

Humanitarian action and political action, don't confuse the two

Dear friends,



Frederic Vigneau

In the name of humanitarian principles, some individuals and advocacy groups are calling for an armed intervention in Darfur, imposed by force if the Sudanese government refuses to accept it. It is important to MSF to recall the distinction between humanitarian action and political agenda. When the first is manipulated to serve the interests of the second, it is the assistance provided that will suffer and the security of our volunteers that will be at stake.

Finally, it is important to re-state that our independence of action is only possible because of our financial independence. Our activities and the assistance deployed in the field are funded by private resources and for the most part by the generosity of the public. This is why we thank you deeply for the trust you place in us, which allows us to act with the sole intention of providing the best possible quality of assistance to the populations in danger – while another humanitarian crisis is looming and beckons strongly ■

Frederic Vigneau
MSF Executive Director
United Arab Emirates

For a Non Governmental Organization like ours, independence is essential to provide the highest quality of aid possible, in the sole interest of the populations in danger. We have observed that even when the number of victims is high, it is much more difficult – and under certain circumstances, even impossible – to provide aid when we are perceived as being linked to any one of the warring parties. This is a direct result of the blurring of the line between humanitarian and military action. There is no hard and fast rule. Some military interventions have improved the situation for the populations as was the case in East Timor and Sierra Leone. But we only need to look at Somalia, Afghanistan and Iraq today to see that such undertakings can have a severe impact on the civilian populations. Such a decision deserves careful analysis of the reality on the ground and should be implemented without being draped in the humanitarian flag.

MSF aid worker killed in the Central African Republic



Elsa Serfass

It is with great sadness that MSF has learned of the death of one of its volunteers in the Central African Republic. Elsa Serfass, 27, was killed on June 11 by gunfire during an assessment mission in the northwestern part of the country. Her tragic death is a terrible shock for MSF and we mourn her loss. Our thoughts are with her family and friends ■

Displaced Persons in Eastern Chad Urgently Need More Aid



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Deadly attacks forced tens of thousands to flee their homes

While Darfur is the centre of intense political focus – humanitarian corridors from Chad, etc- that is little related to the reality in the field, in Chad 150,000 Internally Displaced People (IDPs) are caught up in a growing humanitarian crisis. Although an MSF survey has confirmed the emergency situation, assistance is still largely insufficient and MSF is coming up against numerous obstacles to increasing its activities.

In eastern Chad, repeated deadly attacks on villages over the past eighteen months have forced tens of thousands of people to flee their homes. Grouped together in camps where security is not always guaranteed, they live in basic huts and lack food, water and access to medical care

Since late 2005, a conflict between government forces and rebel groups has been raging in the eastern part of the country. In addition, Chad and Sudan wage war on each other by sending armed militias across the border. Villages have been attacked, livestock and other possessions seized, and civilians killed. Violence intensified during the second half of 2006 and continues, causing residents to flee. The number of internally displaced villagers is climbing – from 40,000 in June 2006 to nearly 150,000 today.



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IDPs lack food, water and shelter

Insecurity is no alibi for inaction

The unstable security environment limits many aid agencies' capacity to respond swiftly to the humanitarian needs of the displaced, especially their lack of food, water, and shelter. A number of relief agencies are claiming that insecurity is preventing them from carrying out their humanitarian activities in Chad. "The security situation in eastern Chad is indeed volatile," says an operations manager in Chad, but balanced against the huge humanitarian needs, we have no option but to continue to work here."

In the east, aid is concentrated primarily on refugees from Darfur, ignoring the internally displaced persons. Today, organizations are starting to focus on them but sufficient assistance has yet to arrive. The international community must step up to its responsibilities and send more aid to eastern Chad quickly. In two months, the roads will be impassable because of the rains, and it will become much more difficult to reach the displaced populations there.

Limited Resources in Settlement Areas

Displaced persons are settling wherever and however they can around the villages where they have sought refuge. Makeshift huts of straw and branches have been assembled in local fields, which will undoubtedly create tensions with residents during planting season. These flimsy shelters do not protect

against daytime high temperatures that can reach nearly 46 degrees Celsius (115 degrees Fahrenheit) in the shade and drop precipitously at night. They are also no match for the sand and rain storms that are beginning in the region. In February, a World Food Program survey estimated that merely six percent of families had received plastic sheeting to reinforce their shelters. Other distributions are scheduled but will not meet all the needs.

The towns hosting the displaced persons are unprepared to handle an influx of this scale. More than 50,000 refugees have settled in Goz Beida, a town of 10,000. The gap is even wider in Dogdore, with 2,000 inhabitants and nearly 30,000 displaced persons. There is little cultivable land, and water supplies are inadequate. Traditional wells are drying up and, in the best cases, provide only muddy water that is unfit to drink. Many of the rivers, known locally as wadis, are dry by now and any water lasting into the dry season is of poor quality. The systems that aid organizations have set up to provide additional water are also inadequate.

Nutritional Situation Worsening

MSF teams have already noticed an increase in the number of malnourished children. The displaced persons often leave their villages abruptly and are unable to bring food with them. They struggle every day to feed their families.

