

A CRITIQUE OF MSF-FRANCE OPERATIONS IN DARFUR (SUDAN)

October 2003 - October 2004

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Methodology

In September 2004, the Board of MSF-France decided to undertake a critique of the section's operations in Darfur in 2003 and 2004. According to the terms of reference set by MSF-F president Jean-Hervé Bradol (see appendices), the aim was less to 'evaluate' our intervention than to subject it to a critical examination which would enable us to "identify our weaknesses and the ways in which they can be corrected".

The project was initially envisaged as a 'modular' process, the work being entrusted to three separate teams coordinated by a Board committee. Each module would be responsible for a particular problematic:

MODULE 1: RELEVANCE. Had we sought to assist the most affected population (those whose life was the most at risk)? On what interpretations of the crisis and our responsibilities did we base our strategy? In retrospect, was the strategy well-grounded?

MODULE 2: EFFECTIVENESS. Did we actually manage to aid the individuals and groups targeted? In what way (through what activities) and in what proportions (quantitative data)?

MODULE 3: EFFICIENCY. Did the operation benefit from adequate operational support (were the appropriate resources mobilized; was there sufficient understanding between field and headquarters, etc.)?

This threefold division highlighted the fundamental questions the exercise was designed to answer, but in practical terms it seemed difficult to entrust its achievement to three independent working groups whose findings would then be collated. The concepts of 'relevance', 'effectiveness' and 'efficiency' are inextricably linked and can only be grasped by way of a single approach. It was therefore thought best to assign the critique to a single team which would function on the lines of a traditional coordination team. A head of mission, medical coordinator, administrator, logistics officer, epidemiologists and others would work

together to define the mission's objectives and the most suitable activities and means. Similarly, the module leaders would work together on the critique's three aspects and would find appropriate ways of allotting tasks according to their respective areas of expertise.

Given the specialist knowledge required, a complete working group could not be assembled until the end of April.¹ This accounts for the delay in producing the document, which should have been ready by the end of May 2005. In total, it required ten months' work instead of the six months initially envisaged.² The critique was coordinated by Sophie Delaunay and Fabrice Weissman under the supervision of Marie-Pierre Allié and Virginie Raison for the Board.³ Its focus was confined to the operations conducted in Darfur (therefore excluding aid to Sudanese refugees in Chad) in the twelve-month period between October 2003 (when the first exploratory missions were launched) and October 2004.

How did we proceed? The initial difficulty involved the translation of the three major problematics (relevance, efficacy, efficiency) into concrete issues. The task was complicated by the fact that the Darfur intervention had not presented any major malfunctions that could have formed the start of our investigations. There was no resounding 'failure' to indicate immediately which aspects of the mission had raised issues concerning its relevance, effectiveness or efficiency; or to what extent we should search for examples of a possible malpractice. We had our grand problematics, but were still somewhat unsure of how to proceed, given the sheer scale of the operation and the fact that it was generally regarded as a success.

We therefore sought to trace the mission's progress by examining the evolution of the crisis, the activities carried out by MSF (operations and communications), and their impact (in terms of health and policies), while defining the constraints and the range of options available to the teams at each stage. The critique was conducted from Paris and made use of the following sources:

- Semi-guided interviews with approximately forty people. Interviews were held with the MSF-F field officers (coordination teams and field leaders) and head office staff (emergency desk, members of the directors' committee) involved in the operation. We also consulted key figures from other organizations (see Appendix 2). The task was considerably complicated by the high turn-over of volunteers, most of whom served an average of less than two months. No fewer than nine emergency coordinators succeeded each other in the space of a year. Each of these individuals had a partial view of the

1. Two modules were staffed by December with the enlistment of head office and Epicentre staff (Evelyn Depoortere of Epicentre for the epidemiological component of module 2 and Fabrice Weissman of CRASH for module 1), but leaders for module 3 (Sophie Delaunay) and module 1 (Corrine Danet) were not available until March and April respectively.

2. Dr. Corrine Danet – two months; Sophie Delaunay – three months; Dr. Evelyne Depoortere (Epicentre) – 20 days; Fabrice Weissman (CRASH) – four months.

3. Marie-Christine Féir, Philippe Houdard (for the Board) and Vincent Brown (for Epicentre) also helped to pilot the review.

operation which had to be linked to that of their predecessors and successors in order to trace the course of events.

- MSF-F archives. We consulted official publications, Epicentre reports, the correspondence between field and head office held in the Emergency Desk archives (sitreps, reports, etc.) and minutes of meetings (operational, directors' committee, Administrative Council). The task was not easy as sources were scattered. Each field mission produced one sitrep per week, so we had to sift through up to 30 sitreps – and consult many other documents – in order to piece together the events of a single month. In this respect, we should stress the contribution made by Epicentre, which collected, synthesized and commented on all epidemiological data, which was often incomplete and presented in a variety of formats.
- A review of the general and specialist press as well as the academic literature on Sudan and Darfur.
- Secondary literature from other organizations (documents from the American, Belgian, Dutch and Swiss sections; reports issued by the United Nations, human rights organizations and other aid agencies).
- The field trip initially envisaged did not take place owing to lack of time. No doubt this would have enabled us to refine the analysis.

We should stress that the profusion of sources – which varied in precision, were often repetitive, sometimes contradicted each other and were full of grey areas – made for a particularly lengthy and painstaking exercise. A field trip would have certainly have resulted in a better narrative, if only by investing the virtual reality that had to be grasped through reports, graphs and interviews with a sensible experience.

The final stage took the form of discussing the principal operational decisions in the light of the outcomes observed and the alternatives that might have been considered at the time. The document inevitably suffers from inaccuracies, overlong passages, digressions and incongruous questions; this reflects our confusion when faced with a major operation that had to be portrayed from a distance, without knowing beforehand which aspects of our interventions was relevant with regard to the grand problematics of the review – relevance, effectiveness and efficiency.

PART 1

A brief overview

Part one provides the historical background necessary for a critical analysis of our intervention. It is organized into two chapters, the first devoted to a general overview of the crisis and the second to the main stages of our operational deployment.

1 – OVERVIEW OF THE CRISIS IN DARFUR

1.1 THE MAIN STAGES OF THE CONFLICT

As the new millennium opened, a new rebellion began taking shape in Darfur. Led by young intellectuals from the Fur, Zaghawa and Massalit peoples, the uprising was a response to the political and social marginalization of the region, which was experiencing increasing tension between sedentary and nomadic populations.

Initially, Khartoum attempted to manage the conflict locally through a mixture of military pressure and negotiation. But while the southern-based SPLA guerrillas had won significant concessions during peace negotiations in Kenya in 2002, the Darfur rebellion had by February 2003 taken the form of offensives, unprecedented in scale, against major towns in north and west Darfur (Gulu, Al Fashir, Mellit). The increasing strength of the insurrection unleashed a wave of panic in Khartoum and prompted a change of strategy: the removal from office of the regional authorities involved in negotiations, the dispatch of military reinforcements and above all the arming of local militias (the Janjaweed), most of which were recruited from nomadic groups. In June 2003, Khartoum began a massive counter-offensive: it bombed and destroyed Fur, Massalit and Zaghawa villages, causing thousands of civilian deaths and displacing vast numbers of people.

The precise chronology of the government's counter-offensive is difficult to chart. Nevertheless, it would not be too far removed from fact to suggest that it advanced in three phases, focusing on the triangle formed by Darfur's regional capitals: El Fasher (north Darfur), El Geneina (west Darfur) and Nyala (south Darfur).

- *June-September 2003*: the first operations concentrated on the Zaghawa nomadic zone, to the north of the road between El Fasher and El Geneina (see Map 1). The Kebkabya,

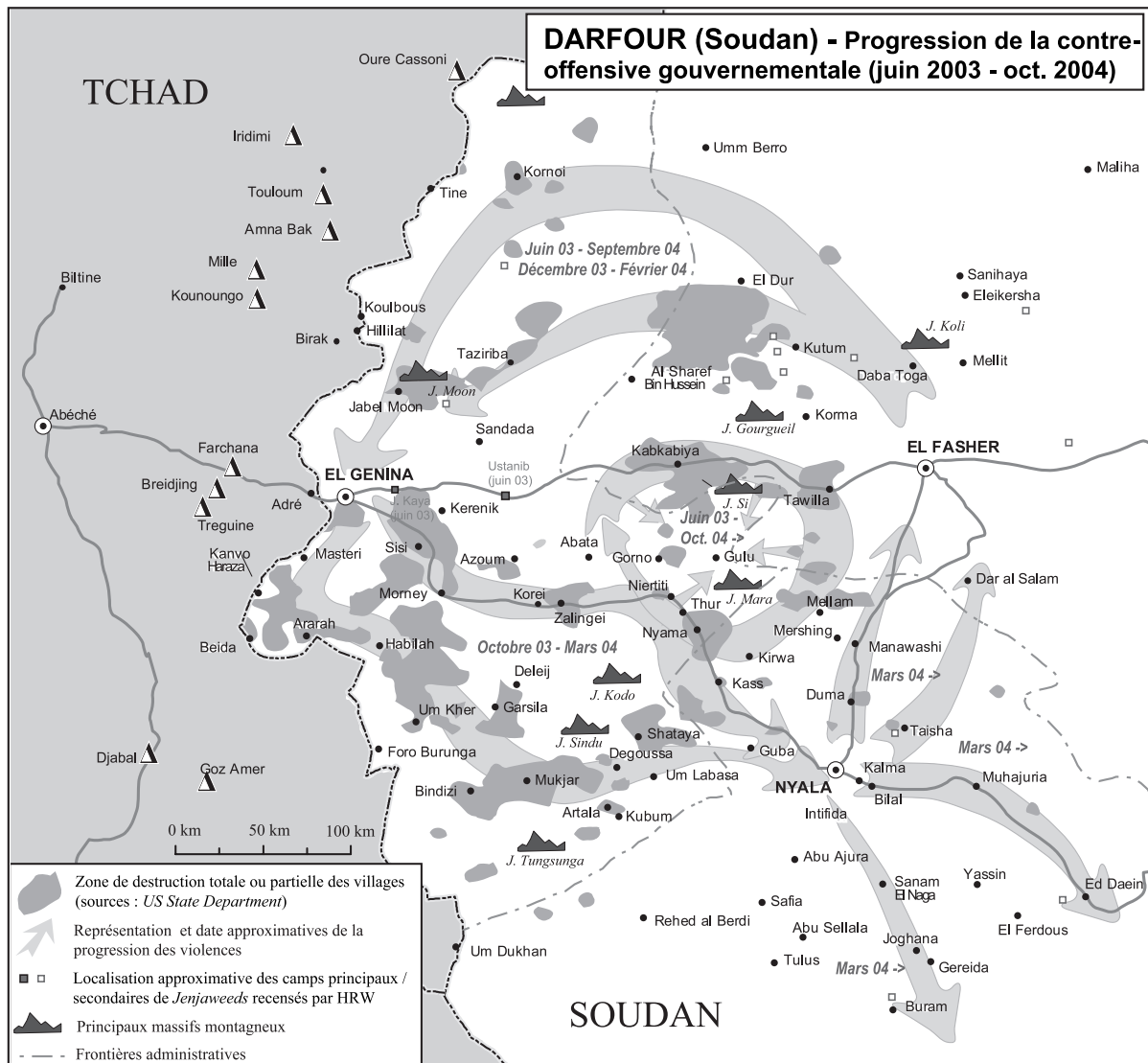
Kutum and Um Barro regions, as well as areas on the Chadian border – Kornoi, Tiné and Kulbus – were targeted for destruction by ground troops and militias supported by air power. At the same time, in August 2003, the Janjaweed launched a campaign of harassment and pillage in the Fur and Massalit areas to the south of the El Geneina-Nyala road. The regular army took little part in these operations, which at this stage were not as lethal as those in the north. At the end of September, the United Nations estimated that a total of 250,000 people had been displaced in Darfur (110,000 in the northern province), while another 65,000 had taken refuge in Chad.

- *October 2003-March 2004*: Between late September 2003 and March 2004, the violence intensified and spread along the El Geneina-Nyala road (Mornay and Zalingei areas). It extended south of this line (Bindizi, Deleig, Garsilla, Mukjar, etc.), and reached as far as the outskirts of Jebel Marra (Niertiti, Tawila and Kabkabya). The Janjaweed, often supported by the air force and ground troops, looted villages before razing them to the ground. Areas north of the El Fasher-El Geneina road experienced a period of relative calm between September and the end of December 2003, when the government unleashed a new campaign of destruction. As Khartoum had regained control of most of the territory on the Chadian border, the Sudanese president, Omar al-Bashir, officially declared the end of military operations in Darfur on 9 February 2004. In late March, the UN put the number of displaced persons at one million (of which more than 500,000 were located in west Darfur) and the number of refugees at 110,000.

- *April-October 2004*: during March and April 2004, violence broke out in east and south Darfur, to which part of the rebel forces had withdrawn. Areas on both sides of the Nyala-El Fasher road flared up, as did those to the south of Nyala and towards Ed-Daien. There were sporadic counter-insurgency operations in the provinces of north and west Darfur, particularly around rebel positions in the mountains (Jebel Marra and Jebel Si in the west and Jebel Moon in the north). Moreover, the period was marked by the proliferation of armed incidents on the roads (attacks on convoys, hold-ups, kidnapping, etc.) perpetrated by unidentified armed men. According to the UN, the displaced population increased from one to 1.6 million between April and October 2004, chiefly because the number in South Darfur had tripled (standing at 600,000 by the end of September). The total refugee count stabilized at around 200,000.

It should be noted that the cease-fire agreements signed on 3 September 2003 and 8 April 2004 had no significant impact on military operations. In August 2004, the deployment of African Union observers to monitor the application of the April cease-fire was similarly ineffective. On the other hand, these events represented significant stages in the deployment of aid operations (see below).

MAP 1. PROGRESS OF THE GOVERNMENT COUNTER-OFFENSIVE IN DARFUR



1.2 THE ACTORS AND THE FORMS OF VIOLENCE

Following the classic pattern, the rebels were embedded in the mountains and bush, while regular forces controlled the towns and major arterial roads. There were two principal movements, each of which drew on support networks based in Chad.⁴

- *The Sudan Liberation Army (SLA)*, predominantly Fur, Massalit and Zaghawa Twer, advocated a secular, democratic program not dissimilar to that of the SPLA. It was embedded mainly in the Jebel Marra, but after March 2004 some of its troops withdrew to the east and south of the province, where they took control of several towns, notably Dar es-Salam and Muhajiria.

4. See R. Marchal, 'Le Soudan d'un conflit à l'autre', Etudes du CERI, June 2004.

- *The Justice and Equality Movement (JEM)* drew most of its recruits from the Zaghawa Kobé and claimed to be combating the 'internal colonization of Darfur'. Its executive secretary was a former Islamic National Front (NIF) militant whom Khartoum suspected of maintaining links with Hassan al Turabi (a former leader of the NIF who fell out with the current Sudanese president, Omar al- Bashir, in 1999). Although the JEM lost Kornoi, Tiné and Koulbous in January 2004, it still had bases north of El Geneina-El Fasher. JEM combatants also operated with the SLA in the Jebel Marra (at least as until October 2004).

On the government side, counter-insurgency operations were directed by military security, which had to come to terms with sections of the army and state apparatus which condemned the brutality of the total war being waged in Darfur. Indeed, Sudanese from Darfur were well represented in Khartoum in the ranks of the administration, army, and police. In fact, regular forces did not pursue the battle against their northern Muslim compatriots as aggressively as they could have done. Some air force officers refused to bomb civilian targets. On several occasions, local police took up arms against the Janjaweed (who themselves did not hesitate to attack the police). In 2003, Sudanese MPs and civil servants publicly protested against the violence in Darfur.

Having little confidence in the army and regular police forces – which were heavily engaged in the south and east of the country – military security relied on paramilitary forces; 'legal' militias like the Popular Defense Forces and the Border Intelligence Patrol. But it also came to rely heavily on the declining groups of nomads, for whom Khartoum provided subsidies, arms and communications equipment. Known by their victims as the Janjaweed (mounted bandits), these paramilitaries coordinated their actions with military security operations. They were unstable allies, however, and often pursued their own agenda.

In practice, violence occurred principally through:

- *Isolated rebel operations against military targets.* These included garrison towns, army positions and convoys. It should be noted that neither MSF nor human rights organizations witnessed guerrilla fighters subjecting civilian populations to wholesale violence. Nevertheless, guerrillas were behind several raids (particularly by Zaghawa troops in north Darfur), murders and kidnappings (including those of several humanitarian workers).
- *The destruction of Fur, Zaghawa, Massalit and other villages by government-backed militias.* The Janjaweed offensives were often supported by the Sudanese air force and infantry⁵. Conducted almost exclusively against civilian targets,⁶ they were accompanied by several other forms of violence: the theft of livestock, the theft or destruction of food reserves and harvests, the pollution of wells, the burning of houses, the murder, torture, rape and

5. Military aviation had made marked 'progress' in the matter of hitting its targets. Gone were the days when cargo planes blindly scattered barrels of explosives. The army had acquired ground-attack helicopters and tactical support aircraft whose precision was even more brutal when targeting columns of displaced persons.

6. Before October 2004, there were very few reports of government forces mounting direct attacks against the rebels. In 2005, however, the army and paramilitary forces staged a far greater number of offensives against rebel positions.

kidnapping of civilians. Survivors fled en masse, chiefly to the towns and villages in which regular government troops were stationed.

- *General insecurity*. This applied to roads and the edges of towns and villages, as well as to the many displaced persons camps and their surrounding areas.

1.3 CONSEQUENCES FOR CIVILIAN POPULATIONS

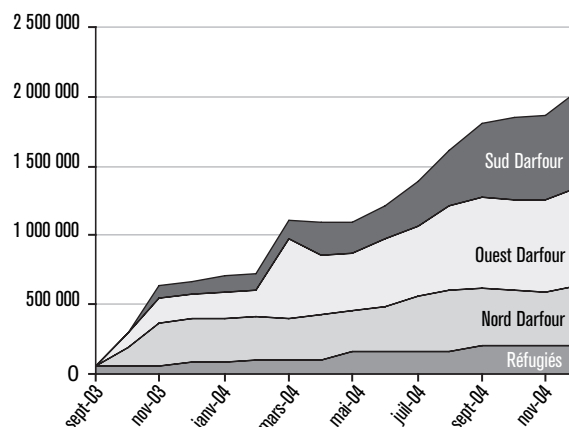
1.3.1 Population displacement

The most visible consequence of the conflict was the flight of the hundreds of thousands of people seeking refuge in the interior and in Chad. The progression and mechanics of such complex displacements are difficult to retrace. OCHA estimates (see Table 1) are incomplete and imprecise.⁷ Nevertheless, it is fair to suggest that there was a six-fold increase in the number of people forcibly displaced between September 2003 and December 2004, bringing the total to nearly two million (approximately one third of the inhabitants of Darfur).

7. OCHA did not begin compiling statistics until September 2003, but displacement had begun much earlier; it dated from 2002 in Darfur itself, while refugees began entering Chad in April 2003. Moreover, fluctuations in the monthly data reflect the vagaries of the census process as much as the actual movements of populations. This is particularly true of the period between September 2003 and March 2004, when the UN presence on the ground was much reduced. Only a series of camp by camp 'micro-studies' (like those conducted by Epicentre in Mornay and Zalingei) would give us a precise idea of the history of population movements.

TABLE 1 - NUMBER OF DISPLACED PERSONS
AND REFUGEES FROM DARFUR (SOURCES: UNHCR, OCHA)

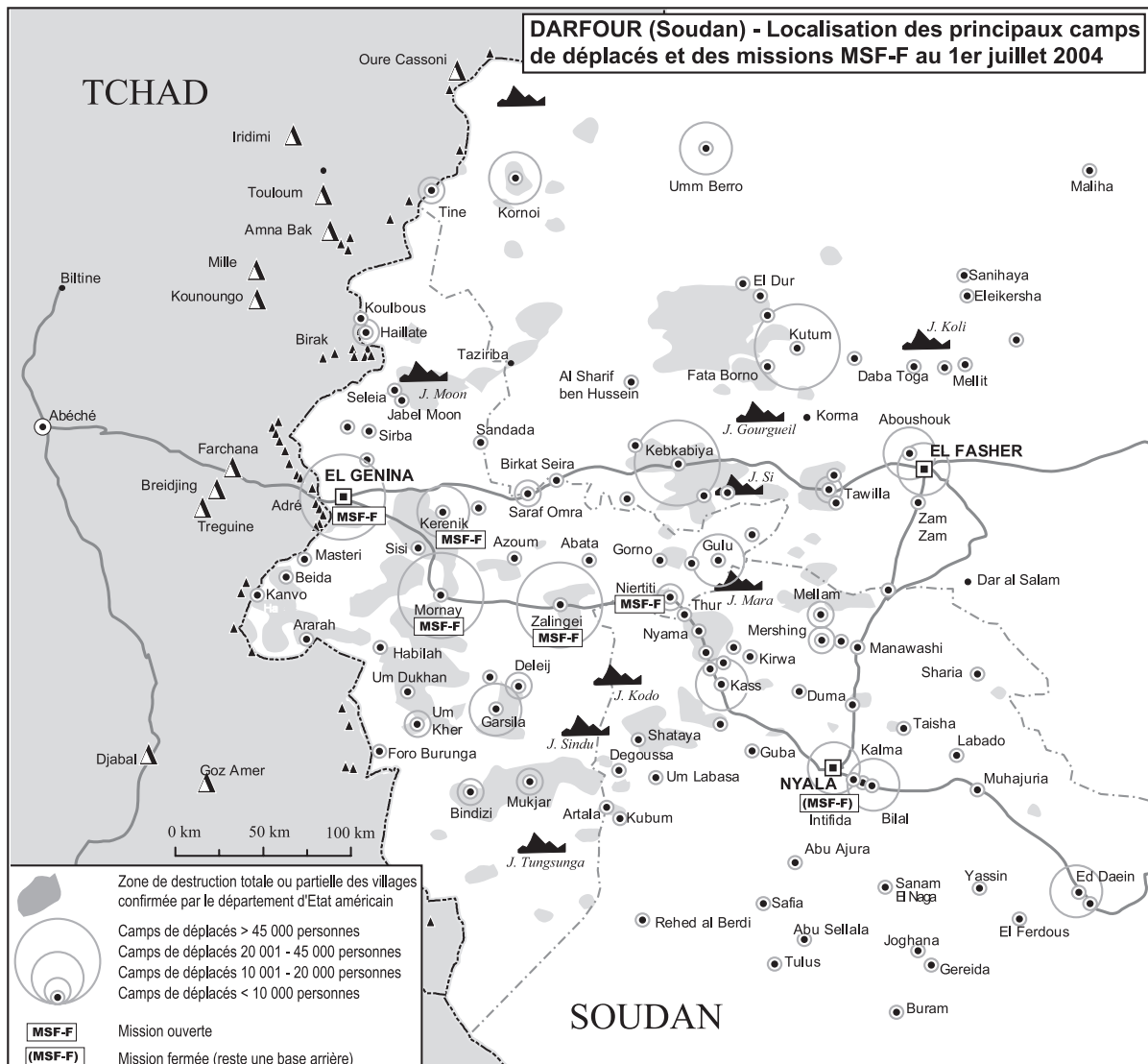
Month	(IDPs)			Total	Refugees
	West Darfur	North Darfur	South Darfour		
Pop. initiale	1 600 000	1 600 000	3 100 000	6 300 000	NIL
sept-03	70 000	110 000	70 000	250 000	65 000
oct-03	100 000	130 000	70 000	300 000	65 000
nov-03	180 000	300 000	90 000	570 000	65 000
déc-03	180 000	300 000	90 000	570 000	95 000
janu-04	200 000	300 000	110 000	610 000	95 000
febr-04	200 000	300 000	110 000	610 000	110 000
march-04	573 204	286 561	140 343	1 000 108	110 000
apr-04	432 329	320 906	233 138	986 373	110 000
may-04	420 230	293 276	229 385	942 891	158 000
june-04	500 748	324 215	225 543	1 050 506	158 000
jul-04	502 265	398 773	326 422	1 227 460	170 000
aug-04	601 127	437 597	410 966	1 449 690	170 000
sept-04	653 218	418 338	529 350	1 600 906	200 000
oct-04	652 509	403 889	595 594	1 651 992	200 000
nov-04	662 302	393 755	603 719	1 659 776	200 000
dec-04	710 084	431 135	701 872	1 843 091	200 000



The arrival dates for displaced persons and refugees coincide with the counter-insurgency calendar. North Darfur was the scene of vast waves of displacement between mid-2003 and early 2004. In west Darfur, the displacements occurred in October 2003 and March 2004. In South Darfur they took place during April and May and particularly in July. In general, civilians fled as their villages were being destroyed and the inhabitants killed. Some, however, seem to have anticipated the attacks: some villagers had been warned that an offensive was imminent, while others had long since prepared for the possibility. This was notably the case in west Darfur, where an initial campaign of looting and intimidation in mid-2003 had led the inhabitants to take precautions such as selling livestock for cash (which was easier to conceal) and constructing underground grain stores some distance from their villages.

Those who sought refuge in Chad were mainly from the Massalit and Zaghawa groups living near the border. Two large influxes were recorded in 2003 (65,000 people between April and July, and 30,000 in December and January). There was a continual stream in 2004, resulting in the doubling of the refugee population (200,000 by September 2004). Several inquiries indicate that government forces acted swiftly to stop civilians crossing the border, probably in the fear that refugee camps so close to Darfur would become 'humanitarian sanctuaries' for the rebels (the SPLA had transformed refugee camps in Ethiopia into rear bases). But it is difficult to ascertain how many people were turned back at the border.

MAP 2 - LOCATION OF THE PRINCIPAL DISPLACED
PERSONS SITES ON 1 JULY 2004 (OCHA/WFP)



With regard to the internally displaced, some fled to the zones and mountains under rebel control, while others tried to reach Khartoum or northern cities. But the vast majority (1.8 million by December 2004) headed for the towns and villages within Darfur that benefited from the protection of regular troops or were still intact. In Sissi, the displaced congregated near a military camp, hoping that the army would protect them from paramilitary violence. In August 2004, OCHA reported 154 sites on which displaced persons had gathered; their populations ranged from a few dozen to thousands. Some of these people had been accommodated by residents and others had assembled in makeshift camps which were preconscious safe haven due to the murders, rapes and assaults the Janjaweed were committing on their margins. Displaced persons therefore experienced great difficulty in gaining access to the local resources essential for

their survival (foraging for food and fodder for their animals, collecting water, firewood and reeds for thatching, traveling in search of work, etc.), and became highly dependent on outside aid.

Why did most displaced people shun rebel-held areas and head for towns controlled by the government, the entity that was responsible for their plight? It is unlikely that the authorities deliberately tried to attract them to the towns. As soon as the first displaced persons camps were set up, the government attempted to disperse their populations, either by ensuring that living conditions were intolerable or by forced evacuation (Nyala, 15 January 2004, for example). In 2004, the authorities redoubled their efforts to shift the inhabitants of camps to a small number of 'peace villages' in Darfur, settlements which were supposed to guarantee a minimum of security and basic services such as water, food, health care and schools.

The most plausible explanation is that displaced persons simply regarded the camps as improvised centers in which they hoped to find a degree of security, places where their basic needs would be met thanks to better access to aid. Such conditions were unlikely to be found in rebel areas, which were liable to attack by government forces and often cut off from markets and sources of governmental and international aid. Whatever the case, it is clear that options were limited: some of the ruined villages and fields were reoccupied by Janjaweed families and their animals, particularly in the more fertile west Darfur.

Finally, it should be stressed that displaced populations contained few men of fighting age.⁸ Some had been murdered and some had joined the rebels; others had migrated to the towns to seek work or had gone into hiding near their villages, hoping to tend the fields that had escaped destruction. The removal of this labour force meant that families had to struggle even harder to survive.

1.3.2 Physical violence against civilians

On a broader level, the conflict was characterized by violence – murder, torture, rape, and kidnapping, looting, extortion – aimed directly at non-combatants. Much of it occurred during the destruction of villages. According to the investigations conducted by Epicentre, one person in twenty was murdered during the attacks on the villages from which the inhabitants of Mornay camp had been forced to flee; among those who sought refuge in Zalingei, the figure was one in fifty. Extrapolation indicates 3,700 and 700 executions respectively in the space of six months. Three-quarters of the victims were male. Human rights organizations also reported several mass murders.⁹

The injuries and torture inflicted on civilians during these attacks were characterized by a particular cruelty. Among the wounded MSF-F treated in Mornay were women whose faces had been lacerated by whips and children whose joints had been deliberately shattered by gunshots. There were numerous accounts of rape. Some witnesses stressed the attackers'

8. According to Epicentre studies, the male/female ratio (over fifteen years of age) was 0.61 in Mornay and Zalingei and 0.83 in Niertiti.

9. Human Rights Watch reported 770 killings of civilians in the Massalit region between September 2003 and February 2004, 111 of which occurred when Bareh, to the east of El Geneina, was attacked on 11 December 2003. Following an SLA attack on Mukjar in March 2004, 145 people were arrested and then executed.

obvious desire to humiliate their victims: women and girls were branded with hot irons or slashed with knives, and were also gang-raped in front of their families and other villagers.

Violence was also prevalent, although less intense, both within the camps and on their margins. As mentioned earlier, people who ventured outside to collect water, fodder, reeds, firewood and other necessities were regularly assaulted. The violence of war was exacerbated by the brutality of social relations within the camps, including domestic violence and sexual blackmail by the ‘big men’ who controlled access to vital resources.

The slogans, threats and insults uttered by the tormentors as they committed their crimes were examined by many investigators in an attempt to detect genocidal intentions. It appears that the assailants frequently employed racist language – ‘slaves’, ‘blacks’, ‘Nuba’ (which can mean both a ‘black Nuba’ from the lower Nile Valley and a ‘Nuba’ from the Nuba mountains); ‘Zurga’ (slaves). However, they would just as often employ language devoid of racist or ethnic connotations: “Take your cattle, go away and leave the village ... You are the mother of the people who are killing our people ... Do not cut the grass because the cattle use it ... You sons of *Torabora*,¹⁰ we are going to kill you.”

It is hard to grasp the prevalence of the violence, particularly instances of rape. We will examine this in more detail in Part Two. For the moment, suffice it to say that the extreme cruelty of certain practices clearly stemmed from a policy of terror that did not need to be wholesale or systematic in order to be effective: the Janjaweed severely traumatized their victims by inflicting a level of suffering that, in both physical and moral terms, was as spectacular as it was degrading. The fact that horrific stories were so common in Darfur says as much about the traumatized condition of the displaced as it does about the countless rapes and other atrocities.

1.3.3 General mortality

TABLE 2 - ESTIMATED GLOBAL MORTALITY RATE LINKED TO THE CONFLICT

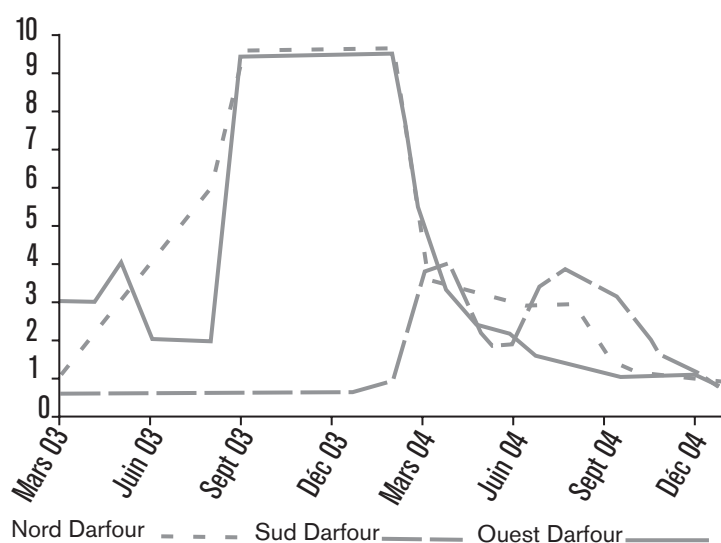
Source	CRED	US Department of State	
		(low estimate)	(high estimate)
Period	Sept. 03 – Jan. 05	Mar. 03 – Jan. 05	Mar. 03 – Jan. 05
Total deaths	134,000	98,000	181,000
Total deaths due to conflict	120,000	63,000	146,000
Total violent deaths	35,000		

10. A nickname given to SLA combatants, who, like the Taliban and Osama bin Laden in Afghanistan, were based in impregnable mountains.

There have been many estimates of the general mortality rate resulting from the conflict. Most rely on just two sources: a US government-commissioned investigation by the Coalition for International Justice (CIJ), conducted with 1,132 refugees in Chad in August 2004, and a contemporaneous retrospective mortality study conducted by the WHO in IDP camps in north and west Darfur and in the Kalma camp (south Darfur). CIJ concluded that 140,000 Sudanese had been killed in Darfur between February 2003 and April 2005, while 260,000 had died from starvation or disease during the same period, a total of 400,000 deaths. Using the WHO studies and other unidentified data, the OCHA report estimated that 180,000 non-violent deaths had occurred since September 2003 (10,000 per month). As for direct victims of combat, UN figures rose from 3,000 (January 2003) to 10,000 (April 2004) to 50,000 (July 2004).

The methodologies used to compile these estimates were seriously flawed, particularly the extrapolation of local data to arrive at figures for Darfur as a whole. The lethality of the crisis varied considerably across time and space.¹¹ In order to overcome this obstacle, the Center de Disaster Epidemiology Center (CRED) and the information office of the US State Department¹² sought to refine the estimates by using all available retrospective mortality surveys, as well as other quantitative data (incidence of malnutrition, normal mortality rates) and qualitative data (balancing historical and geographical factors). CRED arrived at a figure of 120,000 conflict-related deaths (including 35,000 deaths by violence) for the period September 2003 to January 2005. This estimate does not take into account deaths occurring prior to September 2003, nor those linked to the existence of pockets of extreme violence in south Darfur after September 2004. The State Department estimate ranges from 63,000 to 146,000 conflict-related deaths between March 2003 and January 2005 (its methodology did not enable it to estimate the number of deaths by violence). It should be stressed that of the 24 retrospective mortality surveys examined by CRED, 14 were provided by Epicentre and MSF.

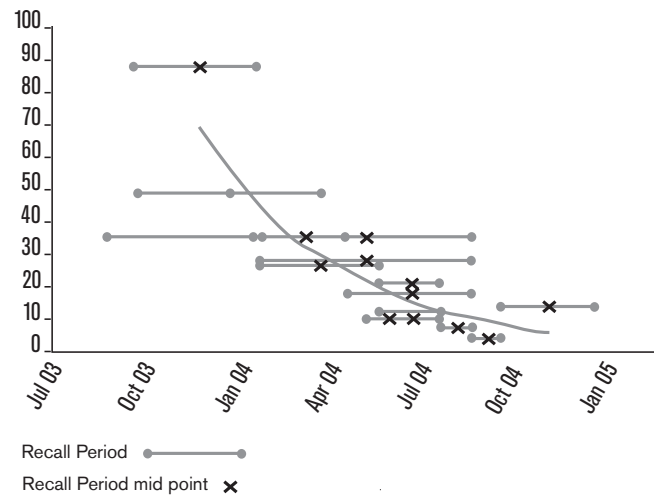
GRAPH 1. US STATE DEPARTMENT ESTIMATE OF THE CRUDE MORTALITY RATE IN EACH PROVINCE OF DARFUR, SUDAN (MARCH 2003-JANUARY 2005)



11. For a sharper critique of the methodology, see D. Guba-Sapir and O. Degomme, *Darfur: Counting the Deaths. Mortality Estimates from Multiple Survey Data*, CRED, 26 May 2005.

12. The results of these surveys were published in D. Guba-Sapir and O. Degomme, *Darfur: Counting the Deaths. Mortality Estimates from Multiple Survey Data*, CRED, 26 May 2005.

GRAPH 2. VIOLENT DEATHS IN NORTH AND WEST DARFUR ACCORDING TO THE VARIOUS RETROSPECTIVE MORTALITY SURVEYS COLLECTED BY CRED (DECEMBER 2003- SEPTEMBER 2004)



The geographical and temporal distribution of mortality appears to coincide with the chronology of the conflict and the population displacements outlined above. Mortality due to violence (figure 2) was at its highest between October 2003 and March 2004. Even so, CRED emphasizes that peaks had probably occurred between June and September 2003 in north Darfur, and after September 2004 in south Darfur (this is partially confirmed by the crude mortality estimates from the US State Department; see figure 1). Whatever the case, CRED found that the proportion of deaths due to violence in north and west Darfur had diminished significantly by April 2004. The mortality rate in south Darfur seems to correspond to the increased violence noted there in March and April and especially in July 2004.

In conclusion, we should note that while all the available evidence suggests that displaced populations were the main victims of the conflict, other inhabitants of Darfur were also affected by the conflict. Some populations were spared by the scorched earth policy for one reason or another, but were still blighted by insecurity or other consequences (certain nomadic groups, for example, could no longer count on bartering with farmers to augment their food stocks). There were also the 'host' populations who had taken in displaced people, the town dwellers cut off by the war, the villagers living in rebel areas, etc.

1.4 THE DYNAMICS OF THE CONFLICT

The roots of the crisis have been described by many researchers and include:

- The bitter rivalry between nomads and farmers over access to water and land in a context of demographic pressure, the desertification of the Sahel and the inability of traditional modes of production to rise to these challenges.

