one has yet been given refugee status. Such status is intended to ensure respect for the basic human rights of persons who are vulnerable and to guard against involuntary returns of refugees to a country where they are at risk of being persecuted.

**Definition of refugee (source UNHCR)**

According to the 1951 Convention Relating to the Status of Refugees, the term "refugee" applies to any person "who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it."