



Emergency in Darfur, Sudan : No relief in sight

Rapport

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EMERGENCY IN DARFUR, SUDAN

No relief in sight

After a killing spree from September 2003 until February 2004, there is continued violence and severe aid shortages in Darfur, Sudan. Current relief operations fall dramatically short of the massive needs and will not prevent an entirely man-made famine.

Focus on Mornay Camp, West Darfur State,

June 21, 2004

The 80,000 displaced Sudanese civilians living in Mornay camp had fled from 111 villages throughout West Darfur State that had been looted and burnt to the ground by pro-government militias, with the vast majority of people arriving between September 2003 and February 2004. According to a recent survey carried out by Médecins Sans Frontières (MSF) and Epicentre, one out of every 20 people, or 5% of the original population of these villages, was killed in such attacks. While this average is appalling, particularly ferocious large-scale killings occurred in 11 villages between November 2003 and February 2004.

The killers primarily targeted men, who accounted for three out of every four deaths. Women and children were also killed, with more than 75% of the deaths among women and 50% of the deaths among children due to violence. Survival for many of the weakest children and elderly today depends on traumatized and exhausted mothers and girls while essential survival items like food, drinking water and shelters are distributed irregularly and in insufficient quantities. Up to 200 people already die every month in Mornay from violent acts, starvation, and disease.

People continue to live in perpetual fear of new killings and rapes because the same militiamen who conducted the scorched-earth attacks on their villages control the periphery of Mornay camp. The men who survived the initial killing spree cannot leave without risking death, while women who dare venture out to gather items like wood and grass have been exposed to beatings and rapes. Nearly 14% of the 132 victims of violence treated by medical teams from MSF over the last nine weeks were victims of sexual violence. Because of cultural mores, many cases of rape have most likely gone unreported.

People also wait in vain for assistance while there is little to suggest it will arrive in time and in quantities sufficient to prevent large-scale calamity. To feed people in Mornay alone would require 1,200 tons of food every month. Transport alone would require 80 roundtrips every month on sandy roads with trucks designed to carry 10 tons carrying 15. As the rainy season begins, the roads will be even more difficult to navigate. Meeting the food needs of all of West Darfur's 600,000 displaced persons would require 300 tons a day while only half that amount seems to arrive in West Darfur.

The ongoing attacks around the camps make people entirely dependent on external aid that is inadequate and irregular. Because of acute shortages of food, one child of every five in Mornay suffers from acute malnutrition. MSF has treated nearly 5,000 children in feeding centers – 1,000 for severe acute malnutrition and 4,000 for moderate acute malnutrition. Since early 2004, the camp's residents have received, on average, less than 1,000 kcal/day, not even half of the 2,500 kcal daily ration needed to survive. The World Food Program (WFP) distributed a half-ration in February, a complete ration in late April and another in mid-June 2004, but the distributions lacked critical micronutrients like iron, vitamins B1 and B2, and niacin. In order to better protect children under five, three times MSF has distributed 15,000 rations that increase every family member's food rations by 25%.

Until December 2003, Mornay was a village of 5,000 people. With the arrival of 75,000 displaced people, drinking water needs have far outstripped the village's capacity. MSF distributes 500,000 liters of drinking water per day, or five to seven liters/person/day, which is well short of the minimum standard of 20 liters/day to meet all needs. Water shortages have led to interminable lines at distribution ramps, adding considerably to the workload of girls and women.

Latrines are rare in the camp because geologic conditions make them difficult to build. In a few days, or weeks at most, heavy rains will begin and excrement will flow across the entire site. Mortality from diarrhea, which today represents one-third of the deaths, will only increase.

The shelters are pitiful as well. The recent distribution of one sheet of plastic per family of five will not prevent respiratory infections, always one of the leading causes of death for children living in such conditions, from increasing.

And given that rainwater tends to stagnate in such terrain, mosquito breeding sites will likely swell. The seasonal malaria peak, well known to the region's residents and doctors, will inevitably bring severe anemia and death to children as well as adults.

Since February 2004, 15,000 children under the age of five, or 95%, have been vaccinated against measles. MSF teams conducted 15,000 medical consultations with 400 hospitalizations. But this only represents a small fraction of the medical needs. Because there is not enough medical and paramedical staff, only one-third of pediatric consultations and an even smaller fraction of adult consultations have been carried out.

Authorities recently announced that they want people in Mornay to return to their home villages as quickly as possible. In Zalinge, 70 kilometers from Mornay, camp officials have been pressured by local authorities to return to their villages in the hope that many residents would follow them. Salaries of reluctant officials are being cut off while others have been threatened with arrest. Without genuine guarantees of safety or the means to survive, people now live in fear of being displaced yet again back to villages that have been completely destroyed.