- The erosion of traditional methods of conflict resolution, and the partial involvement of the government and neighboring states (Chad and Libya) in confrontations between communities.
- The 'ethnic' dimension of the political struggle introduced by intellectuals to support an ideology based on 'Arab' supremacy. This was mirrored in the discourse promoting an 'African' identity and demanding greater access to power, wealth and status.
- The challenge to the political and economic marginalization of the Sudanese peripheries by political movements inspired by various ideologies (secular, Islamist, nationalist, regionalist, ethnicist, etc.), all of which disputed the monopoly on state power held by the riverside tribes of the mid-Nile Valley.
- The autonomization of militias which recruited disaffected young men from rural areas.
- Power struggles within the Islamist movement, part of which had broken with the military dictatorship in 1999 and favored the JEM.
- A vague government scheme to 'Arabize' Darfur by settling nomadic peoples, whom the discredited regime could then rely on as it rebuilt its clientele.
- The hidden economic agenda of the ruling elite, which saw an opportunity to seize the fertile regions of the Jebel Marra and invest in the irrigation and intensive farming of vast tracts of land (as had happened in the 1980s and 1990s, to the detriment of the Funi and Kadalos in the Menza region south of Damazine).
- The habitus of security services which were keen to replicate in Darfur the oppressive techniques used in the Nuba Mountains, the oil regions of the Upper Nile, Bahr el Ghazal, etc.

These complex and disparate dynamics do not form a coherent whole which can then be reduced to a simple explanation resuming "the" meaning of the conflict. The way in which the dynamics of confrontation combined together varied across time and space. This volatility was particularly noticeable in the war's concrete manifestations: in some places, the militias strictly obeyed orders from military security; in others, they initiated offensives on their own behalf; elsewhere they forged alliances with the villages they had been ordered to destroy.

The history of the conflict, as complex and riddled with ambiguities as it is, should not prevent us from 'cutting through the fog of war' and attempting to achieve a workable understanding of the crisis on which to base our strategy. At international level and in Sudan itself there were two broad interpretations. They were succinctly summarized by a student from Khartoum University in an interview with *Le Monde*. Referring to debates between Sudanese students on the situation in Darfur, he said:

“There are several things nobody disputes. For example, the fact that the Janjaweed are dealing out death and terror in Darfur; and that the government is helping them and gives them arms. But views differ as to what lies behind the violence. Some think the government is using the Janjaweed to get rid of the Africans in Darfur, to drive them out. Others believe the aim is to restore order and silence the rebels.”¹³

The first view was shared by the rebels, several western chancelleries, human rights organizations, liberal think tanks, the US Christian right and others. This camp believed that the situation in Darfur was a matter of ‘genocide’ or ‘ethnic cleansing’. The Sudanese authorities had planned the forced displacement, if not the extermination, of hundreds of thousands of ‘African’ inhabitants in order to appropriate their land and hand it over to ‘Arabs’. This reading was based on the identity of the people the government and militias singled out for violence – principally the Fur, Massalit and Zaghawa – and the recent use of identity categories (Arab and African) for political mobilization purposes in Darfur.¹⁴

Recognizing the ‘ethnic’ dimension of the political struggle in Darfur, the second interpretation still casts doubt on Khartoum’s genocidal intent or desire to ‘purify’ the region. Researchers such as Roland Marchal¹⁵ and Alex de Waal¹⁶ believed the intensity of the violence was primarily a key element of a ruthless counter-insurgency policy conducted by a fragile power that had been confronted with the ‘mutiny’ of its social base. Lacking popular support and rocked internally by schisms in the Islamist movement and the controversy over the major concessions granted to the SPLA, the regime regarded a rebellion which was likely to attract wide support in Khartoum and among all the marginalized peoples of northern Sudan as a major threat to its existence. In the hope of crushing the insurrection before the international community stepped in, the government resorted to extremely brutal and effective methods of repression that had been tested in previous Sudanese civil wars: it sought to destroy the rebels’ social base by using local militias recruited from crisis-hit agro-pastoral societies. This brutally effective strategy had been inaugurated by the democratic regime of Sadiq al Madhj in Bahr al Ghazal in the 1980s, and copied by the Islamist dictatorship that took power in 1989. By arming the Janjaweed, Khartoum had created a ‘monster’ that committed atrocities and displaced populations on a scale that it had not necessarily foreseen.

The authorities in Khartoum advanced a third explanation, but apart from certain groups within Sudan, it did not gain wide acceptance. According to Sudan’s foreign minister, Osmane Ismail, the war in Darfur was a “tribal conflict which has degenerated following several interventions by external actors”. The government was trying to restore peace between rival tribes despite the destabilizing maneuvers of Eritrea and “certain NGOs, certain circles in the United States”.¹⁷

13. Interview with Catherine Simon, *Le Monde*, 24 August 2004.

14. On the question of identity, see Harir, Sharif: “Arab Belt” versus “African Belt”. *Ethno-Political Conflict in Darfur and the Regional Cultural Factors*, in Sharif Harir and Terje Tveit (eds.), *Short-Cut to Decay: The Case of Sudan*, Uppsala Nordiska Afrikainstitutet, 1994, pp. 144-185.

15. R. Marchal, *Le Soudan d'un conflit à l'autre*, op. cit. See also the interview in the Swiss newspaper *Le Courrier*, 8 July 2004.

16. See particularly A. de Waal, ‘Counter-Insurgency on the Cheap’, *London Review of Books*, 5 August 2004, and ‘Darfur, Victims of Genocide, 2005’, *Znet/Foreign Policy*, 11 February 2005.

17. Interview published in *Le Figaro*, 24 August 2004.

1.5 INTERNATIONAL REACTIONS

1.5.1 The initial silence (2002 – March 2004)

The western media took little notice of the Darfur crisis until late March 2004. Forbidden access to western Sudan, foreign journalists and human rights organizations were reduced to gleaning information from the refugees arriving in Chad and from their networks of local correspondents. Apart from a handful of articles in the specialist press,¹⁸ a few reports appeared in the wider media in late 2003 and early 2004. No human rights organization expressed much interest in the conflict, with the exception of Amnesty International, which on 21 February 2003 called for the formation of an independent commission to investigate the violence in Darfur. One year later, on 12 February 2004, Amnesty International denounced the indiscriminate attacks on civilians. In short, hardly anyone attempted to alert the public to the gravity of the situation until March 2004, not even non-governmental organizations or the United Nations.

There are several reasons for the silence of NGOs and the UN. In 2002, the Sudanese government imposed drastic restrictions on humanitarian access to Darfur. Only the World Food Program (WFP) and four NGOs (Oxfam, Save the Children Fund UK, Goal and MedAir) were allowed to conduct routine activities in the region.¹⁹ The International Committee of the Red Cross (ICRC) and MSF sought permission to launch exploratory missions at the beginning of 2003, but were turned down.

The signing of the first cease-fire agreement in Abeche on 3 September 2003 opened the door to Darfur. Within the space of three months, the authorities were granting passes to all those who requested them. United Nations agencies and several diplomatic delegations (the French ambassador, USAID) visited the region but did not stray too far from the provincial capitals. The ICRC, MedAir, SCF-UK and MSF (France and Holland) conducted more thorough exploratory missions and launched programs to assist displaced populations (at the time, the number of displaced persons was estimated at 250,000, but this would rise to 570,000). Other NGOs were present in Khartoum, but as they were preparing for the reconciliation between north and south and the launching of reconstruction projects, they displayed little interest in the western part of the country.

Access to Darfur was abruptly cut off as soon as the Abeche negotiations broke down. On 17 December 2003, Khartoum declared a state of emergency throughout Darfur and unleashed its second major campaign of destruction. The authorities suspended the granting of permits for the western part of the country. Only the personnel already on site were allowed to continue their work. There were not many left: the UN and MedAir had evacuated most of their staff from El Geneina on 10 December, while the organizations based in El Fasher (north

18. *Africa Confidential* published several alarming articles in 2002 and 2003.

19. The WFP distributed food through the Sudanese Red Crescent in several IDP camps and areas where there were chronic food shortages. NGOs were essentially committed to long-term programs implemented by Sudanese nationals.

Darfur) were confined to the town by the military security services. However, the teams still operating in Nyala and El Geneina – ten or so expatriates from MSF-H and a few representatives from the WFP and OCHA – had a certain freedom of movement which enabled them to undertake minor aid operations in apocalyptic conditions.

The blockade on humanitarian activity was partially lifted two months later, on 16 February 2004, after President al-Bashir announced the end of military operations in Darfur. Khartoum began to grant a limited number of access permits: a visa took three to four weeks to obtain, a travel permit five to ten days. The UN conducted several assessments in late February and early March. The ICRC, MSF-F, MedAir and the WFP initiated, restarted or strengthened activities and conducted further exploratory missions.

NGOs and UN agencies, the only foreign witnesses to events in Darfur, were not saying much about the gravity of the situation they had discovered there. MSF's priority was to increase its aid work and avoid being expelled over its public stance on the Khartoum-orchestrated violence. United Nations representatives paid two visits to the region (September – October 2003 and February – March 2004) and gave vent to some muted cries of alarm,²⁰ although these were steeped in techno-humanitarian verbiage. Following the initial September 2003 assessments, the UN came up with a peculiar strategy: the 'Greater Darfur Special Initiative'. Referring to "inter-tribal disputes exacerbated by the lack of basic services [and] the weakness of the system of governance", it announced a budget of 22.8 million dollars, only a third of which would be earmarked for emergency aid. The bulk of this money would be devoted to "quick-start peace impact measures" designed to "defuse the immediate causes of the violence" and to projects meant to "attack the underlying factors which generate conflict over the long term" (in other words, to "eradicate poverty" and "achieve millennium goals").

In fact, the UN and western chancelleries had other concerns in Sudan. On 22 July 2002, the government and the southern SPLA rebels signed an agreement protocol in Kenya; this indicated the possible settlement of a conflict that had lasted 18 years and had claimed the lives of several million Sudanese. Negotiations took place under strong international pressure, particularly from the United States. But the protocol was merely a first step. A long series of delicate negotiations over the distribution of oil revenues, the status of transition zones, temporary institutions, etc., had to be conducted before the conclusion of a final agreement. On 25 September 2003 and 7 January 2004, while the bloodbath in Darfur continued, the Sudanese government and the SPLA signed two crucial protocols concerning military arrangements and the sharing of natural resources. John Danforth, the US president's special envoy for Sudan, was then sent to Kenya to urge the parties to conclude a definitive peace agreement before 20 January, when George Bush would deliver his State of the Union speech. There was even a plan to invite the newly-reconciled enemies, SPLA leader John Garang and Sudanese president Omar al-Bashir, to the White House.

20. In early December 2003, the director of OCHA, Jan Egeland, referred to Darfur as "one of the worst [crises] in the world". Tom Vraalsen, the UN Secretary General's special envoy for Sudan, claimed to be "shocked" by what he had seen on his recent visits.

In these circumstances, the Darfur crisis was the wrong event at the wrong time. It called into question the very nature of the process under way in Kenya (inspired by an ethno-religious reading of the conflict which sidelined all the political groups fighting against the regime²¹). But above all, the inclusion of Darfur in the diplomatic agenda might have seriously complicated negotiations and delayed the forging of a final agreement between Khartoum and the SPLA. As long as negotiations continued, the US government and its partners preferred to contain the Darfur crisis within limits that would be acceptable to international public opinion and would not put too much pressure on Khartoum. Given the lack of sensational images and statements from humanitarian organizations, the UN's special envoy and the US State Department could take a low-key approach and simply call for the signing of a humanitarian cease-fire agreement. Perhaps they hoped that the 'quick-start peace impact measures' and the reduction of poverty would smother the flames rising from Darfur.

1.5.2 The media campaign and the opening of darfur (March–June 2004)

For once it is a UN official, British in this case, who the silence. At a press conference in Nairobi on 19 March 2004,²² Mukesh Kapila, UN humanitarian affairs coordinator in Sudan, compared the Darfur crisis to that of Rwanda in 1994²³ and suggested that genocide was taking place.²⁴ Kapila, who was nearing the end of his mandate called on the African Union to investigate the situation in Darfur and consider the deployment of an international force in the region.

Kapila's remarks received wide coverage in the international press. Unsurprisingly, Sudan's foreign minister denounced them as "irresponsible"; they lacked the "objectivity and neutrality" on which the UN was founded and deviated from "UN norms and traditions of supporting its judgments with facts, figures and statistics".²⁵ On 7 April 2004, ten years after genocide was unleashed in Rwanda, Kofi Annan hammered home the nail. Addressing the UN Human Rights Commission, he referred to the "atrocities" and "ethnic cleansing" taking place in Darfur. Without mentioning 'genocide' explicitly, he asked the international community "not to repeat the mistakes of Rwanda" and called on the Sudanese government to allow humanitarian workers and human rights investigators free access to Darfur. Annan went on to stress that "If that is denied, the international community must be prepared to take swift and appropriate action. By action in such situations, I mean a continuum of steps which may include military action."

Statements by UN representatives acquired greater resonance with the launching of an international campaign to raise public awareness of the crisis in Darfur. Initiated by activists

21. The claims of the rebels in Darfur, who were protesting over the region's political marginalisation and demanding a voice in the negotiations between the SPLA and the government, highlighted the fact that the 'north-south conflict' had less to do with 'religious war' than with the construction of a Sudanese state that would integrate, on an equal footing, all ethnic and religious components, both northern and southern, of the former Anglo-Egyptian condominium.

22. AFP, 19 March 2004, 'West Sudan's Darfur conflict "world's greatest humanitarian crisis": UN.'

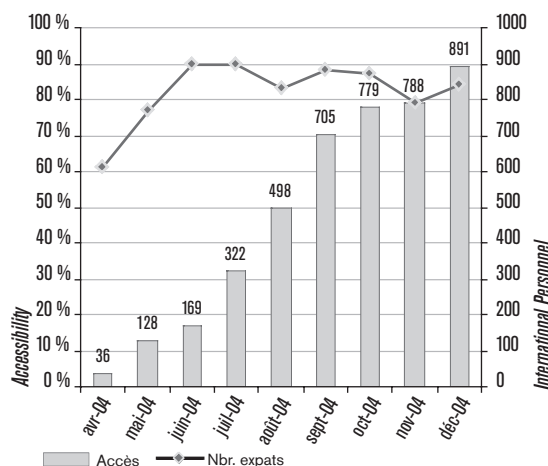
23. "The only difference is the number involved of dead, tortured and raped."

24. "It's more than a conflict; it's an organized attempt to do away with one set of people."

25. AFP, 21 March 2004, 'Sudan slams UN for calling Darfur "world's greatest humanitarian" crisis.'

hostile to the Sudanese regime,²⁶ the campaign swiftly attracted a miscellaneous alliance that brought together the American liberal Left and Christian Right, the Black Caucus, European think tanks, human rights activists and neo-thirdworlders. Describing the crisis as ‘genocide’ or ‘ethnic cleansing,’ they invoked the “never again” formula and demanded an international military intervention to protect civilians in Darfur.²⁷

GRAPH 3. ACCESSIBILITY AND NUMBER OF EXPATRIATES
IN DARFUR ACCORDING TO OCHA (SOURCES : UN DARFOUR PROFILE)



Confronted with increasing international pressure, Khartoum, which had signed a cease-fire agreement with the SLA and the JEM on 8 April, caved in and threw open the gates to Darfur, even to journalists. By 24 May, the government had begun easing restrictions on the granting of visas to aid workers, who could now obtain a visa from a consulate within 48 hours. Between April and June, the number of expatriates rose from 36 to 169, while the percentage of populations accessible (according to UN security criteria) rose from 61% to 90%.

26. On 25 February 2004, Eric Reeves composed a *Washington Post* leader entitled ‘Darfur, a genocide unnoticed.’ Supporting his argument with Kapila’s remarks, MSF’s reference to a “catastrophic mortality rate” and Amnesty International reports, he claimed that the genocide of ‘Africans’ was occurring in Darfur and called for an international military intervention. A month later, on 27 March, *New York Times* columnist Nicholas Kristof entered the fray with an article entitled ‘Will we say “never again,” again?’ He accused the Sudanese government of enacting a policy of genocide against the “three black tribes” of Darfur, while the world sat back and “yawned.” Kristof visited refugee camps in Chad and kept returning to the theme in column after column, amounting to at least two or three pieces a month in the *New York Times*.

27. On 2 April 2004, Human Rights Watch (HRW) published an initial report denouncing the “scorched earth policy” which the government was using to “deprive the rebels of every base of political support”. On 7 May, HRW issued another report which, while it did not contain any new factual material, re-interpreted the crisis as the result of an “ethnic cleansing” strategy directed at Darfur’s “African populations”. HRW called on the UN Security Council to take “urgent measures to ensure the protection of civilians, to guarantee the unhindered distribution of humanitarian aid and to put a stop to the ethnic cleansing”, and enjoined humanitarian organizations to condemn the cleansing. On May 23 2004, the International Crisis Group (ICG) produced a report entitled ‘Now or Never in Darfur’. This also referred to a process of “ethnic cleansing” and demanded a UN-led military operation in order to create “security zones” for the protection of the displaced and to open humanitarian corridors. The ICG regarded Darfur as the opportunity to apply the ‘responsibility to protect’ (the new term for the ‘right to interfere’) that, from early 2000, had been appearing in the various reports commissioned by the UN Secretary General. Finally, on 23 June 2004, Physicians for Human Rights (PHR) claimed to possess proof that Darfur was in the grip of a genocide that could claim the lives of a million people if the international community failed to act. Meanwhile, the US Committee for Refugees publicly called on President Bush “not to repeat Bill Clinton’s historical error over Rwanda”, and on 7 June appealed to the president to “put a stop to the genocide in Darfur”. This campaign received widespread press coverage.

Aid operations, however, were still proceeding very slowly. The UN lacked funds and the NGOs arriving in Darfur were more concerned about 'genocide', 'ethnic cleansing' and the deployment of international forces than about the provision of vital aid to the 1.2 million displaced people who were now accessible but still succumbing to malnutrition and diarrhea, the principal cause of death at that time.

1.5.3 The intervention debate obscures the lack of assistance (June–October 2004)

In the United States, the increasingly vocal protests over the behavior of the Sudanese regime began to make their mark on the electoral campaign. On 20 June 2004, John Kerry, the Democrat Party's candidate for the presidency, urged President Bush to take action.²⁸ The US Congress was also prepared to tackle the issue. After sending a delegation to Darfur at the beginning of July, it unanimously voted in favor of a motion to classify the crisis as 'genocide' and to ask the president to take immediate and – if necessary – unilateral action. On 1 July, Colin Powell and Kofi Annan flew to Khartoum, but Powell remained cautious: "On the basis of what we saw, there are some indications, but certainly not all the indications, for a legal definition of genocide according to the treaties on this subject. That is the opinion of my legal advisers," he told the press.

June and July were nonetheless marked by a burst of intense diplomatic activity. On 5 July, the African Union's Peace and Security Council, meeting in Addis-Ababa, decided to send 308 cease-fire observers, in accordance with the agreement signed by Khartoum and the rebels. Australia, Great Britain and Norway also declared their readiness to send troops should the UN request them. These announcements were warmly received by the SLA, which on 25 July called for the "urgent deployment of troops in the next few days in order to guarantee that food aid is distributed to the millions of refugees". This was the climate in which MSF-F issued its report of 21 June, using figures to highlight the scale of the violence, described as "massacres" in a "scorched earth policy", and the danger of famine linked to the sluggish deployment of aid, although the term 'genocide' was rejected.

Khartoum, faced with growing international opposition, blew hot and cold. On the humanitarian front, the government had stopped obstructing aid operations. The main difficulties were logistical – the arrival of the rainy season; and institutional – the operational limits of the NGOs which had begun to arrive in Darfur. On the political front, the government declared on 3 July that it was willing to "begin disarming the Janjaweed and other illegal groups immediately". It also announced the dispatch of a 6,000-strong police force to Darfur to restore order, as well as the creation of "protected villages" where displaced persons could resettle as if they were "at home". A new battle began, that of relocation. Reacting to interventionist lobbies' condemnation of the impunity enjoyed by the militias, the authorities sentenced dozens of Janjaweed fighters to death or cross-amputation. Nobody knew how many

28. "Now is not the time to debate whether to call this catastrophe a genocide. Now is the time for swift and strong action," Kerry declared at a political rally.

of those condemned to such drastic punishments were innocent, or could distinguish between those who had given the orders and those who had simply carried them out. But at the same time, the government denounced the pressures upon it as a concerted attack on Islam.²⁹ On 27 July, the authorities decreed a general mobilization and freed 49 Islamist dissidents in order to “unite the internal front” against a foreign intervention.

On 30 July, the UN Security Council finally adopted resolution 1556, which imposed an embargo on arms destined for the rebels and the Janjaweed and required the Sudanese government to disarm the latter within 30 days. An army spokesman called the resolution “a declaration of war”, but the Sudanese ambassador to Ethiopia announced that “unlike Israel, which rejects UN resolutions, we will observe the resolution [1556]”. A few days later, as an exhibition on the ‘genocide in Darfur’ opened in the Holocaust Museum in Washington, hundreds of demonstrators paraded through Khartoum and massed in front of the UN offices, shouting “the crusaders are at our gates” and “No to the imperialist-Zionist plot against Sudan”.

On 5 August, the Secretary General’s new representative for Darfur, Jan Pronk, who was convinced that the government would never be able to disarm the Janjaweed within 30 days even if it wanted to, signed an agreement with the authorities, an action plan that clarified the way in which Khartoum could demonstrate its good faith and escape the sanctions envisaged by the Security Council.³⁰ Ten days later, on 14 August, the first Rwandan observers from the African Union began their work. Aid operations intensified despite the continuation of fighting in the south and east of the province, which temporarily reduced humanitarian access to these areas. On 1 September 2004, OCHA recorded the presence of 705 expatriates and estimated that 88% of the persons displaced were accessible.

Encouraged by these real advances in aid delivery and the regime’s limited efforts to control the Janjaweed in the more high-profile areas, Jan Pronk submitted a fairly positive report to the Secretary General on 2 September 2004, thus enabling Sudan to avoid sanctions. Meanwhile, the US administration sought to placate the anti-Khartoum lobbies, but did not discount the possibility of a limited engagement in Darfur. On 9 September, Colin Powell declared that the government and the Janjaweed were undoubtedly guilty of genocide, but that nothing obliged United States forces to intervene and prevent it. In formal terms, Washington had fulfilled its obligations under the 1948 Genocide Convention by referring the matter to the UN Security Council.

In fact, the Security Council decided on 18 September to expand the AU observers’ mandate and create an independent commission to investigate the crimes committed in Darfur

29. “The real aim of the international campaign against our country is not to denounce the situation in the troubled region of Darfur, but to halt the progress of Islam throughout the country.” *AFP*, 23 July 2004.

30. The government was supposed to confine the militia fighters to camps, disarm them, and bring them to trial. It would also create ‘security zones’ for displaced populations, remove all obstacles to aid delivery, ensure that its troops respected the cease-fire, and resume political negotiations with the rebels.

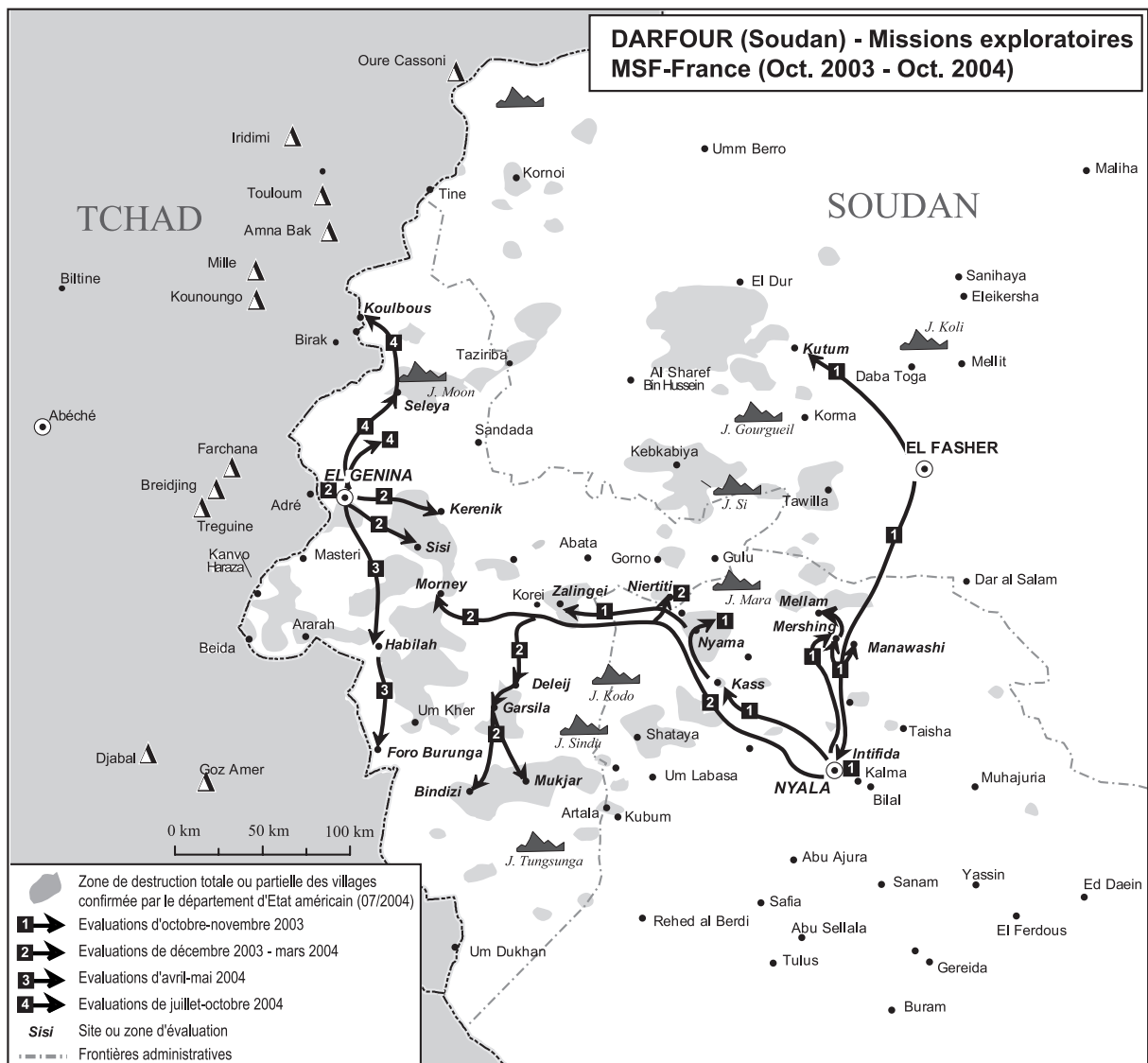
and ascertain whether or not they amounted to acts of genocide. In late October, the African Union force was increased to 3,320 troops. However, the intervention debate was still running. The continuing public awareness campaign now focused on rape, which was alleged to have occurred on a “massive and systematic scale”. When the UN General Assembly annual debate opened on 21 September 2004, Kofi Annan called for “innocent civilians to be protected from genocide, crimes against humanity and war crimes... History will judge us very severely if we allow ourselves to be distracted from this task, or if we think we can dispense with it by invoking national sovereignty.” Tensions between the Sudanese government, NGOs and the international community were still very high. In September, the president of the Sudanese national assembly threatened to “open the gates of hell” if his country was invaded by foreign troops. He announced the dispatch of a parliamentary commission “to investigate the work of humanitarian organizations [which] are trying to gain control of the camps”. President Omar al-Bashir declared that “humanitarian organizations were the real enemies” of Sudan.

2 – THE PRINCIPAL STAGES OF THE MSF-F OPERATION IN DARFUR

This section sketches the broad outlines of each stage of MSF-F's operational deployment. We touch briefly on areas such as aid strategy, communications policy and internal debates before going on to discuss them more fully in Part Two.

Taking the maximum number of expatriates working in the field as a criterion, we can distinguish four phases in the MSF-F operation in Darfur: October–November 2003 (capital team and, later, 4 expatriates); December 2003–March 2004 (8-11 expatriates, and 18 by the end of March); April–June 2004 (24-27 expatriates); July–December 2004 (48-30 expatriates).

2.1 OCTOBER-NOVEMBER 2003 : FIRST EXPLORATORY MISSIONS



Although the war in Darfur intensified in the early months of 2003, the first MSF-F exploratory missions did not take place until late October 2003, six months after the upsurge in violence. According to the Desk, Darfur permits were first requested in June 2003, but none were issued until the signing of the cease-fire agreement in Abeche in September.

The Khartoum team carried out two initial assessments. They covered parts of north Darfur (Kutum), south Darfur (Nyala and Manawashi) and west Darfur (Zalingei). MSF-H was the only other MSF section then present in north Sudan and conducted a more thorough exploratory mission in west Darfur, in the environs of Deleig and Garsilla. As a result of these assessments, the Paris emergency desk decided on 20 November to open two missions, one in the south and one in the west. The first was in Nyala, the capital of south Darfur, where a camp contained 10,000 people who had recently been forced to flee west Darfur, an area they described as a place of blood and fire. The second was located directly to the west, in Zalingei, a town of 30,000 inhabitants. People from surrounding villages poured into Zalingei every day, following the destruction of their homes by pro-government militias. Paris also decided to install a coordination team in Nyala so that assessments could continue. We signed an agreement with the Sudanese authorities in late November. This allowed us eight field posts (two doctors, three nurses, two logisticians and a coordinator) and four 'supervisor visits.' A team from the emergency desk arrived at the beginning of December. A full charter comprising 30 tons of medical and logistical equipment took off from Bordeaux on 8 December and arrived in Nyala the following day.

2.2 DECEMBER 2003 – MARCH 2004: MOVING TOWARDS RESCUE

2.2.1 The opening and abrupt closure of the intifada camp in Nyala (9 December – 15 January)

A three-member team opened the Intifada IDP camp mission in Nyala on 9 December. They were immediately faced with opposition from the local authorities, who wanted to transfer populations to a site ten kilometers from the town. This site had no infrastructure and was regarded by the displaced as an unsafe location. In an attempt to get people to move out, the authorities ensured that conditions were extremely unhealthy, forbidding the construction of latrines, the distribution of the most vital basic products, the installation of a proper water supply, etc. MSF managed to ensure external consultations (about 750 per week, a quarter of which were for diarrhea) and arranged for small quantities of water to be trucked in. A therapeutic feeding center looked after 38 infants. New arrivals were targeted for distributions of blankets, soap and jerry cans. Despite these efforts, the mortality rate remained very high, running at approximately 6/10,000/day for the under-fives in the first two weeks of January (according to grave counts).

The mission was not given the time to take shape. On 14 and 15 January the authorities, with the approval of an OCHA representative, forcibly evacuated the displaced population from the Intifada camp. The inhabitants refused to settle on the inhospitable and dangerous government site (Belel) and dispersed around the town and its environs. MSF, whose clinics and feeding centers had been abruptly closed, issued a press release protesting the way the

camp had been emptied. This aroused the ire of the government, which summoned the head of mission in Khartoum and gave him a “final warning prior to expulsion.” During the following few days, we tried to set up a transit center and continue nutritional activities, but were unsuccessful. Several hundred people eventually moved into Belel.

2.2.2 The troubled opening of the zalingei mission and the continuation of exploratory missions (24 december)

The Zalingei mission was opened by a three-person team (a doctor, a nurse and a logistician) on 24 December. The town's 30,000 inhabitants had been joined by about 15,000 displaced persons who set up ten or so makeshift camps in various neighborhoods or were taken in by locals. This complex configuration posed problems for the teams, which decided to set up a system of six mobile clinics. This was abandoned in March and replaced by two permanent health centers on the most heavily populated sites. Consultations during the first quarter averaged 900 a week. Two therapeutic feeding centers were opened, (external phases only); severe cases were referred to Zalingei hospital's pediatric department, with which we were trying to set up a partnership. In February, the health ministry organized a measles vaccination campaign for the 9-59 months group.

However, there were no major efforts to provide water and sanitation. The authorities would not permit any such work until the displaced had been assembled on identified sites where they would be easier to supervise – in terms of policing as well as health. Meanwhile, the IDPs collected water from the various distribution points in the town or directly from the *wadi*, which was said to be dangerous. According to grave counts, the mortality rate remained below the emergency threshold during the first quarter of the year. MUAC screenings revealed that general acute malnutrition stood at 9.2% in January and at 14.6% in March. The WFP managed only two incomplete food distributions between December and March.

As the Zalingei mission struggled to organize operations, new assessments were conducted further to the west, on the road between El Geneina and Mornay (where the numbers displaced had risen from 7,000 to 25,000 between visits in December and January), in Niertiti³¹, and in Deleig and Garsilla (where on 13 and 14 January the team noted thousands of displaced persons arriving as their villages continued to burn). Confronted with an approaching wave of destruction, it was decided to open a mission in Mornay. But this could only be done with the means at hand for, at the end of December, the government launched its second major counter-offensive and closed Darfur.

2.2.3 Mornay opens in the eye of the storm (31 January 2004)

The ex-Intifada team opened the Mornay mission on 31 January, having obtained permission from the authorities in El Geneina a few days beforehand. Less than a week after being threatened with expulsion from Khartoum, the government gave MSF-F the green light to open a mission in the center (in both geographical and chronological terms) of a campaign of destruction.

31. a village in the foothills of the Jebel Marra, - where the rebels - had dug in and to where around 3,000 displaced persons had fled.

The Mornay mission's first reflex was to launch a measles vaccination program for the 6-59 months group. Ten thousand children were vaccinated over the course of the first two weeks. The population increased massively during this period, rising to 45,000 and then to 60,000. The displaced came from a radius of 100 kilometers around Mornay. They had fled the government-organized terror: aircraft had bombed their villages at night, and Janjaweed militias had attacked in the early hours of the morning. They reported direct experience of torture and violence or had witnessed its infliction on others.

Four hundred and eighty displaced persons had been war wounded. The team swiftly set up an emergency room and hospitalization, treating 80 serious injuries and 380 lesser injuries between February 4-15. As the roads were unsafe, only 12 of the wounded were transferred to the hospital in El Geneina.³² The injured were cared for by the nurse, who often had to carry out surgical procedures. No fatalities were recorded.

On 16 February, Khartoum announced the end of military operations in Darfur and resumed the issue of permits. At the beginning of March, a doctor arrived to supplement the Mornay team. This gave us the opportunity to begin external consultations; 3,000 were carried out within the space of three weeks, 52% of which concerned children under five. The team also opened a therapeutic and supplementary feeding center, treating 320 severe and 1,500 moderate cases during the first quarter of 2004. Targeted supplementary distributions were planned, but could not be implemented at this stage due to the shortage of staff and materials and the general insecurity. In March, the WFP managed to distribute a first half-ration.

On the other hand, much attention was devoted to the supply of water in order to limit the spread of oro-fecally transmitted diseases and so that women would not have to fetch water from the river, where they were regularly assaulted by militia fighters. By the end of March, pumping from the harness basin dug in the bed of the *wadi* was providing 150,000 liters of chlorinated water a day (three liters per person per day).

Given the early restrictions imposed on the intervention, its true impact over the first three months is difficult to assess. According to grave counts, the crude mortality rate remained above the emergency threshold until the first week in March (a CMR of 1.1 and an U5MR of 2.4 in week 9), then stabilized at a CMR of 0.6 and an U5MR of 0.9 by the end of March. The measles vaccination campaign, provision of water (admittedly limited), treatment of malnutrition and hospitalization of the wounded and seriously ill all undoubtedly contributed to a significant reduction in the morbid-mortality rate. Even when limited to two people, the team's colossal efforts certainly saved hundreds of lives.

32. Jean-Sébastien refused to send the first woman and child that came to us in one of our two cars or to split up the team. He eventually found a taxi and negotiated the fare, telling the driver not to pick up any soldiers or police on the way. However, the driver picked up six local policemen. The car was attacked. The six policemen and the driver were executed and their bodies savagely mangled (vehicles were driven over them). The bodies were taken to the hospital in Mornay. The team and the townspeople were deeply shocked by this event. A detachment of soldiers found the woman and child in a village near the site of the ambush. They eventually reached Zalingei.

2.2.4 Negotiating new activities and more appropriate means of action

In early February, hard on the heels of the Mornay opening, the Darfur coordination team conducted an explo-action (screening, nutrition, measles vaccination) further to the south (Garsilla, Deleig, Mukjar and Bindisi), as it waited for MSF-H, which had agreed to intervene, to set up operations. At the end of February, it continued its explorations to the west of Mornay (Sisi and Kerenik, where it discovered 17,000 newly displaced persons). In March, the emergency desk director traveled from Chad to El Geneina to meet the authorities and assess the possibility of intervention at/the provincial hospital. Our human resources were still restricted to eight posts and four 'supervisor visits.' Two logisticians were stuck in Khartoum awaiting permits, while seven visa applications were pending.

At the end of March 2004, MSF decided to expand activities in the Kerenik camps and at El Geneina hospital, where it hoped to establish a center for surgical referrals. To this end, it negotiated a new agreement with the authorities on 10 March. This gave us the right to 25 field posts in exchange for restoring the hospital's surgical wing. Further progress was achieved in mid-March, when the Zalingei team extended its work to encompass Niertiti (whose population had swollen to around 20,000 with the arrival of several thousand displaced persons), where a measles epidemic had broken out. Daily mobile clinics and a day hospital were set up to treat severe cases.

In terms of communications, it was decided that for the time being the most appropriate course would be to appeal for more aid but to avoid any public condemnation of the violence or the government's hindrance of aid delivery. MSF, treading carefully after the threats of expulsion following the Intifada press release, wanted to raise international awareness of the situation in Darfur without jeopardizing its access to the conflict zone. It therefore initiated a strategy of 'silent diplomacy' – off-the-record briefings for the journalists and diplomats who had taken little interest in the crisis before April.

2.2.5 Summary

In short, during this period:

We gradually discovered the scale of the crisis. As the teams traveled around west Darfur, and in the Mornay area, they witnessed the systematic destruction of villages. These communities were looted and burned; civilians were attacked and murdered and vast numbers of survivors driven out. Each exploratory mission discovered new groups of displaced people living in appalling conditions, fearing for their lives and deprived of aid of any kind. We estimated that between 500,000 and one million displaced people were in a critical situation.

We managed to assist about 65,000 of these people, although the means at our disposal were extremely limited. The situation in Mornay and Zalingei was more or less under control; the mortality rate seemed lower than the emergency threshold but the health situation was still fragile. We feared a rapid deterioration in health standards brought about epidemics, malnutrition, food shortages and famine. The greatest worry concerned the sites for which no aid was available.

