



# The Humanitarian Situation in Darfur, Sudan

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

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Members of the Security Council,

Médecins Sans Frontières (MSF) appreciates having this opportunity to address the United Nations Security Council about the ongoing humanitarian situation in Darfur and the uncertain future the people continue to face. In May 2004, my colleague Ton Koene was here to speak to you about the then escalating humanitarian emergency in Darfur. Unfortunately, although more than a year has passed, I am not here to provide good news about improvements in the lives of the people of Darfur. With 180 international and 3,000 Sudanese staff operating in 32 locations across the region, Darfur continues to be one of MSF's largest operations worldwide.

I am a medical doctor and I have been working in Darfur for the past year and a half. It is this direct experience that both informs and limits my remarks to the humanitarian conditions of the people in Darfur and the obstacles to adequately assisting them.

Five minutes, however, is not enough time for me to convey to you what daily life is like for people in Darfur. How can I convey how a woman living in a camp feels when she goes out each day to fetch firewood knowing that she may be attacked, robbed, beaten, or even raped? How can I tell you what it is like for her to then rush back not to miss the general food distribution, if it is even happening, then cook the food while also not forgetting to bring her sick child to the feeding center? And on the side, she will be trying to earn some money by making bricks, or collecting wood or water, all of this while taking care of her entire family as she is the head of the household. How can I convey any of this to you in five minutes?

The humanitarian situation in Darfur today has recently been described as at an "equilibrium" point – but if you ask the people living in one of the crowded,

unsanitary, and unsafe displaced camps in Darfur whether they feel they are experiencing an equilibrium, I have no doubt they will more likely tell you that their lives are dangling by the thin thread that is humanitarian aid. Simply because mortality rates in Darfur are now just below the emergency threshold level, in certain locations, doesn't mean that the living conditions for the displaced in Darfur are in any way humane, safe, adequate, or acceptable. There is no such thing as reaching an equilibrium when people's lives are still hanging in the balance.

## **The perpetuation of violence**

**The situation is not stabilizing in Darfur** and the need for humanitarian assistance grows as the conflict continues.

In May 2004, when my MSF colleague addressed the Security Council about Darfur, there were a reported 1 million people displaced in the region. Today, the figure most commonly used is 2 million (4 million if we speak about war-affected people as well as the displaced). This includes a doubling of the number of refugees in Chad. The needs have only increased in the past year as the **violence and displacement continue**. A staggering 125,000 people are now estimated to be living in Kalma camp in South Darfur, up from 25,000 a year ago. In the first four months of 2005 alone, 3,000 new people fleeing violence arrived in Serif Umra in North Darfur, a 10% increase. The scorched-earth campaign of 2003-2004 has now been replaced by less overt and large-scale, but equally devastating, forms of violence and intimidation of civilians, including the effects of sporadic fighting, direct attacks, and sexual violence.

In all locations where it provides medical care, **MSF continues to receive and treat a significant number of victims of direct violence**. From January to May 2005, MSF treated over 500 persons for violence-related injuries and 278 women for rape. The numbers of trauma patients varies by location, due both to the local dynamics of the violence as well as access to medical care.

Surveys carried out by MSF in Darfur continue to show high rates of mortality, much of it due to violence against civilians. In April 2005, for example, two-thirds of deaths recorded in a mortality survey carried out in Shangil Tobaya in North Darfur were linked to violence, primarily due to intense fighting in Khor Abeche in early April in which 50 wounded arrived in Dar es Salam hospital and 250 families fled to Shangil Tobaya, their village having been burned. The intensification of fighting around the Jebel Mara uplands in North Darfur has also sustained a steady flow of villagers moving away from the clashes.

Rape and sexual violence is also pervasive. In Korma, on June 9, for example, I personally examined and treated 15 women who had been attacked the day before. Five had been raped, one was a 15 year old and another one was 3-months pregnant. All had been beaten and humiliated. They were all terrified. In Mornay, West Darfur, an area reportedly stable, on July 11, MSF received 15 women at its clinic. Our medical doctor there found clinical evidence of rape and beatings in all of them.

## **An increased but unbalanced and precarious humanitarian response**

Humanitarian assistance to Darfur, although late to arrive, has increased significantly over the past year. Since the government of Sudan finally eased the restrictions on access to Darfur early last summer, the number of international non-governmental organizations (INGOs) present has increased from a handful to approximately 80. This has led to a stark change from the situation found in June 2004. The improved mortality indicators since last September in areas where access by NGOs has been possible can be explained at least in part by the steady rise in preventive and curative medical services, nutritional interventions, such as blanket feedings, and the improvement of the quantity and quality of the water supply.

However, I would like to emphasize that the improvement in morbidity and mortality indicators in some areas of Darfur cannot be assumed for all locations, because the humanitarian response today presents, in our view, three main problems:

First, despite all its improvements, **aid is still inadequate and precarious** even in areas that are relatively easily accessible by aid agencies, such as the big camps and settlements of displaced people in or near the regional capitals. In many of these locations where assistance has been present for the past year, people are still in makeshift shelters and assistance is inadequate and not adapted to the needs. In Zalingei, West Darfur, for example, just two months ago only 5-8 liters of water was provided per person per day, when an absolute minimum supply should be more than twice that one. As long as people are living in crowded camp conditions, rates of infectious disease and the risk of epidemics will remain high. Dependence on general food distributions is not meant to continue for extended periods of time and is especially unsuitable for the long-term nutritional needs of children.

