Visite Serge + accompagnant
Philippe et moi pouvons accompagner Serge sur
l'essai de la lune prochaine + traducteur + intellectuel
pour l'essai nécessaire.
Possibilité de vous...
Une lettre MF ou la note.
Unanimité pour qu'au moins la 2e semaine à super-loi de 0h se joigne à l'évaluation.

- Liste des villages visités du rapport ci-joint.
- Synthèse des autres ans:
  - Rapport SCF sur ciblages immédiats du Moz.
  - CICR sur région Herca.
  - Disponible à Mogad et NBO. Faites-vous savoir.

Interventions actuelles

1) Herca - Golweyn. Bullo Jamar - Corridors
   - CICR fournit dispensaires. Monitoring chevaux.
   - Staff local peu formé (à la somalienne).
   - CICR a fourni 1 fois ou souffle pour deplaces
     pour feedup à Bullo Jamer + fuel pour waterpump
     ils ont l'intention de mettre le paquet dès
     pour la "sécurité" le permettra.
(2) "Affaire"

clic et sft fournissent l'hôpital, guident insuffisants - on a repris contact avec Phil (idée pour café)

(3) Audenge

Il est redemande la dispense qui semble prêt refondre (locale - staff - administration - sécurité) n'avons pour le moment insisté sur la nécessité de traiter aussi les déplacés.

(4) "Grand Tengchistino"

Il est fournit une dizaine de camps, cliniques etc... sft a une dizaine de HCT traî bien gérés de toute la ville (detection rapide, sécurité) nous avons repéré une (très bonne mère locale) Tres bons interlocuteurs pour se déplacer a l'hôpital Sante Publique en Soual

Etats des populations

- Population normale = pas critique mais pas loin - manque de tout (eau + irrigation) de la terre mais situation agricole mauvaise (fertilisants - semis etc...)
- Population déplacée = catastrophique

Problème de l'eau

- Nuit pénitentiaire basse (selon les villages). - Précipitation pluvieuse, mais problème d'aubes, taux d'eau en amont d'Audenge.
- Tenir compte de l'arrivée précoce des pluies.
- Eau de boisson des déplacés = eau de la rivière, non traitée - problème de transport de l'eau / distances.
Point situation médicale à Kourou

- Activité chirurgicale basée sur un centre de santé à Kourou.
- Projet d'IHC par équipe supplémentaire à Kourou.
- SCF = 3 MCH (Abdul Aziz, Shibli, Yahya) pour les besoins de l'activité de 3 OPO ménagés aux besoins "réels" (activité dispensaire) fournissant 70% des besoins médicaux (non-chirurgical).

Commentaire:

- Plus d'ong présente au nord = moins de pression sur nous pour intervenir dans un endroit moins visible.
- Quel que soit l'intervenant dans la "poche" de l'hôpital de Bollod et Tounar.
DISPLACED POPULATION
GENERAL SURVEY
Marca - Corriole - Audegle Aeras
1st and 2nd April 1992.

Patrick VIAL (MSF general coordinator/Mogadiscio)
Philippe GONCALVES (MSF medical coordinator/Mogadiscio)

This survey was aimed to collect general informations related to the situation of the displaced people in the above mentioned districts.

Since the people are relatively mobile and that no reliable datas were available, the following informations may not be very accurate.

Sources of informations are generaly:
- I C R C Marca team (special thanks to them).
- Displaced people responsible.
- Sheiks and elders.
- Administrative authorities.

No visit was made to Afgoi Camps, but we've met with Afgoi's and Lalo's directors of Hospital (Dr. Omar & Dr. Awa). We found that more support to their OPD could help them to take in charge more medical needs from this population.

I C R C report (18 - 21 March 92) on Marca, Corriole can be a very good complement to this report. Marca situation is not assessed herewith, I C R C or Analenna being fully aware about it, information can be collected from them.

GOLWEYN.

Big village ~ 35 Km from Marca road OK.
- Displaced people = 1 200 families (~ 6 500 p)
  among them = 238 orphans.
- No shelter, only very precarious huts made with banana tree leaves.
- Very bad sanitation.
- Water = only 1 well, non protected 12 to 15 m deep people use rope & bucket, water unclear, surroundings very muddy, source of contamination.
- Population= malnutrition +++
  average death toll= 5 to 10 (< 5 years)/week
  3 to 5 adults/week
- Health: OPD (I C R C)* 80 patients/day

BULLO MARER. (Mukay dumis + Kurtunwarey)
15 Km 40 Km from Bullo Marer

Smaller village located south of Golweyn (5 Km). Security situation didn't allow us to visit the 2 other places.
We have met with SHEIK ASHY who is very active in providing relief to the displaced people.
That well respected man with a compound, close to the displaced people camp, which could be used as a storing place or even habitation for NGO's. The Sheik has fed the people with I C R C dry rations when that was available. He also runs a water pump whenever diesel is available. He has his own security and can transport relief items (food, fuel, medic ...) from Merca to these 3 camps (1 or 2 trucks in one time).

