

Chief of Personnel of Uruguay IV Battalion. Deployed in the DRC since June 2019.



•What happens with the work of military forces when epidemics and pandemics break out in the context of a peace mission? Since 2018, the Democratic Republic of the Congo has experienced new Ebola outbreaks, resulting in 2,280 deaths out of a total of almost 3,500 cases up to mid-June 2020. In March this year, COVID-19 struck and caused almost 6,000 confirmed cases to date. Both viruses added further challenges to what is now one of the most protracted and critical humanitarian conflicts in the world. In this scenario, where the United Nations established its MONUSCO operation, the Uruguayan troops carry out their task as part of the mission.

The 2018 Ebola outbreak

Ebola, possibly one of the viruses worst feared by humanity because of its lethality, reappeared in the Democratic Republic of the Congo in mid-2018 with an outbreak in the town of Butembo, North Kivu Province, with an estimated population of 670,000. At the time, the World Health Organization (WHO) deployed medical teams to care for the sick and prevent the epidemic from spreading to other areas.

Paradoxically, health workers were attacked on several occasions, medical facilities were vandalized, and their personnel threatened with death. Violence peaked on 19 April 2019, when Dr. Richard Mouzoko (Cameroon) was murdered by a group of angry locals while treating patients in the Butembo University Hospital. In May, a health worker was killed, and a clinic was looted in an area located east of Butembo.





The aggressive rebel groups operating in the area – mainly Mai Mai and ADF (an extremist Islamic group considered as a terrorist organization) –, acting through agitators, led people to believe

According to WHO, between 1 January and 24 July 2019, 198 attacks were perpetrated against health facilities and medical personnel, leaving seven dead and 58 wounded¹.

that Ebola was a disease spread by foreigners or a scam operated by the world powers in order to get hold of national riches. This exacerbated the feelings of the local population against international NGO's and any other institution representing international aid.²

In this context, the frequency and lethality of the attacks was affecting the struggle against the epidemic. "The tragedy is that we have the technical means to stop Ebola but, unless the attacks cease, it will be very difficult to put an end to this outbreak", tweeted the WHO Director General on 10 May. "The security challenges are twofold: the armed groups that have been present in the region for decades, and the hostility of the community, which went from attacking facilities to assaulting the workers", stated the Deputy Director of Mercy Corps in DRC, in an interview with the BBC.³

In this context, which included the risk of the virus spreading to the whole Great Lakes region, WHO asked for MONUSCO's help to improve the security of the humanitarian workers. Thus, URUBATT was instructed by the MONUSCO general command to deploy a company in order to stabilize the area of responsibility in Butembo.

On 17 July 2019, the World Health Organization declared the Ebola outbreak in the Democratic Republic of the Congo a public health emergency of international concern.

In the Beni-Butembo area of responsibility, 3,371 cases of Ebola were reported, with a total of 2,266 deaths (70.25% lethality).

Deployment of the Uruguayan Infantry Battalion IV Delta Combat Team

The first Uruguayan contingent renewal flight arrived on 5 June 2019, carrying 146 military personnel. One week later, many of them were being deployed in the locality of Butembo. Their mission was to protect the personnel working in the area and support humanitarian workers to enable them to implement the health activities required to combat the Ebola virus.

The military personnel deployed numbered 150, who left the headquarters in the city of Goma and traveled to their destination in land vehicles. The 300 km trip took five days because of the extremely poor condition of the roads in the country.

Deployment period: From 12 June 2019 to 21 February 2020.

Soon after URUBATT's security and patrolling operations started, the hostilities against the health centers treating Ebola and the medical personnel died down, and the city of Butembo and its surroundings (estimated pop-

ulation: 670,000) returned to calm. By providing patrolling services on a 24/7 basis, URUBATT ensured security for the six Ebola treatment centers in the area (Itav Center, Vungi Center, Katwa Center, Graben University Hospital, Kikyo Hotel and Auberge Hotel). It also provided escorts for WHO medical personnel, Doctors Without Borders, United Nations observers, International Monetary Fund authorities, UNICEF, UN human rights agencies personnel and UNPOL.

³ Available at https://www.bbc.com/mundo/noticias-49200746.



¹ Available at https://www.who.int/dg/speeches/detail/high-level-event-on-ebola-virus-disease-in-drc.

² See, for example, https://news.un.org/es/story/2019/11/1465991.



Context:

- High level of violence from armed groups.
- Personnel in daily contact with Ebola treatment centers (all personnel were vaccinated).
- Main elements of the operation
 From 12 June 2019 until the troop renewal
 on 21 February 2020, URUBATT carried
 out 835 patrolling operations in Butembo,
 covering 30,000 kilometers.
- Providing security to the local population and health workers.
- Providing escorts.
- Patrolling services on a 24/7 basis.
- Engaging with humanitarian actors.

On 21 February 2020, URUBATT relocated to its headquarters in Goma, with the satisfaction of having accomplished their mission: in March 2020, no Ebola cases were reported. WHO had been ready to declare the Congo an Ebola-free area, but three days before, on April 10th, a new case appeared in the same area. The contingent's work made it possible to successfully achieve the objective of protecting WHO, NGO and Congo Public Health personnel in Butembo while operating in a highly dangerous area, being exposed to the Ebola virus, patrolling day and night and protecting medical facilities. The contingent thus became an invaluable security asset in the containment of the the virus in the Butembo area.

