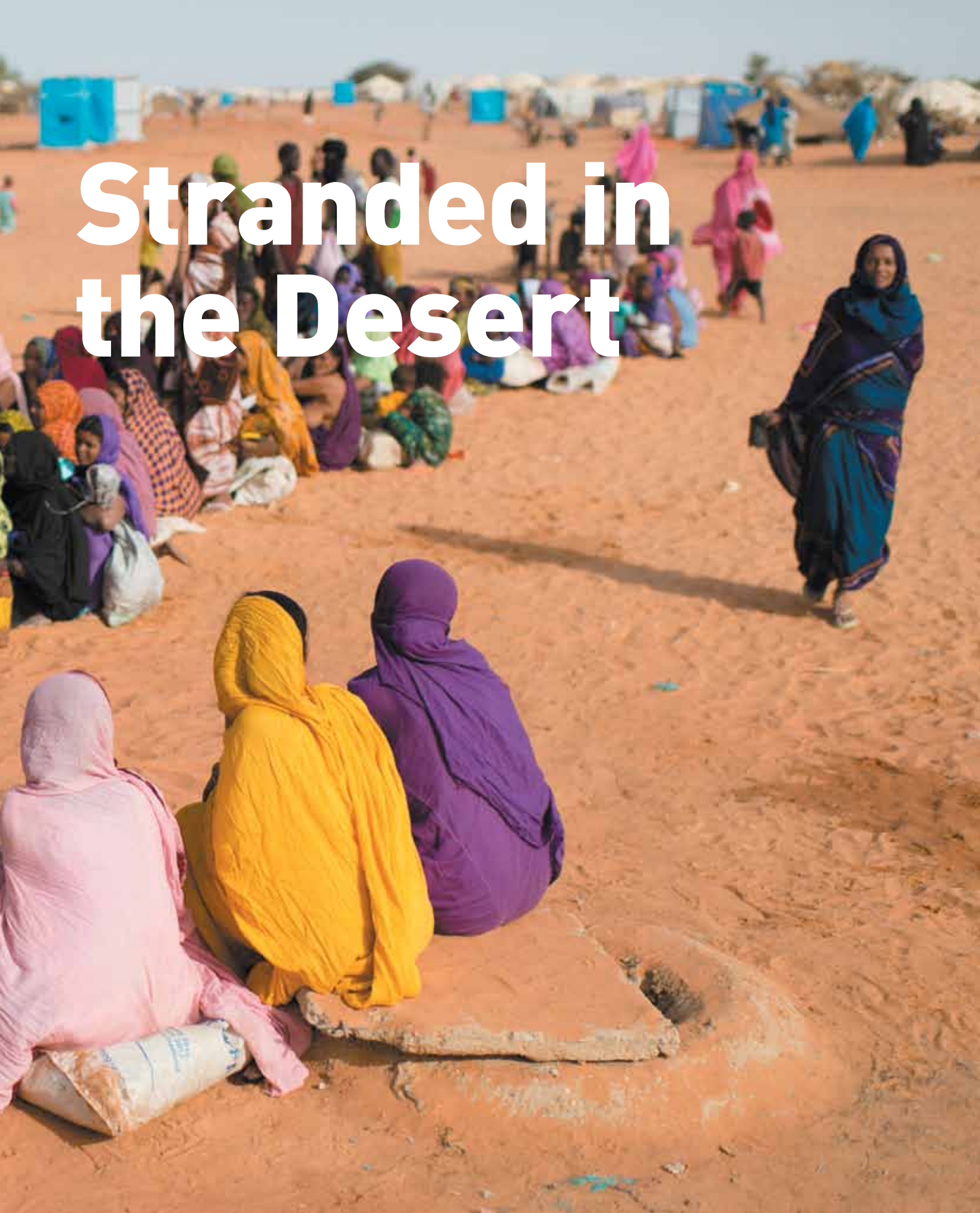


Stranded in the Desert



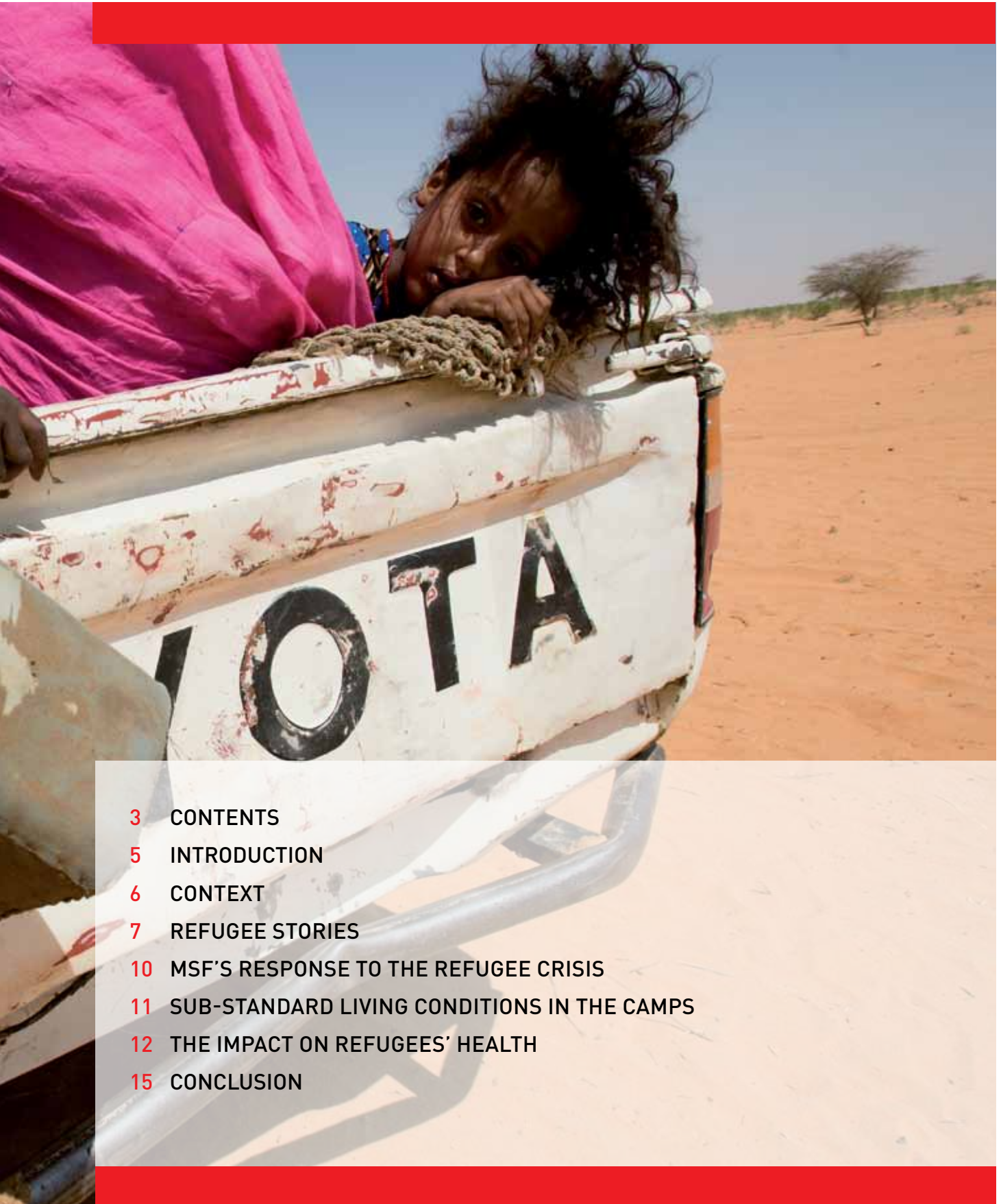
Médecins Sans Frontières (MSF) is an international medical relief organisation.
MSF is an independent and neutral aid agency that serves all people regardless of their race, politics or religion.

