**FIRST PERSON PIECE**

**D.R. Congo: “Families have spent months hiding in the forest with very little to eat”**

***Hundreds of thousands of people were displaced from their homes after violence broke out in the Kasai region of Democratic Republic of Congo just over a year ago. MSF medical coordinator Cruz García describes the effects of the crisis on people’s health.***

“Walking through Tshikapa, the capital of Kasai province, there is no immediate sign of the tens of thousands of people who fled to the town in recent months in search of safety. There are no big camps for displaced people; instead the incomers have found refuge in the homes of relatives or in rented rooms or churches. But this relative normality is deceptive, as the region is at the centre of a crisis that has been ignored by the outside world.

**Neglected medical needs**

Until just over a year ago, the Kasai region was a peaceful spot in the middle of a country prone to chronic instability. In August 2016, violence erupted, the repercussions of which are still being felt. These include a high prevalence in child malnutrition, of more than 10% severe acute malnutrition in several areas, and episodes of sexual violence against women. It has left a fragmented society with numerous medical and humanitarian needs that are being neglected, attended only by a barely-functioning health system.

**Children with severe malnutrition**

After fleeing their homes, many families spent months hiding out with their children in the forest to avoid confrontations with armed groups, exposed to diseases such as malaria and with very little to eat.

In Tshikapa, services are overwhelmed and food prices have risen dramatically, leaving many people to go hungry. Our teams have seen many children with marasmus [a form of severe malnutrition] in Tshikapa and in surrounding villages.

At the therapeutic feeding centres supported by MSF, displaced families regularly arrive with their children, sometimes in the hope of getting something to fill their stomachs after several days without food.

**Mining areas hard-hit**

Although the violence appears to have dissipated, the return to normal life is slow and complicated. The crisis has affected different areas in different ways. In places where economic activities were more diversified, and included farming, people are coping better. In areas where the only activity was mining – which in many cases was interrupted – people have been less able to get hold of sufficient food.

In these places we have found a incidence of child malnutrition, including cases of kwashiorkor, where children develop oedemas [swellings under the skin], typically because they lack certain nutrients.

**Living in a state of fear**

Mental health is another major issue. People’s psychological defense mechanisms have broken down from living in a state of fear after everything that has happened. Recently we have received a number of women and girls who were victims of sexual violence. They have only come for treatment now, months later, after finding that they were pregnant or infected with a sexually transmitted disease.

**Rape survivors**

We always insist on the medical urgency of the first three days following an incident of sexual violence, but the treatment has to go much further than that. Families often hide the fact of rape because of the stigma associated with it, so it is important to try and prevent rape survivors being doubly punished by being rejected by society.

Sexual violence sometimes involves gang-rape, torture and other horrific situations.

**Traumatised**

One 13-year-old girl arrived at our hospital accompanied by her mother. As the family fled their home, her father was caught by five militiamen and beheaded in front of them. The girl was raped by at least three of the militiamen, who left her for dead. She survived, and was able to escape with her mother and reach Tshikapa. Scared that she might be pregnant, and traumatised by her experiences, she came to the hospital. The pregnancy test was negative, but she tested positive for HIV, and we told her she would have to start treatment.

**Healthcare in tatters**

The violence has left in tatters a health system that was fragile even before the current crisis. Half of the health centres we have visited in rural areas have been hit in one way or another: they have been looted, burned down or destroyed. Some health workers staff have returned to those that are still standing, but often there are no drugs or medical supplies, and there is a shortage of skilled professionals. A huge amount remains to be done.”

***MSF mobile medical teams are travelling to villages across Kasai province to treat people in need of medical care, in particular malnourished children, and resupply local health centres with medicines and equipment. MSF is also supporting a hospital and three health centres in Tshikapa, and has helped set up 10 outpatient therapeutic feeding centres in the surrounding area.* *Between June and September 2017, MSF teams in Kasai province provided more than 5,000 paediatric consultations, treated nearly 1,000 children for severe acute malnutrition, carried out more than 200 surgeries, treated more than 155 people for violence-related injuries and provided care for 30 survivors of sexual violence.***

***In the Kasai Central province, MSF has been supporting Kananga Provincial Hospital since April 2017 and in June MSF started also to assist victims of sexual violence***

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