Khartoum blocked the dispatch of additional human resources and the delivery of aid supplies. We were limited to eight field staff; customs clearance for the second full charter took a month and a half. We tried to untangle these knots at local level and by mid-March had managed to negotiate a new agreement entitling us to 25 field workers.

Strictly speaking, we were the only operational aid organization (there was limited input from the WFP, SCF-UK and MedAir), and we were also the only witnesses. As Darfur was closed to journalists, the region received very little media coverage. Moreover, diplomats were preoccupied with the reconciliation between north and south and regarded the crisis as a marginal concern. We decided to restrict public communications to complaints about the lack of aid.

TABLE 3. MSF PROGRAMS IN DARFUR AT THE END OF MARCH 2004

Mission	Activities	Output	Human resources	Budget end of March 2004
El Geneina	Coordination			
Mornay	Emergency Room	78 admissions/week		
	OPD	970 consultations/week		
	Home visitors			
	Vaccination	10,000 children		
	TFC	40 admissions/week		
	SFC			
	Water	150,000 l/day		
	NFI	2,600 blankets		
Zalingei	2 OPDs	920 admissions/week		
	Home visitors			
	2 TFC			
	2 SFC			
	NFI	2 distributions for 1,900 families		
Niertiti	Mobile team	33 consultations/week		
Nyala	Logistical base			

2.3 APRIL–JUNE 2004: CONSOLIDATING ACTIVITIES

2.3.1 Gradual consolidation of activities

Barriers to the dispatch of staff and supplies were gradually lifted between April and June 2004. As a result of the new agreement, the number of field posts rose from 11 in February to 24 in April and 27 in June. Most importantly, at the end of May, Khartoum decided to open most of the region to humanitarian aid and made it easier to obtain travel documents such as visas and permits. The newly available resources were earmarked for the consolidation of existing and planned activities.

- Targeted food distributions and consolidation of programs in Mornay and Zalingei

The nutritional surveys conducted by Epicentre in April and May revealed general acute malnutrition rates of 23.4% in Zalingei and 20.6% in Mornay (using the Z-score method). World

Food Program distributions were still irregular and incomplete. By the end of July, only 20% of the quantities required had been distributed in west Darfur. Meanwhile, the therapeutic and supplementary feeding centers in Zalingei and Mornay were recording an increasing number of admissions. By the end of June, MSF in Mornay was treating approximately 2,000 children in the SFC and 400 in the TFC.

MSF was now in a position to proceed with the first targeted distribution to the under-fives. In April, one ration of oil and UNIMIX providing 2,700 calories per day for ten days was distributed to 15,000 children in Mornay. In June, 13,000 children in Zalingei received a similar ration. Irregular distributions continued in Mornay until June when they stabilized, as at Zalingei, at one round every ten days.

External consultations reached saturation point in Mornay (averaging 1,400 per week between April and June), but were more fluid in Zalingei. New outbreaks of diarrhea occurred at both sites and a measles epidemic struck Zalingei in early April. MSF organized a catch-up campaign for the vaccination 6-59 months group. As for hospitalization, the number of beds in Mornay quadrupled (from 27 to 100) before the onset of the rainy season. In Zalingei, we managed to set up an intensive care unit in the hospital's pediatric wing.

Finally, the production of drinking water in Mornay increased but was still below the twenty liters per person per day level. In Zalingei, where the population had at last peacefully regrouped on two main sites, MSF began organizing a chlorinated water supply. As Darfur opened up to international aid, the first organizations with expertise in sanitation began to arrive, but took considerable time to set up operations.

- **Development of mobile activities in Niertiti**

MSF began day visits to Niertiti, where the population was increasing, in early April. The teams were unable to remain overnight because security conditions were too volatile. Medical activities ranged from treating measles cases in April (400 cases had been treated by mid-April; 10% of these were severe and there were 24 deaths), to initiating general consultations (approximately 1,100 per week) in May. Meanwhile, the health ministry organized a campaign to vaccinate the 9-59 months group. We opened therapeutic and supplementary feeding centers, treating 94 severe cases in the second quarter of 2004. We also established a system for the supply of chlorinated water, providing 60-90 cubic meters by the end of June.

- **Setting up activities in El Geneina**

Arguments over technicalities delayed the restoration of the surgical wing of El Geneina hospital. In the meantime, MSF looked after the patients who had been operated on by Sudanese personnel in the existing structure. Some of the volunteers questioned the relevance to set up a full MSF surgical program and thought it would be simpler to honor our commitment to restore the wing. The hospital staff seemed perfectly able to cope with the small number of urgent surgical cases. In May, MSF became more heavily involved with the

pediatric department and opened a therapeutic feeding center on the hospital grounds. This was designed for malnourished children from the neighboring camps.

In effect, the resident population of west Darfur's capital city, around 110,000, had been swollen by the arrival of 55,000 displaced persons, who were living in a dozen makeshift camps. One small organization, MedAir, offered primary health care in the area; most pediatric referrals came from this source. In June, an Epicentre retrospective mortality study revealed a catastrophic mortality rate for the past month: a CMR of 5.6 and an U5MR of 14.1. MSF did not believe it had the means to develop new operations in the camp, so began sending in teams of 'home visitors' to screen for serious cases and refer them to the hospital. Like MedAir, the teams were unable to corroborate the Epicentre figures, although these were confirmed by a second study (see below).

Finally, a mobile mini-program was opened between El Geneina and Kerenik, a two-hour drive, where another exploratory mission conducted on 21 April had counted about 20,000 residents and displaced persons. MSF began vaccinating against measles and set up weekly mobile clinics combined with outpatient therapeutic and supplementary feeding centers in mid-May, treating 112 severely malnourished children by the end of July.

2.3.2 Suspension of openings

As Khartoum gradually eased the restrictions on aid delivery in the second quarter of 2004, the emergency desk decided to freeze the opening of new operations and consolidate existing activities. However, further exploratory missions had led to the identification of several critical sites. In Habila, a camp south of El Geneina in west Darfur (the Massalit zone), an exploratory mission conducted on 28 and 29 May noted 70 cases of measles among the 15,000 displaced persons and 5,000 residents. MUAC screening revealed that the rate of general acute malnutrition was running at 14.8%, with severe cases at 2.6%. Further to the south, in Foro-Burunga, where the 28,000 residents had been joined by 7,000 displaced persons, MUAC screening indicated GAM at 36.8%, with severe cases at 13.8%. Teams held mobile consultations at both sites and provided local medical staff with medicines as well as Plumpy 'Nut for the cases of malnourishment detected by screening. As with the camps in El Geneina, MSF-F did not envisage opening any new programs.

The decision to suspend the geographical expansion of our operations appears to have been based on three sets of considerations. In the first place, we needed to reinforce our activities in Mornay, Zalingei and Niertiti (and to a lesser extent in Kerenik), where the health situation was thought to be extremely fragile. The teams feared the onset of an epidemic or a nutritional crisis. Measles had broken out in Niertiti and Zalingei; the incidence of diarrhea was increasing in all camps (cholera is endemic in the region); external consultations had reached saturation point in Mornay; the rainy season was approaching with its cargo of diarrhoeal diseases and malaria; admissions to feeding centers were high; studies and nutritional screenings were indicating nutritional deficiencies (in April, the GAM derived from MUAC data was

14.7% compared with 8.8% in January); and the World Food Program was still unable to ensure regular general food distributions despite the fact that the arrival of the rains would make its task considerably harder. To be sure, the violence and destruction of the war in west Darfur had diminished and crude mortality rates on our sites were still below the emergency threshold. But the threat of a health crisis still hovered over the region.

Moreover, even though the government had removed its obstacles to aid delivery, Paris believed that we had almost reached our internal limits. With a hospital for referrals in El Geneina and the Mornay, Zalingei, Niertiti and Kerenik camps, representing at that time over 150,000 people for whom we had established a wide range of aid provision (water supply, hospitalization, re-nutrition, food distributions, consultations etc.), it did not seem possible to consolidate existing programs and open new ones without reaching an operational critical mass which would make the whole operation unmanageable.

Finally, MSF-F hoped that Khartoum's decision to open Darfur to international aid in late May would lead to a significant increase of relief agencies on the ground. In May, the Dutch section became operational, the Swiss and Belgian sections had just received their work permits for Darfur, and the Spanish section was on the point of obtaining permission. At the end of the month, MSF-Switzerland went into Habila and was working in the El Geneina camps by July, while MSF-Belgium was active in north Darfur, on the northern margins of the Jebel Marra and the rebel zones. Given the circumstances, Paris believed that our best option was to concentrate on fulfilling our existing commitments to the best of our ability rather than disperse our energy.

2.3.3 The first public stance on the violence

The Sudanese government opened the gates to Darfur because the crisis had been attracting increasing media coverage since mid-March which coincided with the tenth anniversary of the genocide in Rwanda. Bowing to public pressure and the portrayal of the Darfur conflict as a genocide or 'ethnic cleansing' that demanded the intervention of the international community, the UN and western chancelleries had finally grasped the nettle and forced Khartoum to make concessions.

As the silence had now been broken and obstacles to the delivery of aid removed, the question of communication assumed a new dimension. MSF, the only foreign witness to the wholesale destruction of villages in west Darfur, could hardly keep quiet, particularly as the situation was still critical. Despite the lifting of government restrictions, few supplies were getting through as many aid agencies were more interested in advocating for the deployment an international force than in building latrines to combat the spread of the diarrhoeal diseases that were now the main cause of death. The intensity of the public awareness campaign mounted by human rights groups, the UN and most humanitarian organizations – all of which called for firm measures to curb the excesses of Khartoum and its militias – required us to make our position clear.

In March, MSF asked Epicentre to conduct a retrospective mortality study as it collected epidemiological data on the Darfur crisis. The results formed the core of a public report written by MSF-F president Jean-Hervé Bradol during a field trip in June. The report summarized the teams' experience and understanding of the policy of destruction that had been enacted. The intensity and demographic distribution of the massacres were described and supported by figures, but the description of the crisis as 'genocide' was implicitly rejected (and explicitly rejected when the first interviews were given). Titled *No Relief in Sight*, the report stressed the necessity of a massive injection of aid to avert a famine. It was published on 21 June, thus coinciding with the visit to Khartoum of the French foreign minister, Renaud Muselier. The Sudanese government made formal protests but took no further action.

TABLE 4. MSF-FRANCE PROGRAMS IN DARFUR AT THE END OF JUNE 2004

Mission	Activities	Outputs between April & June 2004	HR end of June	Budget end of June
El Geneina	Coordination			
	Intensive TFC	29 admissions/week		
	Pediatric ward of hosp.			
Mornay	IPD	30 admissions/week		
	OPD	1,400 consultations/week		
	Home visitors			
	6 ORS points			
	Measles vaccination	4,500 children		
	TFC	66 admissions/week		
	SFC			
	Blanket feeding	4 BF for 15,000 pers		
	Water	10 l/d/pers.		
	NFI	Distribution of blankets		
Zalingei	2 OPDs	2,700 consultations/week		
	Pediatric	47 admissions/week		
	Home visitors			
	Vaccination	2,300 children		
	2 TFC	35 admissions/week		
	2 SFC			
	Blanket feeding	2 blanket feeding for 16,000 pers	25 expatriates, 450 Sudanese	4,600,000 euros
	Water	<10l/d/pers		
	OPD	509 consultations/week		
	TFC	9 admissions/week		
Niertiti	SFC			
	Vaccination	4,000 children		
	Home visitors			
	Point ORS			
	Eau	~800,000 l/day		
	Measles vaccination			
	Mobile clinic incl.:			
Kerenik	TFC			
	SFC			
	Home visitors			
Nyala	Logistical base			

2.4 JULY–OCTOBER 2004: CONSOLIDATION CONTINUES AS THE VIOLENCE SHIFTS

The period from July to October 2004 was marked by a progressive improvement in international aid operations throughout Darfur. The World Food Program, for example, was able to ensure a more systematic general distribution of food supplies by August. In October, OCHA counted more than 800 expatriates in Darfur, as opposed to 170 in June and 36 in March. By 24 May, the government was issuing humanitarian visas in 48 hours and making it much easier to obtain permits to enter Darfur.

MSF-France was also expanding its resources: during this period its expatriate team increased to approximately 40, and there were 700 Sudanese employees, including 40 qualified personnel recruited in Khartoum. In the final quarter of 2004, the Darfur mission represented the largest MSF-F operation in terms of field posts. In one year, the French section had dedicated Euro 10,800,000 to the emergency.

Although a cholera epidemic had seemed more likely, all the missions were faced with a hepatitis E epidemic in early July. In Mornay, Zalingei and Niertiti, 7,000 people were infected and there were fifty deaths in Mornay. This period was also marked by the gradual implementation of a care program aimed specifically at women (pre-natal consultations, maternity and active screening of victims of sexual violence). After much trial and error, women had some access to confidential therapeutic spaces by October. It should be noted that the number of rapes recorded by the French section was lower than the estimates produced by the other sections. In terms of nutrition, the internal and external outpatient therapeutic clinics were consolidated, and food distributions targeting the under-fives were extended to Niertiti in August. The supplementary feeding centers closed their doors at the end of August. Medical activity (external consultations and hospitalization) increased significantly (particularly in Niertiti, where the displaced population had increased during the summer) before diminishing over the course of September and October. The period was also marked by the launch of surgical activity at El Geneina hospital and by greater involvement in pediatrics. We explored the possibility of working with nomadic populations, but no proper mission was opened as a result. The stabilization of programs was confirmed in the final months of the year, when the Darfur emergency mission was transferred to the Sudan desk.

However, two more problems arose during this particular period. First, MSF was forced to take a stand on the issue of genocide in Darfur. This was dictated by a context in which the Sudanese authorities had adopted a harder line in response to the threats of international intervention triggered by claims of genocide and ethnic cleansing. Second, whereas the violence in South Darfur seemed to be intensifying, we were not in a position to disengage from the camps in which we were working (with the exception of Kerenik, which had been taken over by MSF-Switzerland) in order to set up operations in a new crisis zone. Despite the arrival of many NGOs, it was difficult to find reliable partners who could ensure the provision of basic services to the 200,000 people we were looking after – famine was no longer a serious threat, but their situation was still fragile. By the end of the year, however, responsibility had

been passed to other NGOs: Concern took over the feeding programs in El Geneina, while Oxfam, the IRC and Solidarités took over the provision of water in Mornay, Zalingei and Niertiti respectively. At the end of October, the total number of displaced persons in Darfur was estimated at 1.6 million (1.8 in December). Six hundred thousand of these were located in south Darfur, where the number of people driven from their villages had tripled since June.

TABLE 5 - MSF FRANCE PROGRAMS IN DARFUR AT THE END OF OCTOBER 2004

Mission	Activities	Outputs between July & October 2004	Human resources end of October 2004	Budget end of October 2004
El Geneina	Coordination			
	Pediatrics	16 admissions/week		
	Emergency Room			
	Surgery			
Mornay	TFC outpatient	28 admissions/week		
	IPD	84 admissions/week		
	2 OPDs			
	ANC/PNC	2,075 consultations/week		
	Vaccination			
	Home visitors	Meningitis		
	Ambulatory TFC			
	Blanket feeding	51 admissions/week		
		10 BF for c.a.		
		16,000 children		
Zalingei	Water	20l/d/pers		
	NFI	52,500 soaps over 3 BF	41 Expatriates	9,700,000 euros
	2 OPDs	3,800 consultations/week	700 Sudanese	
	Pediatrics	40 admissions/week		
	2 ANC/PNC			
	Home visitors			
	2 TFC outpatient	51 admissions/week		
	Blanket Feeding	12 BF for 17 000 pers.		
	Water	20l/d/pers		
	OPD	1,700 consultations/week		
Niertiti	IPD	30 admissions/week		
	ANC			
	Home visitors			
	Point ORS			
	TFC outpatient	17 admissions/week		
Nyala	Blanket feeding	5 BF for 5,000 children		
	Water	~90,000 l/day		
	Logistical base			

DARFOUR (Soudan) - Localisation des missions MSF au 1^{er} juillet 2004

TCHAD

SOUDAN

Zone de destruction totale ou partielle des villages confirmée par le département d'Etat américain

Camps de déplacés > 45 000 personnes

Camps de déplacés 20 001 - 45 000 personnes

Camps de déplacés 10 001 - 20 000 personnes

Camps de déplacés < 10 000 personnes

MSF-F Mission ouverte

(MSF-F) Mission fermée (reste une base arrière)

TABLE 6 - MÉDECINS SANS FRONTIÈRES TEAMS (ALL SECTIONS) IN DARFUR AT THE END OF 2004

Section	Province	Site	Population	Activities	Human Resources
MSF France	West Darfur	Mornay	80,000	IPD, 2 OPDs, ANC, TFC, BF, Water	41 expatriates, 700 Sudanese
	West Darfur	Zalingei	90,000	Pediatric ward, 2 OPDs, ANC, TFC, BF, water	
	West Darfur	Niertiti	25,000	IPD, OPD, TFC, BF, water	
	West Darfur	El Geneina	90,000	Pediatric ward, surgical ward and OT, TFC	
MSF Swiss	West Darfur	El Geneina	90,000	OPD/IPD, nutrition, hygiene & sanitation in 3 EG camps)	23 expatriates, 279 Sudanese
	West Darfur	Habilah	30,000	IPD, BF, TFC	
	West Darfur	Kerenik	27,000	OPD, IPD, BF, TFC	
MSF Holland	West Darfur	Garsila, Um Kher, Mukjar, Bindisi, Um Dukhum		TFC, SFC, BF, mobile clinics, ANC, IPD, wat-san, sexual violence, mental health	64 expatriates, 1,207 Sudanese
	South Darfur	Kalma	100,000	OPD, health education, sexual violence, TFC, SFC, wat-san	
	South Darfur	Kass	90,000	Nutrition, OPD, ANC, water	
	South Darfur	Muhajiria		Surgery, OPD, IPD, TFC, SFC, wat-san	
	South Darfur	Shariya	30,000	TFC, SFC, OPD	
	South Darfur	Labado el-Seref	10,000	OPD, wat-san	
MSF Spain	West Darfur	Gulu		OPD, ANC, measles vaccination, rehabilitation	35 expatriates, 96 Sudanese
	North Darfur	El Fashir		TFC, SFC, OPD	
	North Darfur	Tunjur		SFC, mobile clinics, OPD	
	North Darfur	Shangil Tobaya		TFC, SFC, OPD	
	North Darfur	Dar Es Salam		SFC, OPD	
MSF Belgium	North Darfur	Kebkabyia		3 OPD, measles vaccination	34 expatriates, 300 Sudanese
	North Darfur	Seraf Umra		OPD, IPD, TFC, measles vaccination	
	North Darfur	Korma		OPD, nutrition, NFI, measles vaccination	
	North Darfur	Jebel Si Region		Mobile clinic, measles vaccination, OPD, nutritional screening	

PART 2

The critical issues

In accordance with Administrative Council instructions, we examined the Darfur operation from three angles: its relevance (did we aid those most sorely affected by the crisis?), its effectiveness (did we save lives?) and its efficiency (did we make the best use of the means at our disposal?). However, we decided to add a fourth element, communication, even though this is related to the intervention's relevance and efficiency.

1. THE RELEVANCE OF THE INTERVENTION

1.1 SHOULD WE HAVE INTERVENED AT AN EARLIER STAGE?

War broke out in Darfur in 2002 and intensified in February 2003, when Gulu was taken, and especially in July 2003 (the beginning of the first major counter-insurgency campaign following the attack on El Fasher). But the first MSF-F exploratory missions did not take place until late October 2003, six months after the upsurge in violence. Could we have intervened at an earlier stage?

1.1.1 The situation prior to February 2003

It might have been possible to obtain a permit to work in Darfur before February 2003; SCF-UK, GOAL and MedAir were all running long-term programs in the region. But at that time the violence was still relatively circumscribed. Guerrilla actions were small-scale and the government oscillated between negotiation and local repression (it was only after the opening of the counter-insurgency campaign in June 2003 that the number of victims began to rise exponentially). Nevertheless, it is likely that several thousand civilians had been forcibly displaced and hundreds of others killed before February 2003. Perhaps we could have considered going to their aid before the government adopted a more radical approach. But there was no guarantee that Khartoum would have allowed us access to the worst-hit zones, nor that we would have devised a way of operating that could be adapted to the localized and shifting nature of the violence.

But the fact remains that we did nothing. Why? The simple answer is that we did not realize a crisis was brewing. In truth, we had very little information about what was happening in Darfur, although *Africa Confidential* had published an alarming article in November 2002,

describing confrontations on a much larger scale than the traditional disputes between neighboring communities. These recent attacks had entailed the destruction of dozens of villages and the deaths of 500 civilians.³³ The *Africa Confidential* report was one of the few to emerge from Darfur, which had been closed to foreign observers (see above). MSF nonetheless knew of the existence of a rebel front in the western part of the country, and had met one of its representatives, Sharif Harir, in Asmara in 1997-98. We knew that armed elements of the Sudan Federal Democratic Alliance, a member of the NDA, had secretly crossed into Darfur from Chad, where they enjoyed a degree of support. But we had had no contacts since early 2000, and had no dealings with the Darfur Liberation Front, the forerunner of the SLA (which emerged in August 2001) or with any other Sudanese or external network which might have kept us informed of political and military developments as well as their impact on the population. In these circumstances, the distant echoes from west Sudan that reached us in late 2002 and early 2003 were drowned in the daily tide of information concerning the recurrent troubles on Sudan's unstable peripheries – the Beja Congress attacks in the east, the inter-factional strife in the Upper Nile region, the local feuding and banditry in Darfur (according to the official version), etc.

MSF was not alone in its belated recognition of the situation in Darfur. The Sudanese government itself had long under-estimated the rebels' strength and determination. Journalists and human rights organizations (with the exception of Amnesty International) had taken little interest in the plight of the western Sudanese until the early months of 2004. The NGOs working in the region saw nothing but an increase in the number of local feuds. But the fact remains that the weakness of our contacts with Sudanese society prevented us from detecting the early signs of a deteriorating situation in Darfur. Even had we been more alert, the crisis was still relatively low-key in February 2003, and it is not certain that we would have been in a position to respond to the peaks of localized violence that presaged the conflagration.

1.1.2 February–September 2003: persevere in Khartoum?

By April 2003, we had begun to perceive something unusual about the armed violence in Darfur. By that time, however, Khartoum had already restricted access to the region following the SLA attack on Gulu in February. In March, the ICRC had been refused permits for Darfur. At the time, MSF accepted that access had been denied but made little effort to assess the rigidity of the ban or to explore ways of getting the authorities to relax it. Only one verbal request for a permit was put to the head of the HAC, in June 2003. It was immediately rejected and no further steps were taken to force Khartoum's hand. We knew how inflexible the authorities could be. The HAC'S emphatic "no" could be taken as a definitive refusal.

33. "Reports from the [Darfur] region say attacks on villages appear increasingly coordinated, sometimes simultaneous raids are carried out on communities many miles apart. These are no longer random land seizures; they involve the wanton destruction, often by masked horsemen, of everything that makes life possible – homes, livestock, food stores, personal possessions, trees. In a few months, scores of villages have been burned to the ground and some 500 unarmed civilians killed." The article also reported that Fur and Massalit had been arrested in broad daylight and many of them sentenced to death or amputation.

While international teams were forbidden access by way of Khartoum, we could have explored other avenues. Sudanese nationals did not need permits, so we could have tried using national cadres to conduct an initial assessment. However, there was no guarantee that once in the area military intelligence would allow them the necessary freedom of movement. Even so, this option was not foreseen. It seems that despite maintaining a presence in Sudan for more than twenty years, none of our Sudanese cadres were considered competent and trustworthy enough to carry out such a delicate mission.

On the other hand, we did give some thought to launching a clandestine assessment from Chad (the route later used by journalists). The effectiveness of a cross-border operation would have depended on two prior conditions: the existence of 'rebellion sanctuaries' that were stable and secure enough to permit the deployment of aid activities, and the good will of national neighboring authorities – Chadian in this instance – who would at the very least turn a blind eye to the illegal crossing of their border. In the case of Darfur, neither of these prerequisites existed. Unlike Ethiopia (until 2000) and Eritrea, Chad was not at that time openly opposed to the Sudanese regime, which had actively helped its president, Idriss Déby, to seize power. The rebels' support networks in Chad seemed to be based on the periphery of Chadian power rather than at its heart, as in Eritrea and Ethiopia. Moreover, MSF believed that the opposition had no stable sanctuary, apart from its stronghold deep in the Jebel Marra.

Furthermore, there were two risks attached to a cross-border operation. The teams, of course, would have constituted 'legitimate military targets' (as Khartoum classified clandestine missions in rebel zones). Such action would also have jeopardized current and future operations in government zones, where we thought victims of the conflict were most likely to be found. The cross-border mission alternative, a hazardous operation with uncertain benefits, was never given serious consideration. Our caution paid off when Darfur was opened in September 2003. Had the region remained closed, we might have returned to the clandestine option.

1.1.3 A slight delay (September 2003), and conclusion

The Abeche agreement was signed on 3 September 2003, and Khartoum partially lifted its blockade of Darfur. When the United Nations entered the region on 13 September, MSF-F had still not taken the administrative steps necessary to obtain permits. The process began on 24 September and travel documents were obtained on 11 October. We therefore delayed the process by one month. In retrospect, such a delay may seem reprehensible: if we had appreciated the gravity of the situation at an earlier stage, we could have shipped in more supplies and human resources before the closure of the region between 17 December 2003 and 16 February 2004.

In summary, it would have been difficult to intervene in Darfur before we actually did so. The violence was still limited in scope prior to February 2003; after February, our expatriate teams could not gain access the worst-affected zones from Khartoum, and none of our local cadres were suited to conducting initial assessments. The rejection of a clandestine mission

from Chad rested on considerations that turned out to be valid, particularly with regard to the concentration of victims in government zones. Although our intuition was sound, it rested on snippets of information that came mainly from other NGOs which had been operating in Darfur for some considerable time. Apart from the lack of reliable Sudanese cadres, the fact that we did not have access to more highly developed information networks indicates another weakness. The Darfur diaspora was strongly represented in Khartoum (members of parliament, associations, the business community, etc.), and among the various rebel groups in exile. We would do well to keep this in mind, given the risk of destabilization in other sensitive areas of Sudan such as Kordofan and the Red Sea.

1.2 DID OUR INTERVENTION TARGET THOSE WHO SUFFERED MOST?

Between October 2003 and October 2004, MSF-F explored 30 potential intervention sites, opening six missions and closing two of them (see Map 3). All assessments and openings concerned the province of west Darfur, with two exceptions: the assessment in late 2003 of Kutum (north Darfur) and the eastern foothills of the Jebel Marra (Mellam, Mershing and Menaswhawi in south Darfur), and the brief intervention in the Intifada IDP camp in Nyala, the capital of south Darfur. Within west Darfur, MSF focused on displaced and resident populations in towns guarded by regular troops. Many of the sites within this group exhibited similar levels of (serious) need and the teams had to make choices. Were these choices always the right ones? Did we reach the people who were most affected by the crisis?

1.2.1 Why west Darfur?

Once MSF had obtained the first permits in October 2003, it still lacked the information it needed to prioritize sites for investigation. The only recent data had come from three sources. MSF-B (which was working with Sudanese refugees in Chad) reported violent combat in the border regions to the north of El Geneina. The UN's first displaced populations estimate put the figures at 110,000 in north Darfur and 70,000 in each of the other provinces. We had also extracted bits of information from MedAir and SCF-UK, whose initial assessments in North Darfur and the area south of El Geneina indicated considerable destruction and population displacement on the border.

The information, sparse as it was, depicted conditions in north Darfur and the El Geneina region as being particularly grave. In fact, the first organizations to intervene concentrated on this zone.³⁴ The head of the MSF-F Sudan mission therefore decided his first exploratory mission (21-29 October) would go "where the others don't go": the edges of the Jebel Marra and the areas around Nyala (south Darfur) as well as Kutum, the only critical spot in north

34. The ICRC explored the Tawilah, Kabkabya and Korma regions, where it noted large concentrations of people and began aid activities. SCF-UK focused on border towns in north Darfur: Tiné, Kornoi and Um Barro. The British NGO was not very communicative, and simply reported that there were large numbers of people on the border and that the situation was relatively calm. MedAir began going out of El Geneina in order to work in Koulbus.

Darfur that had not been explored. During the course of the mission, the team counted about 30,000 displaced persons on six sites. According to initial observations, most of them appeared to have come from the Jebel Marra and west Darfur (Mukjar), where there was a critical security and health situation. No more than 2,000 people were identified in Kutum, a ghost town in which GOAL planned to restart the work that had been interrupted in April 2003, following the attack on El Fasher. As a result, the team recommended the continuation of explorations in south Darfur, more precisely on the western and southern edges of the Jebel Marra and in the SLA zones. An agreement was reached with MSF-H, which undertook to explore the areas around El Geneina, Mukjar and Zalingei, as well as the rest of west Darfur.

The second exploratory mission, led by the medical coordinator, visited Kass, Nyama, Mellam, Mershing and Nyala (south Darfur) as well as Zalingei (west Darfur),³⁵ which MSF-H had still not received permission to visit. The assessment team recommended interventions in Zalingei and Nyala, where the largest concentrations of displaced persons had been observed. There were 15,000 in Zalingei and more were arriving from the surrounding villages every day. The 10,000 people in Nyala included several hundred recent arrivals from west Darfur's western periphery. The emergency desk gave its approval on 20 November; Nyala and Zalingei opened on 9 and 24 December. Through the stories told by the displaced and their own observations, the teams soon realized that a campaign of destruction was being waged in the areas extending from the Chadian border to central Darfur. The need for more exploratory missions in this area then became obvious. This created tensions between MSF-F and the MSF-H head of mission, who criticized us for abandoning south Darfur for a region in which the Dutch section had planned to intervene. Given the scale of the disaster and the inability of the Dutch to cope with the crisis on its own, the argument was short-lived.

The refusal to follow the example of others that investigated conditions in north Darfur may appear ill-advised, given the information available to us in late October 2003. But the gamble paid off in two respects. First, it enabled us to identify a previously unsuspected turbulent zone which rapidly degenerated into the scene of wholesale destruction. In absolute rather than relative terms, west Darfur harbored more displaced persons than any other province by the end of 2003: one inhabitant in three in July 2004, one in two in December. The level of destruction in the region was particularly extensive and lethal (see map). Second, it was the only zone in which agencies were still allowed to operate after the government launched its second counter-insurgency campaign in December 2003. Whereas we have been

35. Kass, a town of 90,000 inhabitants, did not appear to be in desperate need. Surrounding villages had certainly been attacked, but the population had fled the area. Insecurity was latent. There were just under 10,000 displaced persons in Mellam and Mershing, most of whom were receiving WFP rations and basic aid supplies. The only recommendation was a regular check on levels of nutrition. Zalingei, with 35,000 inhabitants, had recently received between 7,000 and 15,000 displaced people. The town seemed ill-prepared for such an influx; sanitation was non-existent. The WFP had programmed a food distribution within the next few days, but the displaced had no access to health care. MSF-F provided two basic kits and suggested a rapid intervention in order to contain the risk of an epidemic. The Intifada camp near Nyala housed 10,000 people and received a second visit. The Sudanese Red Crescent was on site, but was unable to cope with the constant influx of newly-displaced people. The poor conditions and risk of an epidemic prompted MSF to launch a relief operation.

in a position to provide early assistance to those recently displaced by the wave of destruction in West Darfur, military intelligence ensured that aid actors in north Darfur were confined to the town of El Fasher until February.

This is the appropriate point at which to put our freedom of choice into proper perspective. Khartoum allowed us to operate in the west. Why did it let us work in that region but refuse to allow other organizations to work in other areas? Several reasons come to mind. First and foremost, repression was probably more extreme in north Darfur, a JEM stronghold. The government regarded the JEM as a greater threat than the SLA, given its connection with Turabi and its power to attract support throughout north Sudan. The use of military aircraft was more frequent; helicopters and tactical strike planes participated almost systematically in the annihilation of villages and the pursuit of the survivors. The ferocious and open involvement of government forces in the violence may explain the regime's reluctance to authorize access to north Darfur: most of the destruction in west Darfur was wreaked by the Janjaweed. Second, the authorities probably thought it best to publicize the fact of an international humanitarian presence in Darfur. This could be used to counter the muted accusations from the UN and western diplomats that access was being denied, as well as their calls for a 'humanitarian cease-fire' to facilitate aid delivery. By using our presence as a propaganda tool, the government could also placate some of its critics in north Sudan, who were less tolerant of its violent treatment of Darfur's inhabitants (there were many Darfurians serving in the Khartoum administration and the army) than of the southern rebels. Despite all the barriers it had placed in our way, the government publicized the launch of our operations at national level. The arrival of the first full charter in Nyala, a result of the agreement we had signed, was accompanied by official ceremonies and received wide coverage in the Sudanese media, particularly on television. Finally, it may be that the authorities tended to look favorably on MSF-F because it had undertaken some very effective large-scale interventions (the vaccination campaign and treatment during the 1999 meningitis epidemic) but also (especially?) because of where we came from. France was one of the few western countries to maintain cordial diplomatic relationship with the Sudanese regime.

In short, the initial choice of west Darfur was prompted by a combination of intuition, insight, chance and manipulation. It still seemed the right choice in the first three months of 2004, although sites in north Darfur – Kebkabya, Tawilla, Kutum – could have been selected from February onwards.

1.2.2 Why displaced persons and host populations?

The question may seem absurd. The displaced persons in government-held towns clearly qualified as our 'clients,' as the ICRC would put it. They had fled en masse from the killing and the destruction of their villages, gathering in makeshift camps where they received no assistance and were surrounded by militias. These people, and their hosts, were therefore targeted for priority action. But we could also have helped other types of victims, such as civilians and wounded in rebel zones, or the nomadic groups who had been attacked and

robbed by guerrillas (or quite simply destabilized by a war in which they had not necessarily taken part).

With regard to SLA and JEM zones, the teams soon established that civilian populations were smaller, while living conditions were appreciably better than those in government zones – certainly in the Jebel Marra, Darfur's 'orchard.' It would have been difficult to stage operations in these areas, given the way the populations were scattered. Furthermore, negotiating 'cross-line' access would have complicated our dealings with the authorities; we were already asking for more space in order to deploy aid in the government zone. These choices were made in the light of information collected by the second exploratory mission. Their soundness was confirmed when MSF-B, MSF-S and MSF-H opened missions outside the government zone in July 2004. Population figures and health data indicated that the situation in the camps guarded by regular troops was more critical.

The issue of assisting nomadic groups did not arise until September 2004. This was not because of any real or assumed participation in the violence (given the fact that they represented a social base for the Janjaweed), but because their situation was less critical than that of the hundreds of thousands of people who had been forced off their lands. It was certainly true that several clans of nomads in north Darfur had been forced to flee after suffering the plunder of their livestock and harassment by the SLA and the JEM, and particularly by the Zaghawa fighters operating with the latter. In more general terms, nomadic populations were particularly threatened by the collapse of the agro-pastoral economy, and were usually poorer than the Fur and Massalit peasantry. It should be noted that not all nomadic groups profited from the pillage. Many of them suffered from the consequences of the war: the obstacles to pastoral migration, the destabilization of markets, the deterioration of relations with the peasants on whom they relied for cereals, etc. Nonetheless, their situation seemed more enviable than that of the hundreds of thousands of people whose villages and means of survival had been eradicated. During the first six months of our intervention, there was no doubt that the real emergency centered on the plight of the displaced populations concentrated in the garrison towns.

1.2.3 Why Nyala, Zalingei, Mornay, Niertiti and Kerenik?

Until July 2004, we were one of the few agencies allowed to work in Darfur. Even so, our means of intervention were subject to drastic restrictions which were not effectively removed until May. As we could not rely on the support of other aid organizations, or on a rapid increase in MSF staffing levels, the teams were faced with hard choices: should they intervene in the first sites they had identified, given their awareness that health conditions in many other camps were equally catastrophic? Considering the means at our disposal and local configurations, we did not believe we could provide adequate assistance to more than 65,000 displaced people on three sites with the eight expatriates we were restricted to until March, and to over 150,000 people spread over five sites (including a referral hospital in El Geneina) with twenty expatriates in April-May.

In terms of public health, it was difficult to prioritize one camp over another because they were all equally exposed to the threat of epidemics and malnutrition. Our decisions on where to work were essentially based on the chronology of the exploratory missions and on population density. On a political level – exposure to the risk of violence and denial of assistance – the choice of Nyala, Zalingei, Mornay, Niertiti and Kerenik raised no objections. In Nyala, the displaced were confronted with the open hostility of the government, which wanted them out and ensured that conditions were appalling before resorting to force to remove them. Although the authorities in Zalingei were slightly less hostile, they were still obsessed with the need to control (if not to drive out) a 15,000-strong ‘fifth column’ (which would increase to 30,000) – the town was an administrative center and relations between the authorities and the 30,000 residents were poor. The little town of Mornay was of no significance to the government and had been swamped by a wave of displaced persons, who outnumbered the residents by thirteen to one. Mornay might have experienced the terrible fate of the villages nearby had it not been for the presence of foreign observers. Finally, Niertiti, located in the foothills of the Jebel Marra, a zone of contact between rebels and government troops, was a commercial center with a highly diverse population: nomads, people who had been temporarily or permanently displaced (including the families of rebel fighters), inhabitants of the rebel zone who went back and forth between the town and the mountains, etc. Working in an area where political tensions were so high, we could reach not only the displaced but also a few of the nomads as well as rebels and their families.

1.2.4 July 2004 and after: further consolidation, or expansion?

The focus on west Darfur in the first six months of 2004 was therefore justified. On the other hand, its prioritization beyond that point is more debatable. Indeed, by June-July 2004 the war had shifted: the situation in west Darfur was much calmer and the number of displaced persons had stabilized when the campaign of destruction ended. But south Darfur was a different matter: destruction had intensified and the displaced population had trebled between June and December (from 225,000 to 700,000). Moreover, the Darfur region was broadly open to international aid. Mornay, Zalingei and El Geneina had become much easier to reach. However, the mobilization of the aid system, impressive as it was, had not produced an immediate increase in aid. Most agencies seemed to lack the operational capacity, the funding, or even the will to launch aid programs – their priority being to stop the violence and ‘reverse the policy of ethnic cleansing’.