April 2013

Layout : www.okidokidesign.net - Yesmine Sliman Lawton



CONTENTS



- 3** CONTENTS
- 5** INTRODUCTION
- 6** CONTEXT
- 7** REFUGEE STORIES
- 10** MSF'S RESPONSE TO THE REFUGEE CRISIS
- 11** SUB-STANDARD LIVING CONDITIONS IN THE CAMPS
- 12** THE IMPACT ON REFUGEES' HEALTH
- 15** CONCLUSION



INTRODUCTION

Since the start of the conflict in Mali in January 2012, hundreds of thousands of people have fled to other locations inside the country or to neighbouring countries. More than 270,000 people have been displaced within Mali, according to the United Nations, while more than 170,000 refugees have fled to neighbouring Burkina Faso, Mauritania and Niger. Mauritania hosts the highest number of refugees, with some 68,000 people registered by the Office of the UN High Commissioner for Refugees (UNHCR)¹ in camps in Mauritania.

The camps in Mauritania are located in a remote, arid region close to the border with Mali. The refugees rely completely on outside assistance and humanitarian aid for their survival, including such basic needs as food, water, shelter and medical care.

So far the humanitarian response has been far from adequate. Aid agencies including UNHCR and the World Food Programme (WFP) have been slow to respond to the continued influx of new refugees, resulting in high levels of malnutrition amongst children who have been in the camps for several weeks. In temperatures of 50 degrees,

refugees receive only 11 litres of water a day, and shelter and sanitation have been vastly inadequate for their needs. Recently, the provision of food, water and sanitation has improved, but the situation is still extremely precarious and aid organisations need to maintain their humanitarian response for as long as necessary.

Médecins Sans Frontières (MSF) has been providing healthcare to the refugees in Mauritania since February 2012. In recent weeks, MSF has been scaling up medical and nutritional services in response to deteriorating health among refugees as a result of the sub-standard living conditions in the camps.

Due to the ethnic and political background of this refugee crisis, there is little prospect of the refugees returning to Mali in the near future. The challenge for aid agencies will be to put in place long-term plans that will bring living conditions in the camps up to acceptable humanitarian standards.

¹ See <http://data.unhcr.org/MaliSituation/country.php?id=132>

CONTEXT

The Malian refugee crisis has a complex ethnic and political background. The Tuareg, a nomadic Berber people whose territory straddles northern Mali, have long held dreams of independence. An armed Tuareg uprising in 1990 was unsuccessful, but after the return of large numbers of Tuareg fighters from Libya after the fall of the Gaddafi regime, the conflict flared up again in January 2012. Soon after the Tuareg independence movement – the National Movement for the Liberation of Azawad (MNLA) – took control of northern Mali, the first wave of refugees arrived in Mauritania. These refugees were mainly Tuaregs who remembered the reprisals that had taken place after the ethnic conflict of the early 1990s.

Between March and June 2012, other armed opposition groups – including Al Qaeda in the Islamic Maghreb (AQIM), the Movement for Unity and Jihad in West Africa (MUJAO) and Ansar Edine – clashed with the MNLA, taking control of several of the northern territories. In the capital, Bamako, in the south of the country, the trouble in the north led to a coup in March 2012 by members of the Malian armed forces, with the elected president ousted from power. At this time a second wave of refugees arrived in Mauritania, which included all the ethnic groups found in Mali.

Between June 2012 and January 2013, the major towns and surrounding land in northern Mali were effectively administered by the armed opposition groups, who imposed a strict Islamic rule of law over the territory. Relatively few new refugees arrived in Mauritania during this period. However, there was significant internal displacement of people, with hundreds of thousands of people fleeing the north of Mali to seek refuge in the south.

Negotiations between some of the opposition groups and the Malian transitional government broke down in January 2013, leading to an offensive by opposition forces to the south, which was seen as threatening the capital, Bamako. In response, the French army arrived in Mali to join Malian forces in pushing back the rebel advances. Within several weeks, the armed opposition groups had abandoned all the major towns in the northern regions. The French-led military intervention and its aerial bombardments of northern Mali caused panic among the nomadic population and triggered a third wave of refugees; at its peak, 1,300 refugees were arriving every day at Fassala, the border crossing between Mali and Mauritania.