Aid organizations are being asked to conduct their activities in observance of this policy and to encourage the people to return. Relief workers, already overwhelmed by the catastrophic situation in the existing camps, would have to spread out across multiple villages. It is impossible for community life and farming activities to resume on such short notice in such devastated places, especially as the rainy season begins. Many people witnessed family members and friends being killed before their eyes, and some have not yet been able to bury the corpses.

Mornay is one of the first sites in the Darfur where aid is being deployed, but the assistance is still inadequate. Many officials, both Sudanese and foreign, have visited and often cite the camp as an example of an effective aid response. Each visit brings promises of protection and assistance, but people are still waiting desperately for the promises to translate into action. In several instances, official visits have yielded grotesquely staged aid operations, with the objective of satisfying the visitors' political and public relations needs.

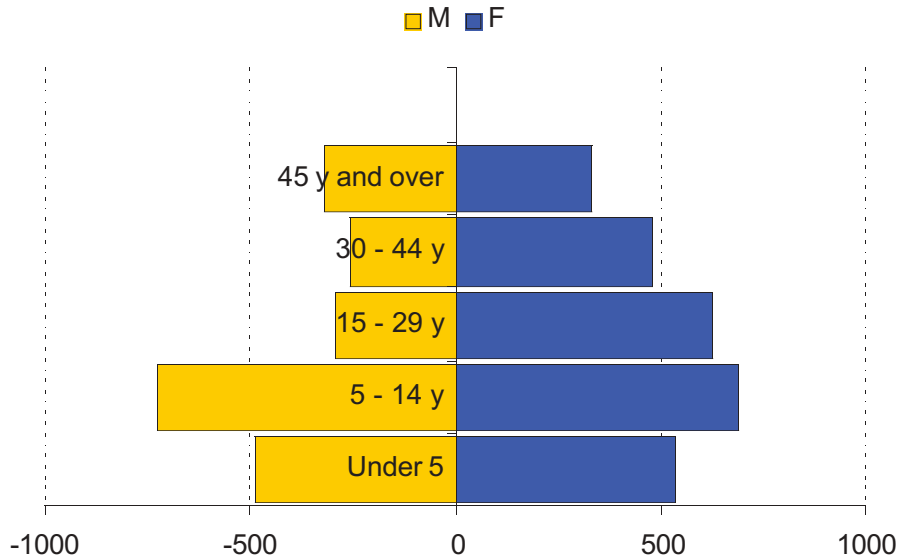
After the intense violence to which people have been subjected, many in Mornay perceive the ongoing attacks, food shortages, and threats of renewed displacement as the continuation of a policy aimed at destroying them as a group and severely exploiting the survivors after resettlement. Such beliefs, even if only perceptions, have damaged people's psychological well being and further erodes their ability to survive.

Those who have fled to Mornay represent less than 10% of people displaced by a war waged against civilians in Darfur. The events directly affect an estimated 1 million people and indirectly affect several hundreds of thousands more, especially in terms of food security, while more than 190,000 people have sought refuge in neighboring Chad. Promoting various political interests must give way to a massive mobilization of assistance on the national and international levels. As presently designed, the relief operation falls dramatically short of the needs and will not succeed in preventing an entirely man-made famine from wiping out tens of thousands of lives across Sudan's Darfur region.

ANNEXES

Annexe 1- Graphs & tables

Graph 1 : Age pyramid of displaced population present in Mornay at the time of the survey (3 – 8 May 2004), Darfur, Sudan.



Graph 2 : Cause of death per age group and per location. (26 Oct. '03 - 5 May '04). Mornay, Darfur, Sudan.

