

# MOUNT ELGON: DOES ANYBODY CARE?

MSF TAKES STOCK AFTER ONE YEAR  
IN THE HEART OF THE CRISIS IN MOUNT ELGON.



May 2008





## CIVILIANS TRAPPED BETWEEN A ROCK AND A HARD PLACE

Since August 2006, civilians living in Mount Elgon District<sup>1</sup>, Kenya, have been terrorised by increased violence from several different groups: the Sabaot Land Defence Force [SLDF]<sup>2</sup>, police operations, criminals and/or vigilante groups. They have struggled to protect themselves and have frequently been forced to move in order to find safety—either on the upper slopes of the mountain, down the hill or in neighbouring districts. The population of Mount Elgon live in a precarious condition, dependent on local communities and humanitarian assistance. They dwell in poor and temporary shelters, schools or churches where they are exposed to cold nights and insecurity. While their material needs are great—with people lacking access to basic medical services, clothing, sufficient food, cooking utensils—most of all, the population aims to live in security.

So far, the Kenyan authorities have only responded with more indiscriminate violence, culminating in the ongoing military operation which was launched on March 9th. During the course of this operation, the conflict has deteriorated further, with civilians enduring systematic torture, degrading treatment and generalised violence on a daily basis. As long as the only response to the conflict is more violence without addressing its causes, the situation in Mount Elgon is unlikely to improve substantially.

Over the past year, MSF, which has been providing medical and humanitarian relief in the area since April 2007, has repeatedly sought to draw attention to the escalating violent crisis in Mount Elgon and its humanitarian consequences for the civilians— but with little success. The violence has not stopped. On the contrary, it has intensified since the start of the military intervention. The coping mechanisms of the population, both resident and displaced, are being stretched to their limits. Despite this precarious situation, no other international non-governmental organisations<sup>3</sup> have responded. The population lacks humanitarian assistance and real political engagement from both national and international actors.

Most national Kenyan authorities and the international community have closed their eyes to the ongoing crisis in Mount Elgon District. Despite the efforts of MSF and other organisations like Human Rights Watch<sup>4</sup>, the Independent Medico-Legal Unit<sup>5</sup> and the Kenya National Commission on Human rights<sup>6</sup> as well as the reporting on the crisis in the Kenyan media, there has been no tangible improvement in the daily lives of the civilians of Mount Elgon.

<sup>1</sup> Mount Elgon District is one of eight districts in Western Province of Kenya. The District is located on the south-east slopes of Mount Elgon. It borders the Republic of Uganda to the North, Trans Nzoia District to the East and Bungoma District to the South. Mount Elgon District has Kapsokwony as its capital and Cheptais as its economic hub. Administratively, the District is divided into four divisions: Kaposkwony, Kaptama, Kopsiro and Cheptais.

<sup>2</sup> The SLDF originally rebelled against the Chepyuk land allocation schemes of the central government; a process which they perceived to be corrupt and unfair. Gradually, their approach became more brutal and included criminal violence, leaving the people in Mount Elgon trapped by violence. In the run-up to the elections in December 2007, SLDF violence became more political.

<sup>3</sup> Apart from MSF, the Kenyan Red Cross has a permanent presence and is delivering assistance. ICRC conducts protection activities and supports the Kenyan Red Cross in Mount Elgon.

<sup>4</sup> <http://hrw.org/english/docs/2008/04/03/kenya18421.htm>

<sup>5</sup> <http://www.imlu.org/images/documents/mt%20elgon%20%20investigations-imlu%20report.pdf>

<sup>6</sup> <http://www.knchr.org/> and <http://www.irinnews.org/Report.aspx?ReportId=78254>

## CIVILIANS TRAPPED AND VICTIMS OF INCREASING VIOLENCE

For over a year, the civilian population of Mount Elgon District has found itself trapped between the violence of the Sabot Land Defence Force (SLDF) and a large-scale Kenyan police operation in response to local violence and lawlessness. In the vacuum created by the conflict, criminal gangs have proliferated and taken advantage of the general chaos to also prey on the population.

In the course of 2007, both the SLDF and the joint police - GSU (General Service Unit) operation have also employed ever more force to achieve their goals<sup>7</sup>.

While the SLDF **initially launched targeted attacks**, mainly during the night, their strategy evolved towards ever more **generalised and criminal violence** aimed at creating fear and displacement. People were forced to pay fines to the SLDF, and suffered mutilation or death if they refused or resisted. Many saw their properties burnt and have fled to safety in the forest on Mount Elgon, down the slopes or in the neighbouring District of Trans Nzoia. **Fear of retaliation** has kept the community from speaking out about atrocities taking place in the region. The few who have dared to report attacks to the police then found themselves targets of retaliatory violence by the militia in the following days, including some cases in which people had their ears chopped off as punishment.