Since the French army's intervention, the situation in northern Mali has been highly unstable, with the armed opposition groups reverting to guerrilla tactics, including roadside mines and bomb attacks in populated areas. Meanwhile, the Malian army is accused of widespread revenge attacks against the remaining Tuareg and Arab population. This insecurity, combined with the displacement of a significant part of the population, has led to a complete collapse of the local economy, with food resources becoming increasingly scarce.

The latest refugees to arrive in Mauritania from March 2013 cite food insecurity and the collapse of basic services as their main reasons for fleeing Mali.



REFUGEE STORIES



© Nyani Quarmyne

MSF conducted 100 interviews between February and mid-March 2013 with existing refugees in the camps and with new arrivals at Fassala border crossing between Mali and Mauritania.

The interviews are a snapshot of the situation, and by no means portray the entire ethnic complexity of the conflict and resulting refugee crisis. However, this snapshot does provide an insight into the underlying tensions, and indicate that people's fears of the re-emergence of old ethnic and political tensions are at the root of the crisis. It also indicates that this is likely to be a prolonged situation which will require a sustained response from aid agencies.

PROFILE OF REFUGEES

The majority of the refugees in Mbera camp are pastoralists who lived nomadic or semi-nomadic lifestyles in Mali. Dependent for their living on livestock, about 55% of the nomads interviewed by MSF in Mbera camp have family members still in Mali – usually young men – who have stayed to take care of the cattle. Often the young men come to Mbera for short stays before returning to their herds in Mali. The ethnic composition of the people interviewed shows the same diversity as in northern Mali. The

main ethnic groups in Mbera camp are Tuaregs (65% of interviewees) and Arabs (26%), with 9% from other ethnic groups. The majority (97%) of those interviewed are from the Timbuktu region.

REASONS FOR FLEEING

Almost half (45%) of those interviewed in Mbera camp had fled pre-emptively, out of fear of reprisals by the Malian army or local population. Many were able to bring belongings, clothes, money and even cattle with them to Mauritania.

"I left three of my sons in our village in Mali to take care of the livestock. With the other village chiefs, we took the decision to leave out of fear of the Malian army. I lost brothers and cousins in 1992. I saw a lot of atrocities and I lost a lot of loved ones in the conflict. I almost lost all my animals too. This time we left early. Nobody knows when we will be back but, at my age, I have no desire to go into exile every ten years. We want a lasting solution. I do not want to die in Mbera, I want to die at home, surrounded by all my family in my native land."

Ibrahimou, 71 years old

About one in four (24%)² refugees had fled direct fighting where their life or the lives of family members were in danger.

"I had no problems with my neighbours from other communities. Things changed after the outbreak of the violence in January 2012. Overnight, we could not leave the house. Our neighbours threatened and insulted us. We had to hide to avoid confrontation. For them, all 'white skins' are rebels. I was very affected by the aggressive words and deeds of my former neighbours and friends."

Mamoudou (not his real name), from Bamako

The seizure of power by Islamist groups in cities such as Timbuktu, Gao and Kidal had pushed 3% of interviewees to flee.

"After the takeover of Timbuktu by Ansar Edine, our life changed. Jihadists paid young men to join their movement. We women struggled. I had to cover my whole body before going out. Women no longer had the right to speak or greet people in the street. Life was very hard for us. My family and I stayed three months under Ansar Edine, but when I was warned and threatened by the police because of my clothes, I preferred to leave the city permanently."

Maymouna, 21 years old, from Timbuktu

One in five (20%) of the refugees interviewed had arrived after the French-led military intervention.

"I fled with my family because of the bombing. They did not bomb the place where we were staying, but we could hear the noise when they started bombing Timbuktu. I was afraid. I fled with my husband, leaving behind our livestock and some members of the family. I had just given birth, so the journey was not easy. I got sick and so did my children. I vomited and had diarrhoea. We took food and water with us, but the heat and the transport difficulties made the journey really hard."