- Population of the 3 camps= 5 to 6000. New arrivals every day but transit area.
- No shelter (huts).
- Water - no more fuel, but possibility of pumping and even drilling new well, if fuel is provided.
- Health: OPD (I C R C) and a small feeding center was functioning when food was available.
  Seen several Kwashiorkor & marasmus.
  death toll” 20 deaths/week.

CORRIOLEY.

Town~ 30 Km from Merca.

Ware house: 2 large ware-houses are squatted by approximatively 360 families (~ 2500 p)

- Population is in a dramatical situation.
  Many people can't even walk neither stand up any more.
- Water : from river, no free access to the wells.
- Health: 2 OPD's, 1 for the displaced
  1 for the villagers.
  Measle was found (at least 20 cases).
- Death toll is high: > 5/day (mostly children).

2 Ethiopian camps. (a few Km from town).

Former UNCHR camps.
Situation has deteriorated for them as well, but, at first sight, this population seems to be less affected, even though they have no food neither water facilities
Population: 2 x 3 000 or 4 000 (6 000 to 8 000 persons)
shelter : OK
Water : from river (4 Km distance) before the war, a water pipe system was functioning, but pipes have been looted.
Health: 2 OPD's (I C R C).
Death toll~ 2/3 deaths/week.

JANALE.

Small town - 30 Km from Merca.
The displaced population is quite dispersed in the town: (police station : 12 displaced families ; Communication Center; Janale Hotel, Dispensary ...)
Difficulty to estimate the number, (100 displaced families?)
Shelter: seems OK, haven't seen any huts.
Water : from the well, (ropes & buckets).
Health : No dispensary, no supply, 2 nurses available.
Death toll: 5 deaths/day (?).
Elder in charge: Mohamed Sheik Abdullah.
Security can be organized in the village.

AUDEGLE

Town: 50 Km from Merca, 40 Km from Afgoy.
Normal population: 11 500 persons (1 009 houses).
Displaced population: ~50 families in the ware-house.
According to one elder: 8 000 families in the district (?!).
Shelter: Ware-house, school seems OK.
Water: 9 wells in town, but no free access, people drink water from the river.
Health: 1 dispensary, not looted, but no supply since November.

Death toll: ?
Possible contacts: the former administrative system remains.
- Chief of district: Mohamud Mohalin Hassan.
- Mayor: Abukar Abdi Eno.
- Police: Capt Mohamud Gaigalo.

After a long discussion, we proposed to start supplying Audegle dispensary with drugs and medical material.
The responsible is Mr. Mohamud Abdi.
2 other nurses: Mr. Shine & Mr. Jilani.
1 female qualified nurse.

Many displaced people were mentioned staying in Mubarak (few Km from Audegle).

BERIRE

30 Km south of Afgoy, bad road.
Village, normal population: 650 families (4 000 persons).
Source of information: Mayor: Ali Mohamed Omar
Elder: Omar Sheriff
Population: ~2 000 families, (10 000).
80% farmers, 20% nomadic.
Shelter: No, only huts.
Water: No access to the wells - rivers.
Health: dispensary destroyed - no supply.
3 nurses + 1 midwife available.

We haven't seen any women nor children. They were supposed to be in the bush looking for food.
In general,

- The displaced population is said to have fled different areas of war.
  - Kismayo
  - Brave - gilib } South
  - Bay region
  - Bakool region } West

- High level of malnutrition is obvious.
- Mortality is extremely high, especially among women and children.
- People usually survive by eating wild fruits that has to be cooked for hours, as well as small green bananas.
- Most of them drink water from the river.
- When no concrete shelter is available, they build tiny huts with banana dry leaves which will be wiped out at the first rain.
- A rough estimation of the displaced population in Golweyn - Corriolei - Audegle - Afgoy zone could easily reach 50,000 people.

 Urgent needs.

1. Food
2. Feeding centers if general distribution can be started.
4. Shelter - plastic sheeting - tents.
5. Dispensaries - Health staff.

Health condition of displaced population in the area of Corriolei - March.

The displaced population located on the axis Alla Futo - Afgoy can be roughly estimate to 40,000 or 50,000 people (presently).

Nutritional.

Almost all the children below 5 (more than 95%) are in a condition of severe malnutrition obvious at first sight.
Mortality rate in Corriolei for instance is 2% daily (but figure uncertain).

More than 90% of malnutrition observed is deep marasmus, the rest is kwashiorkor.
- Children above 5 are also affected to a lesser extend, as well as an undetermined percentage of adults.

Pathology.

- The usual African infectious parasitarian diseases with high level of:
  - Diarrhoe (use of polluted water and inappropriate food a kind of wild bean growing on the bushes is the only food available)
- Cases of measles have been reported but we couldn't spot
one.

MEDICAL ASSISTANCE.

- OPD centers in Golweyn, Bulo Marer and Corrieolei are supplied by I C R C.

CONCLUSION.

Absolute emergency and priority must be given to food supply and settlement of feeding centers in the area, after which efforts should be focused on shelters (plastic sheeting) medicines supplies and water sanitation.