VIOLENCE
HEALTH AND
ACCESS TO AID
IN UNITY STATE/
WESTERN UPPER NILE, SUDAN
Médecins Sans Frontières, April 2002
Since the resumption of the civil war in Sudan in 1983, life in western Upper Nile has been a struggle for survival. For civilians, the war has brought little but misery, particularly since the escalation of the conflict in 1997. Repeated food shortages, displacement and epidemics have been commonplace.

The health consequences of the war are enormous. Repeated displacement strains coping mechanisms and the loss of cattle drives people into destitution. When these factors are coupled with lack of access to health care and an environment replete with infectious diseases, the result can be deadly. Over 100,000 people are known to have died from one disease alone – kala azar (visceral leishmaniasis). Additional mortality from violence, from other diseases such as tuberculosis, and from malnutrition is likely in the tens of thousands.

With the intensification of the conflict since 1997, military and militia groups on all sides of the conflict have frequently targeted civilians and civilian objects in western Upper Nile. The scale of the violence is shocking. Types of abuses perpetrated by armed groups include:

- Killings, assault, rape and forced recruitment of civilians by ground troops from all sides.
- Looting and theft of civilian property: homes have been burned, belongings looted, crops destroyed, and cattle stolen by ground troops from various armed factions including the Sudan People’s Liberation Army and the militias allied to the Government of Sudan.
- Bombings and burnings of civilian homes and forced displacement in Pananou and in the vicinity of the new oil road by Government of Sudan forces using aerial bombardment, helicopter gunships, and ground troops.

Access to relief has been minimal, and extremely limited in the past few years due to the escalation of the conflict. Even before 1997, civilians in western Upper Nile had minimal access to humanitarian relief. MSF was one of a handful of agencies on the ground providing vital, albeit limited, health care. Thousands of lives were saved between 1988 and 1997. Nonetheless some areas such as Pananou have remained inaccessible since the war began, with fearful consequences for the population.

The total mortality from violence, disease and hunger in western Upper Nile will never be known. What is clear is that the war in western Upper Nile is slowly and inexorably killing off the people of the area.
Médecins Sans Frontières (MSF) has been working with the people of Unity state/western Upper Nile for fourteen years. Currently MSF works in both government and rebel-held areas of western Upper Nile, providing medical care to civilians under the control of all the warring parties and factions. The suffering of civilians in western Upper Nile – ethnic Nuer and Dinka alike – is clear and deeply compelling to any visitor.

In the last two years, a number of reports have been written which document incidents of violence against civilians. In the past two months alone, the issue of violence against civilians in western Upper Nile has gained public prominence due to two incidents involving Government of Sudan aerial attacks in Nimne and Bieh, both of which are locations where MSF operated medical programs prior to the attacks.

While these particular attacks have justified warranted international attention, they are only two of numerous areas affected by the conflict. With this report, MSF would like to convey both the tragedy and the strength of the people of the region; the enormous consequences of the brutal war that has been waged in the area and its appalling effects on the civilian population.

This report is based on the information collected and reported by the MSF field teams working in the western Upper Nile area over the past fourteen years. It is also based on over 100 interviews with displaced people in eight locations during late 2001 and early 2002. The aim of the interviews was to better understand the origin of and motivation for displacement in the past few years. Due to concerns for the security of individual interviewees, names and identifying details have been changed, and exact locations and dates of interviews have been withheld.

While this report was in preparation, the situation on the ground suffered a serious deterioration. These developments create an even greater urgency for public understanding of what has happened and is happening to the people of western Upper Nile.

Médecins Sans Frontières
April, 2002
II. MAP OF SUDAN AND UNITY STATE/WESTERN UPPER NILE

III. GLOSSARY

Anya-Nya
Opposition group formed by southerners that became the main rebel force in the first civil war following independence.

Anya-Nya II
Opposition force, largely composed of Nuer, which was formed in the early 80s before the second war began in 1983. With the creation of the SPLA in 1983, the force split, with some Nuer leaders joining the SPLA, and others forming new militia groups supported by the Government of Sudan.

Baggara
Derived from the Arabic word for cow (baggar), a name referring to the group of cattle-raising, semi-nomadic Arabized tribes from western Sudan including the Massiriya and the Rizeigat of Kordofan and Darfur.

Bahr (el Ghazal)
Arabic word for river (River el Ghazal)

Dinka
An African Nilotic tribe speaking the Dinka language originating in southern Sudan, largely in Bahr el Ghazal and Upper Nile states. The largest tribe in southern Sudan.

duel
Nuer term for the mud hut and thatched roof dwellings that are home to most rural Sudanese (also known as tukuls in northern Sudan).

GoS
Government of Sudan, based in the capital, Khartoum

ICRC
International Committee of the Red Cross, an intergovernmental humanitarian organization based in Geneva

luak
Nuer term for the large thatched hut where cattle and other livestock are housed.

MSF
Médecins Sans Frontières, an international medical humanitarian non-governmental organization

muraheel (in)
The mobile Baggara militias armed by the Government of Sudan and used to guard the train on its route south into Bahr el Ghazal.

(s)NDC
(International) non-governmental organization

Nuer
An African Nilotic tribe speaking the Nuer language originating in the Upper Nile area and the 2nd largest tribe in southern Sudan.

ICLS
Operation Lifeline Sudan, the United Nations-led emergency relief operation initiated in 1999 which negotiates access and provides assistance to war-affected populations in Sudan on the basis of tri-partite agreements signed by the Government of Sudan, rebel groups and the United Nations.

SPLF
Sudan People's Defense Force, a Nuer faction led by Dr. Riek Machar. Originally called the SSIM and allied to the Government of Sudan, in 1996 it recently announced a merger with the SPLA in January 2002.

SPLM-A
Sudan People's Liberation Movement/Army. Created in 1983, a political and military opposition group led by Dr. John Garang de Mabior. Peter Gadet is the Nuer commander for the western Upper Nile area (formerly affiliated with the SSIM militia group).

SSIM-A
South Sudan Independence Movement/Army. A breakaway faction of the SPLA led by Dr. Riek Machar Teny. In 1996 it signed the peace charter with the Government of Sudan and became incorporated into the South Sudan Defense Force. It was later renamed the SPLF and most forces recently merged with the GoS, in opposition to the Government of Sudan, in January 2002.

SSLM
South Sudan United Movement, a Nuer militia group led by General Paulino Matiep and based in Bentiu, supported by the Government of Sudan.

Sudd
A Sudanese name for the great marsh formed by the tributaries of the White Nile, located in the Upper Nile area.

tukul
Name of the small mud hut dwellings in which many Sudanese live, also known as duel in the Nuer language.

WFP
World Food Programme; the United Nations agency responsible for the provision of supplies to populations requiring food aid.

WUN
Western Upper Nile, the western part of Upper Nile State, otherwise known as Unity or el Wihda state by the Government of Sudan, and Liech state by the SSIM.
Western Upper Nile (WUN) lies in central southern Sudan. The area stretches from north of the Bahr el Ghazal river, bordering the Nuba Mountains, some 200 miles south to Ganyiel, with the Bahr el Jabel river bordering the region on its eastern side and Bahr el Ghazal on its western side. The size of the area is comparable to the Netherlands. Although still referred to as western Upper Nile or Liech state by many southern Sudanese, it was renamed Unity or El Wihda state by the Government of Sudan (GoS) in the early 90s in an administrative re-division of the south.

The administrative capital is Bentiu, a government-held town located on the Bahr el Ghazal river in the northern part of the state. The state is subdivided into districts reflecting ethnic clan groups. The majority of the population are Nuer, although communities of Dinka also reside in the north-eastern district of Pariang (also known as Ruweng county).

Population numbers for the area were estimated at between 300,000 and 500,000 people in the early 90s. The western Upper Nile area has been historically underdeveloped. Prior to the discovery of oil in the region in the 1970s, the area was of minimal political or economic interest to either the British colonial administration or the northern Sudanese regimes that replaced the British following independence in 1956. Until the recent construction of new all-weather roads around Bentiu for oil development, there were virtually no roads in the region, the exception being a dirt track from Bentiu to Adok which was only passable in the dry season. Boat travel along the rivers and walking remain the most common modes of transport.

For the Nuer, the majority population in western Upper Nile, a typical village settlement consists of a few dozen mud huts known as duel (also known as tukuls in other parts of Sudan), with larger huts – kuek – housing the cattle and other livestock. Village residents are often spread out over large areas, since many families cultivate cereals and other crops around their compounds.

The challenges of the terrain in western Upper Nile cannot be overstated. The area south of the Bahr el Ghazal river is known as the Sudd – literally barrier – a Sudanese name for the great marsh created by the tributaries of the White Nile as it winds its way north to join the Blue Nile in Khartoum. Much of the land is black cotton soil, a dense clay-like soil that develops the consistency of thick glue when wet. In the wet season, even walking is an enormous challenge, with every step hindered by the heavy mud.
1.1 ORIGINS OF THE CONFLICT IN WESTERN UPPER NILE

Historically, conflict in the western Upper Nile region was limited to inter-tribal competition for cattle and grazing land among the Nuer, Dinka and the Baggara tribes from Darfur and Kordofan states, who would migrate south with their cattle to the rich grazing lands around the Bahr el Ghazal river in the dry season.  