Awa (not her real name), 32 years old, from Timbuktu



² Includes direct and indirect threats by the Malian army or pro-army militias, and includes bombings.



The most recent arrivals interviewed in the final two weeks of the survey (8% of interviewees) said their main reasons for leaving Mali were food shortages, a lack of basic services such as healthcare, and the breakdown of economic activities.

“Life has become very hard. I had nothing to give to my children. There was nothing to eat, shops were closed or empty. There was no market for cattle. I could not stay because I have small children to feed.”

Halima, 24 years old, from Léré

MSF'S RESPONSE TO THE REFUGEE CRISIS



© Nyani Quarmyne

In late-February 2012, soon after the first influx of refugees started arriving in Mauritania, MSF began medical and nutritional activities for refugees and the local population in the district of Bassikounou.

MSF is providing free-of-charge basic and hospital-level healthcare, as well as antenatal care for pregnant women. Our medical teams initially ran two health centres in Mbera camp and supported two health posts, one in Mbera and one at the border post of Fassala.

In January 2013, as a new wave of refugees arrived, our teams adapted

their response to deal with emergency needs by setting up a third health centre. During this time the number of consultations went from 1,500 to 2,500 per week.

So far, since the start of 2012, our medical teams have carried out over 85,000 consultations, attended 200 births, and treated some 1,000 severely malnourished children.

With the nearest hospital located more than 200 km away, MSF has also set up an operating theatre in the village of Bassikounou to provide rapid medical care and stabilise the most serious cases before

referring them to the hospital in Nema.

Protecting children against measles is another top health priority in the camps for our staff. In the confines of the camps, amongst children who are often suffering from chronic malnutrition, an epidemic of measles could be devastating. Our teams have vaccinated close to 10,000 children against measles since March 2012.

MSF runs medical programmes in the Malian regions of Mopti, Gao, Sikasso, and Timbuktu, as well as for refugees in Burkina Faso, and Niger.

"It took us two days to get to Fassala. We were tired, but still alive, and safe – that was the most important thing. Now we have to adapt to life in Mbera – it is going to be very hard. My daughter gave birth here and we had nothing for the baby. He's still suffering from malnutrition and he has been admitted to the MSF programme. The food here is not the same as what we normally eat. We are nomads, we need meat and curdled milk, but here they give us rice and oil. I was poor in Mali, but here it's even worse. I've got absolutely nothing. Also, I feel completely foreign and far away from my home country. I want northern Mali to return to peace so that I can finally go back."

**Azarra (not her real name),
40 years old, from Timbuktu**

Since March 2012, MSF has been calling attention to the deplorable conditions greeting new arrivals to the refugee camps in Mauritania and the impact these conditions are having on the health of close to 70,000 refugees.³

In January 2013, humanitarian aid came under increasing pressure following the influx of 15,000 refugees. Three months later, a number of measures have been implemented and we are now seeing some improvements to the supply of aid to the camps. Nevertheless, with a refugee crisis that is likely to continue, the challenge will be to continue to provide assistance that meets humanitarian standards.

³ <http://www.doctorswithoutborders.org/news/article.cfm?id=5797&cat=field-news>, <http://www.doctorswithoutborders.org/press/release.cfm?id=5921>, <http://www.doctorswithoutborders.org/press/release.cfm?id=6005&cat=press-release>, <http://www.doctorswithoutborders.org/news/article.cfm?id=6091&cat=field-news>, <http://www.doctorswithoutborders.org/news/article.cfm?id=6534>, <http://www.doctorswithoutborders.org/news/article.cfm?id=6634>

POOR HYGIENE

When an extension was added to Mbera camp to accommodate the new refugees arriving in January 2013, our teams witnessed a situation where there were only four latrines for 12,000 people. Humanitarian standards⁴ call for a minimum of one latrine for every 20 people. There had also been no distributions of hygiene kits, soap or jerry cans for five months. To improve the dire sanitary conditions in the camp, additional latrines are now being built and there have been distributions of soap.

