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Statement at the United Nations Security Council “Arria Formula” Meeting,  
May 24, 2004

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# **The Humanitarian Situation in Darfur, Sudan**

**Statement by Ton Koene**  
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**Médecins Sans Frontières (MSF)**

**United Nations Security Council “Arria Formula” Meeting**  
**May 24, 2004**

Members of the Security Council,

Médecins Sans Frontières (MSF) is grateful for this opportunity to address the members of the United Nations Security Council about the escalating humanitarian emergency in the Darfur region of Sudan.

Since February 2003, a conflict has been raging in Darfur between the government of Sudan and the rebel groups of the Sudan Liberation Army (SLA) and the Justice and Equality Movement (JEM). Simultaneously, a systematic campaign of widespread and extreme violence has been perpetrated against the civilian population of Darfur. People in the region continue to tell the doctors and nurses in our clinics of a scorched earth policy being carried out by Janjaweed militias backed by the government of Sudan that has resulted in the forced displacement of an estimated one million people within the Darfur region and an additional 110,000 people to neighboring Chad. People have been brutally attacked and chased from their homes. Their villages have been bombarded, burned, emptied, and sometimes occupied. Water points and crops have been destroyed and property such as food stocks and livestock have been looted or completely ruined. The majority of the displaced in Darfur have gathered in the main trading centers leaving the rural areas of the region totally emptied.

I was in Darfur in the months of March and April and was shocked to see during my first four hours on the road that all the villages were burned to the ground and empty. I did not see a single civilian.

We are witnessing excessive levels of death and malnutrition among a displaced population that is entirely dependent on aid. Relief efforts remain utterly inadequate and all indicators point to a looming famine.

MSF currently has forty-seven international aid workers and hundreds of Sudanese staff in the province of Western Darfur, providing medical, water and sanitation, and nutritional assistance, including food rations to children and basic supplies in ten villages where the people were forced to move. MSF is currently treating more than 1,000 severely malnourished and 3,500 moderately malnourished children in our feeding centers and performing 6,500 medical consultations per week. MSF has also

vaccinated nearly 40,000 children in Western Darfur against measles since an outbreak began spreading in January.

An MSF team recently completed an assessment mission in the province of Northern Darfur and will soon open a medical and nutritional program in the area of KebKabiya where 130,000 people have sought refuge. Finally, another MSF team opened a feeding center last week for the 18,000 displaced people currently living in the Kalma camp in the province of Southern Darfur. Unfortunately, our actions remain a drop in the ocean in comparison to the tremendous needs.

### **Deterioration of Health Status of the Displaced**

The medical and nutritional status of the displaced and destitute population in the Darfur region, especially the children, is dramatically deteriorating. At the end of April, an MSF team conducted a nutritional survey in five villages in the province of Western Darfur where 100,000 displaced people have sought refuge. The survey revealed that malnutrition already affects 21.5% of children and among them 3.2% are suffering from severe malnutrition. As you know, 20% global malnutrition is considered the emergency threshold level. The survey also showed that as of now, MSF is only reaching 30% of the children in need of nutritional assistance in the region surveyed.

In the village of Mornay in Western Darfur province, where the total population has grown from 5,000 in December 2003 to 80,000 now, the number of severely malnourished children being treated in our feeding center has tripled during the month of April. In Karma camp in Southern Darfur province, our team admitted 200 children in the first few days of the opening of the therapeutic feeding center last week.

Even more worrying is that for the period from February to the end of April of this year, mortality among the population surveyed was *three times* higher than the emergency threshold. An alarming 50% of recorded deaths among children and 60% among adults were a direct result of violence.

### **Inadequate Humanitarian Relief Response**

Unfortunately, our teams continue to notice that the overall amount of aid currently being delivered in the overcrowded villages and sites does not come close to meeting the needs. MSF aid workers fear that the present conditions may further deteriorate in the coming weeks as the rainy season may bring new outbreaks of cholera, meningitis, and malaria. In addition, the rainy season will reduce access to the people and the delivery of assistance, therefore food and other goods must be pre-positioned on the ground in the coming weeks. In short, a massive relief effort is urgently needed to provide more food, medical, shelter and other basic commodities, water and sanitation facilities.

Despite the enormous needs, the United Nations agencies and humanitarian organizations and the donor community have been slow to respond to the emergency

in Darfur. Although the scale of the crisis has been known since the first villages were attacked more than eight months ago, it is only in recent weeks that the UN agencies and other international organizations have started to launch emergency funding appeals, and moved from the preparation of operational plans and field assessment missions to providing actual assistance in the field.

The international community has failed the people of Darfur who have so far received too little or, in some cases, no assistance at all. In the province of Western Darfur, where it is estimated that half of the million displaced people have sought refuge, only six organizations are currently providing assistance. The distribution of food, under the responsibility of the World Food Programme, has so far been irregular and clearly insufficient both in terms of quality and quantity. In most of the villages and sites where MSF works, only one or two general distributions of food have been carried out since the month of December and these distributions have not adequately covered the needs of the people. In Zalinge, where a total of 33,000 displaced persons have now gathered, the most recent food distribution carried out at the beginning of May left out more than 7,000 people. In addition, some sites and villages have not received any food aid during the past six months.

Humanitarian agencies must immediately and substantially increase their operational activities in the areas where the displaced people of Darfur have sought refuge. According to MSF's recent nutritional survey, 70 to 90% of the displaced left their homes with little or no personal belongings. Therefore, they are and will be completely dependent on aid for months to come, particularly since the ongoing violence is making it impossible for them to return home for the upcoming planting season.