Although the circumstances had changed, we decided to continue the consolidation of existing programs in west Darfur. We were reluctant to hand over certain activities to other agencies, given the uncertainty surrounding their ability to provide basic services for the 200,000 people we were then assisting. Kerenik, however, was taken over by MSF Switzerland, which we had encouraged to intervene in El Geneina and Habila. In other words, from July onward we concentrated our activities at El Geneina hospital and in three camps in west Darfur which had become easily accessible, although the war had shifted and there were many other camps in which urgent activities (vaccination against measles, provision of water,

nutrition, and hospitalizations) had not yet been undertaken. An alternative strategy could have been adopted: restricting consolidation and transferring some activities – at the risk of jeopardizing their quality – in order to regain a margin of maneuverability and undertake emergency actions where they were most needed, primarily in south Darfur.

1.3. DID WE EXPOSE POPULATIONS TO ADDITIONAL VIOLENCE?

1.3.1 Exposure and protection effects

The Mornay teams had feared from the outset that the simple fact of their presence might create a false sense of security and therefore draw the population into a trap. In effect, there was no guarantee that the village would not be destroyed and the population massacred. But no such disaster occurred. Was Mornay spared because of the presence of foreign witnesses? Perhaps, but this was certainly not the only factor.

Although it would be foolish to believe that two volunteers in t-shirts had dissuaded the army and its proxy forces from razing the camps, the teams nevertheless helped the displaced population to avoid certain forms of violence. By providing water and thus making it unnecessary for women and children to collect it from the river, where armed assailants often lay in wait for them, MSF did in a sense ‘protect’ some displaced persons.³⁶ Moreover, media coverage of the crisis, combined with international pressure on the regime and the eventual deployment of observers from the African Union, all helped to temper violence against civilians on the sites accessible to foreign witnesses. Attempts by representatives of MSF-France to persuade the government to stop the violence perpetrated by its soldiers probably played a part in this context, as did our (belated) participation in bringing the scale of the violence to public attention.

In short, it is unlikely that our operations contributed to expose civilians to further violence. It is fair to suggest that violence was slightly less likely to occur where we were present.

1.3.2 MSF’s participation in an ‘ethnic cleansing’ policy?

As discussed in Part One, many observers thought that while the violence in Darfur may not have been part of a plan to exterminate ‘African’ populations, it clearly stemmed from a policy of ‘ethnic cleansing.’ Advocates of this view, Human Rights Watch, for example, warned relief organizations against the risk of becoming embroiled in this strategy. At a meeting of humanitarian NGOs in New York in June 2004 (IASC), HRW issued an appeal to aid agencies:

“We would urge that humanitarian agencies decentralize aid distribution to the greatest extent possible within security limits and logistical constraints rather than concentrate it in displaced camps and settlements that reinforce the ethnic cleansing.”

36. Sadly, MSF lacked the resources to distribute fodder, reeds and firewood. Women and children who went into the bush to collect these materials were exposed to the same kind of violence.

This was not our strategy. We concentrated our relief activities in the largest camps, where we deployed large resources while restricting operations in the outside. Did that therefore make us the tool of an ‘ethnic cleansing’ policy?

- **An ‘ethnic cleansing’ policy?**

First, we should remember that Khartoum had probably not wanted Fur, Massalit and Zaghawa populations to congregate in urban centers, given its constant efforts to dislodge these ‘undesirables’ (see above). It is ironic that HRW’s recommendation (“Make efforts to prevent the creation of permanent displaced persons camps”) meshed with the wishes of the regime: prevent the establishment of large camps by withholding assistance.

If the government did have a plan, it was probably to punish the rebels’ social base and simultaneously block their access to resources. Its aim was to control and sanction – “discipline and punish” – a population it (rightly) suspected of being sympathetic to the rebel cause. It therefore sought to eject displaced populations from the garrison towns and resettle them in ‘peace villages’ under the close supervision of military and civilian security services. According to this plan, some villagers would be allowed to return to their homes, while others would be forced to abandon their lands for ever. When ordered to return to their villages or resettle in others, the vast majority of IDPs resisted. Despite Khartoum’s promise of security, they feared further violence from the Janjaweed.

In effect, the government’s counter-insurgency strategy – already employed in the Nuba Mountains – relied on a different kind of logic: the instrumentalization of the land struggle between herdsmen and farmers. The doubling of Darfur’s population in thirty years and the desertification of the Sahel represented major challenges for those engaged in an agro-pastoral economy which had undergone considerable changes since the droughts of the 1980s. According to Marc Lavergne³⁶ and Roland Marchal,³⁸ a process of selective settlement was at work among certain nomadic groups, some of whose members had turned to agriculture to supplement the income from livestock, or had settled permanently near Islamic schools so that their children could receive an education and fit more easily into the urban economy. Farmers were steadily increasing their arable holdings and were also enclosing fields, thus further reducing the grazing land available to nomads. These trends had generated fierce competition over access to land and water, a situation exacerbated by Khartoum’s high-handed and biased approach to the search for compromise and new ways in which to revive Darfur’s economy. In fact the authorities were not acting as mediators, but were using the crisis as a tool to counter the rebellion. They drew support from the nomadic groups that had suffered most from the decline of the pastoral economy, and thus had a particular interest in destroying Fur and Massalit villages and taking over their land, some of the most fertile territory in west Darfur. Even so, the Janjaweed never

37. M. Lavergne, *‘Darfour: elements pour l’analyse géographique d’une guerre civile en milieu sahélien,’ Afrique contemporaine*, 2005.

38. R. Marchal, *‘Le Soudan d’une guerre à l’autre,’ op.cit.*

fully conformed to Khartoum's instructions, being aware that one day they will have to renew ties with their neighbors, with or without the support of the government.

Forced displacements therefore reflect a dual logic: a logic of police control over a population regarded as seditious by the State, and a logic of land struggle between the peoples of Darfur. Obviously, the region would never again resemble what it had been before the war. The conflict created a new balance of power leading to a redistribution of land to the detriment of Fur and Massalit farmers.

Was this a matter of 'ethnic cleansing'? The question is a difficult one, given the ambiguity of the term. If by 'ethnic cleansing' we mean a process similar to that observed in the former Yugoslavia, what A Brossat³⁹ describes as the realization of a "fantasy of complete purification, 'down to the very last trace'; a plan to "purify [a territory] of all adverse ethnic presence and contamination ... in the way that the Nazis wanted a Germany that was *judenrein*," then the answer, despite the claims of many observers, would appear to be 'no'. This is borne out by the plan to return some of the displaced to their villages, and by the absence of an ideology advocating the extermination (in the etymological sense: *ex-terminare*, to drive out, to banish) of the 'alien other', represented as an "epidemic to be fought, a bacillus to be destroyed, a disease to be eradicated ... down to the very last trace".

In truth, the term 'ethnic cleansing' is of little use when trying to interpret the dynamics of a particular instance of population displacement. Its function is primarily moral and political: it arouses indignation rather than reflection, and generates a moral consensus which is automatically expressed as condemnation, thereby rendering superfluous all attempts to investigate and understand the situation. The interventionist lobby used the term not so much to describe the mechanics of displacement, but more in an attempt to mobilize the international community against the regime which was orchestrating it.

It was not for MSF to judge the legitimacy of the population transfers. We were hardly in a position to say who had more right to the land – nomads or farmers – or if the government was arbitrating fairly between the two parties in its plan to resettle some of the displaced populations in 'peace villages'. For us, there was only one certainty – the rearrangement of the demographic map was being conducted with appalling violence to the benefit of the government and certain nomadic groups.

- **MSF complicity?**

To what extent was MSF complicit in this policy? It is clear that the aid we provided played a very marginal role in the initial transfers. It arrived after the massive displacements and tried to smooth their noxious consequences, but it was neither at their origin, nor a key element in

39. The quotations are from A. Brossat, '*La modernité ré-ensauvagée*,' *Transeuropéenne*, 1999.

their implementation. Before displaced populations were 'drawn' into the camps (by the famous 'pulling factor' advanced by aid agencies, which justified the mediocrity of the relief they provided by the need to avoid sanctioning 'ethnic cleansing'), they were driven from their villages (the 'pushing factor'). Of course, it is likely that the offer of food, free health care and an abundant, easily accessible supply of water encouraged additional villagers to move to the camps. But as for the rest, it should be acknowledged that the government and its militias did not need the help of humanitarian actors when it drove two million peoples from their homes.

The question becomes even thornier when we turn to the future faced by uprooted populations. In terms of moving them to other camps, to 'peace villages' or back to where they came from, should MSF participate at an early stage in the preparation of the resettlement sites, or should it wait for the more or less brutal transfer of displaced persons to inhospitable areas before taking emergency action to improve their living conditions *in extremis*? The issue has already arisen on two occasions. In Nyala in January 2004, MSF-F refused to prepare the Belel site, which the displaced had refused to enter for fear of Janjaweed attacks. This is now one of the largest displaced persons camps and MSF-H has a base there. On the other hand, in March 2004, the Zalingei teams participated in the government plan to merge eleven sites into two major camps despite the reluctance of the displaced populations. The dilemma requires analysis on a case by case basis while bearing in mind the following question: who would benefit the most from an MSF intervention, the displaced, who will be spared further suffering, or the government, whose task we will facilitate?

In short, the question of knowing whether or not forced displacements formed part of an 'ethnic cleansing' strategy (whatever meaning we put on the term) did not concern us. Confronted with the brutal reality of land redistribution conducted by the Janjaweed on behalf of a government that sought to control and punish the insurgency's social base, our only concern was to identify those who would benefit most from our aid. Retrospectively, it appears that MSF action eventually helped to limit the physical damage caused by the deportations, but we were not complicit in the sense that we did not represent a crucial component of its implementation. The warnings issued by organizations like HRW, which feared that humanitarians would become embroiled in 'ethnic cleansing,' arose either from a misreading of the political situation or from rhetoric designed to create a moral consensus against the Sudanese government. From a humanitarian point of view, such moralizing injunctions produced two perverse effects: they encouraged third-rate aid provision in the camps (which was precisely what Khartoum wanted), and obscured the cruel dilemmas arising from the brutal rearrangement of the demographic map in Darfur and the kind of future open to uprooted populations.

2 – THE EFFECTIVENESS OF THE AID

2.1 GENERAL STRATEGY AND MORTALITY INDICATORS

2.1.1 Quantitative estimate of the target population

The number of people MSF attempted to assist is difficult to quantify very accurately. We worked with a shifting population– although on certain sites the figures eventually stabilized. We deliberately refused to make a clear distinction between displaced persons and residents, and thus did not know exactly how many of the latter were benefiting from the services we offered. Finally, the various counting methods we employed were as usual not very accurate. For this analysis we have used the working figures from the field compiled by Epicentre. These are discussed below. Taking all the customary precautions, they suggest that MSF tried to assist about 65,000 people in February, rising to 150,000 in May and to about 200,000 from October onwards. This is a low estimate. Geographically, our activities were spread over six sites (two of which, Intifada and Kerenik, received limited and temporary relief and are not included in this section). Most of our operations focused on the IDP camps in Zalingei, Mornay and Niertiti, and at El Geneina hospital, which dealt with nutritional, pediatric and surgical cases.

TABLE 7 - NUMBER OF PEOPLE ASSISTED BY MSF-F IN DARFUR,
DECEMBER 2003 – JANUARY 2004 (SOURCES: MSF/EPICENTRE)

Month	Total (4)	Nyala	Zalingei (1)	Mornay (2)	Niertiti (3)	Kerenik
December 2003	10,000	10,000				
January 2004	25,000	10,000	15,000			
February 2004	65,000		15,000	50,000		
March 2004	65,000		15,000	50,000		
April 2004	104,300		31,500	50,000	22,800	
May 2004	150,000		35,000	80,000	15,000	20,000
June 2004	163,500		48,500	80,000	15,000	20,000
July 2004	163,500		48,500	80,000	15,000	20,000
August 2004	143,500		48,500	80,000	15,000	
September 2004	165,000		60,000	80,000	25,000	
October 2004	195,000		90,000	80,000	25,000	

Comments

- (1) Estimates of the displaced population in Zalingei were contradictory. The task was particularly difficult given the population's dispersal over ten or more urban sites and the number of displaced persons who had found 'lodgings' with residents. Although we know the figure increased as the year went on, the increase to 90,000 in October chiefly reflects the inclusion of residents.
- (2) In Mornay, the global estimate included the resident population (under 10,000). The figure of 50,000 (January-April) results from the extrapolation of the number of children vaccinated against measles in the first weeks of February. It does not take into account the constant evolution of the population up until March-April. May's readjustment relies on a mapping estimate (82,000 displaced persons and 10,000 residents), supported by WFP distribution figures (70,000 people) and various considerations of methodology and 'feel.'

- (3) Niertiti was a transit village. Some estimates include residents and others do not, but this is not clear from the sitreps.
- (4) The total excludes the people living in camps that MSF did not attend but who benefited from secondary care in El Geneina hospital (supported by MSF).

2.1.2 intervention priorities

Given the size of the population and the lack of resources at our disposal before May, the selection of intervention priorities was of primary importance. These concerned:

- *Vaccination against measles*: This was a priority in Mornay but not at the other sites. In Zalingei, MSF waited for the health ministry's vaccination campaign in February (two months after the mission opened) and did a catch-up in mid-April. There was no vaccination campaign in Niertiti, although the exploratory missions in January and February had recommended it. Zalingei and Niertiti were struck by a measles epidemic and a few cases were recorded in Mornay. MSF-F also organized vaccination campaigns in Kerenik and Deleij during 'explo-actions' (assessment missions accompanied by emergency action).
- *Provision of water*: Pumping, treatment and distribution began in Mornay and Niertiti as soon as the missions opened, and shortly afterwards in Zalingei. In March, availability exceeded the crucial five liters per person per day in Mornay, but did not meet the twenty-liter target until October.
- *Food aid and nutrition*: Treatment of severe and moderate malnutrition began in Mornay, Zalingei and Niertiti as soon as the missions opened. An intensive center for children referred by other organizations was also opened at the hospital in El Geneina. Food distributions for the under-fives were planned from the start, but for logistical and security reasons they were delayed by two months in Mornay (April), four months in Niertiti (August) and five months in Zalingei (June).
- *External consultations*: With the exception of Mornay, primary care activities began immediately. They took the form of mobile clinics which were gradually transformed into permanent health centers (taking two months in Zalingei and one month in Niertiti). In Mornay, the team's first task was to open an emergency room and arrange hospitalization. It then set up a clinic whose capacity was initially limited by the lack of staff.
- *Hospitalization*: Two types of secondary structures were utilized: field hospitals run entirely by MSF (Mornay and Niertiti) and state hospitals (Zalingei and El Geneina), where we sought involvement in pediatrics, nutrition and surgery (El Geneina only). Hospitalization was the first issue addressed in Mornay and Niertiti, (initially in the form of a day hospital in Niertiti). Because of uncertainties over methods of collaboration at Zalingei hospital, we did not become formally involved in the pediatrics department until May. We began nutritional and pediatric activities at El Geneina hospital in June; surgical activities were delayed until October.

It should be noted that our provision of shelter, sanitation activities, as well as the distribution of basic materials such as blankets, jerry cans and soap, was extremely limited.

2.1.3 The quality of the data collection system

An objective assessment of the quality of the medical aspect of past operations is largely a matter of interpreting the epidemiological data available. Although we sought information concerning protocols, pharmacy management, hospital hygiene, nosocomial infections, diagnostic errors, the quality of the patient-care giver relationship, etc., during the interviews, these qualitative aspects of our intervention will not be treated as such in this document. What we are able to say about our relief operations in Darfur is highly dependent on the quality of the available epidemiological data.

Two methods were used to track mortality rates: grave-counts and active monitoring via a network of 'home visitors.' According to Epicentre, the former may lead to under-estimates, as burial sites were widely dispersed and not always located in the cemeteries that had been identified. IDPs sometimes buried their dead inside the camps, on open ground, or even in their home villages. The second method, compiling a list of deaths by means of interviews, contains flaws connected to the risk of duplication (when two families are questioned and both report the death of the same person) and to all the uncertainties that arise from the interaction between interviewer and interviewee. A gravestone is usually – but not always – less ambiguous than a personal account. In Mornay, the grave count was used from the start and replaced at the end of April by a system of active monitoring, which was also implemented at Niertiti and Zalingei at the same time. It is not certain how mortality data was collected at Zalingei before that date. Whatever the method, we therefore have a rough idea of the weekly death toll in the camps we worked in (although the Zalingei data collected prior to mid-April should be treated with caution). On the other hand, the calculation of crude mortality rates (using the available on-site data for each period) is a more delicate undertaking given the uncertainty surrounding the global population denominator. In this respect, Epicentre's retrospective mortality studies have enabled us to clarify in specific cases (and retrospectively!) the data derived from the monitoring system.

**TABLE 8 - HEALTH DATA COLLECTION SYSTEMS USED
BY MSF-F IN DARFUR (JANUARY–OCTOBER 2004)**

	Mornay	Zalingei	Niertiti
Death	Grave count (Feb.-April) Active monitoring through HV (mid-may onward)	Unknown data collection system (January) Active monitoring through HV (mid-April onward)	Active monitoring through HV (May onward)
Population	HAC/MSF estimates (Jan.-April) MSF mapping & WFP registration (mid-April) Active monitoring (May onward)	Active monitoring (Jan.-May) MSF house count (end of May) Active monitoring (June-Oct.)	HAC & WFP registration (April) MSF House count (June) Active monitoring (June onward)
OPD Data	Unsuitable data collection (Feb-April) Standard emergency data collection (end of May onward)	Unsuitable data collection (Jan-Feb.) No data (March-mid-April) Unsuitable data collection (from mid-April onward) Standard emergency data collection (May-Oct.)	Unsuitable data collection (mid-April onward.) Standard emergency data collection (May onward)
IPD Data	Unsuitable data collection (Feb onward) Standard emergency data collection (May onward)	No data (before May) Standard emergency data collection (end of May onward)	Standard emergency data collection (end of May onward)
TFC Data	Non standard data collection (Feb.) Standard data collection (March onward)	No data before mid-April Standard data collection (mid-April onward)	Standard data collection (May onward)

* rend compte de 17 pathologies, inadapté aux situations d'urgence

With regard to nutrition, global and severe acute malnutrition rates are available for some periods thanks to the MUAC screenings undertaken during food distributions. Several Epicentre surveys help us to refine these rates. However, the collection of data concerning activities and morbidity in feeding centers, clinics and hospitals was not standardized until May.

In short, data collection and epidemiological monitoring systems were established on all sites when the programs began. Until March-April, non-standardized collection enabled coordinators and the Paris desk to steer the operation by monitoring a few major tendency indicators. It is regrettable that MSF is still not in a position to establish a standard data collection procedure which can be followed systematically by all missions from the very start of operations, even in emergency situations. When Epicentre arrived in mid-March, the monitoring system was strengthened and clarified, while surveys throw some light on the previous period and contemporary developments.

2.1.4 Mortality rates

**TABLE 9 - INDICATIVE MORTALITY RATES IN DARFUR
AND SUDAN PRIOR TO 2003 (SOURCE: UNICEF)**

Locality	< 5yrs (U5MR) (1)		Global (CMR) (2)	
	pour 1,000 par an	par 10,000 par jour	pour 1,000 par an	par 10,000 par jour
North Darfur	101	2,8	-	-
South Darfur	98	2,7	-	-
West Darfur	104	2,8	-	-
Sudan global	104	2,8	11	0,3

(1) Results of UNICEF Multiple Indicator Cluster Survey, 2000.

(2) UNICEF, *The State of the world's children* 2003, 2003.

**TABLE 10 - RESULTS OF RETROSPECTIVE MORTALITY SURVEYS CONDUCTED IN DARFUR BETWEEN APRIL
2004 AND JANUARY 2005. (SOURCES: EPICENTRE AND CRED)**

Camps / Région	Period covered	CMR	U5MR	% violent deaths	Source
Camps attended by MSF-F					
Mornay	Oct 2003-May 2004	3.40 (3.10-3.80)	1.60 (1.10-2.20)	74%	Epicentre
Zalingei	Oct 2003-Apr 2004	2.20 (1.80-2.70)	1.80 (1.10-2.20)	49%	Epicentre
Nyertiti	Feb-June 2004	1.50 (1.20-1.90)	2.10 (1.50-3.00)	27%	Epicentre
Other camps					
El Geneina (west D)	May-June 2004	5.60 (4.10-7.60)	14.10 (9.70-20.10)	10%	Epicentre
Habilah (west D)	June-August 2004	2.60 (1.80-3.60)	6.70 (1.20-11.00)	58%	Epicentre
Kabkabyia (North D)	July-August 2004	1.20 (0.70-1.80)	2.90 (1.50-5.30)	14%	Epicentre
Serif Umra (North D)	Sept-Oct 2004	0.80 (0.40-1.30)	1.80 (1.00-3.00)	4%	Epicentre
Kass (south D)	May-Sept 2004	3.20 (2.20-4.10)	5.90 (3.80-8.00)	18%	Epicentre
Kalma (south D)	Feb-Sept 2004	1.60 (1.20-2.00)	2.90 (2.00-3.90)	28%	Epicentre
Kalma (south D)	Aug-Sept 2004	2.00 (1.30-2.70)	3.50 (1.50-5.70)	7%	Epicentre
All provinces and Darfur					
Darfur global	Feb-Sept 2004	0.72 (0.44-0.99)	1.03 (0.38-1.69)	35%	CDC, PAM
West Darfur	June-Aug 2004	2.90 (2.40-3.60)	3.10 (2.10-4.70)	12%	OMS, Epict
North Darfur	June-Aug 2004	1.50 (1.10-1.90)	2.50 (1.60-3.90)	21%	OMS, Epict

**TABLE 11 - CRUDE MORTALITY RATE BEFORE AND AFTER ARRIVAL
IN THE MORNAY, ZALINGEI AND NIERTITI CAMPS ACCORDING
TO RETROSPECTIVE MORTALITY SURVEYS, DARFUR, SUDAN, 2004 (SOURCE: EPICENTRE)**

Camps	Period covered	Before arrival in the camp	During the period of residence in the camp
Mornay	Oct 2003-May 2004	1,0 (0.7-1.3)	0.6 (0.4-0.2)
Zalingei	Oct 2003-Apr 2004	1.2 (0.8-1.7)	1.0 (0.3-3.1)
Niertiti	Feb-June 2004	1.1 (0.9-1.3)	2.3 (1.1-4.9)

The Mornay, Zalingei and Niertiti retrospective mortality surveys cover the period preceding the destruction, the period during which villages were destroyed and their

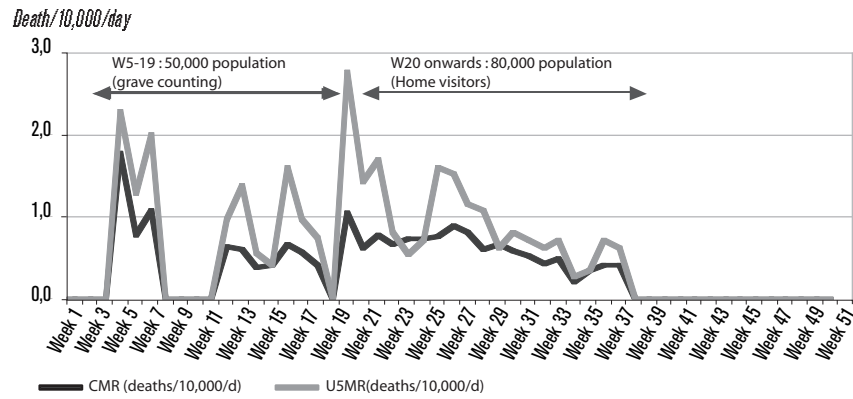
inhabitants forced to flee, the first months in the camps (before the arrival of MSF), and the period during which we began work (four months for Zalingei and Mornay and three months for Niertiti). This makes it difficult to draw conclusions concerning mortality rates in the camps during our time there. Nevertheless, Epicentre's figures show that apart from violent deaths, the crude mortality rate was lower during residence in the camps than when the villagers were living at home or during their flight (which was only a matter of a few days), with the exception of Niertiti (see Table 9). This suggests that the death rate in the camps was lower than it had been in the villages. Similarly, when we look at under-five mortality rates (there were few violent deaths among this group), we find that they are clearly lower than the calculations made by UNICEF in the year 2000 (Table 7), as are all the rates later recorded by Epicentre in other camps (Table 8). As a matter of fact, if the rates at Mornay, Zalingei and Niertiti remained close to the emergency threshold for the first six months of 2004 (the 2.1 recorded at Niertiti coincided with the measles epidemic), they were a far cry from the 3.5 deaths/10,000/day calculated at Kalma between August and September (when MSF-H was working in the camps), the 5.9 noted at Kass between May and September (*idem*), the 6.7 at Habila (where MSF-Switzerland was present throughout the entire June - August survey period) and the 14.1 at El Geneina (where MSF-Switzerland's activities were not fully under way until the end of the May-June survey period).

The mortality rates computed through MSF's monitoring system in Mornay (Graph 3) are hard to interpret before the second week of May (week 19) owing to uncertainties related to the population denominator (omitting the constant increase in the number of displaced people between February and March) and to the recording of deaths (grave counts). For the second period, a clear diminution may be observed from mid-July (week 28), shortly after the under-five crude mortality rate doubled in the last week of June (week 26), corresponding to a resurgence of cases of diarrhea in the camp, which led to the opening of five ORS rehydration points and a special consultation service for those afflicted by diarrhea. In general, the weekly crude mortality rate remained below the emergency threshold throughout almost all the period in question, apart from the first two weeks of the intervention.

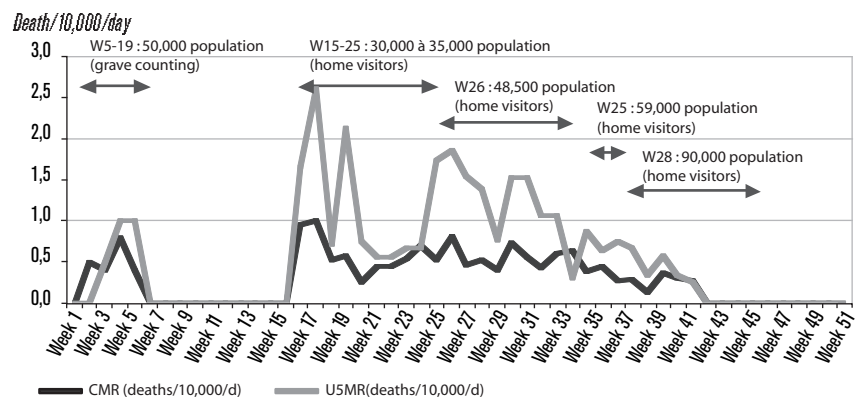
In the case of Zalingei (Graph 4), where rates appeared to be almost consistently below the emergency threshold, it is impossible to ascertain whether the gradual fall in crude mortality was linked to a genuine improvement in the situation or to regular changes in the denominator. Nonetheless, we should note that the under-five crude mortality rate exceeded the emergency threshold at the end of April and in Mid-May (weeks 17 and 19), coinciding with the measles epidemic and an increased incidence of diarrhea and respiratory infections.

Finally, the data for Niertiti (Graph 5) is fragile given the continually changing denominator (22,755 during weeks 18 and 19; 13,565 between weeks 20 and 23; 14,184 from week 24; 12,924 in week 19). Although Niertiti was an 'elastic' village with a constantly fluctuating population, our figures do not take adequate account of this factor.

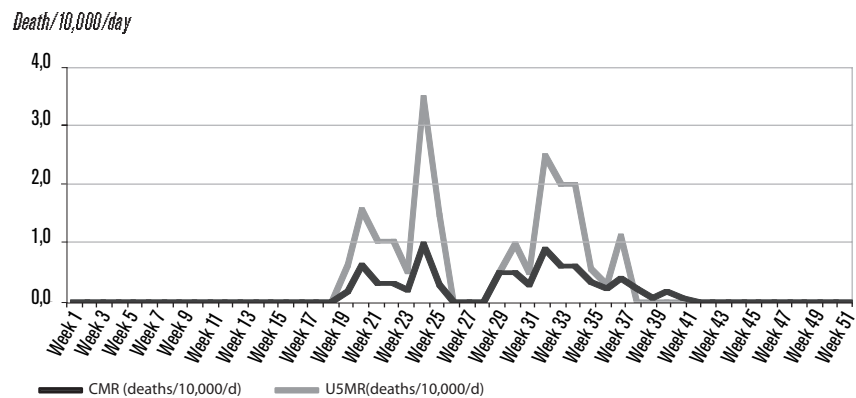
GRAPH 4. MORTALITY RATES IN MORNAY (SOURCES: MSF MONITORING SYSTEM/EPICENTRE)



GRAPH 5. MORTALITY RATES IN ZALINGEI (SOURCES: MSF MONITORING SYSTEM/EPICENTRE)



GRAPH 6. MORTALITY RATES IN NIERTITI (SOURCES: MSF MONITORING SYSTEM/EPICENTRE)



In short, it appears that mortality was generally contained beneath the emergency threshold in Mornay, Zalingei and Niertiti. It even fell below the reference values for a 'normal' situation in the case of the under-fives, and also decreased on arrival at the camps compared to its extent in the villages and during the flight to Mornay and Zalingei. It is not possible to ascertain the exact role of our intervention in limiting the number of deaths. In general, the health of the people who had fled the destruction and massacres was probably not catastrophic when they reached the camps. But it rapidly deteriorated on sites where no aid was available, or where aid was not adapted to the situation, as in El Geneina, Habila, Kass and other camps.

2.1.5 Malnutrition

Nutritional standards were generally poor in Sudan and particularly so in Darfur (Table 10). Given the looting of villages and harvested crops, the scale of the forced migrations, the confinement of displaced persons in camps and the lack of regular food distributions in the first half of 2004, the rapid onset of a nutritional crisis was only to be expected (although west Darfur was in a better position than the region's other provinces, with a global acute malnutrition rate of 8.8% for the year 2000).

MUAC screenings in Mornay, Zalingei and Niertiti revealed that nutritional status had tended to deteriorate over the first six months of 2004 (Table 11). Studies conducted by Epicentre in April-May (Table 12) revealed high rates of global acute malnutrition in Mornay and Zalingei (20.6% and 23.4% in Z-score). These were comparable to the rates for El Geneina in June (25.8%) and for Kalma in September (23.6%), and were higher than those for Habila in August (17.2%) and Kass in September (14.1%). The situation in Zalingei had improved by July and by September-October at other sites. Therapeutic feeding programs and targeted food distributions probably helped to contain the crisis. WFP general food distributions, regularized by the end of August, were also of considerable importance.

TABLE 12 - INDICATIVE MALNUTRITION RATES
IN DARFUR AND SUDAN FOR THE YEAR 2000 (UNICEF⁴⁰)

	Chronique	Aiguë
Nord Darfour	44.3%	22.5%
Sud Darfour	46.7%	12.4%
Ouest Darfour	51.2%	8.8%
Soudan global	43.3%	15.7%

40. Results of the Multiple Indicator Cluster Survey conducted by UNICEF in 2000.

**TABLE 13 - RESULTS OF MUAC SCREENING FOR GLOBAL ACUTE
MALNUTRITION CONDUCTED MSF-F (JANUARY–OCTOBER 2004) (SOURCE: MSF)**

	January	February	March	April	May	June	July	August	Sept.	October
Mornay	8.8%			14.7%					9.3%	6.1%
Zalingei	9.2%	10.8%	14.6%				10.6%	10.6%	7.5%	7.2%
Niertiti	16%								7.3%	

**TABLE 14 - RESULTS OF EPICENTRE NUTRITIONAL
STUDIES (Z-SCORE) IN DARFUR (MAY–SEPTEMBER 2004) (SOURCE: EPICENTRE)**

Camps	Survey Dates	Global Acute Malnutrition (GAM%)
Camps où intervient MSF-F		
Mornay	May 2004	20.6%
Zalingei	April 2004	23.4%
Autres camps		
El-Genina	June 2004	25.8%
Habilah	August 2004	17.2%
Kalma	September 2004	23.6%
Kass	September 2004	14.1%

2.1.6 Epidemics

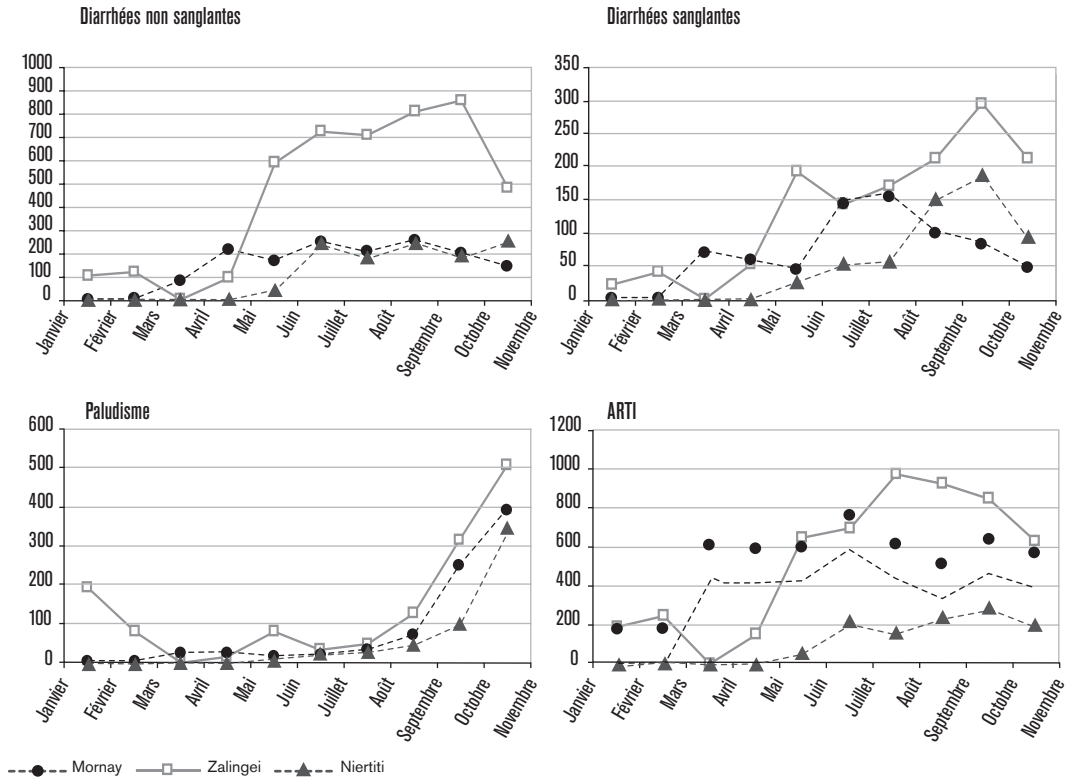
MSF-F was faced with epidemics of measles and of hepatitis E. The measles epidemic (1,075 cases in Zalingei and 1,488 in Niertiti) prompted catch-up vaccination campaigns and the treatment of clinical cases. The hepatitis E epidemic (comprehensively described in the Epicentre report,⁴¹ on which we have drawn heavily) broke out at the beginning of July and spread across Darfur's three provinces. In Mornay, 2,391 cases were diagnosed between July and November; 240 people were hospitalized and 31 died. In Zalingei, 3,229 cases were recorded during this period (31% of September's consultations), while there were 589 cases in Niertiti (6% of consultations). Given the absence of vaccines and specific treatments against the virus, the teams were relatively powerless. Severe cases were characterized by a high case fatality rate (18.3% for the whole period), particularly among pregnant women. It should be noted that the virus – transmitted oro-fecally – cannot be rendered inactive by chlorinating the water supply; our water supply system could not prevent its spread.

2.1.7 Other health indicators

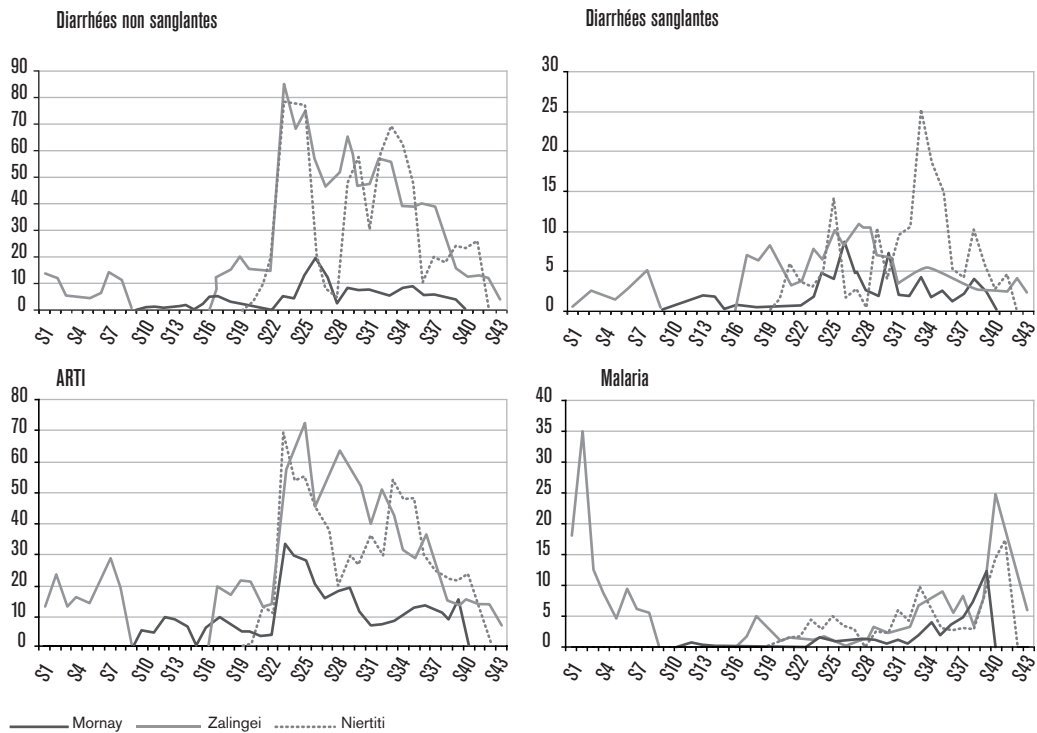
OPD/IPD morbidity indicators expressed in incidence rates or absolute values are hard to interpret. The incidence rates are distorted by uncertainties related to the denominator and variations in the populations' use of the health-care system. Absolute values by disease reflect as much the activity of health-care structures – which is closely linked to the availability of health services (particularly the number of consultants) and to population variations – as the incidence of the main diseases. The incidence and number of cases does, however, reveal several peaks of diarrhea, followed by a significant decline on all sites from September, as well as the development of seasonal peaks for malaria.