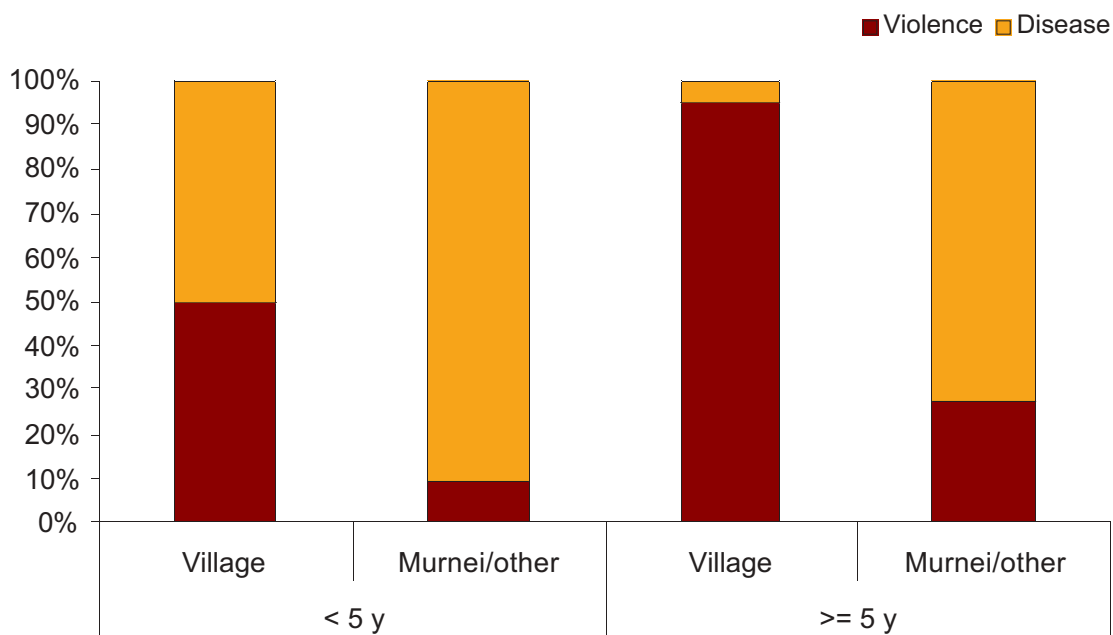


Table 1: Prevalence of acute malnutrition expressed in W/H % of the reference median, oedema or MUAC (n = 917). Mornay, Darfur, Sudan, 2004.

	n	%	IC 95 %
Global acute malnutrition < 80% or oedema or MUAC < 110mm*	137	14,9	[12,4-17,8]
Severe acute malnutrition < 70% or oedema or MUAC < 110mm*	25	2,7	[1,9-3,9]

* Including 2 children with oedema

Annexe 2 – Methodologie of the Epicentre report: “Health assessment in emergencies: Mornay & Zalinge, West Darfur, Sudan – June 2004”

Between 18 April and 22 May 2004, a population survey was carried out both in Zalingei and in Mornay, and an active mortality surveillance system was set up. In addition, morbidity and nutritional surveillance was.

A. Population survey

A 2-stage cluster was carried out using a similar standardized questionnaire in both locations. In Zalingei, 30 clusters of 15 families each and 15 children for the nutrition part were included. The survey was done with 4 teams of 3 persons each. In Mornay, 30 clusters of 30 families and 30 children was carried out, with 5 teams. For both surveys, a household was defined as close members preparing and eating together the same food. Supervision of the teams was ensured throughout by an Epicentre epidemiologist. The questionnaire covered the following issues:

1. Family composition

According to 5 age groups : 1) < 5 years, 2) 5 – 14 years, 3) 15 – 29 years, 4) 30 – 44 years, and 5) = 45 years.

2. Displacement

- Village of origin
- Month of arrival
- Reason for departure from the villages
- Also documented, was what the families had brought along, food, money, donkey

3. Mortality

- Number of persons in the household who had died since the beginning of Ramadan (26 October 2003) was checked

- For each death : age, sex, month, (before or after Eid Kabir – 1 February 2004)_, location and cause of death, were recorded.

4. Disappearances & absences

- Number of persons in the household who had disappeared since the beginning of Ramadan (absent for more than 2 weeks, without knowing whether the person is alive or dead, or where he/she is)
- Number of persons in the household who were absent since the beginning of Ramadan (absent for more than 2 weeks, and known to be alive)
- For each disappearance and absence, age and sex were recorded

5. Nutrition

- For the children of = 65 cm and < 110 cm of length/height, age and sex were recorded, and the Mid-Upper Arm Circumference (MUAC), presence of oedema, weight and height, were measured.
- Admission or not in MSF nutrition program (TFC or SFC) was documented.
- Weight was measured with a 25 kg Salter® scale, and length/height was measured with standard UNICEF measuring boards.

6. Measles vaccination coverage

- For children under 5 years of age, the vaccination status against measles was checked according to the vaccination card or history

7. Access to food

- The family has a WFP registration card
- Number of times received GFD
- Number of times received MSF blanket food distribution_

8. Access to non-food items

- Zalingei : number of blankets and number of jerry cans received since arrival
- Mornay : number of blankets and number of jerry cans present in the house
- Number of donkeys owned_
- Shelters were checked for adequate protection (or not) against the rain_

9. Data entry and analysis

For both the Zalingei and Mornay surveys, data were entered daily after checking systematically the questionnaires with each team. Data were entered in EpiData 3.0 (Denmark), and analysed using EpiInfo 6.04dfr (CDC, USA).

- Mortality was expressed in number of deaths/10,000/day and presented with their 95% Confidence Interval (CI).
- Malnutrition was expressed in proportions of global acute malnutrition and severe acute malnutrition, with or without oedema, MUAC < 110 mm, and Weight - Height (W-H), expressed in Z-scores and in percentage of the reference median (NCHS, Atlanta). All were presented with their 95% CI.
- Other indicators were expressed as proportions with their 95% CI.