In earlier decades the Government played a mediation role via its efforts to reduce conflict, sometimes the Baggara raids, and Nuer armed action in this period, were largely limited to north of the Bahr el Ghazal river, but did result in the displacement of significant numbers of Nuer communities from the area known as Aloe. The family of one of MSF’s Sudanese health workers was among hundreds who fled the Baggara raids of the early 80s.  

Originally from the Klauayo area, northwest of Bentiu and north of the Bahr el Ghazal river, George is 36, old enough to remember the Baggara militia raids of the early 80s. He describes the attacks in 1985-88 as the worst – they would arrive on horseback, sometimes in vehicles, and shoot people, burn the folk, and steal livestock and grain. This was also the time when the militias first began using small arms. He remembers leaving his home in 1983, when the head chief of the Nuer in his area decided to move his people south of the river in search of a safer place. Georgie’s family moved, along with other communities, to the Nhalieku area.  

An MSF expatriate nurse who worked in western Upper Nile in 1990 wrote about the situation as follows: “...the rest of the north of WUN across the river...”  

In 1981, the second civil war began in Sudan. The events which provoked this second round of war have been well documented elsewhere. A key issue that catalyzed the conflict was disagreement over the exploitation and use of oil and water resources in Upper Nile...
1.2 **MÉDECINS SANS FRONTIÈRES IN UNITY STATE/WESTERN UPPPER NILE**

Médecins Sans Frontières (MSF) began operating in western Upper Nile, south of the Bahr el Ghazal river, in 1988. In the late 80s, prior to the creation of Operation Lifeline Sudan (OLS), few humanitarian agencies were active in southern Sudan, and aside from the International Committee of the Red Cross (ICRC), MSF was one of only two international humanitarian organizations working in western Upper Nile. At that time, the population of the area was estimated to be between three and five hundred thousand people.

Initially MSF provided basic health care services and supported a feeding program in Ler town. Simultaneous with the start of the program in Ler, MSF staff working with displaced people in Khartoum in 1988 treated 800 cases of a wasting disease, later identified as kala azar (visceral leishmaniasis). Clinical kala azar is considered to be at least 95% fatal if left untreated. On investigation, it was found that all of the kala azar cases were originally from the Bentiu area of western Upper Nile, north of Ler.

In 1989, in addition to the basic health care program, MSF staff in Ler town opened a kala azar treatment center, which was soon followed by basic health and kala azar treatment centers in Duar (1990) and Nimme (1992). Tuberculosis was identified as another serious problem (tuberculosis can be fatal if untreated) and MSF opened treatment programs in Ler and Duar in 1993.

By 1994, MSF supported a basic health care system through 14 dispensaries or rural clinics in different villages of WUN. These clinics received over 100,000 consultations annually and treated the most common sources of illness - diarrhea, acute respiratory infection, and malaria, among other diseases. In this five-year period, 6,413 patients were also admitted to the hospital in Ler and 234,110 patients were treated in the outpatient departments. Kala azar treatment centers in Ler, Duar and Nimme treated more than 20,000 patients between 1989-1995. MSF also responded to outbreaks of meningitis, measles, polio and Hepatitis E.

For some communities, the health services offered by MSF in the late 80s and later, by other agencies operating through OLS, presented the first opportunity for consistent access to medical care - ever. Due to lack of infrastructure and the war, southern Sudan is one of the most remote and inaccessible places in the world, and western Upper Nile is historically one of the least developed areas of the south. Throughout the early- mid ’90s, western Upper Nile remained underserved in comparison with other areas of Sudan, due to insecurity, flight restrictions, and the difficult operating environment.

By 1996 access to health services in western Upper Nile had increased substantially, although they were still far from sufficient. In the health sector, MSF had established a network of 15 functioning rural dispensaries supervised from five rural health clinics. Ler hospital had become the referral hospital for the area (run by another organization after MSF handed over the program), with a substantial training program for health workers. Aside from MSF, three other non-governmental organizations had become active in the health sector. At least five other organizations also operated in WUN, implementing activities ranging from education to food security to agriculture and veterinary programs. The increased presence of international agencies illustrates the improved humanitarian access to the population of western Upper Nile in the mid-90s, an activation that was to change quite dramatically in the next few years.

In late 1997, tension between two Nuer commanders sparked wave after wave of ground fighting in western Upper Nile. The significance of this conflict for the civilian population is explored in more detail in subsequent sections of this report. For MSF and other humanitarian organizations, the relative stability of the area ended in early 1998.

By late 1998, locations such as Ler and Duar - towns where MSF had run medical programs for almost a decade - had been attacked and destroyed not once, but several times. MSF’s expatriate staff were forced to evacuate from location after location as the conflict spread throughout the region, threatening to leave malnourished children without food and severely ill tuberculosis and kala azar patients without treatment. Scores of MSF’s Sudanese health workers were killed and many civilians fled the region, seeking safety in government-held towns like Bentiu or as far away as Khartoum. MSF attempted to initiate programs in the government-held town of Bentiu, where some displaced people had fled, but insecurity and lack of authorization continued to limit access.

Early 1999 showed little sign of improvement. MSF attempted to access western Upper Nile numerous times, but continued ground fighting prevented any consistent medical activities on the ground. Occasionally medicines were left in the care of local MSF health workers, where adequate supervision was available. In late 1999, however, the southern part of western Upper Nile stabilized somewhat, and MSF was able to open programs in several new rebel-held locations.

In 2000, MSF was active in seven locations in western Upper Nile, including Bentiu town, which was served from Khartoum. Initial activities in Bentiu focused on outpatient consultations, in-patient services and therapeutic feeding in an effort to address the needs of thousands of newly displaced who had fled recent ground fighting in the rural areas. This conflict also affected MSF’s programs in the rebel-controlled areas, and three locations were closed down as programs opened in new areas. This fluid operating environment continues to constrain delivery of medical services to many parts of western Upper Nile.

In the latest round of conflict, in February 2002, MSF was forced to evacuate and suspend its program in Nimme due to a ground attack and aerial bombardment. MSF’s health clinic in Bentiu town, which was served from Khartoum, initial activities in Bentiu focused on outpatient consultations, in-patient services and therapeutic feeding in an effort to address the needs of thousands of newly displaced who had fled recent ground fighting in the rural areas. This conflict also affected MSF’s programs in the rebel-controlled areas, and three locations were closed down as programs opened in new areas. This fluid operating environment continues to constrain delivery of medical services to many parts of western Upper Nile.
MÉDECINS SANS FRONTIÈRES

“When you want to settle, you cannot be sure when the war will dislodge you.”

John, from Kuac

Since the 1970s and the growth in refugee movements, it is clear that displacement increases vulnerability and mortality. Displacement is a common effect of violent conflict, not only in western Upper Nile, but also in other areas of Sudan affected by the war and other countries affected by conflict.

It is well known that populations affected by armed conflict experience severe public health consequences, often aggravated by displacement, food scarcity and the collapse of public health services. People normally experience high mortality rates following displacement. Measures to reduce mortality are equally well understood: ... food rations, diarrhoeal disease control, measles immunization and management of common endemic communicable diseases.

The Nuer and Dinka people of western Upper Nile are semi-nomadic cattle raisers. As such, migration is a seasonal event. ... for the semi-nomadic people of western Upper Nile than for settled agriculturalists of other areas of southern Sudan.

However, repeated violent displacement combined with the inability to cultivate, the increase of disease and malnutrition, loss of access to clean water, loss of livelihood, loss of seeds and fragile food security combined can have serious effects. In addition, traditional sources of income such as labour markets and economic migration have been disrupted, while many families have sold or been robbed of key assets such as cattle. This means that when people displace to other areas, they have few resources and are forced to rely on indigenous communities or relief.

When displacement occurs and relief is absent, this combination of factors can kill the most vulnerable members of families – most often the elderly and young children. As described below, displacement has been a common feature of the conflict in western Upper Nile and, increasingly, the displacement is permanent, leaving communities in areas where they may have little access to land and are unfamiliar with the terrain.

“When (1997), there would be specific events – it’s not as if the (war) wasn’t disruptive before, but before people could return to their villages and go back to ‘normal.’ Now their lives are permanently disrupted – they are permanently displaced and can’t go home again.”

– Dr. Jill Seaman

For many Nuer, dependent as they are on their cattle and traditional coping mechanisms for the climate and terrain, forced displacement taking place in different areas of western Upper Nile and the effects of this violence on civilians.

Displacement in the Nhialdiu area

Displacement associated with ground fighting has affected most people across western Upper Nile in the past four years. The...
had been burned and their cattle were stolen. She heard that some girls from the village were taken by the SPLA troops and used as sex slaves. She and her children and her husband's second wife spent two days and nights walking through the bush to Bentiu. Then they received some relief items and stayed for six months. They left in December 2000 for Jikany because there were "too many people in Bentiu" and the children of breast-feeding age were dying.