Facing the COVID-19 pandemic

Coexisting with a new Ebola outbreak since April 2020, COVID-19 can have extremely severe effects on the humanitarian and health situation in the DRC, a country persistently ravaged by decades of armed violence. Since 10 March 2020, the country has reported over 5,000 confirmed cases. "In regions such as Beni and Ituri, two of the areas most affected by Ebola which also endure the presence of a large number of armed militia, the spread of COVID-19 would have catastrophic consequences for health centers, which often rely on international aid", said Geoffrey Denye Kalebbo, from World Vision DRC, who also mentioned the distrust of the local population during the Ebola crisis, describing it as "a resistance that led to attacks against the health services in 2019".4

The context is characterized by factors such as frequent and habitual population displacements from areas affected by armed conflict; violent attacks against medical personnel and facilities; the scarcity of health infrastructures; extremely limited resources; and the lack of safe water, sanitation, hygiene items, and preventive measures in homes and public areas. Most inhabitants live on a daily income, which implies that one day of confinement will probably make it impossible for them to obtain food and cover their basic needs. In addition, the State lacks sufficient capacity to provide the support required in these cases.

⁴ Available at https://www.elindependiente.com/vida-sana/2020/04/19/convivir-con-el-ebola-y-el-covid-19-el-congo-ante-el-peor-escenario-de-salud-publica-del-mundo/.





Health care. Photograph: URUBATT.

Current deployment of the Uruguayan battalion

Today, the major humanitarian emergencies and armed conflicts in the DRC are focused in the Great Lakes region, in the provinces of North Kivu, South Kivu, Katanga and Ituri. URUBATT is present in these provinces through deployments in the areas of Goma (North Kivu), Biakato (Beni-Butembo/North Kivu region), and Fataki (Ituri). In addition, it has installed water treatment plants in Goma, Bunia (Ituri), Uvira (Kivu South)

and Kalemie (Katanga). These are areas suffering from severe shortcomings, where it is difficult to improve the population's wellbeing in the short term because of the hostilities, criminality and insecurity that pervade the conflict areas.

URUBATT has a Female Engagement Team (FET) which is used as a tool to foster trust among, and proximity to, the local female population. It is very useful during deployments, since it deals with issues related to gender violence and sexual violence against local Congolese women and children. The FET has developed many activities, including food distribution, clothing distribution, awareness sessions on sexually transmitted diseases and COVID-19, familiarization meetings about general issues and first-level health care.

URUBATT is present at the core of the conflict and provides protection for the activities carried out by health workers (security tasks), deters the rebel groups from attacking civilians, and thus also helps to prevent massive displacements and attacks against medical personnel and health facilities treating COVID-19.

The activities carried out in support of civil society included the following:

- **Security:** The main missions of the Uruguayan Infantry Battalion IV are civilian protection and area stabilization. If the civilian population is protected, medical teams can work, schools can open and people can carry on with their economic activities. Security is the most pressing need of the local Congolese population.
- Sessions on COVID-19 sensitization and preventive measures for the local population: military personnel deployed in Goma, Biakatu and Fataki are carrying out temperature controls as part of the sanitary measures applied to stop the spread of this dangerous disease, and collaborate in the health campaign launched to prevent and combat coronavirus.







-Incinerator construction in the provincial hospital. Photograph: URUBATT.

tary conditions both in the hospital and the community.

• Quick-impact projects: One example of this activity is the installation of an incinerator in the Provincial Referral Hospital in Goma. This project was crucial for health purposes, since it contributed to the creation of an adequate work environment for hospital employees and minimized the disposal of hazardous waste into the environment, thus decreasing exposure to diseases and improving sani-

- Another example is the **solar panels** project: Uruguay's National Electric Power Plant and Transmission Administration (UTE) donated 10 photovoltaic solar energy systems, which were installed in the Tulizeni Center and the Amour Orphanage, both in the city of Goma. These institutions care for abandoned children aged 1 to 16, mostly victims of sexual violence and of the hostilities among local rebel groups.
- **Donations:** the distribution of donations consisting of food, mattresses, materials and clothing continued in Goma (Tulizeni Center, Happy Children Orphanage and Amour Orphanage), Fataki and Biakato.
- Water distribution from water treatment plants: water has been distributed to United Nations personnel, the Tulizeni home, Amour and Happy Children orphanages, the Referral Hospital in Goma, UNICEF Uvira, the Migration Department of Congo Bunia, the Congo Bunia Fire Department, the Bunia local prison, and the Migration Department of Congo Kalemie.
- Visits by multidisciplinary teams (physician, dentist, psychologist): the activities included sessions on awareness and prevention, hygiene measures, first level medical
 - assistance and psychological support for the Tulizeni home and the Amour and Happy Children orphanages.
- Support through minor engineering works and repairs to infrastructure: carpentry, electricity, and plumbing jobs were performed in the Tulizeni home and the Amour and Happy Children orphanages.



Solar panel installation. Photograph: URUBATT.





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