B. Surveillance

1. Mortality surveillance

An active mortality surveillance system was set up in the 11 IDP sites of Zalingei (cf. report Sibylle Gerstl). In Mornay, a retrospective mortality surveillance system based on the counting of 10 cemeteries existed since week 12 (Starting March 20, 2004). This was changed into an active data collection system on week 20 (15 May), using similar tools as for Zalingei. Mornay camp was divided into 13 different sections, for a total of 30 home visitors. The zones were clearly defined on the camp map with the teams. In each section, houses are visited daily and families are asked about eventual deaths. For each death, the age and sex, the cause and whether the person died in the house or at the hospital is noted. The results are reported every day to the MSF expatriate in charge of mortality surveillance. Data is compiled weekly and CMR and U5MR reports are issued on a weekly basis (CMR: Crude Mortality Rate; U5MR : Under Five Mortality Rate).

2. Morbidity surveillance

Based on the work done by Vincent Brown, existing data collection sheets for OPD and IPD activities (including special registration for victims of violence) in Mornay were simplified with automatic graphs for easy follow-up. The same data collection system was then adapted to Zalingei, allowing comparisons.

Annexe 3 : MSF's activities in Darfour, Sudan

MSF has been working in Darfour since December 2003. Today, 90 international volunteers and nearly 2,000 Sudanese staff provide medical and nutritional care in areas with more than 400,000 displaced people. Medical teams conduct medical consultations and hospitalisation, treat victims of violence, care for severely and moderately malnourished children, and provide water, blanket feedings and other essential items in Mornay, Zalingei, Nyertiti, Kerenik, El Genina, Garsila, Deleig, Mukjar, Bindisi, and Um Kher in West Darfur State; Kalma Camp near Nyala and Kass in South Darfur State; and Kebkabiya in North Darfur State. MSF also continues to assess areas throughout



Darfur. Additional teams provide assistance to Sudanese who have sought refuge in Chad in Adre, Birak and Tine, Iriba and Guereda.

WEST DARFUR STATE

MSF is working in areas where nearly 250,000 displaced people have gathered.

Mornay

Medical teams at two MSF clinics conduct nearly 1,000 consultations each week, with more than half involving children under five years of age. The principal pathologies include respiratory infections and severe diarrhea, and bloody diarrhea. 35 people are hospitalized each week, mainly from respiratory infections, malaria, acts of violence, and diarrhea. Nearly 1,000 children have been treated for severe malnutrition in a Therapeutic Feeding Center (TFC) and 4,000 children have been treated for moderate malnutrition in a Supplementary Feeding Center (SFC). MSF conducted 3 blanket feeding for more than 44,000 people. More than 500,000 liters of potable water are distributed every day.

Zalingei

Medical teams at two MSF clinics conduct nearly 2,300 consultations each week, with more than half involving children under five years of age. The principal pathologies include respiratory infections and severe diarrhea, and bloody diarrhea. 399 patients have been hospitalized in the past six weeks, mainly for respiratory infections and severe diarrhea. MSF has treated 300 severely malnourished children in a TFC and 1,100 moderately malnourished children in an SFC. Family rations have also been distributed at the Feeding Centers.

Nyertiti

MSF has treated 1,020 cases of measles and conducted 1,726 consultations in the past three weeks. MSF has admitted 52 severely malnourished children into a TFC and distributes food rations to the children's families.

El Geneina

An MSF medical team supports the surgical and pediatric wards at the hospital.

Kerenik

MSF treats 112 children for severe malnutrition in a TFC, 213 children in an SFC, and distributes food rations to the children's families.

Garsila and four satellite sites (Deleig, Mukjar, Bindisi, and Um Kher)

MSF treats 346 severely malnourished children in a TFC, 725 children in an SFC, and distributes food rations to the children's families. Medical teams conducted 16,780 consultations in May, mainly treating for diarrhea, respiratory infections, and malaria. More than 10,000 children have been vaccinated against measles.

SOUTH DARFUR STATE _____

MSF is working in areas where nearly 60,000 displaced people have gathered.

Kalma Camp near Nyala

MSF is treating 164 severely malnourished children in a TFC, 267 children in an SFC, and distributes food rations to the children's families.

Kass

In the first six days, MSF admitted 285 severely malnourished children into a TFC and nearly 650 in an SFC.

NORTH DARFUR STATE _____

MSF is working in areas where nearly 130,000 displaced people have gathered.

Kebkabiya

MSF rehabilitated the 50 bed reference hospital, and provided medicines, medical materials, and training. Medical teams have been providing health care since mid-June, conducting an average of 120 consultations per day. Doctors and nurses see more and more patients everyday, and MSF also supports two out-patient centers in areas where displaced have gathered.

Sarif Umra, and Birka Sayra

In the coming days, MSF will open an out-patient center in each site.

CHAD _____

Additional teams provide assistance to Sudanese who have sought refuge in Chad in Adre, Birak, Tine, Iriba and Guereda.