Sitting in her small shelter in a cattle camp north of Nimme, Nyaigaa stated at the end of the interview, "We have no hope when we are sitting in this place. We have no hope when help will come from. We have no hope."

Nyanyuli is a 25-year old woman from Dior Gatluak, an hour's walk from Nhialdiu. She was in compound with her husband and children when the fighting began, along with her brother's and mother's families. She hid in the nearby grass and saw the SPLDF soldiers take her family's cattle and mosquitoes nets, and then burn her home. She knew 5 women who were taken away by the SPDF and heard later that they were taken to the Ardiak area and used by the soldiers of Peter Far. Nyanyuli left her home in July 2000 and came back because she heard that relief was available near Nimme.

John, a man in his 20s from Wangjai described September 1997 as the beginning of the fighting. He said that in 1997, the soldiers did not burn down tukuls, but in 1998 things became worse. Tukuls were burned and crops destroyed. Although his village was destroyed 3 times before 2000, the cattle were not taken. Even when the area was torched by Antonov and helicopter gunships in November 1999, he and the other villagers stayed in the area. However, during the fighting of 2000, the troops killed and abducted women and children and stole cattle. He and his family fled to the area near Nimme because of the possibility of assailing relief, and because the river was nearby.

For most of the displaced from the Nhialdiu area, the primary reason for displacement was the impact of the fighting between SPLA and SSIM/SPDF forces. Many described the fighting in 2000 as worse than in previous years.

In a series of attacks during July 2000, the SPLA troops moved through most of Lat and Jikany south of the Bahr el Ghazal river – SPDF territory – and devastated the region; they burned crops and villages, looted property and cattle, and abducted women as sexual slaves. The ground offensive went as far as Nimme in the east of Upper Nile. The SPDF responded with counter-attacks that often used the same strategies against the civilian population – burning villages, looting cattle and abducting and raping women.

The Nhialdiu area has been particularly hard hit by the conflict for several reasons. One, it is a fertile area, a good agricultural area, and therefore a prize for competing troops. Two, it is fairly close to the dividing lines between the areas controlled by different factions. Since 1997 and the escalation of the conflict, villages around Nhialdiu have therefore been the subject of repeated attacks and counter-attacks.

The impact of fighting on the civilian population in the Nhialdiu area has been escalating over the years. A number of people had lost their homes or crops several times since 1997, but had always managed to return after the fighting was over. However, many people cited the scale of violence and destruction, including the burning of homes, theft of cattle and the violence against civilians (killing of men, abduction of women and girls) in 2000–03 as decisive factors that caused them to permanently leave their homes.

Many displaced people went to the eastern part of western Upper Nile via the government-held towns of Bentiu or Rupnyagai, searching for relief.

"When the war started, it was soldiers fighting each other. Then the soldiers turned on the community and started taking their cattle. We, the citizens, are suffering between the two forces. We don't know why the soldiers have turned against the community," Duu, from Rupnyagai.

Once people are displaced, many decide not to build permanent shelters anymore. For instance, a number of families interviewed in the Nimme area who were displaced from Karu and Chotyul on the road, had been living in temporary shelters made of plastic sheeting and wood for more than a year. When asked why they had not built permanent dwellings they responded that they anticipated that they might be forced to flee again. This indeed happened in February 2002, when ground and air attacks on Nimme dispersed the several thousand people who lived in or around the village.

In the same month, the Nhialdiu area suffered another attack, this time by G85 forces and SPLM fighters, who came from Bentiu. The numbers of displaced civilians, and their whereabouts, are currently unknown.

Bomings and burnings of civilian homes along the "new oil road"

"The road is very bad; it can't be a good road when so many people have to leave their tukuls," Gabriel from Kuac.

In 1997, the rebel faction in control of most of western Upper Nile – Riek Machar's SSHM – signed a peace agreement with the Government of Sudan. For the first time since Chevron's suspension of activities in the early 80s and the outbreak of the 2nd war, this event opened a window of opportunity for the government and oil companies to explore development of the rich oil reserves located in the region, which had hitherto been largely under rebel control.

Oil development had been suspended in the early 80s after the then-concession holder, Chevron, had lost several employees in an attack by the SPLA.

Two consortiums of oil companies are now active in western Upper Nile. The first consortium, called the Greater Nile Petroleum Operating Company (GNPOC), includes the following companies: Talisman Energy (Canadian), the China National Petroleum Corporation (Chinese), Petronas Cargali (Malaysian) and Sudapet (Sudanese), and is active in blocks 1 & 2, north of the Bahr el Ghazal river. The second consortium, led by Lundin (Swedish), includes Petronas, OMV (Austrian) and Sudapet, and has been actively drilling in block 5A, south-east of Bentiu and the Bahr el Ghazal river.

One of the first challenges to the development of the oil potential was to create infrastructure in the area. As a result, in 1998, the first steps in constructing a major new all-weather road were taken.

Information collected from interviews suggests that a large number of people have been displaced from Chotyul, Kuac, Guit and other locations due to construction of the new road by the Government of Sudan and oil companies in 1998–2003. This all-weather road begins near Bentiu and was constructed to facilitate the development of oil reserves south-east of Bentiu. The road passes through or very close to the towns of Chotyul, Kuac, and Guit, ending in Rier, which is located along the White Nile or Bahr el Jebel river.

Intervies with the displaced civilians from Chotyul, Kuac and Guit produced consistent accounts of regular aerial Antonov bombardment and systematic attacks by helicopter gunships flying at low levels, as well as ground forces bulldozing and burning tukuls, located on or within a 30-minute walking distance of either side of the new road.

Some families who survived the fighting between the SPLA and SPDF factions in mid-2000 returned to their villages, only to be forced by the road construction as well as aerial attacks and ground units of the road construction units targeted their homes in late-2000. As one man described it, "First the war (between SPDF/SPLA) made the young people leave, but the old people stayed. Then the road made the old people leave."

Nyoni, a 45-year old woman from Kuac, left her village in December 2000 because of the road construction. The trouble started in November 2000, she said, when the Antonov bombing started. There were two months of Antonov bombing, and for one month, helicopter...
“The war begins when the sorghum is high.” Elderly woman from Nhialdiu

During peaceful times, the Dinka and Nuer survive the challenging environment and temperamental weather through a delicate balance of agricultural activity, cattle raising and trade, and seasonal migration. For instance, each year, there is a traditional “hunger gap,” the period between the cultivation of crops and the harvest, when people eat the remainder of their food stocks and employ coping mechanisms such as fishing and gathering wild foods to sustain themselves until the harvest.

Cattle play a vital role in the food economy of the Nuer and Dinka. Even when the harvest is poor, cattle have always remained a key source of food security, both in terms of direct milk and meat consumption as well as their value as an asset to be traded for salt or grain. As mentioned above in the section on looting and theft of civilian goods, the loss of cattle can therefore provide permanent destitution, unless a family has daughters who can bring cattle back to the family upon marriage. While a family retains cattle, they always maintain some resources. As one person described it: “the hunger gap is not a serious problem if you have milking cows. The food security plummets when the cattle have been raided.”

Looting and theft of cattle

“Life in southern Sudan is cow; nobody leaves their home without the cow. That is why people were killed.” Deng from Panarou

For the Nuer and in large part also the Dinka, cattle are far more than simply an economic asset or a source of milk and meat. The cow has economic, cultural and spiritual meaning. It is the source of wealth for marriage and status, the asset to be sold for salt or grain, the price to be paid for infractions of customary law, a symbol of family bloodlines, and its milk is a source of food for young children. When many cattle are slaughtered in times of need, it is the clearest sign of a deteriorating humanitarian situation, for the Nuer and Dinka will attempt to retain and maintain the lives of their cattle at almost all costs, knowing that the loss of their cattle renders them destitute.

The story of a 59-year-old man displaced to Bentiu illustrates the key role of cattle in Nuer culture. The day they (the villagers) heard that the SSIM soldiers were in the area, they decided to send out their cattle with boys and girls to protect them. In the evening the soldiers were in their village. Even if the villagers said they would not loot, several soldiers had come to do so and therefore to protect cows and girls. The soldiers might be angry to find nothing but the most important things were still protected.

As mentioned above in the description of events in Nhialdiu, men were killed while trying to protect their cattle.

Nyot, a 63-year-old man from Nhialdiu, had lost all his cattle in July 2000, when the SPLA fighters came to his village. In July the grass is very tall, and the soldiers come up to the house through the grass. First they collected the cows and rounded up the people in the house. There were ten people. Some of them, including him, were shot and beaten. One man - Gattuak Deng - who tried to protect his cattle, was taken away and shot. The SPLA put all Nyot’s goats in the luak, and then burned it down. His sheep and cows were taken away, as were four of the younger men.