WATER SHORTAGES

In the desert region where the camps are located, neither refugees nor locals have sufficient access to clean drinking water. In Mbera camp, refugees receive just 11 litres of water per person per day, instead of the 20 litres recommended by humanitarian standards. With daytime temperatures hovering around 50 degrees, staying hydrated is essential, especially for young children and the elderly. Water shortages also increase the likelihood of diseases linked to poor hygiene. For refugees and locals who have livestock to care for, getting access to sufficient water for their animals in this drought-prone region is a real problem.

LACK OF SHELTER

A number of refugees who arrived in January 2013 had to wait more than four weeks to receive shelter materials. Arriving with few possessions, they had no option but to build makeshift shelters using scraps of cloth and sticks. While most families have now received a tent, there are still some 2,000 people living in large temporary tents while they wait to receive shelter materials.

⁴ http://www.refbooks.msf.org/MSF_Docs/En/Refugee_Health/RH.pdf

THE IMPACT ON REFUGEES' HEALTH

"When we arrived in Mbera, my baby got sick, lost his appetite and would no longer take my milk. The doctors tell me that he is malnourished. Even I have lost weight and feel weak. Conditions in the camp are harsh. The food is not enough and the children don't have enough milk. They do not give us any milk here. We are nomads – we need milk; it's a basic part of our diet. We sold the tent that they gave us in order to be able to buy something to eat. A lot of people are doing that."

**Awa (not her real name),
32 years old, from Timbuktu**

Most of the illnesses treated by MSF teams during medical consultations in Mbera camp are directly linked to the poor living conditions and lack of access to water and food. Each week, staff at MSF's health centres in Mbera see an average of 1,000 people with respiratory infections, 200 people with diarrhoea, 100 people suffering from skin infections and 30 people with malaria.

In November 2012, a retrospective mortality survey carried out by MSF in Mbera camp showed a mortality rate of 3.22/10,000/day among children under the age of two⁵, a rate that exceeds emergency levels. These figures suggest that children under the age of two living in the camp die at rates two or three times higher than in other parts of Mauritania.

Of the deaths recorded during the period covered by the survey, 13% involved children under the age of two, 43% involved children aged under the age of five, and 22% involved people of 60 or over. The primary causes of mortality within the camp were diarrhoea (27%), fever/malaria (24%) and respiratory infections (16%).

⁵ According to the MSF survey conducted in November 2012, the crude mortality rate is 0.76 /10,000/day and the mortality rate is 1.46 /10,000/day for children under the age of five.

NUTRITIONAL SITUATION

In November 2012, a nutritional survey conducted in Mbera revealed that almost one in five children (17%) living in the camp was malnourished and that one in 20 children (4.6%) was suffering from the most severe form of malnutrition.

The refugees are entirely dependent on food rations provided in the WFP's monthly distributions. The rations include 12 kg of rice, 3 kg of pulses, 1.5 kg of corn soya blend [fortified flour], 0.75 kg of oil and 0.6 kg of sugar.

This food aid is not adapted to the nutritional needs of young children. Mothers receive no milk for their children, and while the rice they receive helps alleviate hunger, it does not provide the nutrients that are essential to a child's growth and development.

The food aid is also not adapted to the dietary customs of the predominantly pastoralist refugees, who are used to a diet based on milk and meat. Some families admit they regularly sell a portion of their rations so as to buy milk and meat to feed their children.

MALNUTRITION ON THE INCREASE IN 2013

Between January and February 2013, MSF's feeding programme saw an increase in weekly admissions, rising from 42 to 106 severely malnourished children. In late-February, the majority of admissions to the programme (85%) were for children who had recently arrived in Mauritania. However, the nutritional screening carried out by MSF at Fassala health post shows that the vast majority of refugee children⁶ arrive at the Mauritanian border in good health.