41. D. Delia, K. Hilde, J.P. Guthmann, Outbreak of Hepatitis E in Mornay IDP Camp, Western Darfur, Sudan, Final Report, December 2004, Paris Epicentre.

GRAPH 7. AVERAGE NUMBER OF WEEKLY CONSULTATIONS BY PATHOLOGIES
IN MSF-F CLINICS IN MORNAY, ZALINGEI AND NIERTITI (SOURCE: MSF)



GRAPH 8. CHANGES IN THE WEEKLY ATTACK RATE (CASES PER 1,000)
BY CONDITION IN MSF-F CLINICS IN MORNAY, ZALINGEI AND NIERTITI (SOURCES: MSF).



2.2 VACCINATION

2.2.1 Vaccination against measles

Measles vaccination programs were hampered by a major problem: MSF was not allowed to import vaccines. In Sudan, vaccination campaigns had to use vaccines supplied by the health ministry; these had usually been provided by UNICEF. The constraint was doubly detrimental. First, the quality of the products was not always guaranteed, chiefly because of problems with cold chain. Second, we were entirely dependent on the whims of the health ministry, which refused to supply us with batches on several occasions, either because it intended to launch its own immunization program at a later date or because it disagreed with our inclusion criteria. In fact, the batches supplied by the ministry covered only the 9-59 months group. Infants aged between six and nine months and children between the ages of five and fifteen were excluded. However, MSF-F would sometimes manage to overcome the restrictions by using its own stocks.

TABLE 15 - MEASLES VACCINATION PROGRAMS IN MORNAY, ZALINGEI AND NIERTITI
(JANUARY – OCTOBER 2004) (SOURCES: MSF-F SITREPS)

Place	Date	Operator	Target population		No. of children vaccinated	Estimated coverage (as per operator data)
			Age	Origin		
Mornay	7-20 February	MSF	6-59 months	camps & town	9,701	97%
	10-16 April	MSF	6-59 months	new arrivals	4,413	88%
	12-18 June	UNICEF	?	?	?	?
Zalingei	February	MOH	9-59 months	camps & town	12,000	> 100%
	17-23 April	MSF	6-59 months	?	2,300	?
Niertiti	3-9 April	MOH	9-59 months	camps & town	3,947	87%
	28 August	UNICEF	?	?	?	?

In practice, MSF was unable to intervene independently of the expanded vaccination program except in Mornay, where the campaign to immunize the 6-59 months group against measles had begun in the first weeks of the intervention (with coverage estimated at 97%). A catch-up for new arrivals was also undertaken at the beginning of April, after six cases of measles were detected. The health ministry appears to have organized a vaccination program for the 5-15 age group in mid-June, claiming 100% coverage.

In Zalingei, on the other hand, MSF awaited the intervention of the health ministry, which vaccinated the 9-59 months group in February – and estimated coverage at over 100%. In mid-April, the diagnosis of 128 measles cases prompted MSF to launch a catch-up for the 9-59 months group in partnership with the ministry (coverage of 90%, according to an Epicentre estimate).

In Niertiti, where the first exploratory missions had recommended an immediate immunization program when they visited in January, the outbreak of a measles epidemic in late March forced MSF to attend on a daily basis. In the first week of April, we set up an active case

finding system linked to the systematic treatment of diagnosed cases and the hospitalization of severe cases (in a day hospital, as the team could not remain on site overnight). The health ministry organized an immunization program two weeks later, with coverage estimated at 87%.

According to the Epicentre surveys conducted between late April and early July, vaccination cover for the under-fives in Niertiti, Mornay and Zalingei was appropriate. Cover for children between the ages of five and fifteen has not been established, but given the almost total lack of an immunization program for this group, it must have been extremely limited.

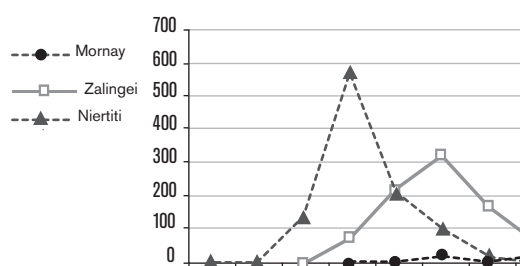
TABLE 16 - EPICENTRE ESTIMATE OF UNDER-FIVES MEASLES VACCINATION COVERAGE IN MORNAY, ZALINGEI AND NIERTITI, (JANUARY – OCTOBER 2004) (SOURCE: EPICENTRE)

Site	Date	Vaccination card	ITV of the mother	Total
Mornay	1-7 May	73.8%	11.8%	85.6%
Zalingei	24-30 April	62.9%	27.4%	90.3%
Niertiti	26-June-2 July	42.2%	48.1%	90.3%

2.2.2 Measles epidemics

Considering the difficulties involved in conducting measles vaccination campaigns, the outbreak of several epidemics is hardly surprising. In Niertiti, the first cases (18) were diagnosed between 13 and 19 March. The largest number occurred between 3 and 14 April (182 in week 14; 186 in week 15). The health ministry's campaign to vaccinate the 9-59 months group took place during this period (3-9 April). In total, 1,069 cases were diagnosed between March and October 2004 (1,488 over the year, including 153 severe cases and four deaths). Children under five represented 59% of those affected.

GRAPH 9. MEASLES CASES DIAGNOSED AT MSF-F CLINICS IN MORNAY, ZALINGEI AND NIERTITI (JANUARY – OCTOBER 2004) (SOURCES: MSF SITREPS/EPICENTRE)



The epidemic broke out later in Zalingei. Seventy-five cases were detected in the last week of April (week 17), two months after the health ministry vaccination campaign that was supposed to have encompassed over 100% of the 9-59 months group. MSF organized a catch-up in mid-April. The largest number of cases occurred during the last week of June (85 in week 26). Between March and October, a total of 875 cases was recorded (1,075 over the year, including 47 severe cases and 10 deaths). Of those affected, 51% were under five.

As opposed to the situation in Niertiti, there were few severe cases during the measles epidemic in Zalingei.

In Mornay, MSF began vaccinating the 6-59 months group in early February, running a catch-up campaign for new arrivals in mid-April (after epidemics had broken out in Niertiti and Zalingei). However, four cases were detected between 8 and 14 May (week 19). Ninety cases were recorded between March and October 2004 (95 over the year). No severe cases or deaths were recorded in Mornay.

2.2.3 Vaccination against meningitis

During August 2004, the Mornay team also vaccinated 40,455 people between the ages of two and thirty against meningitis. This preventative program was undertaken after 37 confirmed cases had been diagnosed over the entire period (February – September), 32% of which related to under-fives and had resulted in 12 deaths.

2.3 WATER, HYGIENE AND SANITATION

2.3.1 Performance of the water supply system

In accordance with the “top ten priorities in emergency”, water supply programs were launched immediately, with the exception of Zalingei. In Darfur, in-camp provision was a particularly urgent matter given the security issues: a number of men, women and children had been attacked and murdered by the Janjaweed after leaving the camps to fetch water. In Zalingei, provision of water was delayed because the displaced population was scattered across eleven sites, and because there were protected water points (bore holes fitted with pumps) in the town itself. The first team’s lack of experience may have been another factor. MSF-F did not implement major water supply programs in Zalingei until the displaced population had been regrouped on four sites (two of which contained over 20,000 people).

We employed several techniques. Initially, the teams had water trucked in to Nyala/Intifada; harness basins were dug in river beds at Mornay. While awaiting the rainy season (when the *wadis* would fill), we mobilized other means as soon as possible: harness basins on open ground, jetted wells, etc. The water was usually fairly clear (NTU <5) and could be treated simply by chlorination, sometimes preceded by flocculation. It should be noted that MSF also used the Dosatron method (the automatic injection of chlorine into the pipes after pumping) on some existing water points, or poured chlorine directly into buckets when it was not possible to do otherwise. The borehole option was not taken up, although it had been recommended for Niertiti (where there was a shortage of surface water and the rock bed was shallow), and the Khartoum-based drilling companies we contacted were willing to work in Darfur. To be sure, boreholes are not always the best solution in emergency: they require the deployment of substantial logistical resources and are not always successful. When successfully drilled, though, boreholes do provide better quality water in terms of turbidity and contamination.

TABLE 17 - SAFE DRINKING WATER AVAILABLE PER PERSON PER DAY
ON MSF-F INTERVENTION SITES (SOURCES: MSF / E. GIGNOUX / J.S. MATTE)^{(1) (2)}

	Feb.	March	April	May	June	July	August	Sept.	Oct.
Zalingei (al-Amedia)	-	-	?	?	?	8	8	13	22
Zalingei (Hassa Issa)	-	-	?	?	?	7	9	12	17
Mornay	3	6	6	6	6	11	11	13	15
Niertiti (town & camps)	-	-	-	?	?	8	8	9	10

(1) Includes MSF supply and other protected sources with the exception of Mornay (February – March), where only MSF supply is recorded.

(2) These data are indicative, given the shifting denominator.

TABLE 18 - WATER QUANTITY AND DISTRIBUTION POINTS PER INHABITANT
ON MSF-F INTERVENTION SITES, MID-OCTOBER 2004 (SOURCES: MSF-S/E. GIGNOUX)

		Estimated population	MSF supply	Other sources	Liters person/day	No. of water points	Number of people per water point	Number of people per tap
Zalingei	Hassa Issa	23,000	420 m ³	52,5 m ³	20,5	18	1,278	213
	Halimedia	21,000	420 m ³	37,5 m ³	21,8	18	1,167	213
	Al Nagel	7,000	65 m ³	-	9,3	-	-	-
	Kamsa Dagai	3,000	45 m ³	-	15,0	-	-	-
Niertiti camp and town		20,000	60 m ³	172,5 m ³	11,6	4	5,000	241
Mornay		80,000	1 300 m ³	300 m ³	20,0	64	1,250	183
Total		144,000	2,060 m3	662.5 m3	18.9			

The fact remains that water was available from the start, although quantities were insufficient (Table 16). In March, the crucial five liters per person per day minimum was reached in Mornay. However, for 124,000 of the 144,000 displaced persons, the 20 liters per person per day target was not exceeded until October. In Niertiti, only a borehole would have enabled us to exceed the 12 liters per day provided in October. On the other hand, the establishment of a major distribution network (over 30 km of pipes and 700 taps) enabled us to meet the 250 people per tap standard. Combined with other sources (662,500 liters per day), the two million liters of water provided daily by MSF-F on the three sites was equivalent to water consumption in a French town of 10,000 inhabitants.

2.3.2 The limits of our policy

Despite our efforts, there were still many cases of oro-fecally transmitted diseases. On two occasions – late April/early May and the second half of June – the Mornay teams had to deal with new outbreaks of bloody and non-bloody diarrhea. A similar recurrence was observed in Zalingei early in June. These episodes, which partially coincided with the beginning of the rainy season, highlighted the limits of our strategy. Despite the early development of jetted wells the quantity and quality of the water distributed was affected by the arrival of the rains, which flooded the harness basins dug in the beds of *wadis*. Moreover, apart from clearing dead

animals from Mornay and Zalingei at the beginning of the intervention and the 'donkey cart' collections of feces in Mornay following the rise in cases of diarrhea, very little had been done to address matters of hygiene and sanitation (latrines, collection of garbage and dead animals, distribution of soap, etc.). These failings were partly responsible for both the increase in diarrhea and the scale of the hepatitis E epidemic.

There was no proper sanitation program before May 2004 because priorities were dictated by the paucity of resources. Before May 2004, the absence of a proper sanitation program resulted from the trade-off between conflicting priorities in a context of resources shortage. The Zalingei teams were also hampered by the authorities' refusal to build latrines in the urban areas where displaced populations had congregated. However, a significant improvement in sanitation could have then been achieved fairly easily thanks to the provision of a diaphragm pump to empty Zalingei's public latrine. Following the opening of Darfur to international aid agencies in May, MSF-F relied on other partners to dig latrines, organize rubbish collections and distribute basic necessities, particularly soap and jerry cans. These activities had barely begun when hepatitis E broke out in late July.

The hepatitis E epidemic affected approximately 15,000 people and was responsible for fifty deaths in Mornay alone. According to one of the surveys Epicentre conducted in Mornay,⁴² the risk of contracting the virus was 26 times greater for those who at least occasionally drew water from the *wadi*. Furthermore, the chlorinated water supplied by MSF was twice as likely to be contaminated as that from pre-existing boreholes. In fact, although the residual chlorine in our supply pipes conformed to international standards, it was still not enough to combat the hepatitis E virus. A larger dose would have given the water a foul taste, but would not have been enough to render the virus inactive. Only ultra-violet treatment applied to water with a very low turbidity (NTU <1) would have been likely to render the virus inactivate. The study also stressed that storing water in hard-to-clean receptacles contributed to the spread of the virus (this quadrupled the risk among families using two or more reservoirs). The epidemic prompted further debate on the use of boreholes (at least in the areas where the virus was endemic, as the Epicentre report had recommended) and highlighted the importance of addressing issues of hygiene and drainage.

In short, the operation was certainly an achievement in the technical sense, being as great a challenge for MSF-F as Goma in 1994.⁴³ Its success was due in large part to our ability to adapt to the environment and to restricted resources, innovation (jetted wells) and preparation for the rainy season. On the other hand, we were hampered by several factors: the scale of need, the lack of reliable operational partner, the limits of a policy which did not encompass

41. D. Delia, K. Hilde and J.P. Guthmann, *Outbreak of Hepatitis E in Mornay IDP Camp, Western Darfur, Sudan, Final Report, December 2004*, Paris, Epicentre.

42. Goma was the biggest water supply operation MSF-F had ever undertaken, trucking in 1,500 cubic metres of water per day for a population of 400,000 refugees.

hygiene and sanitation due to limited resources), our reluctance to proceed with boreholes, and the fresh challenges inactivating hepatitis E virus.

2.4 NUTRITION AND FOOD AID

Three types of nutritional and food intervention were undertaken in Darfur: outpatient therapeutic programs, supplementary programs and food distributions for all children under the age of five ('blanket feeding').

2.4.1 Therapeutic feeding programs

Taking into account the new nutritional protocols and initial restrictions on materials and human resources, MSF-F set up therapeutic feeding programs with an outpatient phase. In total, over 4,000 severely malnourished children were admitted, the average number of entries per week remaining fairly constant throughout the entire period (apart from the closure of supplementary centers and the consecutive changes in TFC inclusion criteria). Two out of three children were discharged as cured; one in four defaulted; one in ten died.

In Zalingei, the outpatient strategy implemented through mobile clinics and later OPD was somewhat erratic and resulted in a significant defaulter rate. The units were reorganized in April (feeding programs and consultations were geographically separated, the criteria were reviewed and protocols adjusted). In late May, we opened a 24/24 internal unit to treat the cases that would previously have been transferred to the local hospital. There was a marked improvement in indicators during this period: the proportion of those cured rose from 69% in May to 72% in June, while deaths fell from 11.5% to 9%; the default rate increased from 19.5% to 22.4%.

GRAPH 10. ADMISSION TO MSF-F TFCs IN DARFUR
(JANUARY – OCTOBER 2004) (SOURCES: MSF SITREPS/EPICENTRE)

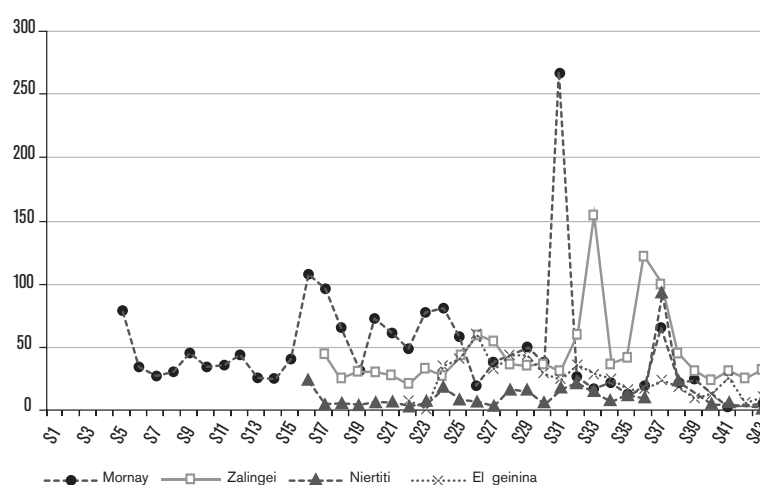


Table 19 - PRINCIPAL ACTIVITY INDICATORS FOR MSF THERAPEUTIC FEEDING
CENTERS IN DARFUR AND THE REST OF SUDAN (FEBRUARY – OCTOBER 2004) (SOURCE: EPICENTRE)

	Zalingei W16-39	Mornay W7-W39	Niertiti W19-W35	Kerenik W19-W27	El Geneina W22-W39	Total	Akuem W1-W26	Bentiu W1-W26
Admissions	1,253	1,900	342	112	508	4,115	679	262
Exits	656	1,617	203	63	446	2,985	639	462
Cured	454	1,182	102	26	255	2,019	340	224
Death	41	85	23	8	48	205	29	48
Defaulters	157	349	60	26	60	652	56	6
Transfers	4	1	18	3	83	109	202	184
Proportion of cured (%)	69%	73%	50%	41%	57%	68%	61%	47%
CFR (%)	6%	5%	11%	13%	11%	7%	5%	10%
Proportion of defaulters (%)	24%	22%	30%	41%	13%	22%	8%	1%
Proportion of transfers (%)	1%	0%	9%	5%	19%	4%	25%	41%
Proportion of readmissions (%)	1.7%	5.2%	2.9%	1.8%	1.8%	-	-	-
Mean length of stay (days)*	47.8	37.3	45.0	-	19.1	-	28.2	-
Average gain of weight (gr/kg/day)*	7.1	6.1	6.7	-	13.5	-	12.5	-

*Partial data given the non-systematic collection concerning TFCs.

In Mornay, the outpatient program was at first linked with an internal MSF unit (initially combined with pediatric hospitalization, then independent). In April, the indicators were slightly less good than those recorded in Zalingei (59% cured, 13.3% deaths and 27% defaulters).⁴⁴ There was a marked improvement as the number of beds in the internal phase increased in May (76% cured, 5.8% deaths and 17% defaulters in June).

In April, we initiated a strict outpatient strategy in Niertiti (no internal unit on site, transfer of severe cases to the hospital at Zalingei). Although this enabled us to follow a small number of malnourished children (54 at the end of June), the indicators were poor: in June, deaths stood at 25% and the proportion of defaulters at 31%. Moreover, 20% of admissions were for kwashiorkor and had to be transferred to the hospital at Zalingei. The quality of care improved with the opening of a permanent internal unit combined with better medical monitoring and the tracing of defaulters by home visitors (at the end of July, the proportion of cured had reached 71%, while the death rate for discharged patients stood at 7.4%).

In August and September, the standardization of medical and nutritional protocols, improvements in medical monitoring and the active tracing of defaulters resulted in indicators improving on all three sites, with an average of 80% cured, 10% defaulters and 5% deaths.

44. MSF nutritional guidelines aim for >75% cured, <10% deaths and <15% defaulters.

In Darfur, the outpatient feeding program reached the TFC efficiency standard as soon as it was combined with an internal unit with sufficient capacity. However, weight gain remained low (between 6 and 7 g/kg/d with the exception of El Geneina, where it reached double figures) and the average length of stay was high – 47-57 days for the entire period (but only 19 days in El Geneina). In Niger, mixed TFC outpatient programs resulted in a weight gain of 10g/kg/d and a stay of 25-30 days.

According to Epicentre nutritional surveys:

- In Mornay, 52.2% of the severely malnourished children identified in a survey conducted in May were already being treated in a feeding unit (44% for the moderately malnourished).
- In Zalingei, 27% of malnourished children were receiving treatment at the end of April. In June, a second Epicentre survey involving 490 children showed that, following a MUAC screening, 50% of severely malnourished children were being treated, but only 33% in TFCs.
- In Niertiti, 44% of severely malnourished children were being treated by the end of June (but only 17.6% in TFCs) as well as 22% of the moderately malnourished.

According to these estimates, at the time of the survey, over 50% of cases of malnutrition had not been included in a program because they had not been detected (screening or OPD).

2.4.2 Supplementary feeding programs and targeted food distributions

Supplementary feeding centers opened at the same time as therapeutic ones. Although they immediately facilitated access to a great number of children (about 2,000 were included in the Mornay program between May and July, and about 1,000 in Zalingei) and the referral of severe cases to the TFC, their effectiveness should be treated with caution. The defaulter figure in Mornay amounted to 35%, while transfers to the TFC stood at 27.3%. The figures for Zalingei were 30% and 29% respectively. It became necessary to introduce targeted food distributions for the under-fives. Although these had been envisaged from the outset, their implementation was delayed for reasons of security (the teams felt that distributions would encourage looting and attacks on the displaced population). There were also logistical problems associated with Khartoum's restrictions, which were not lifted until April-May.

Targeted distributions for the under-fives finally began in April (Mornay), June (Zalingei) and August (Niertiti). They were composed of a daily ration of 500 grams of UNIMIX and a 90-gram ration of oil meant to last 10 days (2,700 Kcal per day for the whole period, or 540 Kcal if the ration was shared between five family members). The Mornay distributions targeted 15,000-17,000 people. The first three rounds were spaced over three to four weeks and a regular pattern was established from 24 June. Negotiations with the authorities delayed the implementation of regular distributions in Zalingei (15,000-18,000 beneficiaries) until July. In Niertiti (approximately 4,500 beneficiaries), they were delayed until the end of August. The WFP regularized general distributions in August, but targeted distributions continued until the end of 2004.

However, the closure of the SFCs was delayed by the need for access to the OPD (and the opening of a second OPD in Mornay), the possibility of a nutritional and medical screening for all children in the SFC programs before their discharge or transfer, and the capacity of the TFCs to absorb the children transferred. Mornay's SFC finally closed in the first week of August (week 31), the Zalingei center in week 33 (14-20 August), and the Niertiti center in week 36 (4-10 September). The closures meant that resources (staff, buildings) could be used to improve the work of the TFCs.

2.4.3 Did we overestimate the risk of food shortages?

Our feeding and nutrition strategy was based on the view that the displaced population was exposed to a high risk of famine. Apart from the fact that malnutrition was widespread and had tended to increase in the first six months of 2004, this perception rested on two hypotheses: the dependency of displaced populations on food aid and the lack of a functioning food pipeline, whether operated by the WFP, the Sudanese government or other humanitarian aid agencies. As it turned out, there were no shortages and no famine. Does this mean that we 'cried wolf'?

We may have underestimated the resources (particularly money) that displaced persons had at their disposal, but the inflation observed during the first six months meant that their cash reserves did not last long. By the beginning of the year, targeted food distributions seemed even more of a priority given the feeble response to the crisis and WFP's inability to ensure general distributions in the camps. In order to ensure that displaced populations had enough to live on, the WFP should have supplied Darfur's three regions with about 300,000 tons of food. This figure, combined with the extent of the province, gives some idea of the complexity of the task. According to MSF teams, the pipeline was certainly not functioning as it should have, but it was practically impossible to cover every site given the number of groups of displaced people, their tendency to shift from place to place, and the difficulty of reaching them. Furthermore, the Sudanese authorities were erecting obstacles at every turn. There are no figures available for WFP's total general distribution between January and December, but we know that 32,000 tons of food had been distributed by the end of May, which amounted to just over a third of the 83,000 tons required for the first five months. This quantity represents about 20% of west Darfur's needs for the period in question. With regard to MSF-F intervention sites, the WFP distributed a half-ration in Mornay in March, followed by a full ration in late April and another in mid-June. There were two distributions between December and March in Zalingei, followed by a third in April and a fourth in June. Distributions subsequently became more regular, particularly in August. Information on this aspect of the operation is incomplete and probably excludes some of the general distributions. Nevertheless, it highlights the inadequacies of the pipeline and the timetabling.

Given the context, it seems clear that MSF's strategy of supporting families through blanket feeding and family rations⁴⁴ helped to contain the risk of malnutrition. Considering the poor

44. Together with the bi-weekly ONT ration.

living conditions and prevalence of malnutrition, which despite every effort was still a cause for anxiety, and also the general situation in the region in 2004, we could not discount the risks of a major epidemic or famine. Our vigilance in this respect was entirely appropriate.

2.5 EXTERNAL CONSULTATIONS

2.5.1 Activity

External consultations conducted by means of daily mobile clinics began in Zalingei on 31 December. These were replaced by two health centers in the first week of March (week 9). There is no data for February and March (the figure of 91,158 consultations between January and October therefore omits eight weeks' activity). In Mornay, external consultations began on 6 March (week 10). A second external care unit was opened at the beginning of August (week 32). With regard to Niertiti, daily mobile clinics were organized from 13 March (week 11) in order to treat cases arising from the measles epidemic. These clinics were transformed into a health center on 15 May (week 20), but the teams were not always on site until August. In total, MSF-F performed more than 185,000 consultations in Darfur over a twelve-month period (October 2003 – October 2004), a figure which excludes Nyala. Children under the age of five represented two patients out of five (Table 18). Activity increased significantly from June onwards, corresponding to the opening of Darfur to international aid (21 May) and the reinforcement of the teams (Graph 10).

GRAPH 11. TOTAL NUMBER OF OUTPATIENT CONSULTATIONS
PER WEEK IN MSF-F MISSIONS IN DARFUR (JANUARY–OCTOBER 2004)

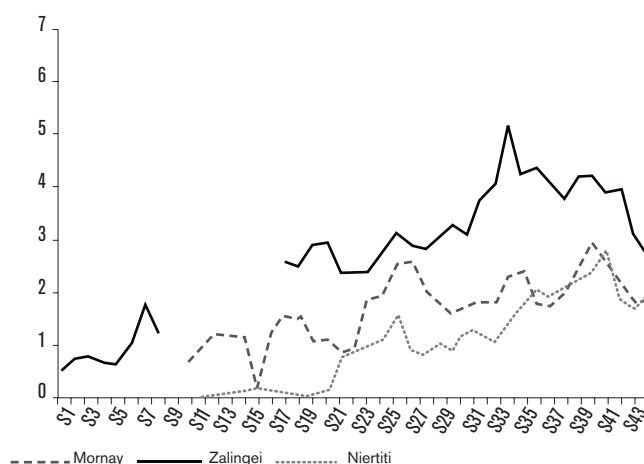


TABLE 20 - CONSULTATIONS AT MSF-F CLINICS IN MORNAY, ZALINGEI AND NIERTITI
(JANUARY – OCTOBER 2004) (SOURCES: MSF SITREPS/EPICENTRE)

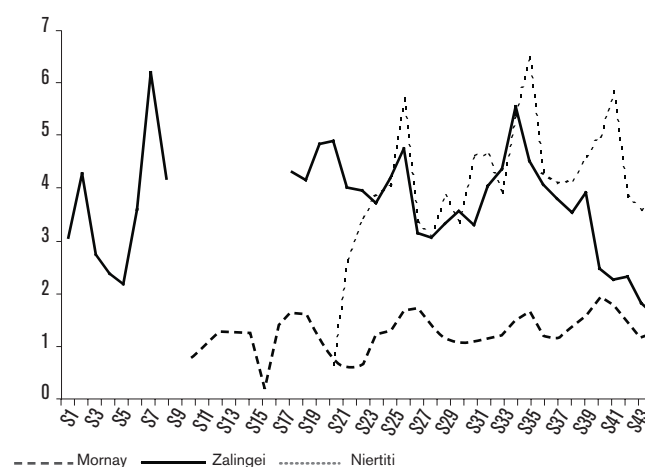
	Mornay	Zalingei	Niertiti	Total
Total number of consultations	58,131	91,158	35,806	185,095
Average number of consultations per week	1,352	2,210	1,492	-
Average number of consultations per day	225	353	249	-
Percentage of < 5 consultations	39%	43%	37%	41%

2.5.2 Attendance

In an emergency situation, the expected number of consultations attended per person per year is around four (one consultation per person every three months). The graph below indicates between three and five consultations per person per year in Zalingei. A clear downward tendency is noticeable from early September (week 35). If we accept that the population data is fairly accurate, the figures indicate that our clinic was accessible to the target population, whose general state of health improved significantly from September onwards.

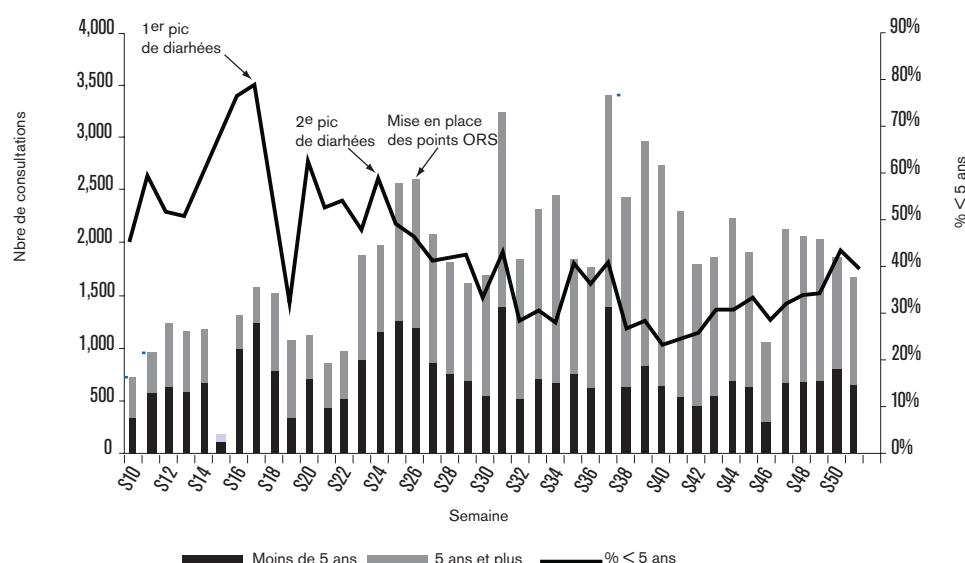
Attendance figures for Niertiti correspond to expectations from the first weeks of opening. On several occasions, the number of consultations per person per year exceeded five, which may indicate that the clinics were used by people other than those from resident and displaced populations (residents of neighboring villages, drifting populations, nomads, etc.) This hypothesis seems reasonable given the village's proximity to the rebel zones and its status as a commercial center.

GRAPH 12. EXTERNAL CONSULTATIONS PER INHABITANT
PER YEAR AT MSF-F MISSIONS IN DARFUR (JANUARY–OCTOBER 2004)



In Mornay, on the other hand, the number of consultations was far below the figure expected throughout the period. In fact, the clinics were overwhelmed as soon as the program was launched. As the teams could not be strengthened until April and May, MSF-F decided to concentrate on the under-fives, who accounted for 70% of consultations before the end of April (see graph). In order to reduce the flood of people seeking consultations when the outbreak of diarrhea peaked in June/July, we installed ORS points in the camps, thus enabling immediate re-hydration and the detection of severe cases, which could then be referred to the hospital (a donkey cart served as an ambulance). A marked fall in the number of consultations and in the proportion of under-fives followed the introduction of ORS points (see Graph 12).⁴⁶ A second external consultation unit opened in August, but attendance figures did not increase. There were plans for a third OPD but it was not set up – although with two clinics for 80,000 people, we were well below the standard of one clinic for 10-15,000 people (which would have required us to open at least five units). It should be stressed that in absolute values, there were more consultations in Zalingei than in Mornay during the period as a whole, although the same lack of resources applied in both cases.

GRAPH 13. PROPORTION OF UNDER-FIVES IN MSF-F EXTERNAL CONSULTATIONS
AT MORNAY, DARFUR (JANUARY–OCTOBER 2004)



2.5.3 Consultants

On most sites, consultations were carried out by Medical Assistants (MA). We lacked the time to collect detailed information on the quality of the training provided in Sudanese medical schools, or on the competence of the MA, although this was generally regarded as 'good.' On the other hand, it is clear that they had a very heavy workload during the first six months.

46. A rise in hospital admissions for non-bloody diarrhoea was also noted after the installation of ORS points.

It is generally accepted that in order to work effectively, a consultant should not see more than 50 patients a day. We have very little data on the number of clinicians per site for the period in question. Nevertheless, it appears that in Zalingei, where between three and six health workers were posted from January to May, each consultant performed an average of 65 consultations per day in February. At that time, external consultations were provided through a complex arrangement involving three mobile clinics. The work rate increased after the opening of two permanent centers: records show that clinicians were performing an average of 74 consultations throughout May, 50% above the recommended standards.

In Mornay, where the number of clinicians varied between two and four according to the information available, the average workload seems to have been between 60 and 100 consultations per day. The figure did not fall over time: ORS points and the increased water supply should have reduced the workload related to consultations for non-bloody diarrhea.⁴⁷ Records for September show that consultations were still averaging 96 a day, with a consultation time of precisely five minutes per patient.⁴⁸ It is clear that the pace must have affected the quality of care. Long queues and hasty consultations may explain why attendance in Mornay was lower than that in Zalingei. If the 80,000 displaced persons in Mornay had had as many medical contacts as were predicted, we would have had to deploy 20 clinicians in order to conform to the 50 consultations per consultant per day standard.

The work overload seems due chiefly to the difficulties MSF-F encountered in recruiting Sudanese doctors and health workers. The problem was rooted in issues concerning the management of national staff, and particularly in salary policies (which will be reviewed in the summer). On a broader level, it reflected the shallowness of MSF-F's roots in Sudanese society, although we had been working in the country for almost thirty years.

47. With regard to the peak in week 26, there were 200 fewer consultations for diarrhoea recorded from week 28, then a stable diminution from week 38, coinciding with the increased production of chlorinated water.

48. This amounts to 382 daily consultations by four clinicians working eight hours a day.

2.5.4 Morbidity

TABLE 21 - MAIN CONDITIONS TREATED IN MSF-F CLINICS IN MORNAY, ZALINGEI AND NIERTITI
(JANUARY–OCTOBER 2004) (SOURCES: MSF SITREPS/EPICENTRE)

Diagnosis	Mornay	Zalingei	Niertiti	Total
Non bloody diarrhoea	11.0%	18.5%	14.3%	15.4%
Bloody diarrhoea	4.7%	5.8%	6.9%	5.6%
Malaria	6.4%	6.9%	6.4%	6.7%
ARTI	24.7%	23.0%	14.1%	22.1%
Sous-total	46.8%	54.2%	41.70%	49.8%
Violence	0.3%	0.1%	0.1%	0.2%
STI	0.0%	1.4%	0.0%	0.7%
Skin / Eye infection	1.4%	0.0%	0.0%	0.5%
Measles	0.1%	0.8%	3.0%	0.9%
Meningitis	0.0%	0.0%	0.0%	0.0%
Hepatitis/Jaundice	3.6%	0.5%	1.1%	1.6%
Malnutrition	0.3%	0.2%	0.0%	0.2%
FUO	2.1%	6.4%	0.0%	3.9%
Other	45.4%	36.4%	54.1%	42.2%

It is thought that health centers are functioning properly if the majority of consultations are devoted to the high-risk pathologies most likely to occur in the context, i.e. acute respiratory infections (ARTI), bloody and non-bloody diarrhea and malaria, as well as measles and hepatitis E in times of epidemic outbreaks. Over the entire period (Table 19), the first four pathologies accounted for half of all consultations (the figure was slightly less in Niertiti and Mornay and slightly more in Zalingei). Until late June, high-risk pathologies accounted for over half – and up to three quarters – of the consultations performed in Mornay (Graph 13), which suggests that triage was good. On the other hand, the proportion of these pathologies fell in June and July. The rise in consultations noted in the same period is probably somewhat to the detriment of their relevance. This tendency had been corrected by August and figures rose above 50% (especially if we take into account cases of hepatitis E, which represented a large number of consultations for patients over five years of age: 19% of consultations in week 36).

2.6 HOSPITALIZATION

It was not possible to analyse the data in the time available. We include summary tables created from a synthesis of Epicentre sitreps.

One point that emerged from the interviews nevertheless deserves emphasis: between mid-May and mid-June (weeks 20-23), ‘home visitors’ in Mornay recorded more deaths in the camp than admissions to hospital. The deaths were due mainly to diarrhea-type illnesses, to which the elderly were particularly vulnerable (people over the age of 60 accounted for 60% of the deaths recorded among the over-fives). At the same time, diarrhea accounted for a mere 11% of external consultations and 6% of hospital admissions. MSF-F seems to have been faced with

the problem of screening high-risk patients, particularly the elderly who were dying within a few meters of the hospital. The situation was partially remedied by installing ORS points and organizing an ambulance system. By the end of July, diarrhea was still the main cause of mortality (although the number of deaths had declined) but was also the principal cause of hospital admissions.