Mary, a 35-year-old woman from Wangloup, left her home in April 2001 when her village was destroyed. She ran from her home in the early morning when fighting began. It was the fourth time that Wangloup had been attacked. Each time previously her family had returned after the attack because they managed to safeguard their cattle. Last year, her neighbour had shot and tied to the fence. Then her family had not returned after the last attack because her home and crops were burned and their cattle were stolen.

Displacement, food insecurity, and malnutrition

The significance of cattle raiding goes beyond the immediate violence surrounding the attacks and looting. Cattle represent a vital asset for the Nuer and Dinka. For many families, therefore, one of the most serious impacts of the conflict in western Upper Nile has been the raiding of cattle. Individual accounts of looting of property and raiding of cattle during the last decade, but especially in the past four years, are numerous. All the warning parties, including the SPLA, the Government of Sudan, and the Medecins Sans Frontieres - the SPDF (SSIM) and the SSIM - have stolen cattle and other property from civilians. This looting deprives families of their key method of survival.

Food insecurity and malnutrition

While wild foods, fish and cattle are vital elements of food security, grain remains a staple of the Nuer and Dinka diet. As noted, the cultivation of crops usually
takes place in May/June, when the rains begin. Crops are harvested between September and November, depending on the variety. Grain is then stored and eaten over the next six months of the dry season. If people have cattle and access to wild foods, then there is no problem to cope with crop failure or destruction. However, if there is no access to cattle, no access to grain, and increasingly, little access to wild foods, then the situation becomes extremely difficult.

Another factor that must be mentioned is the diversity of the land in western Upper Nile. Traditionally the Nhillidiu area and Nyong in the southern part of the region were considered the bread basket of western Upper Nile. A doctor who spent a decade working in western Upper Nile for MSF described the Leek area, where Nhillidiu is located, as follows:

“Leek used to be called the United Nations of western Upper Nile. When you lose Leek, you lose your food security (…because) that’s how people get food – they walk to where the food is, where they have relatives.”

Dr. Jill Searson22

Even when crops failed or were poor in other areas, people could come to buy food or trade in the markets for grain from the rich agricultural land of Nhillidiu. Now, however, the conflict has caused the collapse of most local markets and any remaining commercial cattle trading ties with the north, and the repeated raiding of Nhillidiu has destroyed several years of crops and displaced hundreds of families from their land.

The fact that fighting traditionally starts in the dry season has therefore developed an ominous subtext. Increasingly it appears not merely a logistical issue, since accounts from displaced people emphasize that in addition to dealing with the fighting, the soldiers from all the factions are increasingly burning and destroying the crops, thereby jeopardizing the food security of thousands of civilians.

During the nearly two decades of war in the region, most civilians have been forced to resort to survival strategies even outside of the traditional lean times: foraging for wild foods, stealing, digging out the grain stored in ants’ nests, and fishing have become vital food sources. However, these survival strategies have sometimes had unexpected long-term consequences – the rapid increase of the kala azar epidemic is believed to be linked to the fact that in the late-80s, many people were forced to seek shelter or forage for food in the acacia forest. The acacia forest is the known habitat for the sandfly – carrier of the kala azar disease. Even aside from the potential health threat of the sandfly, these survival strategies are by no means sufficient when the majority are hungry and there is no other source of food, including humanitarian relief.

The link between malnutrition and mortality from disease has been clearly established in medical research.23 Malnourished children are more susceptible to die from diarrhoea and other basic diseases when they lack treatment. In western Upper Nile, the link between the conflict, food security and malnutrition is clearly demonstrated in the example of Padeah village. Padeah is located north-east of Leer town. In May 1999, armed conflict around Leer affected most villages in the area, right at the start of the period of cultivation in southern Sudan. Between June 1998 and early 2000, no humanitarian agencies had been present in the area, and no food distributions had taken place. MSF initiated activities in Padeah in early 2000 and became alarmed by the visible malnutrition among young children. MSF conducted two surveys in Padeah. The first survey, in June 2000, was a nutritional survey which also gathered information about rates of displacement and cattle losses.

Survey results showed that of the 271 families surveyed, 253 households (75%) had been displaced by the fighting and 253 households (93.4%) had lost cattle in the 1999 fighting. The global malnutrition rate was 28.6%, and the severe malnutrition rate was 3.5%. The crude mortality rate was 1.5 deaths/10,000/day. The high malnutrition rates were related to the fact that people had been unable to cultivate in 1999 due to the fighting, had lost their cattle, had received no relief food, and were forced to await the new harvest in 2000.

A second nutritional survey was conducted in Padeah one year later, in June 2001. The area was more or less stable in this period, people were not displaced, and were able to harvest satisfactory crops. The second survey showed malnutrition rates that were still high, but substantially less than the previous year – the global malnutrition rate was 18.9% and the severe malnutrition rate was 3.5%.

Parts of western Upper Nile have experienced famines over the past decades, often provoked by poor har-
vists, drought and flooding, and exacerbated by the conflict. The 1988 famines, the worst in living memory for many people in western Upper Nile, was clearly linked to the disruption of agriculture and cattle rearing due to the war.

The prevalence of malnutrition present among some communities over the past four years is also linked to lack of agricultural opportunities and food insecurity. Humanitarian relief has been absent during much of the past twenty years. For instance, in early 1998, MSF was concerned over the nutritional status of the population of western Upper Nile following a year of flooding in 1996, drought and a poor harvest in 1997, and six months of ground fighting in which the people of the Nhillidiu area were subjected to repeated looting by soldiers from the two warring factions – Nuer’s SUDAM and Machar’s SLM. MSF conducted a series of nutritional screenings and surveys in Leer town which established that children under 5 years, generally among the first group to experience malnutrition in a food shortage, were suffering a global malnutrition rate of 42.4%.24

Over 700 children were promptly enrolled in therapeutic and supplementary feeding centers by early-June 1998. However, a more widespread and sustainable solution to the tragedy of western Upper Nile: how many of those children, and others who were never identified, managed to survive?

22 See footnote 17.
24 The first survey in June, 2000 was a 2-stage random-cluster sample of 518 children between 6 and 60 months. The global malnutrition rate is defined as the proportion of children with weight/height Z scores <-2 or 80% of the median W/H or with a MUAC<125mm or edema. The severe malnutrition rate is defined as the proportion of children with weight/height <-2 Z scores.
25 A crude mortality rate of more than 1.0/10,000/day is considered an emergency. Normally, in a resident African population, the crude mortality rate is less than 0.5/10,000/day.
26 Over two days in May, 462 children were surveyed in a random 10% representative nutritional weight/height survey. The global malnutrition rate of all respondents is the proportion of children with weight/height <-2 Z scores.
2.3 INCREASED MORTALITY FROM INFECTIOUS DISEASES

Even without displacement, disease has taken an enormous toll. The conflict has denied thousands of families access to basic health services and to regular nutrition, a combination of events with serious consequences. Due to the historical lack of health care and health surveillance in western Upper Nile, it is difficult to estimate the specific impact of the conflict on morbidity and mortality rates.

However, over the 14-year span of MSF’s presence in the area, the epidemic of kala azar has been well-documented and considerable research has been undertaken linking the origins of the epidemic to factors associated with the conflict. Clearly, large numbers of people have died unnecessarily from diseases such as kala azar – which are treatable, had the war not prevented treatment.

The case of kala azar

"The scale of the epidemic is hard to describe as no census data is available. Even as a rough estimate of the population of WUN is 300,000. Working from there it is clear that almost everyone has lost at least one relative. In areas such as kajo and jikany villages have been emptied. Those that have not died have moved away. ... The story from Pananou is even more extreme with a typical patient reporting that they were the only pan family left out of a family group of 20 or so. The scale of the epidemic is hard to convey without using emotive language, in essence the kala azar is, and has been massacring the population for six years" Geoff Prescott, MSF nurse in WUN 1990–91, MSF internal report, June 1991.

Historically, there has been little or no health surveillance in western Upper Nile, so the patterns of disease and mortality are little known. However, it is clear that the disease was first identified by the conflict – the displacement, increased malnutrition, cattle raiding and violence – have permitted diseases of various kinds to proliferate. Kala azar is one such disease.

Kala azar (visceral leishmaniasis) is a parasitic disease spread by the bite of a sandfly. It is an epidemic disease, affecting the immune system, and presents with a variety of symptoms: fever, anaemia, weakness, and wasting. Patients will die of complications (e.g. pneumonia, diarrhoea) unless treatment is available. Not all persons infected with the parasite will develop the disease. However, malnutrition is an important risk factor for developing the clinical disease. Kala azar can be treated with the right medicine and medical and nutritional care. A series of 30 daily injections cures the disease in at least 90% of cases. Once successfully treated, kala azar becomes immune for the rest of their lives.

Kala azar is endemic in eastern Sudan, particularly east of the White Nile. The sandfly lives in Acacia or Balanites trees, which are plentiful in eastern Sudan and parts of western Upper Nile. Prior to the outbreak in the mid-80s, western Upper Nile is believed to have been free of the disease.30 Now however, kala azar is well known among the peoples of western Upper Nile.