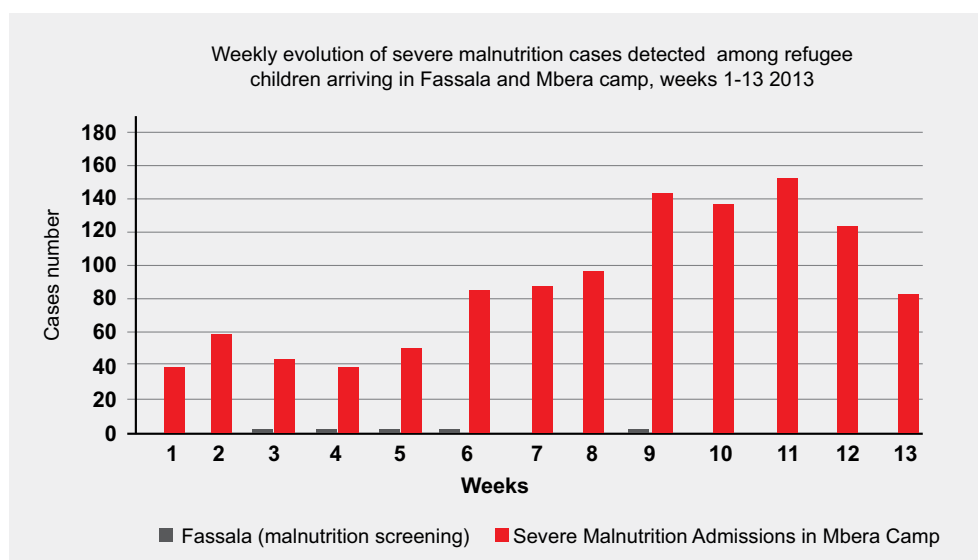
MSF recommends providing families with food rations that contain CSB ++, which is made from milk,

⁶ If a MUAC band shows red, the child is suffering from severe acute malnutrition. Orange indicates moderate acute malnutrition. Yellow means that the child is "at risk" and green indicates that there is no problem. Between January and February, MUAC screening of almost 4,000 children at Fassala showed 96% green, almost 3% yellow, and less than 1% red.



oil and sugar, in order to meet the nutritional needs of children under the age of two and to prevent them from becoming malnourished.

At Fassala health post, MSF's medical teams conducted a systematic screening for malnutrition based on the mid-upper arm circumference (MUAC) measurement of children aged from six months to five years. A comparative analysis of the medical data shows that children who had recently arrived developed malnutrition problems after being in the camp for six to eight weeks.



Apart from the food rations being unsuitable, the problem is being exacerbated by delays in providing food aid to new arrivals. Refugees are registered in Fassala but do not receive any food aid at this point, so a family arriving at Mbera camp after the monthly rations have been distributed might have to wait for four weeks before receiving any food assistance. As a result, many new arrivals are forced to rely on existing refugees sharing their own rations with them. This situation is likely to be contributing to the increase in malnutrition rates amongst children.



© Nyani Quarmyne

CONCLUSION

Malian refugees in Mauritania, staying in remote camps close to the border, are completely reliant on external aid for all their basic needs including food, water, shelter and medical care.

The majority of refugees have not experienced major health problems on their journeys to reach Mauritania. But on arrival in the refugee camps, their health condition is deteriorating rapidly – the result of poor living conditions, inadequate food, a lack of shelter and severe water shortages. Most notably, young children who have been in the camps for several weeks are at increasing risk of malnutrition.

So far the humanitarian response has been far from adequate. While the provision of water, food and sanitation has recently improved, it remains dependent on outside assistance and humanitarian aid.

The refugee crisis is not going to go away. The majority of refugees interviewed by MSF spoke of their fears, if they stayed in Mali, of reprisals by the Malian army or other ethnic groups – fears rooted in ethnic and political tensions which go back decades. With these issues far from resolved, combined with ongoing insecurity and economic difficulties in northern Mali, these refugees are unlikely to return home in the near future.

The challenge will be to provide continued assistance that meets humanitarian standards. MSF calls on all aid agencies to ensure long-term planning to maintain adequate standards for all those who face a future in the camps.