TABLE 22 - ADMISSIONS AND EXITS AT MSF-F HOSPITALS IN DARFUR

(FEBRUARY– OCTOBER 2004) (SOURCES: MSF SITREPS/EPICENTRE)

		Mornay W6-W39	Zalingei W18-W44	El Genina W28-W39	Niertiti W33-W43	Total
Admissions	Total	1,678	1,129	189	374	3,370
	< 5	710	931	151	202	1,994
	%< 5	42%	82%	80%	54%	59%
Exits	Cured	1,330	840	142	292	2,604
	Died	163	102	17	26	308
	Defaulter	20	1	6	1	28
	Transfer	63	163	4	49	279
	Total	1,576	1,106	169	368	3,219
Inpatient fatality ratio	Global	10.3%	9.2%	10.1%	7.1%	9.6%
	< 5	10.6%	9.8%	10.0%	8.0%	9.9%
	5 +	10.2%	6.3%	10.3%	5.9%	9.0%

TABLE 23 - MSF IPD MORBIDITY RATES IN MORNAY, ZALINGEI, EL GENEINA AND NIERTITI

(FEBRUARY– OCTOBER 2004) (SOURCES: MSF SITREPS/EPICENTRE)

	Mornay W6-W39	Zalingei W18-W44	El Genina W28-W39	Niertiti W33-W43	Total
Bloody diarrhoea	4.4%	1.8%	6.0%	1.2%	3.2%
Non bloody diarrhoea	9.8%	19.6%	12.5%	9.3%	13.1%
Respiratory infection	18.9%	21.3%	19.6%	7.4%	18.2%
Severe malaria	9.1%	15.4%	10.7%	15.0%	12.0%
Non-severe malaria	0.1%	0.0%	0.0%	0.0%	0.1%
Violence / Trauma	3.8%	0.2%	0.0%	3.6%	2.4%
Measles	0.0%	0.0%	0.0%	0.0%	0.0%
Jaundice with fever	0.0%	0.0%	0.0%	5.2%	0.7%
Meningitis (confirmed)	2.5%	1.1%	3.0%	0.7%	1.8%
Malnutrition	18.3%	16.8%	0.6%	29.0%	18.3%
Others	33.0%	23.8%	47.6%	28.6%	30.2%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

2.7 Specific Activities

2.7.1 Violence and health care for women

TABLE 24 - VICTIMS OF PHYSICAL VIOLENCE TREATED BY MSF-F IN MORNAY
(MARCH–OCTOBER 2004) (SOURCES: MSF SITREPS/EPICENTRE)

	March	April	May	June	July	August	September	October	Total (1)	
Gunshot	0	0	1	2	1	1	0	0	5	4%
Rape ⁽²⁾	6	11	5	11	2	2	2	0	39	29%
Beaten	0	21	30	23	10	6	0	0	90	67%
Total	6	32	36	36	13	9	2	0	134	100%

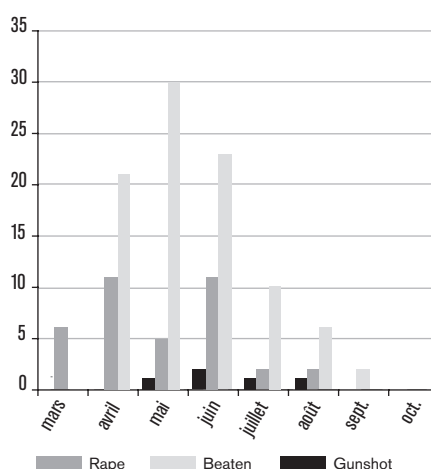
(1) 480 wounded (80 serious cases, 12 referrals) were also treated in Mornay in February, but were not included in the figures. The total number of victims treated amounts to 524.

(2) The 'beaten' category also includes 'torture', 'knife wounds' and 'other' categories in the consolidated figures.

(3) No data available for August (weeks 31-35).

Quantitative data concerning the victims of violence treated by MSF-F is confined to Mornay. During February, when the surrounding villages were attacked, MSF-F treated 480 wounded, 80 of whom had serious injuries. Most of the victims were civilians who had suffered gunshot, beatings or torture at the hands of the Janjaweed. Between March and October, MSF treated 134 victims who had suffered assaults (inside the camp or on its periphery) by soldiers, militia fighters or other displaced persons. Rape accounted for 29% (39 cases) of all consultations for violence; 4% (5 cases) were for gunshot wounds, while beatings and knife wounds accounted for 67% (90 cases). It should be noted that the data distinguishes between 'beatings,' 'torture,' and 'other' forms of violence. Given the difficulty of distinguishing between these various forms of physical violence, we have consolidated all the figures into a single category.

GRAPH 14. VICTIMS OF PHYSICAL VIOLENCE TREATED BY MSF-F IN MORNAY



Between April and June, MSF treated approximately thirty victims of violence per month; rape cases averaged between five and ten per month. The figures fell after June (two rape victims per month between July and September) and reached zero in October. According to the field teams, the publication of MSF-F's report on 21 June, which drew attention to the rapes and the violence inflicted on the displaced population, provoked a sharp reaction from the civil and military security services in Mornay. The latter stepped up their campaign of intimidation and tried to discourage people from consulting medical staff, insisting that they should first make a formal complaint to the police – a hostile body that treated complainants with brutality and showed more sympathy for the aggressors, who often came from its own ranks. It should be noted that with regard to the rapes committed in August, the government dropped the legal obligation to lodge a formal complaint. In theory, the victims were entitled to seek medical attention before lodging a complaint, but this did little to alleviate the fears of the displaced.

Although MSF treated other victims of violence in Zalingei and Niertiti (this activity does not appear in the statistics), the total number of consultations arising from violence was lower than expected. This is especially true of rape cases. In July, an Amnesty International report based on 250 interviews suggested that rape was a common occurrence. The document released by PHR, which refers to a “massive and systematic campaign of rape”, is both ideologically and methodologically suspect (interviews in the camps were conducted by satellite telephone; there was dubious extrapolation from a USAID survey carried out among refugees in Chad – 16% of those questioned stated that they had been raped or knew someone who had been raped). We should also note that the other MSF sections recorded many more rapes on their intervention sites. In fact, our colleagues have no quantitative data for the period in question (January – October 2004) – they did not begin collecting data on sexual violence until October. On the other hand, their figures for late 2004 – early 2005 are higher. MSF Switzerland, working in the El Geneina camps, treated about 30-40 victims of sexual violence each month, many of whom were young women or even children who had been forced to sell their bodies in return for access to vital resources. Furthermore, it appears that when MSF Switzerland practitioners treated women who had been beaten but did not claim to have been raped, they would record the case as rape if they suspected that sexual assault had indeed occurred. This has yet to be confirmed. The data in the report compiled by MSF-H in March 2005 requires careful scrutiny. Of the 500 women interviewed by the Dutch section over a six-month period (October 2004 – March 2005), a large number had been raped during attacks on villages prior to October. Of the 150 women interviewed during the first six weeks of the investigation in west Darfur (the Mukjar, Garsila, Deleig and Bindisi areas), 27 claimed to have been raped in the 72 hours preceding consultation, an average of 20 rape cases a month, which is ten times higher than the number of MSF-F consultations for rape between July and September.

The prevalence of rape is difficult to estimate. To begin with, the subject was extremely politicized – the denunciation of a “massive and systematic campaign of rape” constituted another weapon in the pro-intervention camp's arsenal. The rebels were also eager to highlight

sexual violence, knowing they could draw political advantage from the indignation it would arouse in the West. Conversely, the Sudanese authorities stepped up the pressure and intimidation in an attempt to dissuade the victims from speaking out, or even from seeking medical attention. Furthermore, as in other parts of the world, women were reluctant to admit that they have been subjected to sexual violence, given the risk of public disgrace, of being rejected by their husbands, of prosecution for an illegal pregnancy. Even so, stigmatization is not an automatic reaction in Darfur: there are many reports of the Janjaweed's victims being cared for by family and neighbors. We should bear in mind that in France, according to an INED survey, 50,000 women between the ages of 20 and 59 are raped every year, but only 5% lodge a formal complaint.⁴⁹ The percentage of victims seeking the support of healthcare professionals is unknown.

While the real incidence of rape is unknown, it is clear that attacks on villages and their subsequent destruction involved a high degree of sexual violence which was not simply a consequence of 'conventional' warfare, but arose from a strategy of terror. This is apparent from the many reports of gang rape committed in public; such acts are designed to soil women and their social circles both physically and symbolically. Similarly, it was beyond doubt that women were often raped by armed men within and on the margins of the camps, and that other forms of sexual exploitation comparable to rape developed in the context of insecurity and social dislocation created by the exodus. Mornay may have become a slightly safer place by July 2004, when the destruction in west Darfur had ceased. By that time, rape had received wide coverage in the media, as had the Mornay camp itself – an obligatory destination for diplomats and the international press – and this probably persuaded the authorities to curb the more visible excesses committed by militia fighters and regular troops.

Whatever the case, there were certainly more rapes committed in Mornay than the six that led to consultations in MSF clinics between July and October. However, sexual violence had been identified as a significant element of the conflict at the outset of the intervention (the subject arose when the Administrative Council met to discuss the Darfur question in February 2004). But as our resources were extremely limited until April, the detection of rape cases was not an operational priority, although the victims of sexual violence who did come forward received our full attention. Supplies had begun to flow more freely in June, and by July MSF-F was devoting more attention to the problem. We were confronted with the obstacles mentioned above: the social stigma, pressure from the authorities (who had recruited informers from among our national staff), and the political manipulation of the issue by pro-rebel activists made it hard to identify victims of sexual violence, for whom seeking medical attention was not always the initial reflex. In effect, the victims were often unaware of the benefits of medical care (prevention of STDs, abortion), or more concerned about social standing and personal safety, both of which could have been jeopardized by public revelation.

49. M. Janspart & ENVEFF, 'Nommer et compter les violences envers les femmes,' *Populations et Sociétés*. No. 364, INED, January 2001.

Arrangements were made to inform women that care was available for victims of sexual assaults and to guarantee them a confidential therapeutic space. A women-only general consultation service was created at the hospital in Mornay; home consultations were organized in Zalingei, and a women-only service was opened after the closure of the OPD in Niertiti. According to our interviewees, most of these initiatives had begun by July, although they only appear in the data for September and beyond. We also lack data concerning all specific women's healthcare activities (antenatal care, pregnancy, abortion, etc.); the only figures we have relate to September. During the course of that month, there were approximately 700 prenatal consultations, 26 deliveries and 20 abortions in Mornay. There is no indication of anything before or after that on the other sites, apart from three births at Niertiti in week 31 (31 July – 6 August).

Once again, we cannot say that the issue of sexual assault was ignored. The delay in addressing it can probably be attributed to genuine operational difficulties and to the shortage of staff experienced in such activities. The ideological exploitation of rape, the incidence of which is still hard to measure, may also have contributed to the minimizing of its importance among our teams. Finally, we should not underestimate the conservatism of expatriate staff, some of whom were distinctly uncomfortable with issues of rape, family planning and abortion.

In conclusion, we can say that every woman who claimed to have been raped in the previous 72 hours was given prophylactic treatment to combat HIV infection and pregnancy. Others had access to the standard procedures. Abortions were introduced as part of the care plan in September. This was a very sensitive issue, given the ban on non-therapeutic abortions in Sudan. Although rape victims had a legal right to termination, the legal procedure was so complex that, for all practical purposes, there was no such right.

In short, despite the propaganda and exaggeration, rape was a reality in Darfur. The scale of it is hard to measure (as opposed to the 1998-99 war in Congo-Brazzaville). Although MSF-F had at the outset offered specific care to anyone who came forward, we experienced difficulty in widening the net to include the more hesitant victims. The practical obstacles were substantial, but the evidence suggests that not enough was done to overcome them.

2.7.2 Surgery and activities in El Geneina

MSF-F surgical activities between October 2003 and October 2004 are easy to assess: we performed no operations. The decision to set up a surgical program was taken in March 2004, in the context of negotiating a new agreement with the Sudanese authorities so that we could expand activities and enlarge our expatriate quota. Our commitment to restore the derelict surgical wing at El Geneina hospital was a 'carrot' which would enable us to increase our expatriate contingent. It was also linked to the need for a functioning medical and surgical referral facility which would not only be useful for MSF projects but would also serve the zone along the Chadian border, which was at that time within the active conflict zone. The 90-bed

hospital, a referral center for west Darfur, seemed to be the most suitable location given the remoteness and inaccessibility of Zalingei hospital during the rainy season. The MOU, drafted after the negotiations, was presented to the authorities in Khartoum before being sent to El Geneina for final approval. The whole process took about a month.

Instead of 'killing two birds with one stone' (obtaining permission to enlarge our team and opening a referral unit), the MSF-F mission found itself saddled with a problem. There is no doubt that the undertaking to restore El Geneina hospital had led to the signing of the second MOU, which authorized access for 25 expatriates. In this respect, we had achieved the first objective by March. MSF could then have simply honored its promise to restore the wing. But by the time spring had arrived, the field teams were not convinced of the need to support El Geneina hospital.

In fact, the number of wounded had declined rapidly and there were few urgent referrals to El Geneina. The hospital was performing a large amount of surgery but most of it was programmed work. Moreover, the government had built a referral unit for its own war wounded in the vicinity; this was obviously functioning well, and was about to have a wing added to it. Finally, the degree of opposition MSF teams had encountered from the hospital's staff wiped out any chance of cooperation. The WHO eventually offered to support the hospital, which would have enabled us to guarantee free access to urgent surgical interventions. Everything seemed to suggest that it would be better if MSF withdrew from any involvement after completion of the rehabilitation work. The debate dragged on until September; work was delayed and the teams sent to work at the hospital were barely tolerated.

The plan to restore two wards in El Geneina hospital's surgical wing could be justified as a bargaining chip in the bid to enlarge MSF's expatriate quota. The assessment conducted by the MSF surgeon in March attested to the soundness of the Sudanese request. When MSF committed itself to the process, the intensity of the violence and the number of wounded (100 per week?), fully justified a move in this direction. However, it is regrettable that, given the reservations of the hospital staff and the decline in urgent surgical cases, MSF did not simply honor its commitment to restore the wing and then guarantee its freedom to deal with urgent cases by paying the hospital directly. By readjusting the level of our involvement, we might have completed the project in a much shorter time and ensured a more rational allocation of human resources. As the El Geneina camps received no assistance until May, it is fair to ask whether it might have been more appropriate to direct all the energy expended over the hospital issue towards relief work in the camps outside the town. The mortality rates recorded in Epicentre's retrospective mortality study seem to bear this out.

The way in which MSF perceived and interpreted Epicentre's study is also worthy of comment. Conducted between 26 and 29 June, the study covers the 39-day period between 20 May (the beginning of the rainy season) and 30 June 2004.

At the time, the population of the camps was estimated at 80,000 people spread across 12 sites. Interviews were drawn from a sample group of 900 families (5,191 people). The number of deaths mentioned during the interviews (115) enabled the retrospective extrapolation of a global mortality rate of 5.6/10,000/day and an under-fives mortality rate of 14.1/10,000/day. Diarrhea and fevers were responsible for over half the deaths in all age groups. These rates seemed so high that Epicentre conducted another study, which confirmed the findings of the first.

MSF-F teams in El Geneina were manifestly shocked by these findings, which seemed to bear no relation to the health conditions observable in the camps. Teams of home visitors were sent to various sites in order to detect severe cases and refer them to the hospital referrals. But they were unable to corroborate the Epicentre data. The situation provoked a debate on how representative these rates really were.

Neither MSF's operations department nor the teams in the field believed the figures reflected true mortality rates in El Geneina for the following reasons:

- If an epidemic had broken out, the MedAir clinic operating in the camp would have known and would have referred serious cases to the hospital.
- The home visitor teams sent into the El Geneina camps could not confirm the gravity of the health crisis described by Epicentre data.
- MSF teams sent to El Geneina cemeteries could not identify the graves corresponding to the number of deaths recorded.
- The retrospective mortality survey was based on a qualitative methodology (interviews) which is less reliable than the quantitative grave counts method. Mortality rates derived from this type of study should be regarded more as a tendency. This view is shared by MSF Switzerland, which was faced with a similar debate when operating in Habila.

According to Epicentre epidemiologists, the fact that there were no MSF teams in the El Geneina camps, together with the manifestly poor conditions the inhabitants were forced to live in, were enough to explain the mission's inability to detect the signs of an epidemic. Although the study was based on the less reliable interview method, grave counts in Darfur were also prone to inaccuracy: it was very difficult to identify all the tombs, which were scattered within and without the camps. Epicentre believes its figures reflect the true situation. As one epidemiologist observed, "Even when halved, they are still very worrying."

It is not the task of a critical review to decide whether or not the mortality rates were accurate. Opinions may have differed, but everybody seems to have accepted the gravity of the situation. Thus MSF-F, which felt unable to mount an effective operational response with the limited means at its disposal, immediately asked MSF Switzerland to intervene in the El Geneina camps. The action prompted by the study's conclusions therefore seems perfectly relevant. Nonetheless, the doubts expressed by MSF operations over the credibility of the epidemiological data raises two problems:

- The precise aim of retrospective mortality surveys is to highlight a reality that is difficult for field teams to apprehend. If the results of a study of this type do not correspond to what we observe, should we therefore treat them with caution?
- Over the course of recent years, the results of epidemiological studies have been used not only to shed light on the health situation, but also to further the goals of public communication. This was particularly true of the situation in Darfur. To what extent should MSF rely on the results of these investigations study when adopting a public position? To what extent should it dispute the reliability of such tools when they highlight flaws in the provision of aid? The dilemma clearly illustrates the way in which epidemiological data can be made to serve other, more dubious purposes. We should bear in mind that such data is primarily an analytical tool that requires careful handling.

2.7.3 The response to the hepatitis E epidemic

The first cases of leptospiral jaundice appeared in Mornay in July 2004, when the rainy season had been under way for a month and living conditions on the three sites attended by MSF-F were very poor. There were rumors of yellow fever in Chad at the time, and the teams were on the alert. The following week, two pregnant women hospitalized for leptospiral jaundice and neurological complaints died within 24 hours of their admission. Hepatitis E was suspected and samples were sent to a laboratory. The American Naval Research Unit in Cairo confirmed the diagnosis in the first week of August. By this time, similar cases had appeared in the Niertiti and Zalingei camps.

MSF had not been faced with an epidemic of this type since the late 1980s in Guinea. We immediately implemented basic health measures: active tracing of cases by home visitors, hospitalization of severe cases for symptomatic treatment, promotion of hygiene (soap distribution, spraying, increasing the water supply, which was still below the 20 liters per person per day threshold), general over-chlorination of the water distributed and the chlorination of water points which had not yet been treated. We also requested a study from Epicentre in order to get a grip on the epidemic and pinpoint the sources of infection. These measures probably had a positive impact on the state of health overall, but the epidemic continued until the end of 2004.

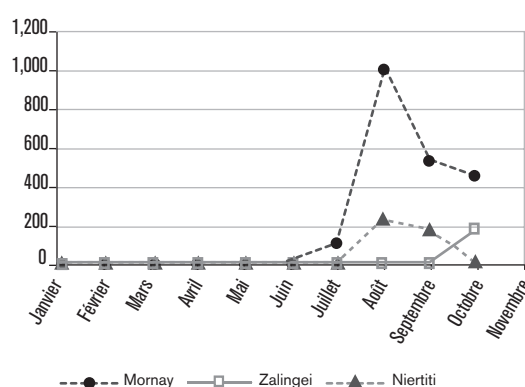
Between July and November, 2004, 2,391 cases were recorded In Mornay (peaking in week 34, when 640 cases were diagnosed); 240 of these required hospitalization. In August, 27% of admissions to the IDP were for hepatitis E. The medical teams were ill-equipped to deal with severe cases and fatality remained high (18.3% for the whole period), especially among pregnant women. The attack rate was 3.4%.

During the same period, 3,229 cases were recorded in Zalingei, peaking at 645 cases in week 40. Jaundice accounted for 31% of consultations in September. However, fewer severe cases were referred to hospital than in Mornay. The attack rate was 5.8%.

There were 589 cases recorded in Niertiti, but jaundice cases never represented more than 6% of OPD consultations. Twenty-five patients were referred to the IDP, which corresponds to 7% of this unit's activity (the opening of the unit coincided with the outbreak of the epidemic). The attack rate, 2.3%, was the lowest recorded on the three sites.

Over the same period, MSF Switzerland teams in Habila and Kerenik were faced with an epidemic of similar proportions (6-9% of ODP consultations).

GRAPH 15. JAUNDICE AND HEPATITIS E CONSULTATIONS IN MSF-F CLINICS
IN MORNAY, ZALINGEI AND NIERTITI (JANUARY–OCTOBER 2004) (SOURCES: MSF-F SITREPS/EPICENTRE)



The study conducted by Epicentre in Mornay confirms the impact of the epidemic on the camp's population and the particular vulnerability of pregnant women to this disease. It indicates that drinking water was the principal source of contamination, especially the water drawn directly from the *wadi*. The study also revealed that residual chlorine rates in water distributed by MSF teams were not high enough to render the hepatitis E virus inactive, although they were in line with international recommendations.

In the light of the elements outlined above, the teams' decisions to focus on hygiene and active tracing and to request an Epicentre study were well considered. However, it should be noted that as there was no vaccine or specific treatment to counter hepatitis E, it could only be fought by preventing the virus from contaminating water sources and by implementing sanitation measures. It has to be said that the means employed were not very effective. The logistics sector has since examined the strategic options available to combat an epidemic of this type (see above: water, hygiene and sanitation policy). A number of points have been identified:

- The relevance of an operational prioritization of water quality, hygiene, and sanitation in this type of emergency.
- The soundness of an active tracing policy, which might not have reduced to a great extent the case fatality rate but at least allowed us to monitor the progress of the epidemic (number of cases, severity, origin).

- The need for teams (logistical and medical) to have prior information concerning hepatitis E in regions where it is endemic. It is reasonable to assume that if medical personnel are aware of the problem of hepatitis E, they are more likely to detect an epidemic at an earlier stage and introduce appropriate preventative measures, particularly in the case of pregnant women. Although an outbreak of hepatitis E was effectively monitored in Khartoum during the 1988 floods,⁵⁰ and it is a fact that the disease is endemic in Sudan, the infrequency of such epidemics means that the medical sector does not regard it as a major risk.
- Awareness of the risk of an epidemic and of the ways in which contamination can be reduced would influence the water supply strategy and would certainly contribute to a more effective response in the event of an epidemic.

2.7.4 Distribution of vital basic products

Accounting data enables us to piece together the distribution of vital basic products. In total, MSF-F distributed 12,500 jerry cans and 21,500 blankets. These are very low figures, given that the section was assisting 200,000 displaced persons. We purchased about 200 rolls of plastic sheeting, but most of this was used in constructing the health centers. In fact, displaced populations had access to very little shelter throughout the intervention. A distribution of plastic sheeting and combustible material would have been appropriate, thus providing more shelter and reducing the dangers associated with leaving the camp to search for firewood.

3. THE ADEQUACY OF RESOURCES

We are grateful to Chantal Mir, emergency administrator in Darfur, whose work forms the basis of this section.

3.1 THE LIMITS OF THE EXERCISE

In order to estimate the adequacy of the resources used in the course of our activities, they should be assessed in both quantitative and qualitative terms. If our aim is the constant improvement of interventions and the retention of donor confidence, an exercise of this type seems essential. However, it can only be partial, given the lack of appropriate analytical tools or common criteria for assessing a high-quality emergency medical program.

The tools at our disposal enable us to ascertain the amount of resources purchased but not the amount of resources used. Donations were monitored in the field, but not recorded systematically. 'Project codes' should provide the key to the geographical allocation of costs, but an order initially allocated to one mission was often switched to another site without

50. MacCarthy, 'Acute Hepatitis E Infection during the 1988 Floods in Khartoum, Sudan,' *Tr of the Royal Society of Tropical Medicine and Hygiene* (1994), 88, 177.

appearing in the accounts – a frequent occurrence in Darfur. However, we do have a detailed breakdown of expenditure by category (expatriate and national staff; administrative costs; transport; water, hygiene and sanitation; medical and feeding) and of the institutional and private donors contributing to the costs of the intervention. In strict accounting terms, transparency is thus assured. On the other hand, the budgetary structure permits no more than a partial correlation between activities and the mobilization of resources. Although we can equate (and assess the adequacy of) the quantity of food purchased with the ration and number of beneficiaries targeted in a single and relatively simple activity such as ‘blanket feeding’ (which again requires us to take into account the likelihood of donations to MSF and the existence of surplus stocks), it is more difficult to calculate the costs of clinics, hospitalization and therapeutic feeding centers. Not all resources were specifically allocated to a given medical unit (the only part of a unit that can be identified is probably the staff), while the consumption and monitoring of stocks is not within the remit of budgetary and accounting practices at any stage. We have used the stock statement produced by the management team in September in an attempt to highlight the theoretical volume of consumption for certain products such as Unimix and oil. Similarly, a report on staffing levels in Darfur at the time gives us the number and distribution of national staff.

The inability to define the cost of a specific medical activity in an emergency situation has long deprived us of a yardstick defining what range of resources it is appropriate to allocate to a unit and then to review the outcome. We should therefore remember that any fundraising campaign of the “one Euro donated = one child vaccinated” type is misleading if we cannot estimate the cost per patient and per treatment dispensed. Such costs are certainly far higher than they appear because no account is taken of the many variables that are not exclusively linked to the activity itself (management, for example). This should not cause undue concern: the value of a life saved has not been calculated and remains incalculable. When MSF responds to an emergency, operational decisions are never dictated primarily by financial considerations.

At this point, it is appropriate to list three observations concerning the weakness outlined above.

First, vigilance with regard to the allocation of resources is an element of every program, as it was in Darfur. During the Darfur emergency, operations were supervised and managed both in the field and from the head office; this led to constant adjustments which strictly limited the wayward or irrational allocation of means. Although the Darfur coordination team took some time to assemble, most of its members were highly experienced. Furthermore the project probably received more visits from supervisors and consultants than any other operation in MSF’s history (about 30 managers from head office and ten or so epidemiologists).

Second, it should be remembered that although we were able to produce a cost/patient yardstick, its scope was limited by the circumstances of the intervention, i.e. the political and social environment, the local prevalence of certain diseases and the protocols followed at the

time, the existing infrastructure, etc. These constraints vary from one operation to another and may influence the allocation of resources. In Darfur, for example, the import ban on vaccines and certain medicines, together with the administrative and logistical complexity of aid delivery, played a decisive role in the deployment of resources.

Third, an apparently adequate allocation of means is no more than a partial indicator; unlike malnutrition and mortality rates, it says little about the quality of care.

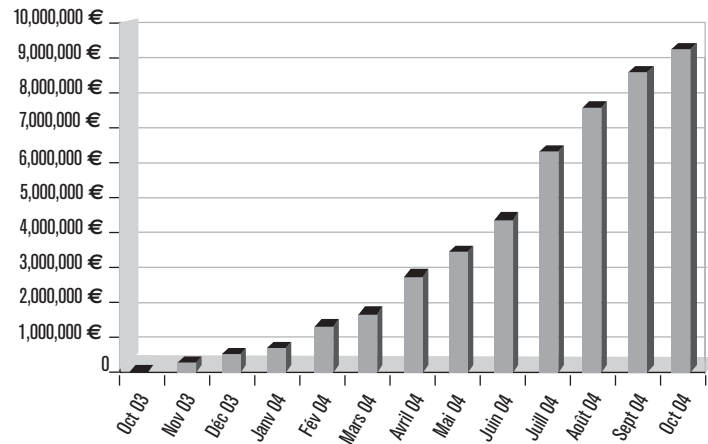
However, nothing prevents us from compiling a balance sheet of the resources mobilized for the Darfur operation and its beneficiaries and then proceeding to a partial assessment of their relevance. We can, for example, estimate with some accuracy the adequacy of human resources and of 'blanket feeding' rations. As with medical care, the relevance of the water supply scheme is more difficult to assess independently of its quantitative and qualitative objectives (20 liters of potable water per person per day). As we know, this output was achieved in October. The quality of the water helped to contain diseases whose transmission can be prevented by chlorination, but it was not good enough to prevent the hepatitis E epidemic.

3.2 BUDGET AND FINANCIAL RESOURCES

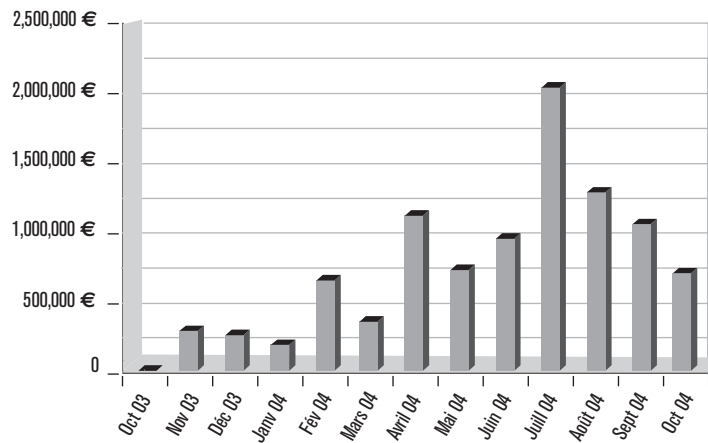
The MSF-France budget for Darfur to the end of 2004 amounted to approximately 10 million euros, 10% of the section's budget for the year. As we have seen, the allocation of resources during the first six months of 2004 was hampered by restrictions. In this sense, the means available during the early months of the Darfur intervention were inadequate, but this was the fault of the Sudanese environment rather than of internal management. As operational strength increased from July onwards, monthly expenditure rose from one to two million euros between June and July 2004, then declined towards the final quarter as the program stabilized. Although the lack of resources in the early months had limited the effectiveness of our response to the plight of displaced populations, the massive influx of staff and material in the summer of 2004 led to new difficulties. According to the teams, these were linked to staff management, product storage and the coordination of actions. As one team member jokingly remarked, "In the space of a few weeks we went from AMI⁵¹ to the UNDP!" Another gradual decrease in activity was noted over the course of September and October 2004.

51. Aide Médicale Internationale (AMI) is a small French NGO working with extremely limited resources.

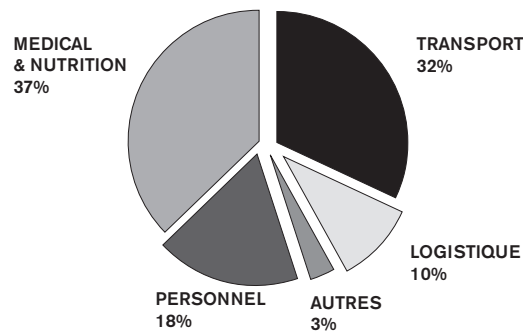
GRAPH 16. MSF-FRANCE BUDGET FOR DARFUR (OCTOBER 2003 – OCTOBER 2004)



GRAPH 17. MSF-F EXPENDITURE IN DARFUR (OCTOBER 2003 – OCTOBER 2004)



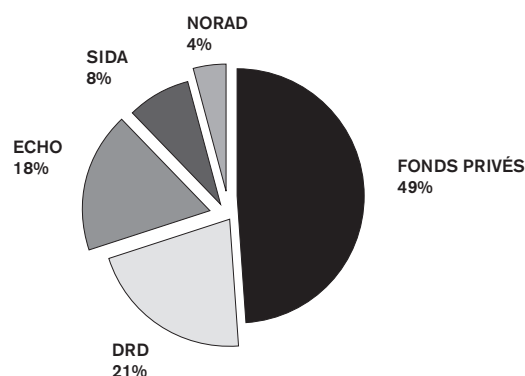
GRAPH 18. DISTRIBUTION OF MSF-F BUDGET FOR DARFUR (OCTOBER 2003 – OCTOBER 2004)



Expatriate and national staff accounted for less than a fifth of the operation's costs. Expenses related to medical provision accounted for approximately 50% of the budget. It should be noted that the 71 freights from Bordeaux (including 34 by sea, 21 by air and five full charters) represented a significant share – one third – of the transport costs. Transport

arrangements in Sudan itself were also extensive (hiring trucks and the airlift of supplies from Khartoum to El Geneina in August).

GRAPH 19. MSF-F FUNDING FOR DARFUR (OCTOBER 2003 – OCTOBER 2004)

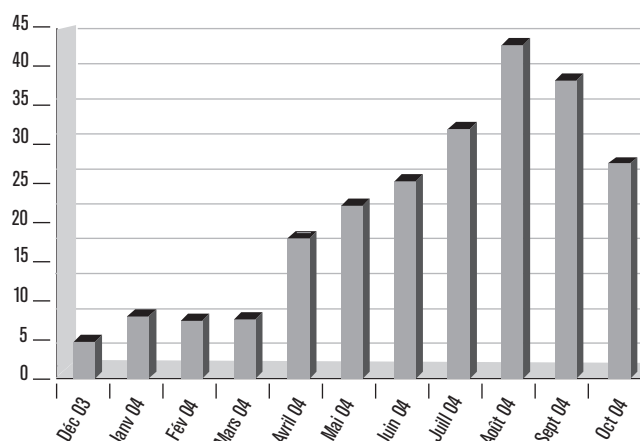


Institutional funding amounted to 51%; less than half the Darfur operation was financed from our own funds. The retroactivity of institutional funds enabled us to streamline their allocation over the period in question. The UK Department for International Development (DfID) was the main source of funding, contributing £ 2m to the operation. The issue of British financing arose, given the UK's involvement in the Sudanese crisis. The scale of the crisis forced us to seek institutional financial support at a very early stage. DfID and ECHO were the first donors to agree to fund MSF, and the flexibility shown by DfID was a considerable asset in the management of the emergency. MSF signed the funding contract with the DfID on 18 February 2004. In July, when Tony Blair raised the possibility of a military intervention in Sudan, Paris decided that in the event of a British intervention, all money from the DfID would be refunded. As no such intervention took place, MSF-F was in a position to diversify its sources of funding for the Darfur mission, thus reducing the overall British contribution to one-fifth of the total amount. When these various factors are taken into account, the risk of MSF being associated with British policy on Darfur because of a financial link to the DfID now seems much reduced.

3.3 HUMAN RESOURCES

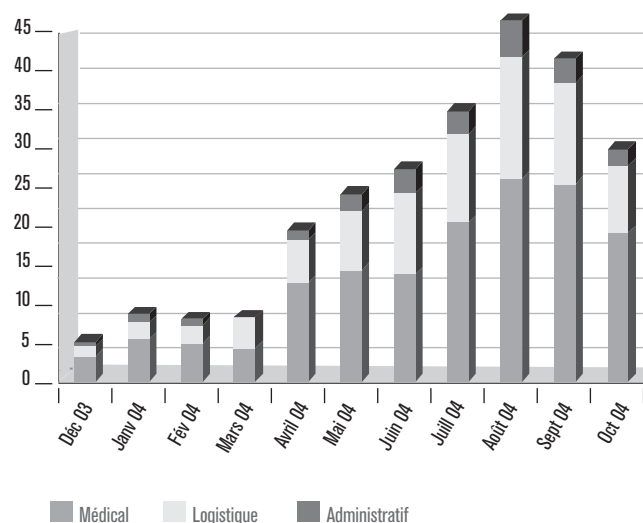
3.3.1 Expatriate staff

GRAPH 20. MSF-F EXPATRIATE STAFF IN DARFUR (DECEMBER 2003 – OCTOBER 2004)



A total of 130 expatriates served in the Darfur operation. Given the daunting nature of these missions, the human resources department prioritized frequent rotation rather than extending their duration. The average length of a mission during the period under examination was just under two months. Sixty-four percent of the global workforce served at least two missions with MSF (87% in the case of the coordination team). Until April, almost all the expatriates were experienced, which seemed desirable given the restrictions on staffing levels. In the light of the figures, the mobilization seems well-considered. However, there were many comments about the “lack of experienced staff”, particularly in Zalingei. The team dynamic does not appear to have worked well in the Zalingei mission, although resources there were equivalent to those for the Mornay project. Zalingei also turned out to be more complex in operational terms (the displaced population was scattered over a number of sites and therefore less accessible), and relations with the authorities were tense. The gravity of the situation in Mornay certainly received more attention and support from the coordination team than the plight of Zalingei. Geographically, Zalingei was much more isolated than Mornay, which was only an hour from El Geneina.

GRAPH 21. DISTRIBUTION OF MSF-F POSTS IN DARFUR (DECEMBER 2003 – OCTOBER 2004)



With regard to the roles of expatriates, we note that the increased quotas in April applied mainly to medical staff. Moreover, medical and paramedical posts accounted for 60% of the total between December and October. There was also an additional input of logistics/water, hygiene and sanitation specialists from April onwards, but it was more gradual and lasted until August. In total, one third of the staff sent to Darfur were allocated to logistics or tasks associated with water, hygiene and sanitation. The most striking element of the distribution profile is the small number of administrative staff. The lack of qualified administrative staff requires scrutiny, considering the restraints imposed on foreign humanitarian organizations by the Sudanese authorities. On average, the number of expatriates engaged in administrative support amounted to 10%. This figure reflects the make up of a team working in Darfur in August – over 40 people. On the other hand, administrative support seems to have been highly insufficient over the course of the first six months. When staff levels are subject to restrictions, the prioritization of posts directly concerned with setting up relief operations and organizing health care is understandable. Faced with the legitimate restriction of administrative posts, the experience of the person assigned to the task seems of fundamental importance. This is undoubtedly the point on which staff allocation seems weak (see the following section on coordination).

3.3.2 Sudanese staff

TABLE 25 - SUDANESE STAFF EMPLOYED BY MSF-F IN DARFUR IN SEPTEMBER 2004

Activity	Coordination El Geneina	Hôpital El Geneina	Mornay	Niertiti	Nyala	Zalingei	Total
Administration	5	6	8	2	1	8	30
Logistics	46	42	119	59	13	116	395
Medical & paramedical	1	37	147	58		127	370
Total	52	85	274	119	14	251	795

No detailed records were kept of the Sudanese staff posted to Darfur. The additional information on national staff is of little use when trying to trace the composition of teams which changed from month to month, or the way in which national staff were allocated. However, we do know to what extent levels increased: there were 325 people employed in April and 800 in September. A summary of the pay slips for September tells us that at that time, MSF-F employed slightly less than 800 Sudanese nationals in Darfur. The distribution pattern for national staff was fairly similar to that of expatriate staff. Forty-seven percent of the workforce was engaged in medical and paramedical activity. Half the staff worked in logistics and 3% were involved in administration (this category includes translators). The large proportion of logistical staff is easily explained by the low level of qualifications required (making employment easier), the number of day laborers and the workers involved in restoring the hospital.