Medical data and the first-hand experience of MSF staff suggest that every family has either lost members to the disease or knows someone who has died.

The disease reached epidemic levels in western Upper Nile in the late 80s, not long after the outbreak of the second phase of the civil war. A series of seven surveys carried out by MSF between 1990–1994 estimated that at least 100,000 people died of kala azar during the epidemic in western Upper Nile – at least one third of the population of the area.31 In Pananou alone, surveys estimated that up to 10% of the population may have died from kala azar. MSF teams working in WUN in the late 80s and early 90s saw many deserted villages in Jikany while walking through the area. Survivors of the epidemic spoke of entire extended families wiped out by the disease.

"When we arrived in Ler – I cannot describe it. Everyone was naked and hungry.... I walked to Duar and everyone was dead. All the villages along the way were empty. In Duar, the huts were half taken by the bush.... Except for a few people, everyone had died." Wouter Koel, MSF nurse in Ler in 198832

In Duar, thousands of people used to live there... (By 1989) there were 5 people left. We would walk by places and people ... do a retrospective mortality survey if there’s no one left from a family to tell you which family members have died."

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The epidemic started in Jikany, just north-east of Duar. Following the introduction of the disease to the area, it spread rapidly (see map 2). Reasons for the rapid spread of the disease included: the lack of immunity, the poor health status due to the lack of health care services and the limited access of humanitarian organizations.

The first cases of kala azar occurred in 1984, when access to health services collapsed with the onset of the war, and the increased movement of people, including soldiers and returning students, may have brought the parasite from an endemic area to western Upper Nile.

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The epidemic spread to the Dinka area of Panarou, north-east of the Bahr el Ghazal river, in the late 80s. Between mid-1990 and early 1991, when treatment was available in Duar, more patients came from Panarou than from any other area, despite a journey of up to 35 days. Almost 1,500 patients were treated from Panarou in this time period. However, from mid-1991 through mid-1992, even while MSF treated almost 30,000 cases of kala azar from other areas and the epidemic is believed to have reached its peak in Panarou, virtually no patients from Panarou came for treatment. The reason was the violence in Panarou relative to the burning of the SPLA, so few people were permitted or dared to journey into the rebel-held area south of the river.

Between 1990 and 1994, MSF conducted seven retrospective mortality surveys in an effort to better understand the impact of the epidemic. Analysis of these surveys produced the following conclusion:

"On the basis of the overall death rates found in the surveys in each district and population figures extrapolated from the 1983 census, 80-136,000 people who might have been expected to live, have died since 1984. Allowing for extra deaths from VL (visceral leishmaniasis) among families with no survivors, and deaths since the surveys in areas with no access to treatment, around 100,000 people have probably died from VL in WUN."

While the peak of the kala azar epidemic appears to have hit most of western Upper Nile in the late 80s, and Panarou in the early 90s, the disease still affects large numbers of people every year. Another outbreak took place in 1994, caused by the movement of large numbers of people through the acacia forests in order to attend a new market.

To date, MSF has treated over 20,000 cases of kala azar in WUN. As the war continues and serious preventative measures and sandfly control are not implemented, treatment of those who access health centers is the only means of reducing mortality.

Nya Puoch, a woman in her 50s originally from Kuac, but displaced to Brubur, lost her mother to kala azar in 1989. She has delivered eight children. Four died from disease, three from what she believes was kala azar, and one from another, unspecified disease.

Awau, a woman in her late 40s from Akot, had delivered eight children. Four died from disease, three from what she believes was kala azar, and one from another, unspecified disease.

Veronica, a woman in her 40s originally from Pading, had been seeking MSF’s kala azar treatment. She lost four siblings to kala azar in the late 80s. Of her six children, three died of kala azar or other diseases.

Tuberculosis has quietly become a leading cause of fatalities around the world. On average, every sputum-positive TB case is infecting 12 other persons each year with TB. If there is no treatment after infection, 60% will have died within 1-5 years, 20% become chronic cases continuing to spread the disease, and 20% of TB cases will spontaneously cure.

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Table 1 represents only a fraction of the total incidence of infectious diseases. Many outbreaks have no doubt been unreported or inaccessible due to conflict, and total mortality from preventable infectious diseases will never be known.

### Table 1: Outbreaks of Disease (Known to MSF)

<table>
<thead>
<tr>
<th>DATE</th>
<th>LOCATION OF OUTBREAK</th>
<th>DISEASE</th>
<th>ESTIMATED # AFFECTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994-96</td>
<td>All of western Upper Nile</td>
<td>Kala Azar (Visceral Leishmaniasis)</td>
<td>80,000 – 136,000</td>
</tr>
<tr>
<td>1994-96</td>
<td>Meiringlis</td>
<td>Measles</td>
<td>unknown</td>
</tr>
<tr>
<td>1992</td>
<td>Duar area</td>
<td>Measles</td>
<td>unknown</td>
</tr>
<tr>
<td>1993-94</td>
<td>Throughout western Upper Nile</td>
<td>Shigeliosis (bacillary dysentery)</td>
<td>unknown</td>
</tr>
<tr>
<td>1993-94</td>
<td>Nime, Duar and Ler</td>
<td>Polio</td>
<td>unknown</td>
</tr>
<tr>
<td>1993-94</td>
<td>Nime, Duar and Ler</td>
<td>Hepatitis E confirmed</td>
<td>100% mortality</td>
</tr>
<tr>
<td>1996</td>
<td>Ler area</td>
<td>Cholera</td>
<td>500 deaths among 3,600 reported cases</td>
</tr>
<tr>
<td>1996</td>
<td>Ler area</td>
<td>Measles</td>
<td>unknown</td>
</tr>
<tr>
<td>1997</td>
<td>Duar area</td>
<td>Hepatitis E</td>
<td>unknown</td>
</tr>
<tr>
<td>2000</td>
<td>Palabesh (near Ler)</td>
<td>Measles</td>
<td>unknown</td>
</tr>
<tr>
<td>2001</td>
<td>Near Rubra</td>
<td>Polio</td>
<td>1 case confirmed, indicating &gt;100 other persons are infected</td>
</tr>
<tr>
<td>2002</td>
<td>Palabesh (near Ler) &amp; Tam (Bul area)</td>
<td>Measles</td>
<td>unknown</td>
</tr>
</tbody>
</table>

* All individuals are isolated to ensure 20% of all vulnerable deaths in developing countries, in 2000, the World Health Organization estimated that there were 8.5 million deaths attributable to infectious diseases. However, many deaths are unreported or inaccessible due to conflict. Therefore, it is difficult to estimate the total number of deaths attributable to infectious diseases.
**2.4 KILLINGS, RAPE AND FORCED RECRUITMENT OF CIVILIANS**

"Both sides, whenever they get you, they beat you."
Nyaualei, from Nyaro

"The attacks in 2000 were not the first fighting, but it was the worst, because if soldiers found people, they killed them."
Nyanyang, from Nhialdiu

Mortality and injuries of civilians as a result of violence from military and militia factions are perhaps the most obvious effect of the conflict, but data is incomplete given that many civilian victims of violence do not report their cases to either the army or the police. In addition, while many war-wounded patients are medically evacuated every year from locations throughout Sudan to the CRIC (Centre for Research in Clinical Infectious Diseases) in Juba, some patients include wounded combatants as well as civilians. From MSF’s own records, it is clear that each year dozens of people, including women and children, have been medically evacuated due to war injuries such as gunshot wounds.

The story of Nyakuon illustrates this issue.

In January, 2002, Nyakuon, a 14-year old girl was walking from Dablual to Padeah to attend a wedding with her 16-year old friend Nyak. On the way she ran into a government of Sudan patrol. Nyak was raped by a soldier. Nyakuon resisted the rape and was shot in the chest by one of the soldiers. She was brought to a nearby MSF clinic where she was given first aid and then evacuated to Lokichoggio for surgery.

Aside from the health impact of direct violence, the following sections illustrate the overall pattern of violent targeting of civilians by armed factions on all sides of the conflict.

Targeting of civilians in Panarou

"Panarou is now without people."
Duth, from Panarou

The situation in Panarou, also known as Ruweng County, is somewhat different from other parts of western Upper Nile. Panarou is divided into two parts: Awet, the northern half, where the town of Panarou is located, and Kuel, the southern half, which borders the Bahr el Ghazal river. Panarou borders the Rumbek Mountains in the north and the Heglig oil fields to the west. Reports from Panarou over the past decade have been extremely alarming from a humanitarian and human rights perspective. In recent months, MSF has learned more about the current situation from displaced Panarou Dinka arriving in the Jikany area.

The stories told to MSF by people provide a shocking insight into the area. Killings of civilians, even young children, appear to be commonplace.

Majak, a man in his late 40s, was visibly distressed when telling this story. Majak is from the Kuel area of Panarou, from a village near Agarak, a town in the north of Panarou, not far from the Bahr el Ghazal river. Majak described the events which forced him to leave Panarou in graphic detail.