Epicentre, MSF's research and epidemiological survey centre, carried out a survey at the end of May in the camps around Goz Beida. This survey revealed that one child in five was suffering from acute malnutrition and that the mortality rates from 30th March to 20th May 2007 were catastrophic.

Until recently, the assistance provided by many organisations in Chad was focused on the refugees arriving from Darfur and neglected the IDP population. In April, OCHA (the United Nations Office for the coordination of humanitarian affairs) finally launched a three month emergency plan, but its objectives in terms of food, water and shelter are inadequate. "In Goz Beida, the IDPs receive 3 to 8 litres of water per person per day, whereas they should have 20 litres. Only around one hundred malnourished children are receiving treatment, but our survey estimated at least 2000 children suffering from acute malnutrition," explains Franck Joncret, Head of mission for MSF in Chad. "This policy of rationed aid for IDPs is unacceptable".

In response to the nutrition situation in Dogdore, MSF will provide a month's supply of ready-to-use therapeutic food to all children under age five

(approximately 6,000) until September, the end of the rainy season. The team will also vaccinate all children under 15 (about 13,000) against measles, a highly contagious virus that can spread like wildfire through displaced children and can exacerbate malnutrition. To increase the supply of water, MSF has brought in a drill that will help boost distribution to 20 liters per person per day.

Poor Access to Health Care

Diarrhea, respiratory illnesses, and malaria are the most common illnesses registered by MSF medical team in Dogdore. According to the team, there is "an increase in malnutrition among children who are the most vulnerable in a camp setting. We are concerned that people have lost their coping mechanisms and after several months of living in harsh conditions, may deteriorate rapidly". "The high incidence of diarrhea indicates that there is not enough water and, specifically, a lack of clean drinking water", say our experts.

In the face of the assistance gaps MSF has increased its operations. Every week, its teams treat about 1,600 patients in health centers and mobile clinics in 15 locations in the Dar Sila and Salamat



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The number of displaced villagers is climbing up

regions. The organization provides about 200,000 liters of safe drinking water to over 23,000 people every day and has given basic relief goods such as blankets, plastic sheeting, buckets, and soap to about 50,000 displaced persons.

Aid Needed Before Rainy Season

In general, despite the presence of many aid organizations, assistance to displaced persons in eastern Chad remains inadequate, while the needs are enormous. MSF is working to strengthen its assistance to the displaced populations in four key areas: access to food, medical care and water, and shelter improvements in anticipation of the coming rainy season. MSF is present in Dogdore, Goz Beida, Ade, Koukou and Kerfi and is extending its activities. In certain localities however, MSF is facing considerable obstacles. Despite repeated requests, MSF is still being refused authorisation to open a paediatric hospital in Goz Beida, which would focus in particular on treating malnourished children.

Indeed, there will be an increase in malaria cases and epidemic diarrhoeal diseases during the rainy season which starts at the end of the month. «I am worried because the rains have started and we will soon see a sharp increase in malaria and acute respiratory infections, which are particularly dangerous for children» points out an MSF Doctor in the region. MSF also fears a significant increase in malnutrition. Given the foreseeable deterioration in the situation it is urgent, in order to avoid a catastrophe, to increase hospitalisation capacity, improve the water supply and respond to the nutritional problems.

"It is imperative that the emergency in eastern Chad be fully recognised, that aid organisations provide massive, immediate aid to the IDPs and that the Chadian authorities facilitate humanitarian aid" said Dr. Isabelle Defourny, head of MSF programs in Chad ■

MSF EPICENTRE turns 20

Epicentre has turned 20! It's been 20 years since Drs Moren and Charbon had the wonderful idea to create an epidemiological facility for the benefit of Medecins Sans Frontieres. The main objectives of Epicentre are to: provide MSF teams with reliable epidemiological data so they can act accordingly; evaluate the medical impact of interventions; research diagnostic and therapeutic solutions for the treatment of disease neglected by science, and to train field actors which all aim to improve the quality of MSF programs. Epicentre has become an indispensable tool for action.

Beyond this, the work of Epicentre has brought emergency medicine and the treatment of patients affected by large-scale epidemics and pandemics to the forefront. In 20 years, Epicentre has developed an international reputation.

EPICENTRE is an association created by Medecins Sans Frontieres in 1987 to contribute to the improvement of the quality of its interventions in the field. Beginning in 1996, Epicentre became a World Health Organisation collaborating centre for epidemiological research and response to emerging disease.

Epicentre provides scientific Support to MSF field activities through research and epidemiology. Also, Epicentre develops and undertakes training modules in public health and epidemiology.

The Epicentre team, with their headquarters in Paris, is supported by an administrative team and composed of about 30 researchers: doctors, nurses, biologists, pharmacists (recipients of either a Master in Pharmacy or a PhD), statisticians, and IT specialists, among others. Epicentre also has a number of decentralized positions in the Swiss and Belgian sections of Medecins Sans Frontieres. Epicentre also has a permanent research base in Mbarara, Uganda. All in all, Epicentre employs 150 people ■

In Chad, tens of thousands are caught up in a forgotten humanitarian crisis, help us reach them in time.