Generally speaking, the inappropriate management of Sudanese human resources made it more difficult to get a grip on the Darfur emergency. A swift appraisal of the situation during the first few months reveals an acute lack of qualified staff, linked partly to low wage levels and poor staff management. This weakness was gradually corrected over the course of the emergency; wages were reviewed in May and this led to many more staff being hired from July onwards. It should be noted that as MSF had been operating in Sudan for some considerable time, it is hard to explain why there were so few qualified Sudanese staff in the coordination team. As restrictions on the expatriate staff quota were not lifted until June 2004, it would have been to the mission's advantage to recruit reliable local collaborators for exploratory missions and the implementation of programs.

3.3.3 Coordination

The Paris emergency desk steered the Darfur operation from its inception until the end of 2004. The same head office team monitored and directed the mission between October 2003 and October 2004, thus guaranteeing continuity and restricting the loss of information. Moreover, it is clear that relations between the emergency desk and the Sudan desk were good, leading to the smooth transfer of information and a smooth handover at the end of the year; proximity facilitated discussion and the flow of information. Although the emergency desk had assumed responsibility for Darfur at a very early stage, the Sudan desk seems to have been closely involved in discussions and planning. In early 2004, the program leader's concern over the possibility of MSF's expulsion was a major factor in the decision to adopt a strategy of silent advocacy. In the field, however, the coordination team took a long time to structure and, like the rest of the expatriate pool, was subject to a high turnover. In addition, the allocation of an inexperienced person (someone serving his/her first mission) at a critical moment will naturally complicate matters, even when a team is highly experienced. This was the case with the administrator sent in mid-April, although an attempt was made to balance this decision by allocating an emergency administrator to Khartoum.

The Darfur experience exemplifies the difficulty of establishing links between the emergency desk, the mission itself and the coordination team in the capital. As with most emergencies, is not easy

to ensure that the team in the capital acts as a purely functional mechanism to support emergency operations. In the case of Khartoum, its responsibilities included:

- Organizing the reception, customs clearance and transport of the cargoes destined for Darfur
- Ensuring that the mission received supplies from local sources
- Organizing the reception, registration and travel of expatriates
- Recruiting national support staff
- Representing MSF in dealings with the authorities and donors

These responsibilities require a good knowledge of how the mission is functioning (which in turn requires a good line of communication between the emergency mission and the capital), as well as a grasp of the local environment which can only be guaranteed by previous experience in the country. They also require the mobilization of resources to deal with the burden created by additional tasks. The weakness manifested by Khartoum in the early months seems to stem as much from the lack of means as from ignorance of government rules and regulations.⁵² Even though the first MOU had indicated reduced staff quotas for the teams, MSF was still not in a position to fill all the authorized posts at the beginning of the year. It took Paris several months to grasp the registration and permit procedures relating to Darfur. We would certainly have acquired a better understanding of Sudanese administrative and decision-making networks had we consulted the team in Khartoum. During the first six months of 2004, most contacts between Darfur and Paris were direct, which probably altered the manner of joint coordination with Khartoum. By April, the presence of an assistant emergency administrator from the coordination team, in permanent communication with Darfur, had enabled us to renew the link between El Geneina and Khartoum and to streamline efforts at both ends. In July, a recruiting officer was sent to Khartoum to recruit Sudanese staff. Forty employees were hired, enabling us to allocate qualified staff to the field. An emergency mission on the scale of the Darfur operation requires autonomous coordination from the country in which MSF is operating. The base of the country coordination team should be placed at the disposal of the emergency, but this should not have a detrimental effect on other fields. This requires certain measures:

- All capital teams, and particularly those with considerable experience in the country (remember that MSF had been working in Sudan for 25 years), should be ready to respond in the event of a massive emergency. This is not a matter of positioning kit or teams, but of possessing a sound understanding of what might be involved in the launching of an intervention (former policies concerning the country in question, acquisition of visas and emergency permits, customs formalities and clearance procedures, means of transport, lists of medicines and vaccines that can be imported legally, rapid supply of emergency rations and medicines at national or regional level). We don't need a 'contingency plan' of the 'what to do in case of fire' type, but keeping ourselves regularly informed on the essential aspects of MSF operations seems the least we can do. The

52. As there was no one responsible for visas and permits, nobody from the Khartoum team was in a position to ensure that applications were being monitored.

credibility of the capital team, and of its involvement in the emergency, rests on its ability to collect information and react swiftly.

- The organization of an emergency operation should be absolutely clear to the three elements involved. It is steered by the emergency desk, which has a decision-making link with the emergency mission. The capital provides administrative, logistical and political support through a functioning link with the emergency mission. The emergency desk and the mission should always keep the capital informed of the program's progress.
- The capital mission should be in a position to allocate human resources and materials to the emergency mission. The dispatch of vehicles from Khartoum to Darfur is a good example, but the lack of qualified Sudanese staff in Khartoum was felt to be a weakness.
- The capital mission should benefit from additional qualified staff as soon as the operation is launched, thus enhancing its ability to support the emergency.

3.4 ADEQUACY: MEDICAL STAFF

Although we cannot ascertain how personnel were allocated to the various health centers, we can pinpoint medical staff levels in each mission in relation to the number of consultations and admissions and see how these corresponded to accepted standards.

Personnel standard* pour 80 000 personnes
350 consultations par jour à l'OPD
100 lits à l'IPD
50 admissions/sem au TFC

OPD 7 health workers qualifiés 1 docteur pour la supervision 7 personnes à l'enregistrement 7 personnes au dressing et la stérilisation 7 personnes au point ORS 7 personnes à la pharmacie Sous-total		Effectif médical et paramédical Mornay, septembre 2004	
		Activité/ fonction	Effectif
	36		
IPD 5 docteurs 15 health workers qualifiés 2 infirmières surveillantes 5 personnes à la pharmacie 1 personne au recueil de données Sous-total		Supervision	5
	28	Docteur	3
		Sage-femme	2
		Assistant médical	6
		Aide-soignant	8
		EPI/Vaccination	3
		Assistant aux pansements	1
		Point ORS	9
		Pharmacie	1
Home visitors 80 home visitors 8 superviseurs d'équipe 1 superviseur de programme Sous-total		Enregistrement/triage	9
	89	Assistant nutritionnel	36
		Poids/taille	5
		Promotion à l'hygiène	1
		Home visitor	45
TFC 1 docteur 1 infirmière 5 assistants nutritionnels 1 home visitor pour le suivi des abandons Sous-total			
	8		
Total		Total	134
Total			
	161		

Personnel standard* pour 80,000 personnes
650 consultations par jour à l'OPD
100 lits à l/IPD
50 admissions/ semaine au TFC

OPD		Effectif médical et paramédical Zalingei, septembre 2004	
13 health workers qualifiés			
1 docteur pour la supervision			
13 personnes à l'enregistrement			
13 personnes au dressing et la stérilisation			
13 personnes au point ORS			
13 personnes à la pharmacie			
Sous-total	66	Activité/ fonction	Effectif
IPD			
5 docteurs		Supervision	4
15 health workers qualifiés		Docteur	4
2 infirmières surveillantes		Sage-femme	3
5 personnes à la pharmacie		Assistant médical	8
1 personne au recueil de données		Infirmier	20
Sous-total	28	Aide-soignant	8
Home visitors		Pharmacie	4
80 home visitors		Enregistrement/triage	7
8 superviseurs d'équipe		Assistant nutritionnel	17
1 superviseur de programme		Superviseur TFC	1
Sous-total	89	Promotion à l'hygiène	20
TFC		Home visitor	38
1 docteur		Total	134
1 infirmière			
5 assistants nutritionnels			
1 home visitor pour le suivi des abandons			
Sous-total	8		
Total	191		

*Refugee Health

- Refugee health standards are simply estimates and are subject to adjustments; they are not the best key to staff distribution patterns.
- The TFCs functioned chiefly as outpatient units and required fewer human resources than an in-patient center.
- Understaffing in both Mornay and Zalingei was chiefly confined to the home visitor element: another 44 would have been needed in Mornay, and an extra 51 in Zalingei, which exceeds the general gulf between standards and staff levels for each mission. With the exception of

home visitors, the number of medical and paramedical staff in the health centers therefore seems to have met the standards, even more so as the health ministry staff employed in the Zalingei IDP are not included in the data. In qualitative terms, the mission also seemed to conform to standards (in September!), expatriate staff being represented in the doctor and supervisor category. This correlation disguises the constant difficulties the mission experienced over obtaining qualified staff.

3.5 ADEQUACY: UNIMIX AND OIL

3.5.1 Comparison between stock movement and theoretical consumption indicated by the activity

Food accounted for 29% of the budget and was composed mainly of Unimix (4,500 tons), oil (994 tons) and therapeutic fare in the form of Plumpy 'Nut and BP5 (approximately 135 tons). Although we cannot ascertain exactly how these products were allocated, we can trace the movement of stocks of Unimix and oil, the use of which is systematic and relatively simple. This is possible by adding up the volume of purchases and stock at the end of October, and by referring to the theoretical distribution indicated by the protocols and the number of beneficiaries recorded.

With regard to 'blanket feeding,' the theoretical distribution amounted to a ration of five kg of Unimix and one liter of oil for each child. Over the period in question, MSF-F made 32 distributions, reaching an average of 37,500 children per distribution. The therapeutic and supplementary feeding centers also issued Unimix in the form of a five kg complementary family ration, while hospital patients received 50g per day. In total, MSF-F distributed approximately 3,000 tons of Unimix in Darfur. Blanket feeding accounted for the lion's share, being equivalent to 2,300 tons (458,000 rations). The feeding centers distributed about 600 tons.

TABLE 26 - CONSOMMATION SUPPOSÉE D'UNIMIX MSF-F, DARFOUR (OCTOBRE 2003-2004)

ACHATS ET ETAT DU STOCK À FIN OCT. 2004		FRÉQUENTATION DES SERVICES ET PROTOCOLES	
Envoyé de Bordeaux	4,132 tonnes	Blanket Feeding	2,288
Acheté localement	-	TFC	260
Reçu en donation locale	408 tonnes	SFC	372
Stock à fin octobre	1,213 tonnes	IPD	1
Sortie de stock	3,328 tonnes	Consommation théorique	2,921

Ecart : 407 tonnes (14% du volume consommée)

TABLE 27 - CONSOMMATION SUPPOSÉE D'HUILE DE SOJA MSF-F, DARFOUR (OCTOBRE 2003-2004)

ACHATS ET ETAT DU STOCK À FIN OCT. 2004		FRÉQUENTATION DES SERVICES ET PROTOCOLES	
Envoyé de Bordeaux	850 tonnes	Blanket Feeding	458
Acheté localement	102 tonnes	TFC	47
Reçu en donation locale	48 tonnes	SFC	67
Stock à fin octobre	385 tonnes	IPD	1
Sortie de stock	615 tonnes	Consommation théorique	573

Ecart : 42 tonnes (7 % du volume consommé)

There is a negative discrepancy of 400 tons between the stock statement and the assumed consumption rate per activity, corresponding to just under 14% of the volume consumed. A discrepancy of 10% is generally considered acceptable for a small volume of food. Being a matter of 3,000 tons of Unimix, the discrepancy noted amounts to 400 tons, representing a significant loss rate. However, the following factors should be taken into consideration:

- The health centers did not begin collecting data immediately. The number of admissions in the first weeks was probably under-estimated.
- Feeding protocols were modified several times.
- Feeding center staff usually 'round up' the ration for malnourished children.
- Food packaging is not precisely calculated to the last gram. If the 500,000 rations had weighed 5,100g instead of 5kg, this would be enough to account for a difference of 50 tons.
- Before a large stock surplus was noted, double rations were supplied in the final three months as part of the blanket feeding initiative. This doubling of rations was not recorded. The twofold increase in the ration for the final three distributions corresponds to 418 tons, which is enough to explain the differential.

It seems likely that the real rate of consumption was under-estimated and that the above factors had a cumulative effect on the movement of part of the Unimix stock. Nonetheless, the exercise shows how important it is to monitor the management of each separate activity. Similarly, the credibility and image of MSF depends on its ability to ensure the appropriate allocation of its resources at all times and for all types of operation.

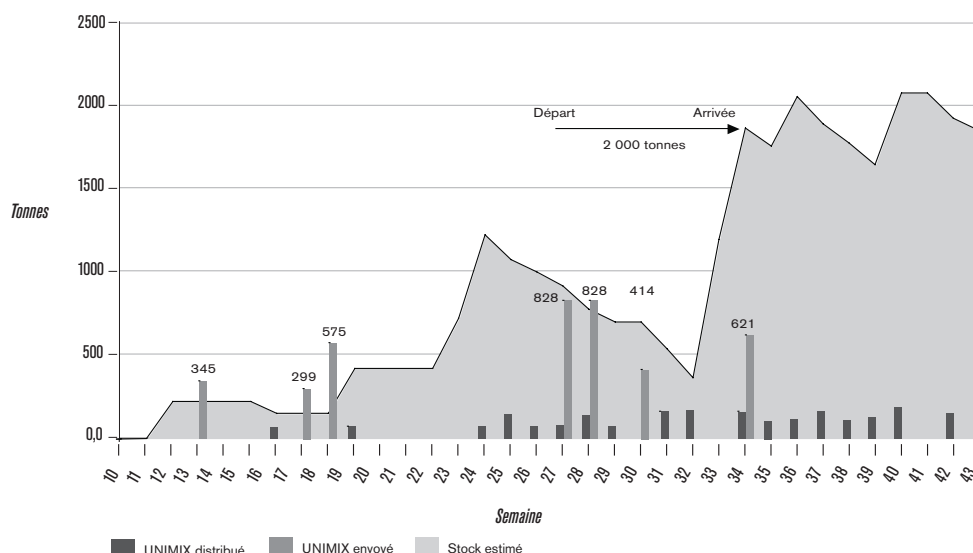
With regard to oil, the exercise reveals a relatively slight discrepancy (7%), which suggests that its allocation was efficient. As oil was supplied in calibrated bottles, stock movements can be more easily measured; this probably explains the slighter differential.

3.5.2 Questions arising from the stock surplus and the volume of food committed to the operation. At the end of the exercise, stocks of these two products seemed relatively high, representing 40% of the global volume for oil and 27% for CSB. Besides examining the figures in an attempt to trace the consumption of food products, we addressed two questions that arose in relation to this massive supply operation:

- Would it have been possible to avoid the large food surpluses noted at the end of the year?
- What grasp and guarantees did we have of the supply circuits and the quality of the products we distributed to displaced populations?

- Would it have been possible to avoid the large surpluses noted at the end of the year?

GRAPH. 22 UNIMIX ORDERS, DISTRIBUTIONS AND STOCKS IN DARFUR (MARCH–OCTOBER 2004)



At the end of 2004, MSF found it had 1,200 tons of Unimix with an expiry date of July 2005. The surplus rightly raises the issue of the control and transparency of this type of supply operation. When subjecting it to scrutiny, however, we should keep in mind the context. It should be remembered that 1,200 tons of food corresponds to six blanket feedings,⁵³ the equivalent of two months' activity. Food products took about two months to arrive from Europe,⁵⁴ so the surplus was equivalent to a minimum buffer stock and was eventually released during the first half of 2005. The surplus was therefore not initially alarming, but its scale nevertheless invites closer scrutiny.

The current explanation for the surplus stock of Unimix at the year's end is the unexpected resumption of WFP general distributions in August. This regularization was even more surprising as the inquiries into food security conducted by an MSF official had cast serious doubt on the ability of the WFP (or any other organization) to ensure the fluid operation of such a long and complex pipeline throughout the Darfur region. However, it should be noted that the resumption of general distributions, did not lead to any significant reduction in MSF's blanket feeding initiative; we could even say that distribution became more systematic in September. Therefore, the resumption of WFP distributions does not account for the surplus. In the spring, Paris prepared a global estimate of the quantities of Unimix and oil needed to assure three distributions per month until October. This prediction enabled the purchasing center in Bordeaux to anticipate needs in the field and to ensure that its supplier could

53. One blanket feeding for 40,000 children (Mornay, Zalinge, Niertiti) required 200 tons of Unimix.

54. One month to fill the order and ship it, plus another month for unloading, customs clearance and transport to various sites in Darfur.

guarantee enough to cover the period in question. Every month, part of the Unimix order was thus confirmed by Paris. The 'long-term' forecast enabled us to avoid the risk of breaks or delays in the supply chain. On the other hand, a downward revision might have been possible, given the amounts actually distributed. With hindsight, we note that the dispatch of 600 tons in week 34 could have been delayed, given the arrival of the 1,600 tons of Unimix dispatched in weeks 27 and 28. However, adjustments of this sort must be difficult to anticipate and may jeopardize the mission. Considering the likelihood of access to Darfur being denied once again, a two-month reserve of Unimix represented a successful gamble and a precious resource. The financial means at MSF-F's disposal undoubtedly played a part in this decision. The Swiss section, for example, acknowledged that budgetary restrictions forced it to contain its operational ambitions and thus avoid food surpluses. The '1,000 tons of stock' affair seems more like taking a risk in order to ensure that populations received adequate supplies, a not unreasonable approach in a context of political instability.

- **What grasp and guarantees did we have of the supply circuits and the quality of the products we distributed to displaced populations?**

Given the scale of the emergency (150,000-200,000 people living in appalling conditions) and the resources deployed (€3m – 29% of the operational budget – devoted to food, plus €1m in transport costs), it is appropriate to examine how effectively the operation was controlled. Most of the supplies were assured by the MSF Logistics purchasing department in Mérignac.

MSF's use of Unimix is relatively recent. When Bordeaux received the first order for the product in 2000,⁵⁵ MSF Logistics had no internal specialist who could assess the quality of food products, and asked an intermediary, a company called Nutriset, to identify a reliable manufacturer. At the time, Nutriset could recommend only one company, the Belgian firm Michiels. Michiels was also audited by an expert (Thierry Goli), commissioned by MSF in 2002, who recommended that the quality control element should be sub-contracted to Nutriset. Throughout the Darfur operation, Michiels supplied MSF Logistics with Unimix through a contract with Nutriset guaranteeing the quality of the product. The 6,000 tons of Unimix deployed by the French and Swiss sections in Darfur came from this supplier, whose 2004 price was €360 per ton. The Dutch section had been using a firm called Codrico, whose prices at first sight seemed lower than those of Michiels (€250 per ton). At the request of MSF Logistics, Nutriset audited Codrico, but at no time suggested purchasing the product from this company. At the beginning of 2005, MSF Logistics itself asked Codrico to quote a price for Unimix that conformed to MSF specifications. The company quoted a figure €100 above the price MSF-Holland was paying, which suggested that the Unimix sold at €250 per ton did not meet MSF standards. In June 2005, Amsterdam approached Michiels when it wanted 500 tons of Unimix for Darfur. It should be noted that the price of good quality Unimix fell significantly

54. MSF first used Unimix in the context of WFP donations.

– Nutriset’s price for the MSF-F operation in Niger was €261 per ton.

Unlike Unimix, oil is a traded commodity produced by thousands of companies world-wide. Here again, MSF Logistics lacked the appropriate expertise and resorted to the safest strategy, selecting a European supplier (the same company used by the ICRC) for soya oil.

The examination of current food products management gives rise to two observations:

- First, the supply of food is a major factor in MSF emergency operations. However, it should be noted that there is no proactive strategy designed to capitalize on past experience and anticipate future crises. We do not have sufficient control of the supply circuits or the quality of the products distributed in the field; this could have serious consequences if supplies were interrupted or of poor quality. The success of the Darfur operation should not obscure risks of this kind. The importance of food in recent emergencies (Angola, Darfur, Niger) justifies a proactive approach. It is clear that MSF Logistics needs to enhance its skills in this sphere (products and production sites), as it did with regard to medicines and medical equipment. The creation of a post for a processed foods specialist, which should be approved shortly, seems a step in the right direction. It should be extremely useful, as the specialist would liaise with the medical and operational departments as well as with the other sections.
- Second, while the transparency of the supply system and the reliability of the food products purchased by MSF Logistics are still somewhat uncertain, the donations we receive for use in the field are much more problematic. In the case of Unimix, for example, WFP product specifications are very different to those of MSF. Furthermore, in most cases we do not know where the product came from; even when we do, there is no cause for complacency. We should do more to secure proper food supplies and to ensure that products for use in the field are of good quality.

3.6 CONCLUSION

As we have seen, there are few quantitative measures with which to assess the suitability of the resources deployed in the Darfur emergency. There is still no link between accounting and activity-management tools; assessing the allocation of resources would require a huge amount of field work. Furthermore, following up consumption, stock clearance, donations and attendance sheets would have required the establishment of a proper unified recording system. This has not been achieved, as the abortive attempt to compile a register of all the relevant data has shown. At the end of July, a management auditor was sent to Darfur in order to take over the mission’s budget and integrate off-balance sheet data. The mission failed because there was no information network to facilitate a coherent account of activities. This experience amply demonstrates the need to devise monitoring mechanisms prior to the operation, and merge them with existing tools in such a way that they do not place an additional burden on management. From this perspective, discussions and mutual commitments between the

operational side and the finance and logistics departments seem essential. MSF's financial department now expects such arrangements, and donors will soon come to expect them as well. MSF should anticipate these constraints. Otherwise, it might be imposed by public authorities a budgetary model unsuitable to its functioning.

In short, it is difficult to either confirm or deny that the means employed in the Darfur intervention were adequate. The fact that the expatriate/beneficiary ratio doubled between February-March and August-September (rising from 1/8,000 to 1/4,000) suggests that adequacy was not assured at any given moment, but does not tell us when resources were deployed to the best possible effect.

4 – THE RELEVANCE OF THE MESSAGE

4.1 AID WORKER OR PUBLICIST? (DECEMBER 2003 – JUNE 2004)

4.1.1 A discreet stance on the violence

As we saw in Part One, the western media took little interest in the Darfur crisis until late March 2004, while the international community maintained an attitude of calculated disinterest. The war in west Sudan did not enter the arena of international politics until 19 March, when the UN humanitarian affairs coordinator in Sudan compared the catastrophe in Darfur to that of Rwanda in 1994. The United Nations system pre-empted MSF, revealing the existence of a total war which the Sudanese regime and international community had deliberately kept under wraps.

In fact, MSF said very little about the violence during the first six months of 2004. In December 2003, Paris had even opposed the release of a report, based on a retrospective mortality study and interviews with Sudanese refugees in Chad, prepared by the Belgian section. Yet this was the very first report, supported by figures and eye-witness accounts, to describe the war in Darfur.

On 15 January, however, MSF-France issued a press release which denounced the way in which the Intifada camp in Nyala had been closed and referred to the testimony of displaced persons who had “arrived with nothing, having been subjected to violence and the looting and burning of their villages”. The press release also highlighted the obstacles to aid delivery erected by the Sudanese government, as well as the inaccessibility of most of the victims. Shortly afterwards, the MSF-F head of mission in Khartoum was summoned by the HAC and given a “final warning prior to expulsion”. The governor of Nyala demanded the return of the then emergency coordinator Jean-Clément Cabrol, who had gone back to France after the first exploratory missions, so that he could personally expel him.

Subsequently, the violence rarely featured in our official communications – we issued five press releases calling for more aid, but refrained from denouncing the obstacles erected by the

government. This approach aroused the sarcasm of our colleagues in Brussels: “Reading your statements, you’d think that Darfur had been hit by huge floods,” they remarked with some justification.

On the other hand, a ‘silent diplomacy’ strategy was implemented during this period. ‘Reliable’ journalists were unofficially briefed and provided with a ‘confidential’ report describing the scale of the destruction, the lack of proper relief aid, and the responsibilities of both the Sudanese government and the ‘international community’, which had turned its back on the crisis. This document, together with the intermittent press releases (particularly the one relating to Nyala) stimulated a certain amount of discussion in the French and international press. Between 9 and 11 February, Jean-Clément Cabrol visited various diplomats at the UN headquarters in New York.⁵⁶ The aim was twofold: to obtain diplomatic support for the strengthening of relief operations, and to encourage the UN and individual states to address politically the crisis, or at the very least to consider the physical protection of displaced populations as an utter priority.⁵⁷

Following the declarations from Mukesh Kapila at the end of March, MSF intensified its campaign of silent diplomacy. The March, April and May issues of *Messages* devoted several pages to Darfur; Jean-Sébastien Matte, the Mornay mission’s logistician, went to Washington to meet officials at the US National Security Council, the Department of State, USAID and the House of Representatives. Several newspapers interviewed the Mornay team and reported the destruction witnessed by volunteers (the press did not always respect the confidentiality of its sources and sometimes quoted MSF directly). Finally, MSF asked Epicentre to conduct retrospective mortality surveys in Mornay and Zalingei, while a communications officer was sent to collect accounts from the displaced population. The aim was to prepare a public statement supported by further evidence.

4.1.2 Discussion: keep quiet and get in there (November 2004 – January 2005)

Paris justified its embargo on MSF-B’s December report on two grounds. First, it was not considered a ‘good’ report. Some doubted the methodological soundness of the retrospective mortality study (although the investigation was exhaustive and its mortality figures turned out to be comparable to those recorded by Epicentre in Mornay – 4.7% violent deaths). Others criticized the narrative: MSF-B had produced a racial reading of the conflict which, closely followed the escapees’ accounts of atrocities that ‘Arabs’ had inflicted on ‘Africans’. But the real reasons were to be found elsewhere. Paris feared that the dissemination of an MSF document attacking Khartoum would antagonize the regime and compromise its attempt to develop relief

56. Dr. Cabrol met with Norwegian, German, American, French and British delegations, as well as with Jan Egeland of OCHA, Vladimir Zaghora of the political affairs department and an official from UNICEF. See MSF-USA, *Meetings on Darfur with Dr. Jean-Clément Cabrol in New York*, Feb 9-11, 2004.

57. The briefing insisted on “the necessity for the international community to immediately assume strong political leadership to address the Darfur situation with the government of Sudan beyond the ‘humanitarian problematic’ and the specific issue of access/humanitarian corridors (violence against civilians, etc.).”

operations in Darfur. We were not yet operational and our priority was access to the victims. In truth, MSF-B shared this concern. In December 2003, fourteen years after its departure from north Sudan,⁵⁷ Brussels decided to send a team to Khartoum in order to negotiate the re-opening of a mission. MSF-B mounted no strong resistance to the French 'veto' and the report remained in the drawer except for some selective distribution along the lines of "quiet diplomacy."

With hindsight, the French section's position seems less defensible. Although the report contained serious flaws, it was the first document to describe a situation of total war in Darfur, a fact denied by both the Sudanese government and the international community (the United Nations, Europe and the United States). Moreover, a report produced in Chad by the Belgian section would not necessarily have compromised the possibility of an MSF-F intervention in Darfur. The publication of the Intifada press release on 15 January 2004 did not prevent us from obtaining, one week later, permission to open a mission in Mornay, at the center of the Khartoum-orchestrated spiral of destruction. In retrospect, a more constructive attitude urging MSF-B to put the accounts of displaced persons into perspective – particularly by specifying who are the so-called 'Arabs' responsible for the devastation and massacres (i.e. proxy forces recruited by the Sudanese government among nomadic communities rather than the "Arabs" globally stigmatized as an "evildoer race".) While the final decision to publish the report rested with Brussels, it is a cause for regret that Paris opposed it.

4.1.3 Discussion: keep quiet and stay there (January–March 2004)

After 15 January, the decision to refrain from public comment on the violence and the drastic restraints imposed on aid was the result of a calculated trade-off. As shown in the minutes of the MSF-F directors meeting of 20 January 2004, Paris took the threat of expulsion triggered by the Intifada press release⁵⁹ very seriously. The fear of being denied access to Darfur led to a focus on launching a campaign of silent diplomacy, while public statements would be restricted to "a warning that aid was insufficient ... [its] aim being to call for the deployment of aid (and not to denounce the obstacles put by Khartoum) (sic)."⁶⁰

The fear of retaliation was not a product of the imagination. Incidents such as the downing of the ASF aircraft in December 1989 (in which four volunteers lost their lives) and the bombing of MSF Switzerland hospitals in southern Sudan in the late 1990s had made MSF aware that the Sudanese government would resort to the most drastic measures in order to silence or expel organizations that denounced it in public. However, the French section was

57. MSF-B left north Sudan in 1989 after the murder of four international aid workers, including two from MSF, when an Aviation Sans Frontières aircraft was shot down at Aweil on Christmas Eve 1989.

58. "The Sudanese minister for humanitarian affairs has warned MSF over its lack of collaboration with the government. A total expulsion does not seem likely, but the possibilities of working in Darfur might be compromised. This situation calls into question our communications strategy, and we should coordinate with the other sections [probably a reference to the Belgian report]. It is better to focus on direct contacts with journalists."

59. Minutes of the MSF-F directors committee meeting, 10 February 2004.

also aware that its silence was serving the regime's propaganda, according to which Darfur, although racked by 'inter-ethnic conflicts', was open to anyone who wished to go there. MSF-F also knew that it was playing the game of the United Nations and western states, which were deliberately downplaying the war in western Sudan for fear that it would compromise the success of their mediation in the north-south conflict. If the 'silent diplomacy' campaign was regarded as a necessity, nobody seriously believed it would trigger a significant mobilization as long as journalists and human rights organizations were denied access to Darfur and diplomats continued to ignore the crisis. Finally, the balance between the risk of expulsion and the benefits of relief activities was not clearly weighted in favor of maintaining operations. At the time, MSF-F was providing limited assistance to about 65,000 people (50,000 in Mornay and 15,000 in Zalingei). There were only eight expatriates, and the total number of displaced persons was thought to lie between 500,000 and one million. These people had been robbed of their livestock and food reserves; their crops had been devastated, their wells polluted and their villages destroyed by fire. How many of them were living in the bush, or confined to unhealthy camps where they had no means of subsistence and nobody to come to their aid? It seemed that a large segment of the population was at risk of being wiped out without anyone noticing it.

Our overriding concern was the continuation of our activities – and the hope of extending them. The cost-benefit calculation of a public stance on the violence led us to take the decision to remain silent, even though we knew it would serve Khartoum's propaganda and strengthen the international community's decision to sacrifice Darfur on the altar of north-south reconciliation. The gains MSF could expect from publicizing the crisis seemed to be outweighed by the risk of suspending the vital provision of aid to 65,000 people.

The decision appears to have won the support of the teams in the field, although the Mornay teams seemed torn between the desire to increase their efforts and the wish to alert the world to the gravity of a crisis that was likely to cost tens of thousands of lives. In Paris, the strategy caused difficulties between the communications and operations departments (and within each of these departments) but a crisis was averted. On the other hand, it is surprising that the Administrative Council did not address the issue. When the AC met on 27 February 2004, the emergency team presented the dilemma in clear terms and went as far as to call into question the relevance of our presence: "We have eight expatriates there, but frankly, even if we had 50 I doubt that it would make much difference," Mercedes observed. But the discussion generally skated over the communication issue.⁶¹

61. According to the AC report, Jean-Hervé Bradol announced that we had issued three press releases and had begun sounding out diplomats in New York. Michel Janssens asked whether we should also "provide some images" but did not pursue the matter when Jean-Hervé Bradol responded by referring to "a few journalists" who were beginning to enter the region from Chad. Sylvie Lemet remarked that "the press and media campaign seemed [to her] strategic," and that "we should describe in no uncertain terms the difficulties we were facing in trying to deliver aid". Mercedes responded by drawing attention to the expulsion threats following the Intifada press release, which brought the discussion to an end.

MSF, the only relief organization working in Darfur and also the only foreign witness during the first three months of 2004, placed aid above publicity. One question remains: how long would we have maintained our silence if it had not been broken by the UN in March?

4.2. GENOCIDE V. “JUST A HUMANITARIAN CRISIS”⁶² (JUNE–OCTOBER 2004)

4.2.1 The rise of the genocide debate

By March–April, the public opinion campaign denouncing ‘genocide’ and ‘ethnic cleansing’ in Darfur had found its voice. Human rights organizations, liberal think-tanks, the American Christian Right, the US Congress, anti-Khartoum activists and post-colonial critics of the relations France maintained with Africa had united in a chorus of protest, demanding that the international community take decisive action in the name of the ‘responsibility to protect’, and to combat the crime of genocide (“Will we say ‘never again’ again?”). The UN Secretary General threatened military intervention if Khartoum continued to deny humanitarian organizations and human rights investigators access to the people of west Darfur. In July, several western states (Great Britain, Australia, Norway) declared their readiness to send troops should the Security Council request them. While the rebels applauded these announcements and demanded immediate action, Khartoum reacted violently to what it regarded as a “declaration of war”. That same month, the regime decreed a general mobilization in order to defend Sudan’s territorial integrity against the threat of “anti-Islamic” intentions and new “crusades”; it promised to “open the gates of hell” should foreign troops set foot on Sudanese soil. In August, a debate began over the mandate of the African Union observers Khartoum had finally accepted to monitor the application of the 8 April cease-fire agreement. Anti-Khartoum activists demanded that the mandate should be extended to the armed protection of displaced populations.

Initially, this campaign had a very positive effect. It forced the government to grant access to most of Darfur from 21 May and to curb the worst excesses of regular and irregular troops in the most visible areas (Mornay, for example). Nevertheless, MSF was gradually drawn into the web of interventionist propaganda. Advocates of the genocide thesis – *New York Times* columnist Nicholas Kristof, the US congressmen behind the motion denouncing genocide in Darfur, the anti-Khartoum activist Eric Reeves – used what little data we had produced to support their claims. On several occasions, the testimony of field teams featured in television programs (especially those made by CNN) that were clearly biased towards an international intervention. Finally, it became impossible for us to talk to journalists without being asked whether the situation was one of genocide or ‘ethnic cleansing’.

61. This is the title of an article that appeared in the 16 July issue of *Valeurs Actuelles* (“Darfour: Génocide ou simple catastrophe humanitaire?”). The piece goes on to say that “Everyone fears that the situation will deteriorate as it did in Rwanda: in 1994, unbridled inter-ethnic conflict led to a genocide that was largely regarded with indifference.”

4.2.2 The reasons for clarifying the position of MSF-France

MSF-F was gripped by certain uneasiness. Nobody believed that genocide comparable to the extermination of the Rwandese Tutsis origin was under way in Darfur, but opinions differed as to the opportunity to publicly reject the claim. As so often in the history of MSF, it came about in an almost unilateral manner, during interviews with the press, when leading figures from MSF-France (Mercedes Tatay, deputy head of the emergency desk, and Jean-Hervé Bradol, president of the section) settled the matter by openly expressing their opposition to the term. Within the organization, five main reasons were subsequently advanced to justify the clarification.⁶³

- First, the question could not be avoided because journalists were constantly returning to it. The ‘no comment’ option seemed untenable given the issues associated with the controversy. This was reinforced by the fact that most of the people to whom we spoke recalled the slogan MSF launched in Rwanda in 1994: “You don’t stop genocide with doctors”. As MSF had long viewed genocide as an extreme situation in which the relevance of a relief operation was utterly questionable, it was logical to ask us if that situation had arisen. We were trapped by our insistence on the singularity of genocide in relation to humanitarian practices and were therefore forced into taking a position on it.
- Second, we had to distinguish ourselves from the camp calling for a war against the regime and its militias. ‘Silence is consent’, as the saying goes: our silence over the use of MSF data by the interventionist camp could have been interpreted as tacit support. It was therefore important to quash the propagandist use of our public pronouncements in order to assert our independence and protect the teams.⁶⁴ The issue was particularly sensitive as a month before, five MSF-Holland volunteers had been murdered in Afghanistan. The Taliban claimed responsibility for this act, accusing MSF of “working in the interests of the Americans”.
- Third, Paris and the teams in the field felt that the genocide and intervention debates were obscuring the threat of a real emergency – a massive health crisis – which would occur if aid was not mobilized on a vast scale. Despite the lifting of government restrictions, little aid was getting through, and we feared the onset of famine. It was important to draw attention to this danger.
- Fourth, we doubted the effectiveness of an international intervention. As Jean-Hervé Bradol put it to the management committee, “does anyone really believe that the intervention of African Union troops is a realistic option?”⁶⁵

63. Our sources are drawn from the minutes of operational, management and AC meetings and from the interviews conducted for this review.

64. According to Jean-Hervé Bradol, “the description of genocide is above all a political ploy to put pressure on the Sudanese government. If we don’t stand apart, we seem to be in agreement, particularly with the American position. This may also have implications for the field teams in terms of security.” Minutes of the management committee, 13 July 2004.

65. Ibidem.

- Fifth, there were less clear-cut considerations concerning the overuse and devaluation of the term 'genocide'.

Of all the above reasons, the first and the third seem the most solid. Given the symbolic and political power of the term genocide and – according to our own discourse – what that implied in terms of humanitarian action, it was impossible for us to distance ourselves from the controversy. As for the concern to re-center the debate on the actual risks to which Sudanese populations were exposed (death from starvation and disease rather than assassination by genocidal militias), this is surely one of the responsibilities of a humanitarian organization.

4.2.3 The formal positions adopted by MSF

MSF-F used four channels to contribute to the public debate: the report of 21 June, press, television and radio interviews, a piece in *Le Monde* (11 September), and the various interviews and articles published in *Messages* and on the MSF-France website. The core of the messages may be summarized in two sentences. First, massacres had indeed occurred in Darfur, but not genocide. Second, as we were speaking, more people were dying from diarrhea and malnutrition than from the direct violence of the Janjaweed. In other words, massive aid (not troops) was urgently needed if we were to prevent the death of a large number of civilians.

Unsurprisingly, given the sensitivity of the issue, the rejection of the genocide claim was a hesitant process. Mercedes Tatay was the first to venture it. On 16 April 2004, when interviewed by the American cable TV station MSNBC,⁶⁶ she had no option but to respond when the journalist kept asking if it was right to talk of genocide. "Not at all," she said, rejecting the ethnic dimension of the massacres and devastation. "No ethnic group is being specifically targeted."⁶⁷ It was a fragile argument as almost all the victims in west Darfur were Massalit or Fur. Nevertheless, it was taken up, in a different form, by Jean-Hervé Bradol in the piece he wrote for *Le Monde*.