In March of 2001, Majak walked to Lake No to do some fishing. Early the next morning he heard the sound of bombing and shooting and started walking back to his village. As he walked, he saw fires and people running and realized that villages were burning. As he neared Bol, he was stopped by troops in vehicles and ran into the forest. He hid there until sunset, when he wandered out again under cover of darkness, and walked to Bol. In Bol he found a devastated village. One person had survived the day’s massacre – a young girl – mentally hand funciona battered 14-year-old. He found thirty people in a lusk, all dead, two of them young women who had been brutally mutilated. Majak and other men from the area buried the dead and then walked to Agarak, a village north of Lake No, searching for displaced people. A few days later, Antonov planes and helicopter gunships came over Manguyang and neighboring villages and began bombing and shooting at the villages. People began running towards the river, but the helicopter gunships kept following and shooting at the people. People drowned in the rivers because they did not know how to swim. Majak walked to Lake No and met some other survivors – people walking without their children. When he asked where their children were, they said they didn’t know where they had been last. In the confusion, Antonovs also came to bomb the people at the riverside, where they were hiding in the tall reeds. Majak had spent the last five months walking around Jikany, trying to find his people and bring them to places like Rumbek, where they could receive relief.

Kulang, in her mid-40s, fled her home in Agarak in July 2001. Agarak is located in southern Panarou, due north of Lake No. Kulang’s parents, both in their 60s, were killed during an Antonov bombing earlier in the year. Kulang had stayed in her village after the bombing, but decided to leave in July when the Antonovs returned. This time accompanied by ground forces in "new kind of trucks." Helicopter gunships also came in pairs, at any time. Last year, Kulang had fled Agarak (late 2000) during their rainy season fighting. When she returned in early 2001, everything had been burned and she saw 10 bodies of people who had been killed. Including three people she knew: two men in their late 40s and a four-year old child. "The war is different now," stated Kulang, "because before the Arabics would come only in the dry season. Now they bring helicopter gunships and a new kind of truck and come any time."

Nyaweth, 38 years old, from Biu, also left Panarou in the dry season 2001. She left because of the shooting and bombing. Three helicopter gunships came, flying at the level of the trees, and started shooting at people. She was in her compound and became frightened after some people were killed. She ran away south to Mayong. She saw people falling down from the shooting as she ran. Two of her grandchildren – a three-year old girl named Mapei and a five-year old boy named Deng – were killed by helicopter gunships several years ago.

Daw, a woman in her late-30s, is originally from Nyak (near Biu). Daw left in the dry season, 2001 after her brother and cousin were killed in a helicopter gunship attack. She fled south to the riverside where she hid in the reeds in the middle of the river. But the gunships came there too, and they would shoot in the area. The Antonovs also bombed the riverside. Daw said that the Antonovs and helicopter gunships were very frightening because sometimes the Antonovs would come and didn’t bomb, but other times it would bomb a lot. “You cannot run when it or the helicopters will come, sometimes they come at night, in the afternoon, or in the morning, but you can never know!" she said. Daw stayed near the river, eating the root of water lily for several months. She has not been able to cultivate any crops because she had to leave her home before the rainy season began. Now she sells wild greens – strom – which she gathers from the riverside and asks from other people.

While people from Panarou acknowledge that there has been fighting there for years, they described two ways in which the degree of conflict in 2001 differed from previous years. First, all of the people interviewed described regular attacks by helicopter gunships, a new and fearsome development in the last two years. Everyone interviewed described the helicopter gunships as flying at very low levels (“the level of the treets”), and firing at groups of civilians, including women and children. Second, people stated that the establishment of Government garrisons within Panarou limited the ability of people to return to their homes and cultivate in the rainy season.

These two factors give the Panarou conflict a new intensity, which results in forced displacement of the Panarou people.

Rape and abduction of women

Of particular note is the scale of rape and abduction of young women by fighters from both sides. Almost everyone interviewed described in great detail rape and abduction of women, either SPLA or GoS/PDF, or by Bahr al Ghazal militiamen in and around Rumbek. MSF heard at least 50 individual women who were abducted, a number that is likely to be only a small fraction of the total.

Nyadet left Nhialdiu in February 2001, when the SPLA and the SPDF began fighting. She described how the fighting began, early in the morning. During the fighting, she and her neighbor stayed in their homes, lying down on the floor with their livestock. When the fighting was over in the evening, SPLA soldiers came to her compound and ordered her to pack up her belongings and come with them. Nyadet, her 34-year old sister, and two neighbors, women aged 25 and 36, were forced to accompany the soldiers and carry goods along the journey.

Along the way, they were stopped and raped by different men. Nyadet described being raped by three-four men each night for the nine days she was with the troops. When the troops reached the town of Tany, north of their river, Nyadet managed to escape one morning while defecating in the forest. She made her way back to Rumbek, where she received some relief items, but did not find her family.

Nyikir, a woman in her mid-20s, also left Nhialdiu in 2001, was at home when the fighting began. The soldiers of the SPDF came to her compound and beat her and her husband, then they left to fight. When she and her family heard the sound of the gun, they managed to run into the nearby grass and hide while the fighting took place. The soldiers returned to the compound later in the day and stole the cattle and property, then burnt the tukul. Nyayng said that one man and about 30 women were taken away by the SPFDF soldiers. Some of the women returned after several months, and described repeated rape by the soldiers during their captivity.

Nyakir, a woman in her 30s, left her home in Mifirir in 1998 after her husband died of kala azar and their 11 cows were looted by the SPLA. She went to Bentiu...

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whole time inside the tukul, afraid of being seen by the troops. Earlier, his brother had been caught in Bentiu and forced to be a soldier. If men refuse, they can be killed. Francis also mentioned that men had to pay 5,000 Sudanese pounds to enter and leave the town; women only paid on exit.

The SPLA troops have also conscripted young men, sometimes by threatening assault or taking the family cattle if men refused to join the troops. Displaced people from Panarua, Bentiu and areas south of the river have reported forced recruitment by SPLA troops. According to these accounts, boys as young as 10 years old have been forcibly recruited.

James, a 25-year-old man from Nhialdiu, was at home with his family in March 2000, when SPLA soldiers and local chiefs came to collect young men. He agreed to go because he knew that they were needed in the army. His wife was forced to stay in the tukul, afraid of being seen by the troops. After his release, James said that they are called red soldiers because they are young. They are very brave, but when they are shot, they cry.

MSF has also witnessed inhumane treatment of the forced recruits within the SSUM forces. In 2001, several dozen severely malnourished and ill soldiers were admitted to the MSF clinic in Bentiu. They were forcibly recruited in Khartoum or other places in the north, where they had gone to seek work or safety.

The men’s stories were consistent in describing capture under gunpoint by SSUM soldiers in Khartoum and in eastern towns like Sennar and Gedaref. They were then taken for training, apparently from malnutrition. Some received treatment at the local government clinic in Bentiu, others died.

When these men were admitted to the MSF clinic, they were in a desperate condition. Samuel’s story illustrates the terrible plight of these men.

Samuel is in his late 20s. Originally from the Ler area, he has been living in Jebel Aulia in Khartoum for the past four years. In January 2001, Samuel was in the market in Jebel Aulia when armed SSUM militia men began rounding up Nuair man and forcing them on a truck. One man tried to run away but was shot in the hand. The SSUM men took him to a training camp in Kala Kala, and then to Mayom near Bentiu. There were more than 3,000 recruits, plus 100 women and 100 children. In Mayom they started military training – every day, from morning to evening. It was very hard, more than 100 died from hunger during the training. The only food they got was sorghum porridge (nidle). Samuel became ill with diarrhoea and coughing in February. He gradually became worse until May, when he no longer able to continue training. He was transferred to Bentiu and diagnosed with tuberculosis.

MSF has also witnessed inhumane treatment of the forced recruits from the SSUM forces. In 2001, several dozen severely malnourished and ill soldiers were admitted to MSF’s clinic in Bentiu. These men were all originally from various locations in western Upper Nile. They were forcibly recruited in Khartoum or other places in the north, where they had gone to seek work or safety.

The men’s stories were consistent in describing capture under gunpoint by SSUM soldiers in Khartoum and in eastern towns like Sennar and Gedaref. They were then taken for training and then transported to Mayom or Bentiu. Most became ill whilst undergoing military training, apparently from malnutrition. Some received treatment at the local government clinic in Bentiu, others died.

When these men were admitted to the MSF clinic, they were in a desperate condition. Samuel’s story illustrates the terrible plight of these men.