### **Obstacles to Humanitarian Access**

Why have these basic and obvious needs been so far left unmet?

First and foremost, the government of Sudan is currently implementing a policy intended to drastically limit the ability of humanitarian organizations to freely and independently assess the needs of the displaced population and implement assistance programs in Darfur. In particular the exceedingly long and cumbersome visa, travel, and customs procedures have dramatically hindered and delayed assistance.

For example, one MSF team arrived in Khartoum on January 13, 2004, with the objective of opening an emergency assistance program in Northern Darfur province but was only allowed to travel to El Fasher, Kutum, and KebKabyia to assess the needs at the end of April – more than *four months* later. At present MSF still has fifty requests pending for visas for humanitarian aid workers urgently needed in Darfur.

In addition to the slow and complex procedures for obtaining visas to enter Sudan and travel permits to access the Darfur region, there are also restrictions on the flow of assets and goods. Despite the announcement by the government of Sudan on

new procedures to facilitate access and delivery of assistance in Darfur, MSF was told today by the customs authorities that our 200MT of medical supplies and food that arrived at the Port Sudan in mid-April could not be released as only air cargo are being considered as emergency supplies. And in Darfur itself, various authorities are also tightly controlling our access to those in need and hampering the delivery of aid by imposing additional procedures.

At present, MSF has only limited access to areas of Darfur under the control of the government of Sudan and no access whatsoever to the populations in the areas controlled by the two rebel movements. Even if insecurity is a factor limiting our access, bureaucratic obstacles imposed by the government of Sudan are also a critical factor in limiting the access we have so far.

However, the woefully inadequate and slow response to the humanitarian needs in Darfur from the UN agencies, humanitarian organizations, and the donor community cannot be explained or justified only by the obstacles to access in the region. For example, in Chad where humanitarian access has been unlimited since the arrival of the first Sudanese refugees from Darfur in the fall of 2003, tens of thousands of refugees remain at the border without adequate aid and at immediate risk of attack and looting from the Janjaweed militia. Furthermore, the health of the refugees in the seven camps set up so far by UNHCR has deteriorated as the provision of food, shelter, non-food items, water and sanitation facilities remains clearly insufficient.

### **Violence Against Civilians**

We must also be clear, however, that a dramatic improvement in the relief efforts in Darfur will not be enough and might even be irrelevant if violence being perpetrated against civilians is not stopped. Therefore, protection and security must immediately be provided to the civilian population of Darfur.

As of today, excessive violence and abuses continue to be perpetrated against the civilian population of Darfur by the Janjaweed militias. The sites and villages where the displaced were forced to flee have become virtual prison enclaves. The Janjaweed militias are preventing any movement in or out of these enclaves despite the need for people to fetch water, search for food, firewood, and shelter material in order to survive. Displaced people trying to move from the enclaves are attacked or taxed by the Janjaweed. They are trapped, humiliated by their captors, with no means to survive other than by relying on external assistance that has been inadequate so far. A significant number of the patients admitted to MSF's field hospital in Mornay have been victims of rape, torture, gunshots, knife wounds, or burns. People have also been shot at or looted in their shelters, often at night. Cases of extra-judicial killings, kidnappings, men being rounded-up in villages and taken away by the militias, have also been brought to the attention of our teams.

The widespread violence and the heavy presence of Janjaweed and regular security forces in and around these enclaves have created an intense climate of fear and intimidation that has severely limited the ability of the displaced to seek assistance.

We have treated several gun-shot victims in their shelters because they were too afraid to come to our clinic. Is it possible to implement a meaningful humanitarian response in such an environment?

An MSF survey of retrospective mortality conducted from November 2003 to the beginning of February 2004 found rates of *5 deaths per 10,000 people per day* for Mornay and 3.1 for Zalinge. This is particularly shocking when you consider that the emergency threshold level is 1 death per 10,000 per day. In addition, this survey found that 74% of all deaths recorded in Mornay and 47% in Zalinge were due to violence.

What is immediately clear when you visit Darfur is that the population has been seriously traumatized and left without any protection. In my fifteen years of experience with MSF, I have never been to a feeding center where there was absolutely no sense of relief among people who were finally beginning to see a light at the end of their tunnel of suffering until I went to Darfur. In the feeding centers in Darfur, there is absolutely no laughing, no smiling.

In addition, there are increasing signs on the ground that the government of Sudan will soon forcibly move the displaced people back to their villages of origin or relocate them to other unsafe and inadequate sites and villages that are inaccessible to international humanitarian organizations. The displaced, however, are clear: they don't want to go back to their villages of origin or move anywhere else unless the Janjaweed are disarmed and neutralized, and that security is drastically improved.

### **Conclusions**

The civilian population of Darfur is living in a climate of terror, the victims of widespread violence and abuse committed by the Janjaweed militias. This must stop immediately.

The minimal survival needs of the civilian population of Darfur are not being met. UN agencies, the donor community, and humanitarian organizations must immediately and drastically step up emergency relief efforts in both Darfur and Chad. This aid must not be contingent upon the implementation of the April 8 humanitarian cease-fire agreement in Darfur or the peace process between the SPLA and the government of Sudan.

Finally, all restrictions on the movement of goods and humanitarian workers to Darfur must be lifted and humanitarian organizations and United Nations agencies must be fully allowed to implement independent assistance programs in Darfur.

Thank you.