In effect, Jean-Hervé criticized those who cried genocide for "rehabilitating the notion of race to support [their] argument". In fact, the media and the interventionist camp favored a racial reading of the conflict (see box). Advocates of the 'genocide' thesis based their arguments on a distinction between African and Arab, which they advanced as a kind of socio-biological given rather than as a political discourse designed to foster such distinctions. In this sense, their point of view was even more open to criticism. Even so, the rejection of such language said nothing about the existence or non-existence of genocide in Darfur. The notion of race need not be a relevant scientific concept to be used as a criterion for putting people to death. It is enough for the

66. MSNBC is a joint venture between Microsoft and NBC; it claims to reach over 85 million households in the United States.

67. When asked if it was appropriate to speak of 'ethnic cleansing', Mercedes replied: "That is not necessarily accurate. There are several different tribes, clans and families; not all of them are persecuted or executed just because they belong to a particular tribe. It in fact looks to me like a very effective military strategy, but I wouldn't translate that into ethnic cleansing. But I am a doctor; I'm not very good at analysing military strategy."

executioners to believe in it. If we wish to deconstruct the language of identity, we find that MSF came close to denying its sociological reality and its power to mobilize. There was no genocide in Sudan because no ethnic group was specifically targeted – which is false – or because there are no races – which is also false if we examine the mindset of the killers. Although well-intentioned, this element of the argument was tenuous and even dangerous.⁶⁸ Ultimately, it would have been more incisive to accuse the interventionist camp of ‘intellectual complicity in genocide’ as it was authenticating a racial reading of the conflict that could encourage genocidal practices.

Fortunately, the argument was structured around much more solid elements. The release of the 21 June report coincided with two interviews given by Jean-Hervé Bradol, which provided the opportunity to strengthen the position. He began by citing the demographic distribution of the massacres as recorded in Epicentre’s retrospective mortality surveys (while making it clear

EXAMPLES OF A RACIAL READING OF THE CONFLICT	been subjected to massacres, rape, looting and forced displacement. These attacks are committed by Arab militias, the Janjaweed, supported by the Sudanese army, who are carrying out what is in effect a policy of ethnic purification.” (François Bayrou, Emma Bonino, Bernard Kouchner, Jack Lang, Alain Madelin, Jacky Mamou, Philippe Morillon and Michel Rocard, ‘Sudan: unacceptable indifference’, <i>Le Figaro</i>, 3 June 2004.)
“The confrontations are no longer a matter of southern Christians and animists versus northern Muslims, but of dark-skinned ‘negro Africans’, usually farmers, versus ‘light-skinned’ tribes of Arab descent, especially the herders.” (‘Wind, sand and cold: The war between ‘light-skins’ and ‘dark-skins’, <i>Paris Match</i>, 12-18 February 2004.)	“Darfur weeps for its tribes. For the last eighteen months, the Khartoum regime has been sowing terror in the region, hunting down and killing its inhabitants simply because they are sedentary and black. Ethnic cleansing is being conducted by light-skinned nomadic cattle herders of Arab descent; their targets are farmers who settled in the more fertile lands decades ago ... Desertification and water shortages are fanning racial conflict.” “The savage hoards continue their raids.” (‘The wretched of Darfur’, <i>Le Point</i>, 1 July 2004.)
“The most vicious ethnic cleansing you have never heard of is unfolding here in the south-eastern fringes of the Sahara desert. It’s a campaign of murder, rape and pillage by Sudan’s Arab rulers that has forced 700,000 black African Sudanese to flee their villages.” (N. Kristof, ‘Ethnic cleansing again’, <i>The New York Times</i>, 24 March 2004.)	“This is a far cry from the traditional battles between ethnic groups and tribes. This is a racist war in which Arabs are hunting down Blacks.” (Interview with J.F. Deniau, <i>La Nouvelle République des Pyrénées</i>, 6 July 2004.)
“The Janjawees, a few thousand uniformed militia men ... have worked with government soldiers and aerial bombardments to purge villages of their darker-skinned black African inhabitants.” (<i>The New York Times</i>, 2 May 2004.)	
“... civilian populations composed of black Muslims from the Fur, Massalit and Zaghawa tribes have	

that they were not representative of Darfur as a whole, but constituted the only epidemiological data available). “Mortality rates and their distribution across different population groups do not indicate an attempt to exterminate a group of human beings in its entirety.” Among the displaced persons in Mornay, one person in twenty had been murdered. Adult males accounted for three-quarters of that group. This was followed by elements of historical comparison: “We have not detected a call for the extermination of a specific group in the regime’s public pronouncements. And in the field we have not witnessed the implementation of the logistical mechanisms a plan of this sort would require.” Bradol claimed his arguments were based on a comparison with “specific historical situations such as the genocide of the Rwandan Tutsis in 1994”. Therefore, the grounds for rejecting the term were not those of law, but of history and the collective memory of genocide. Thierry Allafort used similar reasoning in *Le Figaro* interview published on 27 July 2002: “People are being forced to flee, but they are not being murdered systematically.”⁶⁹

68. If applied to the Holocaust, this line of argument would lead to a denial that the Jews had been subject to genocide, either because there is no ‘Jewish race’, or because the slaughter did not concern a ‘specific ethnic group’ but a perceived enemy of the Third Reich.

69. “Given the analyses and the facts, we did not believe that a genocide was occurring in Darfur. These days, there is a tendency to overuse the term and what we are seeing is a propagandist distortion which can only harm relief operations. This is not about denying the deaths, the killings, the hundreds of villages burned down and the millions of refugees. We are simply trying to tell the truth.”

Why was there talk in some quarters – the US Congress, for example – of genocide? Thierry Allafort believed it had something to do with domestic politics, and implicitly related Darfur to the American electoral campaign.⁷⁰ Jean-Hervé Bradol was more forthright, denouncing the “propagandist distortions”⁷¹ of “certain human rights organizations” who sought to impose “a ‘new international political order’ in which serious breaches of human rights would, if necessary, entail a systematic military intervention”. Lobbyists were using the symbolic and legal resources of the term genocide to this end, and distorting its meaning as they did so.

At times, the argument extended beyond the humanitarian sphere. When pressed by a journalist to clarify whether MSF was opposed to the deployment of foreign troops, Thierry Allafort disputed the effectiveness of such an operation and reaffirmed Khartoum’s sovereignty.⁷² Meanwhile, Rony Brauman – who may have been speaking as a member of MSF or as a commentator on contemporary international politics, it is increasingly hard to tell – stressed that the term ‘genocide’ had a “negative effect on peace negotiations”⁷³ because it radicalized the opposition: you don’t negotiate with your *génocidaire*, you fight him. Brauman went on to say that “by denouncing a genocide, the White House is trying to demonstrate the sound basis of its international campaign against Islamist terrorism, for the Janjaweed are depicted as ‘Arab’ horsemen laying into ‘black’ peasants.”

But if it was not genocide, what exactly was it? Reading the statements issued by MSF-France, we find a “war” combined with “brutal repression” that is leading to a “disaster” in terms of human health. The Arab/African dichotomy was banished from the vocabulary and replaced by a triptych: the army and pro-government militias, the rebels, and civilian populations. The brutality of government repression was described with forensic precision but was not given a label. While noting that people had fled the war, we were careful to stress that “no relief [was] in sight” (the title of the 21 June report). If aid was not deployed on a massive scale, we would be faced with a “major health disaster”. Aid agencies should not allow themselves to become ensnared in the government’s relocation policy, which involved dismantling the camps and transferring people to ‘protected villages’ where their safety would not be guaranteed and where it would be very difficult to assist them, especially once the rainy season had begun.

69. “American politicians respond to complex motives, and domestic politics undoubtedly play their part.”

70. *Le Quotidien du Médecin*, 19 July 2004.

71. “It seems somewhat unrealistic to imagine that 5,000 men [the figure suggested by Australia at the Security Council] could protect more than a million people spread over an area as big as France. The responsibility to protect populations lies above all with the government in Khartoum.”

72. AFP, 22 September 2004, ‘Les accusations de ‘génocide’ au Darfour ont des effets négatifs sur le terrain,’ Rony Brauman.

4.2.4 Reactions within MSF

This public stance was not unanimously accepted by head office staff or within the wider movement, although nobody disputed the fact that the situation in Darfur and that of Rwanda in 1994 could not be compared. MSF-Holland favored an ambiguous approach: in substance, the violence of the war in Darfur did indeed conform to the legal definition of genocide (as laid down in the 1948 Convention) and a military intervention was desirable. MSF could not say this, of course – an appeal for an armed intervention meant entering the political arena – but it was well-placed to imply it. This is the sense of the Kenny Gluck quotation used by columnist Nicholas Kristof,⁷⁴ a fierce advocate of military intervention:

“We’re proud of what we do,” said Kenny Gluck, the operations director based in the Netherlands for Doctors Without Borders. “But people’s villages have been burned, their crops have been destroyed, their wells spiked, their family members raped, tortured and killed – and they come to us, and we give them 2,100 kilocalories a day.” In effect, Mr. Gluck said, the aid effort is sustaining victims so they can be killed with a full belly.”

MSF-Holland’s substantial arguments concerning the place of the ‘genocide’ category in our language and practices are worth discussing in more detail, but unfortunately we lack the time to deal with them here. Let us simply stress the weight of the legal argument. Yes, violence can be considered as directed at specific ethnic groups. Yes, the destruction of crops, villages and wells, the theft of cattle, the rape, murder and denial of aid may be compared to “deliberately inflicting on the group conditions of life calculated to bring about its physical destruction, in whole or part”. Yes, we can probably deduce genocidal intent from these acts and from part of the discourse of Arab supremacy (if we care to look for it). Although the crisis in Darfur had nothing in common with the Holocaust or the extermination of Rwandan Tutsis (there were, however, similarities to the Armenian ‘genocide’), it should be acknowledged that there were legal grounds for applying the 1948 Convention on the Prevention and Punishment of the Crime of Genocide.

The position adopted by MSF-Belgium is also of interest. Gorik Oms, director-general of the Belgian section, tended to agree with MSF-H and PHR that what was happening in Darfur could amount to genocide as defined in the 1948 Convention. By categorically denying the existence of genocide, MSF-France was perhaps mistaken in legal terms – although ultimately it did not matter as we are not jurists. But the mistake was principally a political one, involving as it did a *de facto* position against an international intervention, since it was disputing an important source for its justification. Nothing enabled us to say whether or not the acts of violence committed during the war in Darfur were part of the legal category of genocide, nor that a military intervention was desirable – which could be taken as a rejection of the term ‘genocide’. Consequently, MSF should refrain from adopting a public stance on the issue.

74. Nicholas D. Kristof, ‘The Pope and Hypocrisy’, *The New York Times*, 6 April 2005.

4.2.5 Reactions in the wider world

The French section's statements were extremely well received by the Sudanese authorities. The Sudanese ambassador to the United Nations asked Jean-Sébastien Matte to congratulate Mercedes on the courageous step she had taken. Sudan's official press took great pleasure in quoting Jean-Hervé Bradol, especially the claim that government troops and militias had committed massacres, but not genocide. The evidence, it was announced, came from a "totally neutral source, perhaps the only one ... an exceptionally trustworthy witness" who had assisted "250,000 people" throughout the region while battles raged; his reputation was "quite simply impeccable", as proved by the "award of the Nobel Peace Prize in 1999 ... and innumerable other awards in recognition of his remarkable humanitarian efforts throughout the world."⁷⁴

Elsewhere, the message was muddled and diluted by humanitarian newspeak. A selection of headlines from the French press illustrate this trend – "Humanitarian disaster in Darfur: the looming threat of epidemics" (*Le Quotidien du Médecin*, 19 July 2004); "A humanitarian tragedy but not a genocide: interview with Thierry Allafort-Duverger" (*Le Figaro*, 27 July 2004); "Darfur crisis: genocide or simple humanitarian disaster?" (*Valeurs Actuelles*, 16 July 2004); "Darfur: humanitarian crisis or genocide?" (*Ouest France*, 11 September 2004). In fact, our calls for more aid were interpreted as "so it's a simple humanitarian crisis!" As for the rejection of the genocide claim, it was seen as a condemnation of any military intervention in Darfur. Two extracts make this abundantly clear:

"Pakistan, Algeria and China are opposed to the American settlement plan [referring to the use of force]. MSF maintains a similar position. The French NGO believes Tony Blair's suggestion to deploy an international force is 'deluded'." (*Ouest France*, 11 September 2004)

"The risk, as some suggest, is that the term genocide could be used to justify a foreign military intervention which, from a strictly humanitarian point of view, is not absolutely necessary. This is one of the fears expressed, notably by MSF, which makes it clear that what its field workers have observed points to the existence of massacres and terrible violence, although that does not mean that genocide is taking place. MSF, like other observers, fears that use of the term genocide will confuse the message humanitarians are trying to get across, and divert attention from the real emergency, which is more about maintaining the flow of independent humanitarian aid than about sending in troops." (*Elle*, 18 October 2004)

The strongest comments came from Francois-Xavier Verschave. Posted on *the Survie* website, they encapsulated the feelings of many of those with whom we debated the issue. Relying chiefly on the *Figaro* interview with Thierry Allafort, Verschave, a sworn enemy of the post-colonial ties France maintained with Africa, claimed to be "sickened" by MSF's "ideologically-influenced media coverage of the populations massacred in Darfur".

75. 'Médecins Sans Frontières Challenges US Darfur Genocide Claim', *Sudan Vision* (a pro-government Sudanese newspaper), 6 October 2004.

“There is no ‘genocide’, says MSF, because the government is (belatedly) granting us visas... ‘People are being forced to flee, but they are not being killed systematically [claims MSF]’: they simply lack the means to ensure their survival. So MSF launches a massive fundraising campaign in the media, in proportion with the scale of the crime. But it does not denounce the guilty parties, of course. We are not under-estimating the moral difficulties: we have to feed and care for those who are hungry and exposed to epidemics, so we might sometimes have to keep a low profile. But compromise has its limits, as MSF has acknowledged in the past (in Ethiopia and Goma). If it can’t denounce anyone, at least it can keep its mouth shut, and not engage in a discourse which strengthens a criminal state.”

4.2.6 By way of a commentary

What conclusions can we draw from our participation in the genocide controversy? With regard to the reasons which drove Paris to speak out, it was a case of mission accomplished. MSF answered the journalists and its discordant language made a great impression on the Sudanese regime. The organization clearly distanced itself from the interventionist camp on several levels and stressed its independence. Similarly, health issues were restored to their rightful place on the agenda. Even so, our message was misinterpreted in some quarters, as indicated by the newspaper headlines and comments on our supposed opposition to the use of force.

But were we really so poorly understood? Had we not implicitly argued against an international intervention? To be sure, Gorik’s objection was not entirely acceptable. By rejecting the term genocide, we were not opposing the use of force. We were obliging its advocates to justify it with something better than a slogan, to clarify their intentions and to consider the consequences of their actions instead of resorting to moralizing clichés of the “Will we say ‘never again’ again?” variety, which negated any critical analysis of the issues likely to arise from military intervention. Moreover, with the exception of ICG, nobody from the intervention lobby could explain what a military force in Darfur was supposed to do. Remove Khartoum’s sovereignty over parts of the region? Impose an aerial exclusion zone? Support the SLA? Overthrow the regime? And nobody could explain who would take charge of it in the context of the war on terror. On the other hand, it is clear that our remarks concerning the beneficial effects of international military interventions were tinged with a certain amount of skepticism and sometimes bordered on open opposition. In this sense, MSF-France exposed itself to the criticism it had directed at the Dutch section: we are not saying that we oppose the call for a military intervention, but made it clear that it was not a good idea.

As for the ‘humanitarian crisis’ looming behind the genocide, it seemed almost inevitable. Given the “humanitarian tragedy”, the “public health disaster” and the “diarrhea which is killing more people than the Janjaweed”, it is not surprising that our comments were retranslated into humanitarian cant and humbug. Especially as we were “downgrading” the crisis, which collective indignation had depicted as the ultimate crime of genocide, to the vaguer categories of war, rebellion, repression, forced population displacements, etc. In truth,

for anybody who regarded the immediate rescue of the displaced as the single, overriding priority, the (in)voluntary re-labeling of 'genocide' as a 'humanitarian crisis' was unavoidable.⁷⁶

In conclusion, were we right to reject the term genocide? From a legal point of view, perhaps not. The commission of inquiry mandated by the UN Security Council confirmed the existence of war crimes and crimes against humanity, but not of genocide, arguing that there was no evidence of intentionality. Even so, as MSF-Holland and MSF-Belgium had insisted, there was room for discussion. From a legal angle, the accusation that proponents of the genocide thesis were guilty of 'propagandist distortions' amounted to exaggeration.

There was also room for debate from a historical perspective. To be sure, no researcher disputed the differences between the massacres and devastation in Darfur and the extermination of Tutsis in Rwanda. However, it is not necessary to enter into a complex and passionate discussion to acknowledge that research into the Holocaust and colonial massacres (there were numerous parallels between the 'pacification' of Algeria and the forms of warfare practiced in western Sudan) will bring to light the many bridges between 'conventional' mass murder and the modern form of genocide. In truth, as Alain Brossat observed after the Srebrenica massacre in 1995:

"It is assuredly not by trying to impose taxonomical rules on the use of the word genocide that we will eventually remove the overlap between the history of massacres and periods of genocide. All attempts to introduce terminological conditions and thus impose the spirit of rigor upon the nebulous sprawl of definitions and usage are doomed to encounter insurmountable aporia.

Instead of adopting such an approach, we need to subject the facts and events, past and present, to a test composed of two demanding elements: in order to think through the reality of the catastrophe within our time, we must maintain the vectorial distinction between massacres (traditional) and genocide (modern or contemporary), and we must also take into account the factors that constantly intervene to blur such a distinction. The tension at the heart of this twofold test should not be avoided by resorting to the 'magic' of classification or denominative edicts; it should become our concern and the object of our elaboration. As I write these lines, no linguistic offensive could stop the press from asking whether the series of massacres in Burundi is about to turn into genocide. That the question – beyond what threshold does an ongoing series (a 'quantity') of massacres turn into genocide (a 'qualitative

75. In this respect, the arguments of interventionists like Verschave, who accused us of misrepresenting genocide as a *post-bellum* health disaster, were incoherent. From their point of view, what we were faced with in Darfur was genocide by 'attrition' (erosion and erasure); in other words a form of genocide which proceeded not by means of extermination camps or mass killings but by famine and epidemics. Now, while aid workers are not exactly equipped to deal with *Interahamwe* or *Einsatzgruppen*, they do have the means to deal with famine and disease. If interventionists really wanted to save the hundreds of thousands of Africans facing certain death by 'attrition', their priority would have been to send massive food and health aid rather than soldiers – unless Khartoum opposed the passage of aid, which was no longer the case after 21 May.

leap')? – should arise is enough to indicate the stupidity of a rigid division between an entity that 'simply massacres people' and a genocidal essence."⁷⁷

MSF's decision should be defended or attacked on political, rather than legal or historical grounds. In this respect, it could be argued that in practical terms the appeal for a more rigorous use of the word genocide tends to minimize the violence; it 'reassures the public' at the very moment when people should be alerted and mobilized. In substance, this was one of the criticisms that MSF-France faced at internal and international level. The argument is not entirely wrong, as can be seen from the way our message was interpreted in many quarters – "since it's not genocide, it's a simple humanitarian disaster". That being said, at the very moment when we adopted our stance, the crisis was front page news in the international press and other interventionists were leading a mobilization campaign that could not have been more offensive to the Sudanese regime. So the crisis remained in the public eye instead of being downplayed as the "usual barbarity" found in former colonies. In fact, the genocide controversy enhanced the visibility of events in Darfur, and, to a certain extent, enabled us to alert people and involve them in what we regarded as the most urgent matter at the time: the deployment of aid. Moreover, it was essential for MSF to keep its distance from the interventionist camp, even if that meant being manipulated by Khartoum in the process. In the specific context of Sudan, where most humanitarian organizations actively supported the rebels in the south and were openly hostile to the politics of the regime, MSF had to demonstrate its independence. This was particularly important in the context of the 'war on terror'; the genocide thesis had an awesome descriptive power and reinforced the West's depiction of itself as a savior who had gone to war against the 'Arabs' who, like the Nazis, represented absolute evil.

From a humanitarian actor's point of view, the counter-description was doubly justified: we used it to stress the urgency of delivering aid to a population that was at the time being decimated by hunger and disease, and to assert our independence. The controversy also made us aware of the fog surrounding the notion of genocide, and called into question its utility when considering the limits of our action. The oft-repeated claim that "if genocide was occurring in Darfur, we would call for a military intervention" is most certainly worthy of discussion. This needs to be followed up.

77. Alain Brossat, 'A propos de Srebrenica,' *Dialog*, 1997.

CONCLUSIONS

The conclusion is confined to a brief synthesis of the principal observations contained in the document. Reflection on the ‘weaknesses’ revealed by the Darfur intervention, and the ‘ways in which we can correct them’ will have to be pursued at a later date with the members of the AC and the executive, who will decide which areas MSF should focus on.

1. ‘READING OF THE CONTEXT OF INTERVENTION AND THE DETERMINATION OF HUMANITARIAN OBJECTIVES ACCORDING TO THIS CONTEXT’

In general, our reading of the context and of our own responsibilities turned out to be pertinent, despite the confusion surrounding the politico-military situation and its hyper-politicization at national and international level. MSF was able to free itself from the dominant discourse and based its intervention on its own analysis. However, several weaknesses were identified.

- **REACTION SPEED.** We were slow to detect the crisis in Darfur. Although the delay did not seriously compromise the operation, it highlighted the fact that MSF was not solidly entrenched in Sudanese society. We need to develop networks and invest in a policy of training and retaining the loyalty of Sudanese managers.

- **CHOICE OF INTERVENTION SITES**

- The decision to intervene in the IDP camps located in west Darfur turned out to be pertinent in the first six months of 2004, given the scale of the devastation in the region. On the other hand, MSF-F was not able to adapt when the violence shifted to south and east Darfur in April, and particularly in July 2004.

- However limited our resources may have been, the belated attention paid to the 80,000 displaced persons in El Geneina (where the coordination team was based) highlights a recurrent failing: “we don’t care enough for our neighbors”. As the post-tsunami deployment of aid in Aceh also illustrated, the presence of a large number of organizations in a town that is easily accessible and the site of unbridled humanitarian activism does not mean that the basic needs of those who have suffered most will be satisfied.

- The teams made great efforts to ensure that aid was not used as a tool to serve a policy of forced population displacement. Nevertheless, problems arose concerning the extent of our participation in the resettlement of displaced populations; this requires further examination on a case-by-case basis.
- COMMUNICATION. The Darfur operation revealed:
 - *Our natural tendency to remain silent for fear of jeopardizing the safety of the teams and access to the field.* Caution is commendable, but MSF-F was unduly nervous, as demonstrated by its opposition to the release of the MSF-B report in late 2003.
 - *The limits and imprecise nature of our statements on genocide, which should be subjected to close scrutiny.* It is important to deconstruct the broadly accepted 'genocide = call for military intervention' equation, and to continue to examine the utility of the notion of 'genocide' when considering possible action.
 - *The excesses of the language of identity critique.* By insisting that 'ethnicity' and 'race' have no reality other than through subjective representations and the practices associated with them, MSF sometimes tended to deny the resonance which the logic of identity acquires in conflicts.
 - *A degree of incoherence.* Whereas we criticized the Dutch section for overstepping the mark by implicitly supporting the call for an international intervention, our own opposition to such an intervention was more explicit and open – yet our 'silent diplomacy campaign' had called for political intervention by the UN in order to 'protect' displaced populations. The defense of our independence in an era defined by the 'war on terror' sometimes drags us into a critique of liberal imperialism which exceeds the remit we claim to hold.
 - *The potentially perverse effects of MSF's public stances on sexual violence.* In Mornay for MSF-F, as in Garsilla for MSF-H, consultations for rape fell after we had publicly denounced the violence against women. The authorities intimidated patients in an attempt to discourage them from attending consultations.

2. 'THE CHOICE OF ACTIVITIES AND THEIR OUTCOMES'

In terms of mortality and malnutrition rates, the Darfur operation was undeniably effective. Success in these areas stemmed from our adherence to intervention priorities and especially from the importance we placed on water supply, secondary health care and food distributions for children under the age of five. However, there were certain deficiencies:

- EPIDEMIOLOGICAL MONITORING AND DATA COLLECTION. A system for data collection and epidemiological monitoring was established on all sites as soon as the programs began, but was initially non-standardized. Unfortunately, MSF is not always in a

position to ensure from the outset that data collection is systemized, standardized and harmonized with all the missions.

- **VACCINATION AGAINST MEASLES.** The main mortality peaks observed on our sites were linked chiefly to the measles epidemics, which broke out because Sudanese health ministry restrictions had prevented us from launching a vaccination campaign. These unnecessary deaths illustrate once again that local health authorities cannot be relied upon to vaccinate against measles (delays in intervening, product quality, inclusion criteria). We should do as much as we can to run such campaigns ourselves.

- **WATER, HYGIENE AND SANITATION.** In general, the Darfur operation highlighted:

- *The need to preserve and boost our intervention capacity in terms of WHS.* The Darfur emergency illustrates yet again that the presence of actors who specialize in this aspect (notably Oxfam), is not as common as it once was.

- *The limits of WHS programs which have no provision for hygiene and sanitation* (latrines, rubbish collection, distribution of soap) and the importance of ensuring such provision in future operations.

- *MSF's over-cautious approach to the drilling of emergency boreholes.* These would have enabled us to control the hepatitis E epidemic more effectively.

- *The hepatitis E epidemic also raises questions concerning our quality objectives.* Should MSF-F acquire the means to implement much more complex and expensive treatment techniques (such as UV treatment)?

- **NUTRITION AND FOOD AID.** Three types of nutritional and food interventions were conducted in Darfur: therapeutic programs with an outpatient element (4,000 admissions) and supplementary programs which were gradually replaced by blanket feeding (3,000 tons of oil and Unimix distributed to 35-40,000 children). This combined approach was of considerable help in staving off the risk of famine until regular WFP general food distributions in the second half of 2004.

- **PRIMARY HEALTH CARE:** In total, there were 185,000 consultations (excluding Nyala) between October 2003 and October 2004.

- Over all sites, the number of consultations per day and per consultant easily exceeded the threshold of 50. It actually reached 96 consultations in Mornay in September 2004 (with an average of five minutes per patient). The pace must have affected the quality of care, but there were difficulties in recruiting Sudanese doctors and Medical assistants (notably because the wage policy was inappropriate, although this was gradually amended), and triage was not always efficient.

- With regard to consultations, 41% were devoted to children under the age of five (over 70% in Mornay up to the end of April). Given the vast numbers seeking external consultations, children received priority. Although children are physiologically more vulnerable, a triage of this kind nevertheless excludes some serious cases, especially among the elderly.
- HOSPITALIZATION : A total of 3,370 people were admitted to hospital during the period under review, 60% of whom were children under the age of five. Two types of secondary referral unit were used: hospitals managed exclusively by MSF (Mornay and Niertiti), and the government hospitals (Zalingei and El Geneina) with which we had partnership agreements.
- Hospital access was a problem in Mornay between mid-May and mid-June, when there were more deaths recorded in the camp than admissions to the hospital. This inefficiency once again highlights the importance of an effective active case finding system to enhance the impact of secondary care activities.
- The belated commencement of surgical activities – more than a year after the first exploratory missions – and the small number of referrals raises questions about the relevance of opening a surgical mission in El Geneina.
- VICTIMS OF SEXUAL VIOLENCE: Propagandist exaggerations aside, rape was a reality in Darfur and its scale was difficult to assess. From the outset, MSF-F was able to offer specific care to the women who came forward, but it was very difficult to reach those who were reluctant to approach us. The practical obstacles to this were considerable. But the evidence suggests that not enough was done to overcome them. Two points should be noted here:
 - A situation of this kind demands a very high level of commitment, as well as skill and motivation, from the teams. This is the only way to achieve better results.
 - Beyond the legal, political and social constraints surrounding the issue of abortion, the lack of a clear MSF protocol in this area did not make it any easier for the teams who tried to include abortion in the offer of care.
- HANDOVER OF ACTIVITIES: Perhaps an earlier handover of nutritional activities in the second half of 2004 would have given us the margin of maneuver required to redirect part of our programs to south Darfur, the new locus of violence.
- THE USE OF RETROSPECTIVE MORTALITY STUDIES. The arguments over the results of the El Geneina retrospective mortality studies remind us that, as with other questionnaire-based approaches, they will be open to manipulation and distortion. This potential bias raises questions about our own use of them (for both operations and communications purposes) and the need to interpret their results in relation to other qualitative data.

3. 'THE ADEQUACY OF THE RESOURCES AND ORGANIZATIONAL STRUCTURE'

- A financial calculation of the resources deployed by MSF for the Darfur emergency is relatively easy, but it is more difficult to evaluate all resources devoted to the different projects and their respective allocations. The lack of a systematic connection between the accounts provided by missions and the monitoring of activities is largely responsible for this weakness and argues for a more regular and integrated monitoring of off-balance sheet data. The attempts to budget by activity during several of the emergencies that arose in 2005 seem to be a step in this direction. Eventually, we will be in a better position to anticipate what resources we should mobilize according to the nature and scale of the crisis.
- On the basis of data collected at a later date, it may be estimated that during the final months of the period in question – when access to Darfur was relatively easy – the human and material resources available to MSF-F were adequate. However, we cannot pinpoint the phases in which means were either adequate or inadequate. The fact that the expatriate/beneficiary ratio doubled between February-March and August-September (rising from 1/8,000 to 1/4,000) is a good indication that adequacy was not guaranteed at every stage of the emergency. According to accounts provided by successive teams, the number of expatriates in relation to needs was insufficient when the program was launched. The gradual increase in staff numbers brought about improvements in terms of adequacy.
- With regard to Sudanese staff, we gradually overcame the obstacles to the recruitment of qualified personnel that we had encountered at the beginning of the emergency. By the end of summer, the programs were supported by properly staffed, qualified teams. The Darfur crisis highlights once again the stranglehold represented by poor policy concerning the management of local staff, as well as the real progress made over the course of the year.
- The difficulty of correlating accounting data and information on the consumption of medicines in Darfur meant that it was not possible to assess prescriptions with any accuracy. A future emergency may present us with the opportunity to draw up a detailed report in relation to some of the more common diseases. However, we were able to examine the distribution of food, which accounted for nearly one-third of the Darfur operation's budget. We identified a discrepancy between the outgoing stock of Unimix and its theoretical consumption: 400 tons (or 14% of the volume consumed). The difference can be explained, but suggests a closer monitoring of the quantities of food devoted to this type of operation, and especially of the products donated to MSF. The quality of donated food products should certainly be subjected to greater scrutiny; their sources should at least be known and approved by MSF.
- Judging by the evidence available and the greater freedom occasioned by the opening of Darfur, it seems that the program tended to become more effective during the second half of 2004, despite the difficulty of managing the influx of resources ("from AMI to UNDP," as one emergency coordinator put it). However, several cost studies of similar interventions are required if we are to refine this type of analysis and establish 'standards' for comparable resources and costs.

APPENDICES

APPENDIX 1. TERMS OF REFERENCE

PROJECT FOR A CRITIQUE OF MSF-FRANCE OPERATIONS IN DARFUR, 2003 – 2004

Jean-Hervé Bradol, president, and another member of the Administrative Council (Virginie Raisson?) will have joint responsibility for the project. They will work closely with Thierry Allafort, head of emergency programs. The final report should be delivered by the end of April 2005 at the latest, so it is available during the week in which the heads of mission meet and the AGM takes place.

Following Administrative Council and Steering Committee discussions on the need to improve the critical review of our operations, Darfur seemed the appropriate choice for initiating a new practice, guided by the AC, in a domain that is usually described as evaluation.

The term evaluation has not been retained because, in our view, it involves two conditions:

- The existence of a yardstick by which one can measure a differential and therefore attribute a value to the object in question;
- The broad objectivity of the measuring device, the evaluation team and its working methods, which enables the measurement of the differential.

Our goal is more modest and more realistic: we aspire to conduct a critique which will enable us to identify our weaknesses and the ways in which they can be corrected. The necessary objectivity will be assured by the participation of members of the Administrative Council and others from outside the organization.

The object is the identification of areas of weakness, which can then be corrected by the teams having permanent responsibility for the execution of this type of action. In the present instance, it concerns operations management, and those in charge of the emergency and Sudan desks. The critique may therefore be regarded as a learning tool for the executive personnel who are regularly called upon to steer this type of operation. Their participation is thus appropriate.

The production of a first paper on a 'major emergency' may do nothing to enhance our view of annual operational activity as a whole, but it could nonetheless enable us to test a part of

the new working method that has been suggested.

In short, the new method aims at an approach that links together three major aspects:

- A reading of the intervention context and the determination of humanitarian objectives within this context.
- The relevance of the activities selected as responses to the above issues, and their outcomes.
- The adequacy of resources and the organizational structure in the light of the needs arising from activities and the pursuit of objectives.

The questions in the modules below are simply for information purposes. They will be clarified by the module leaders, in collaboration with the critique's coordinators (Jean-Hervé Bradol and Virginie Raison?).

MODULE 1. AN UNDERSTANDING OF THE CONTEXT AND THE CHOICE OF HUMANITARIAN OBJECTIVES:

- Were the main elements of the conflict's dynamic correctly understood by our teams, and at what speed were they grasped (historical and political currents influencing Darfur, regional dimension of the conflict, position of Chad, interests of the international powers, etc.)?
- How were the issues and humanitarian objectives identified in this context?
- Did the sites and groups we targeted conform to our analysis of the context and the humanitarian objectives identified?
- Did our public messages (relations with the press and fundraising appeals) take proper account of the needs and the problems that arose and the outcomes of aid provision?

Team: Virginie Raison, Fabrice Weissman, Marc Lavergne

Terms: Two months fixed-term contract

MODULE 2. CHOICE OF ACTIVITIES AND OUTCOMES:

- Was the choice of activities consistent with the analysis of the humanitarian issues and the needs of the target groups?
- Was the deployment of activities carried out at a satisfactory pace?
- What were the main outcomes (mortality, malnutrition, potable water, etc.)?

Team: Marie-Pierre Allié, Marie-Christine Féir, Epicentre.

Terms: Two months fixed-term contract.

MODULE 3: ADEQUACY OF RESOURCES AND ORGANIZATIONAL STRUCTURE IN THE LIGHT OF THE NEEDS ARISING FROM THE CONDUCT OF ACTIVITIES AND THE ACHIEVEMENT OF OBJECTIVES:

- The speed with which teams were deployed in relation to the speed with which work permits were obtained?
- Identification of the main factors restricting deployment speed and the quality of the operation's pilotage?
- Estimation of costs per unit (one medical consultation, the nutritional rehabilitation of one child, etc.)?
- Identification of the main causes of 'waste'?

Team: Philippe Houdart, friend of Bénédicte Jeannerod.

Terms: Two months fixed-term contract.

Synthesis

The exercise will be completed by the submission of a report containing a synthesis of findings of the three modules, accompanied by a shorter synthesis (Jean-Hervé Bradol and Virginie Raison?). Apart from summarizing the conclusions derived from each of the three modules, the final document will also examine the role played by the French section in relation to the movement's other sections and the main aid agencies.

APPENDIX 2. PRINCIPAL INTERVIEWEES

1. Thierry Allafort-Duverger (MSF-F, director, emergency desk)
2. Christophe André (MSF-F, management supervisor)
3. Dr. Emmanuel Baron (MSF-F, director of the medical department)
4. Eric Barte de Sainte Fare (MSF-F, logistics officer, emergency desk)
5. Camille Bauer (Africa correspondent, l'Humanité)
6. Dr. Jean-Hervé Bradol (MSF-F, president)
7. Dr. Jean-Clément Cabrol (MSF-F, emergency coordinator, Darfur)
8. Dr. Anne-Sophie Coutin (MSF-F, emergency coordinator, Darfur)
9. Xavier Crombé (MSF-F, deputy emergency coordinator, Darfur)
10. Isabelle de Fourny (MSF-F, emergency coordinator, Darfur)
11. François Delfosse (MSF-F, head of mission, Khartoum)
12. Nicola de Torrente (MSF-USA, general director)
13. Francisco Diaz (MSF-F, logistics director)
14. Thierry Durand (MSF-F, emergency coordinator, Darfur)
15. Françoise Duroc (MSF-CH, researcher, violence against women)
16. Dr. Gregory Elder (MSF-F, head of mission, Khartoum)
17. Caroline Fauvel (MSF-F, human resources officer, emergency desk)
18. Christophe Fournier (MSF-F, officer, Sudan desk)
19. Etienne Gignoux (MSF-F, emergency coordinator, logistics, Paris)
20. Xavier Guinotte (MSF-F, deputy head, Sudan desk)
21. Dr. Catherine Hewison (MSF-F, emergency coordinator, Darfur)
22. Dr. Sinan Khaddaj (MSF-F, consulting surgeon)
23. Marc Laverge (researcher at CNRS, Sudan specialist)
24. Coralie Lechelle (MSF-F, head of the Intifada site, Mornay)
25. Guillaume Legallais (MSF-F, operations director)
26. Dr. Chiara Lepora (MSF-F, flying doctor, women's' health, Darfur)
27. Laurent Ligozat (MSF-CH, emergency desk)
28. Jean-Sébastien Matte (MSF-F, logistician, Intifada, Mornay)
29. Chantal Mir (MSF-F, emergency administrator, Darfur)
30. Véronique Mulloni (MSF-F, EHA officer)
31. Jérôme Oberreit (MSF-B, Sudan desk)
32. Stephan Oberreit (MSF-B, communications director)
33. Briff Relley (MSF-USA, UN liaison officer)
34. Stéphane Robin (MSF-F, field human resources director)
35. Marie-Noëlle Rodrigues (MSF-F, deputy head, emergency desk)
36. Sabine Roquefort (MSF-F, emergency coordinator, Darfur)
37. Pierre Salignon (MSF-F, director general)
38. Marc Sauvagnac (MSF-F, financial director)
39. Sebastiano Siringo (MSF-F, logistician, Zalingei)
40. Dr. Mercedes Tatay (MSF-F, deputy head, emergency desk)
41. Dr. Milton Tectonidis (MSF-F, emergency flying doctor, Darfur)
42. Ibrahim Younis (MSF-B, emergency coordinator, Darfur/Chad)