Nyadang is originally from Rupnyagai, a town several hours walk north of Nhialdiu. Nyadang is a woman in her 30s who has given birth to three children. She knows conflict – last year there was fighting but her family hid in the bush until it was over. Last year the cattle were not taken nor were the crops burned. This year was different. She left Rupnyagai in March 2001, when fighting started again near her village. Her home was near the forest, so when they heard the sound of the guns, the man from her family ran into the bush, afraid that they would be killed by the SPLA soldiers. The women stayed in the compound. Nyadang had her newborn baby with her and believes that she left her alone because of her infant child. Her 15-year-old daughter, Nuyat, had gone to fetch water before the fighting began. Nuyat was abducted by the soldiers. All of Nyadang’s belongings were looted or burned. Her family’s cattle were taken; their tukul and crops were burned. They had no food left, so Nyadang’s family went to Bentiu to find some relief. They stayed in Bentiu several days and received some food, then left for Nimme. Nyadang heard from a woman who had escaped from captivity that her daughter, Nuyat, is in Mayom. She is the “wife” of a soldier.

In addition to the incidents of rape during and after fighting in the villages in the Nhialdiu area, many women who fled to Bentiu and Rubkona for relief and protection were raped by Paulino Matiep’s SSUM militia in the town. MSF interviewed at least a dozen women and men who were either victims of rape or witnessed rapes by SSUM fighters and Government soldiers either in or on the outskirts of Bentiu.

Nyareu is a 45-year-old woman originally from Bieh village (near Koch). She left her home in 1999 after her home was burned down and her cows were taken by the SPLA. Her family spent six days walking to Bentiu and was registered upon arrival. She left Bentiu in August 2001. The food distribution had stopped. Nyareu said that she had been beaten and raped many times by SSUM militia men and Government soldiers. She remembered four times, when up to six men raped her. On her journey out of Bentiu, the soldiers took away all her belongings, leaving only the clothes she was wearing.

Elizabeth, a 25-year-old woman from Bieh, also left to Bentiu in August after fighting in her village. Her home was burned and her family’s 40 cattle were stolen by SPLA troops. Elizabeth was pregnant when she went to Bentiu and delivered her child there. Elizabeth narrowly escaped being raped one night when four fighters came and tried to rape her. A fifth man came and stopped the rape because she had a new baby. Instead, the man beat her on her back with sticks. On her journey back to Bieh, everything she had was lost by soldiers. “Everything we carried was taken away by soldiers – clothes, mosqui-net, pots, fishing nets – I made it there naked.”

Medically, the high incidence of rape also has worrying implications in terms of the spread of sexually transmitted diseases. Incidence of HIV-AIDS in western Upper Nile currently remains low, probably due – ironically – to the isolation and inaccessibility of the area due to the conflict. The incidence of sexually transmitted diseases, the scale of rape taking place, and the displacement and maltreatment caused by the conflict are all factors which could lead to an explosion of the disease once it is introduced.

“This year’s attack (in 2001) is worse than last year’s. The people who managed to run away last year took their cattle Aika, women were raped and then sent back. This year was different, women were kept by the SPLA.” Nyateak, from Nhialdiu.

“If they (the soldiers) like you, they will take you and leave your child. The child will die. They will use you as a wife.” Nyadang, from Rupnyagai.

Coronation and assault related to forced recruitment of men was also consistently mentioned as a problem, and appears to be common practice by all factions operating in western Upper Nile.

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Forced recruitment

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The story of Francis, a young man in his 20s, reiterated the danger of forced recruitment in Bentiu.

Francis was originally from Kuac. He left his home in July 2000 during the fighting between the SPLA and SPDF. His wife went to Bentiu and he went west. He later went to Bentiu to visit his family, and spent the
2.5 DESTRUCTION OF HEALTH SERVICES AND ATTACKS ON HEALTH WORKERS

Through its presence in the area since 1988, MSF has observed the deterioration of the situation in western Upper Nile, but especially in the past five years. By 1996, MSF and other organizations working in the health sector had established a network of local health posts or dispensaries and health centres offering additional services. This network, consisting of 19 dispensaries and five health clinics, as well as the functioning regional hospital in Lur, provided health care to several hundred thousand people in Western Upper Nile. MSF’s records for this period indicate that more than 100,000 consultations took place annually in the health posts between 1990-1994 alone.

One of the less evident, but hugely significant effects of the conflict in the area has been the almost total destruction of the health infrastructure that was built up over the past decade, and the dispersal of many trained health workers. The provision of health services has always been poor in WUN, and with the onset of the civil war the situation further deteriorated. The sparse health infrastructure was largely destroyed and many health personnel were killed in the violence or the lack of adequate protection. A lack of health facilities and health staff have immediate consequences. Water-borne diseases such as diarrhoea and vector-borne diseases such as malaria account for the majority of the mortality among patients in MSF’s health centers. With both types of disease, children under five years of age at high risk of dying if adequate intervention is absent. In addition, epidemics of other diseases regularly affect communities in western Upper Nile. Some of these diseases are easily prevented or reduced with vaccination programs, however, the conflict has rendered many areas inaccessible for regular immunization.

In addition, diseases affecting cattle, such as brucellosis, are easily transmitted to humans where there are no programs to prevent such infection. MSF staff have treated many people against brucellosis and the link with cattle is clear:

“I noticed all these people having really hot joints and fevers… (it was) brucellosis. We actually did a study and 20% of the cattle had brucellosis, which might not happen if there wasn’t a war, because brucellosis is a disease you can vaccinate against.” - Dr. Jill Seaman

In 2002, MSF worked in six locations in rebel-controlled WUN, offering basic health care, some in-patient services, and in one location, kala azar treatment through simple village clinics. In addition, the MSF programs in Bentiu offered in-patient and out-patient facilities, therapeutic feeding, and treatment of kala azar and leprosy patients. The estimated catchment population for these programs was over 200,000 people. A total of 70,000 consultations took place in the six clinics along over a one-year period, and almost 30,000 consultations and admissions took place in Bentiu in 2001. These seven clinics provide virtually the only source of preventative and curative care for the population in WUN. Aside from MSF, the Ministry of Health in Bentiu, all health services in WUN are provided by international organizations.

In MSF’s clinic in Thonyor, for instance, which is a health center with in-patient capacity, an average of 1,400 patients were seen each month in an area with an estimated population of approximately 12,200. In a four-month period from October 2001-January 2002, the center received 122 in-patients, people whose medical conditions were serious enough that they would die without treatment. The main diseases seen among these patients included malaria, pneumonia, malnutrition and serious wounds (including war wounded suffering from grenade and gunshot wounds). The center also treated 67 kala azar patients. These figures - a snapshot of one small health post in one pocket of WUN - indicate the huge health needs in the region. The fact that the conflict has destroyed or rendered inaccessible large areas of the region is that much more worrying when set against the backdrop of such enormous human needs.

Attacks on health workers

All of the warring parties have been responsible for the destruction of health facilities, the looting of medical goods and materials, and the deaths of health workers. Despite the protections afforded to medical units and personnel by the Geneva Conventions of 1949, armed troops have targeted health units and staff with total impunity. The following list of attacks illustrates the pattern of attacks on health facilities and medical personnel. It is far from complete and represents only those incidents confirmed by MSF staff in western Upper Nile:

MSF alone has lost eight Sudanese health workers to violence in the past 10 years. In 1998, three Dinka nurses were killed during the Dinka-Nuer clashes following the split of the SPLA. Two more health workers were killed during the violence of the 1998 fighting between Malap’s SSUJ and Machar’s $SJR factions. In September 2000, two health workers were shot at close range by SPLA troops when they fled, unarmed, from an attack on Koch (see below).

The attack on Koch, September 2000

Stephen Gaddet and Paul Tap, health workers supported by MSF, were in the health clinic in Koch when they first heard the gunfire. They tried to escape carrying the medical supplies with them, but the soldiers were already nearby and fired at them. Despite Paul’s efforts to crawl, Paul was killed instantly. Stephen was seriously injured with bullet wounds in his face, chest, and leg, and survived only a few hours. A total of five civilians are believed to have been killed in the attack, including Stephen and Paul.

The loss of health staff and basic health facilities have had serious consequences for the people of WUN. First, the complete lack of local resources and facilities remaining to WUN, led MSF nurse (William Diu) killed while fleeing Lur, MSF nurse (David Diapp) killed while fleeing Duar.

The effect of the attacks on health clinics and health workers is significant. Health workers who were trained in Lur and other locations over a decade have fled the region. Some have found work in MSF's kala azar programs in government-held areas such as Bentiu and in Garang, or with other organizations in Khartoum. However, for the civilians remaining in western Upper Nile this is scant comfort, as most communities are bereft of trained health staff and access to essential medicines.

In attacks, the clinics and health posts have almost always been completely destroyed, with the buildings burned, medicines and other materials stolen, and water and sanitation facilities damaged. Ground attacks have generally been carried out by factions allied to the Government of Sudan and the SPLA. Aerial attacks via Antonov bombers and helicopter gunships have been used exclusively by the Government of Sudan military. While aerial bombing has been frequent and has often hit civilian targets such as in Nimme in February 2002, the principal impact of aerial bombardment of hospitals has been in other parts of southern Sudan and is well documented elsewhere.27

27 See, for instance, reports of Un. Committee for Refugees.
2.6 Constraints on Access to Humanitarian Relief

Relief operations in the context of conflict are not uncomplicated. Many of the problems associated with emergency relief in Sudan and other chronic conflicts are well known. These include diversion of aid to the military, manipulation of aid, lack of accountability, and associated human rights violations. Many of the less obvious dilemmas of relief in chronic conflicts are also characteristics of the Sudanese war – the use of humanitarian aid as a big leaf for political inaction, the distortion of traditional indigenous modes of authority and representation, and assistance rendered with little regard for cultural imperatives or needs.