In Kalma camp, where an estimated 125,000 people are living not far from Nyala in South Darfur, from September 2004 to January 2005, crude mortality rates barely dropped below the emergency threshold (0.94). The health situation in overcrowded camps like Kalma remains precarious due to the continued influx of new arrivals and the fragility of the aid distribution, which when interrupted due to insecurity, can have enormous consequences on the life and health of camp residents.

Continuous assessments are needed to ensure that people who might have been coping a year ago are now in need of support. There needs to be better reactivity to meet the constantly changing needs of the displaced.

Second, while the health indicators in the biggest camps and settlements of displaced people have improved, **this aid has not had the same impact on geographically remote areas or those in rebel-held territories**. For example, in Korma, an SLA-controlled zone in North Darfur, where resident and displaced people are not living in camps but in an 'open' setting, an MSF survey found that in April of this year under-five mortality was still at 2.2 per 10,000/day and overall

mortality at 1.3 -- as you know these remain above emergency threshold levels. Although Korma is relatively easily accessible geographically, its location in a rebel-held area of Darfur has meant that the UN agencies and NGOs have not mounted an adequate aid response. In remote locations away from the main cities of Darfur, such as Golo in Jebel Mara, for example, we can also not talk at all of a comprehensive aid effort.

In these remote and rebel-held areas, the situation remains just as it was in the large camps a year ago -- with at best one agency trying to cover too many needs. The population numbers are smaller per location, but in large areas of the Jebel Mara and Korma region, for example, the complete loss of coping mechanisms due to a lack of access to land and complete destruction of traditional trading mechanisms makes the situation of these smaller groups comparable in need and urgency.

**The third problem, in MSF's view, is insecurity and its impact on aid.** Security remains a major limiting factor for the adequate provision of humanitarian assistance in Darfur today. With the size of the region and the dispersed population, access is highly dependent on the movement on roads, which is regularly interrupted due to logistical constraints and weather, but foremost due to insecurity. In Muhajariya in South Darfur, MSF operations ceased for almost an entire month at the beginning of the year when fighting broke out nearby. Only three days ago, on July 24, the MSF team in Shangil Tobaya in North Darfur, had to evacuate after intense fighting, including grenade attacks, took place in the town, resulting in several shelters in the camp being burned and hundreds of IDPs being forced to run for their lives again. The MSF team treated 14 injured civilians – 10 men and 4 children – all of them wounded by bullets or shrapnel. The team is also aware of several deaths from this incident, although the number cannot be confirmed.

Just last week on July 16, the World Food Program (WFP) attempted to resume general food distributions in Mornay camp after a suspension of two months due to insecurity. Violence erupted at the distribution point resulting in massive chaos that rapidly spread throughout the entire camp. 23 people – nine of whom had gunshot wounds – were admitted to the MSF hospital in Mornay. Two died. As a consequence, the food distribution was again suspended until further notice and all aid personnel evacuated Mornay with the exception of MSF, Islamic Relief, and national staff from Oxfam.

Further complicating the security situation is the changing nature of the conflict in some areas of Darfur. Rebel groups appear to have fragmented, and it is increasingly difficult to identify who is in control and in a position to provide assurances to humanitarian organizations concerning security and access. Access to the Korma – Kutum or Jebel Marra areas of North Darfur, for example, can be difficult due to the insecurity and sporadic offensives involving armed groups in the region.

## **Fighting for their survival**

The two million people in Darfur who are currently in what I would call a humanitarian limbo more than a humanitarian equilibrium are subject to violence, communicable disease in crowded camps, and food insecurity for the foreseeable future. As a doctor having worked in Darfur for over a year and a half and talking to my patients, I have often thought about what the life choices of the victims of this war are. Two years after having fled their homes because of violence and fear, they remain living in humiliating conditions with no end in sight.

They are dependent on hand-outs. But what can they do? They have already fled one, two or more attacks before reaching an area of concentration like Mornay or Serif Umra or countless others in Darfur. Their village has been burned down, their land is often occupied, if they were to return they would very likely have to live side by side with their attackers and they know that new attacks are always possible.

For the majority of the displaced people we have spoken with, returning home is not an option in the current context despite the fact that a return to normality and their homes is what they all hope for.

The displaced are, however, under the constant fear of being relocated, a process which could itself undermine their health status by exposing them to further violence and distancing them from essential services. This push for relocation appears in different forms and is often difficult to measure, including rumors of financial incentives proposed by the very ones who chased the displaced from their land in the first place .

## **Conclusion**

In terms of crude assistance to Darfur, the situation has improved compared with a year ago. But the underlying causes of this crisis remain, and with them widespread insecurity. In many areas, the situation is deteriorating, both in terms of humanitarian and security conditions. Violence resurges in places that have been reported stabilized, while some areas are still beyond sufficient reach. In Darfur today, while the nature of the conflict has changed, the fighting continues. People are stuck in camps or in remote areas, subject to violence and to recurring displacement. They are still waiting. Their lives are hanging in the balance, not at equilibrium.

Thank you.