Nonetheless, there is no disputing the fact that for the people of western Upper Nile, humanitarian relief – when available – has made a significant difference for people on the edge of survival. The medical programs provided by MSF alone have saved large numbers of people from death. Close to 30,000 people have been treated by MSF for kalaazar and tuberculosis alone – these people would otherwise have died.

The humanitarian aid operations in Sudan mirror the political and military divide of the war. Over the past 15 years, two distinct operations have emerged. A number of UN agencies and non-governmental organizations operate from Khartoum, under the authority of the Government of Sudan. These organizations access government-held areas in the southern conflict zone with Government permission. In western Upper Nile, the key areas served from Khartoum are largely north of the Bahr el Ghazal river and include Bentiu town, Paing and Paing in Panarou and the area surrounding the oil road. The second part of the relief operation is based in Kenya and operates in the rebel-controlled areas of southern Sudan, under the authority of the SPLA or other controlling opposition groups. In western Upper Nile, most of the areas south of the Bahr el Ghazal river and north-east in Panarou, is served by humanitarian agencies operating out of Kenya.

When discussing constraints on access, it is useful to distinguish between denied access – when for instance, humanitarian agencies are refused permission to enter an area and provide services – and access limited by security constraints such as active fighting.

Constraints in rebel-held areas: the case of Panarou

As described in earlier chapters, the largely Dinka-populated district of Panarou, also known as Ruweng county, has long been one of the most worrying areas of western Upper Nile. The population of Panarou was believed to number about 79,000 in the 1983 census. By 1990, the estimated population of Panarou had declined to 60,000. By 1994, the estimated population had receded even further, to between 45,000-50,000. War-related displacement, violence, measles epidemics and kalaazar are believed to have been the main causes for the deaths of thousands.

MSF has been concerned about the effects of the conflict in this area for over ten years and has made numerous efforts to maintain programs in the district. Assessment missions in 1991, 1993, 1994 and 1998 continuously emphasized the grave humanitarian situation and the urgent need for humanitarian relief. Each time MSF attempted to maintain a permanent presence in the area, however, the insecurity was judged too high. In addition, the Government of Sudan continuously banned flight clearance for the area for a number of years.

The combination of violence, displacement, and the lack of medical services have been a deadly combination for the people of Panarou. Even among MSF medical staff well-acquainted with the most alarming humanitarian and medical disasters, Panarou has been described as among the worst situations ever witnessed.

Dr. Seaman, who visited northern Panarou – Awet – for the first time in 1995, described her impressions as follows:

“We walked over an open grave and there were bones like crazy. We walked past burned huts – everything was burnt to the ground. People left it at sundown and wouldn’t stay in the village. Many people had tropical ulcers – huge wounds – because they had no clean water and nothing to put on the wounds. In most places you will have a piece of cloth to put on the wound, but there they didn’t even have cloth to put on the wounds.”

MSF also conducted three retrospective mortality surveys in Panarou, which estimated that kalaazar had killed between 40 and 20% of the population in the area, depending on the specific location. As mentioned earlier, in 1995 Paing Panarou people managed to access kalaazar treatment in Dior between 1990-1992. However, after the split of the SPLA, most Panarou people were unable to travel south of the Bahr el Ghazal river due to the clashes between the Dinka and Nuer.

MSF tried alternative approaches to reach the Panarou people. The kalaazar center in Nimme was established in 1993, partly to provide easier access for the Panarou people, and some did reach the services provided there. However, the Panarou people who reached Nimme were all people from Koel, the southern part of Panarou. Awet people did not reach the services in Nimme. The explanation for this disparity lies with the attitude of the two SPLA commanders. In Koel, the commander recognized the gravity of the situation and permitted people to enter Nuer areas in search of treatment. In Awet, the commander took the opposite approach, barring people from going into the Nuer lands after the split of the SPLA.

MSF returned to Nyarweng, in the Awet area of Panarou, in 1994 and attempted to establish a program. In 1994, approximately 100 kalaazar patients were treated for three weeks before insecurity forced the MSF team to evacuate. Medicines were left with a local health worker to continue the treatment of the patients. Later, however, MSF learned that the area commander had requisitioned all the drugs and demanded a pregnant cow for each bottle of Pentostam, the medicine used to treat kalaazar. This example and the fear that the toxic drug Pentostam could be used inappropriately, dissuaded MSF from attempting to leave substantial amounts of medical supplies without supervision.

In summary, a combination of factors limited access to Panarou throughout the past decade: insecurity due to the conflict was a major factor, but Government and rebel authorities also imposed restrictions on the ability of agencies to freely access the area, or for the population to access relief, where available. The consequence of these access limitations has been dramatic. Approximately 50% of the population may have already died from kalaazar, other diseases and violence. The recent stories of displaced people from southern Panarou are testament to the ongoing violence and forced displacement taking place in the region.

Uninterrupted from violence and access to humanitarian relief is made available to the people of Panarou, there may soon be few people left.

“It’s nice that you are here now, but where were you nine years ago when we were dying? We are dead now. Kalaazar patient in Panarou to Dr. Seaman, February 2002.”

Constraints in government-held areas: the case of Bentiu

“Many people are coming out of Bentiu because outside you can get visits from relatives.” Nyarweng, from Cholbenow

“SOUIM, look at night. If you are not from Bul they will kill you. If from Bul then they take your property and leave you.” Samudi, from Kuac area.

As with most of the Government-held towns in the south, Bentiu is a source of both relief and insecurity for displaced people from rebel-held areas. Historically, when violence increases in the surrounding areas, GoS-held towns offer a relatively stable location and greater access to humanitarian relief, given the insecurity prevailing in the rebel-held areas. On the other hand, the newly displaced are often vie-wed suspiciously and can face discrimination and violence at the hands of armed groups, particularly when entering or leaving GoS towns. Bentiu illustrate both characteristics.

Displaced in Bentiu include people from Jikany, Lek, Jogi, Adok and Nyong areas of WUN who came mainly in two large influxes, in 1998 and 2000.

Until 2000, there was minimal relief available in Bentiu. When displaced entered Bentiu in 1998 fleeing the conflict, some agencies based in Khartoum began operations in Bentiu. These programs were hampered by continuing insecurity. For instance, between 1998-2000, MSF tried to initiate a program in Bentiu but was limited by on-going insecurity as well as by Government-imposed restrictions on the use of communication equipment and the movement of expatriate staff to the area. In August 2000, MSF finally succeeded in opening facilities in Bentiu for therapeutic feeding and in-patient medical treatment.

In 2000, when the second major influx entered Bentiu, humanitarian needs were enormous. Many of the displaced were in dire need of nutritional and medical assistance, as well as food, clothes, and other relief items. Most people received vital and sufficient relief assistance initially when they arrived. Food, mosquito nets, clothing etc. from INGOs and UN agencies. In 2001, however, distribution of non-food items reduced drastically and the general food distribution did not take place from April to September.
Western Upper Nile has been suffering conflict for almost 20 years. There is no question that the war is taking a heavy toll. Violence, disease and malnutrition have killed tens of thousands. Thousands have fled the region and now live in refugee camps and displaced settlements. For those civilians who have remained in the conflict zone, the way the Sudanese war has been waged has brought little but misery, especially since 1997.

The health consequences of the war are enormous. Repeated displacement strains coping mechanisms and the loss of cattle drives people into destitution. When these factors have been destroyed in the past four years, further devastating the ability of civilians to access adequate healthcare.

The fact that at least one third of the original population of western Upper Nile have lost their lives to kalaazar and other treatable diseases must be reiterated. These are...
conflict. The people of some areas – such as Panarou – have been unable to consistently access humanitarian assistance since the war began. Unless protection from violence and access to humanitarian relief is made available to the people of Panarou and other areas, there may soon be few people left.

MSF demands full and unhindered humanitarian access to areas where permission has been denied and where civilians are in need of assistance.

The total mortality from violence, disease and hunger in western Upper Nile will never be known. This report attempts to portray a few of the concrete effects of the war through the experiences of individuals and the observations of medical professionals. It is impossible to convey a full picture of the ways that the conflict has affected the lives of thousands. Each individual has a story. What is clear is that the war in western Upper Nile is inexorably killing off the people of the area.

The people of western Upper Nile desperately need protection and assistance. The only way to ensure that civilians are adequately protected and assisted is to establish permanent and appropriate humanitarian activity in the area. This can only be accomplished if:

• the warring parties support full and unhindered humanitarian access and protection of populations,

• the international community fully commits to establishing a permanent humanitarian presence in western Upper Nile, and

• the warring parties cease targeting relief centers as part of their war strategy.