### *A woman in her 30's from Chepyuk testifies:*

*"The militia came to the village a number of times. It started in April last year. But gradually they were more brutal. They took five or more people a day and killed them in the mountains, even young children. If they targeted a home, they took every member of that family, irrespective of age and sex. We also had to pay monthly fines to them: 12 kg of maize, the same quantity of beans, sugar and 50 Kenyan shillings. If someone had a bumper harvest, he needed to give a percentage to them. If they saw a man drunk in the street, that meant the man had money so he had to pay an immediate fine. If you didn't have the money, your ear was chopped off. If you resisted, it was your neck. One of my brothers-in-law tried to resist one day and his head was chopped off and his body was thrown into a pit latrine."*

### *Man, 61 years old:*

*"The SLDF was founded by dissidents who wanted to kill people and take their land. They wanted to evict other communities from their District. We lost over 20 people in this area. We lost livestock. They looted shops and homes. They obliged people to pay them money. They grabbed whatever they came across. Mostly they came during the night, between seven and nine o'clock. They moved from house to house in groups of 30 and more. Most were between 15 and 25 years old. At first it was political, but then it became some kind of hobby. Killing became their hobby."*

These same communities also became the victims of a police corps desperately trying to find the culprits, burning properties in the search for weapons and **systematically subjecting the entire population to violence and displacement.**

### *Man, 27 years old, Kopsiro District:*

*"You should know that the police are beating people, even those who are innocent. Men are being beaten and they will have pain for the rest of their lives, even after the SLDF and the police are gone. Most woundings and beatings come from the police and I would like to ask them to stay but to stop harassing people. The police cannot discover who is causing the problems so they decided to harass everyone. So people can say who is the bad one. They say that they will finish the violence like this. But land is the problem and if this is not solved then how are the people going to be able to stay?"*

In the run-up to the Kenyan elections of December 2007, the violence of the SLDF became more political. They increasingly **targeted and assassinated political actors** and destroyed more essential infrastructure like bridges. Yet during the election itself and the **post-electoral** violence in other parts of Kenya, Mount Elgon District saw an overall decrease in violence leading to a slight optimism within the population. In January 2008, people from neighbouring Endebess, Saboti District and Kaboywa even sought safety in Mount Elgon. This optimism was short-lived, as the violence quickly restarted and spread to the neighbouring District of Trans Nzoia.

<sup>7</sup> Since January 2007 Kenya's General Service Unit or GSU has been deployed to the region to assist the Administrative and Local Police (AP) in its crack down of the SLDF: <http://www.kenyapolice.go.ke>

<sup>8</sup> <http://hrw.org/english/docs/2008/04/03/kenya18421.htm>  
<http://www.imlu.org/images/documents/mt%20elgon%20%20investigations-imlu%20report.pdf>  
<http://www.knchr.org/> and <http://www.irinnews.org/Report.aspx?ReportId=78254>

<sup>9</sup> MSF had no access to the area of military operation from the 9th to the 15th of March.

# THE MILITARY OPERATION AND ITS CONSEQUENCES FOR CIVILIANS

In March 2008, the Kenyan authorities began a crackdown on the SLDF aimed at ending the cycle of violence in Mount Elgon. The military operation “**Okoa Maisha**” (“**Save Life**”) was launched during the night of March 9th, 2008. Although the operation was **initially welcomed, many criticise it now** for using excessive force and causing significant casualties<sup>8</sup>.

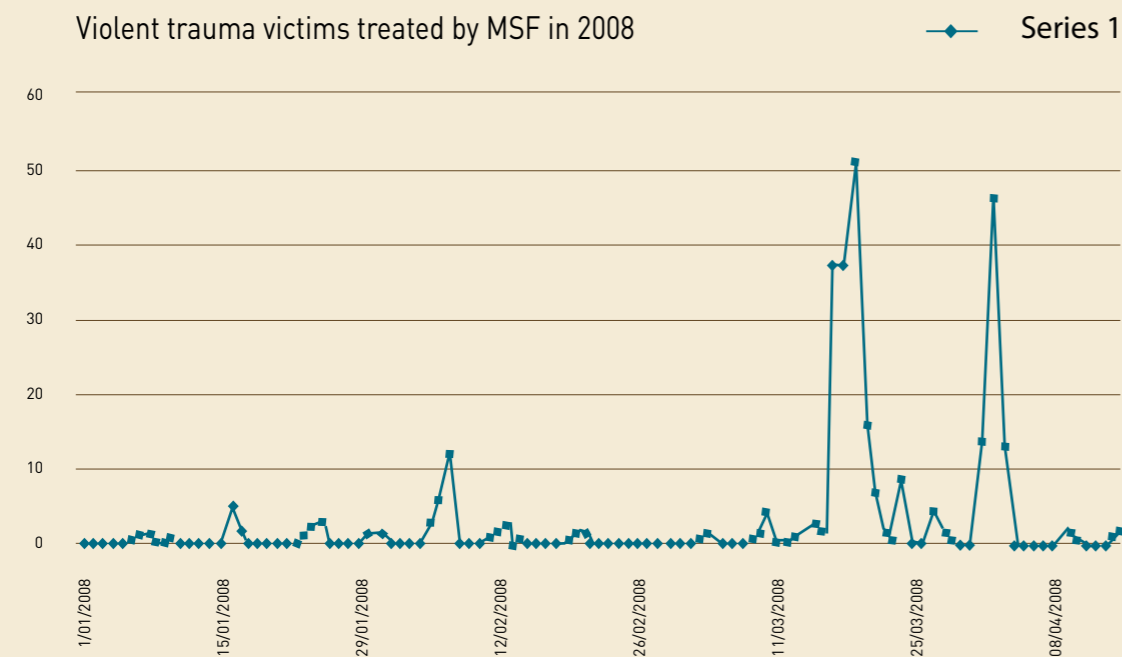
## Man, 27 years old:

*“Ever since the military came, the situation has become quieter. The military are solving the problem in one way, but in another way, not at all. Now people are in the hospital or killed by the military. We worry because of the military now. They can just come, beat you and hurt you forever, even if you are an innocent person.”*

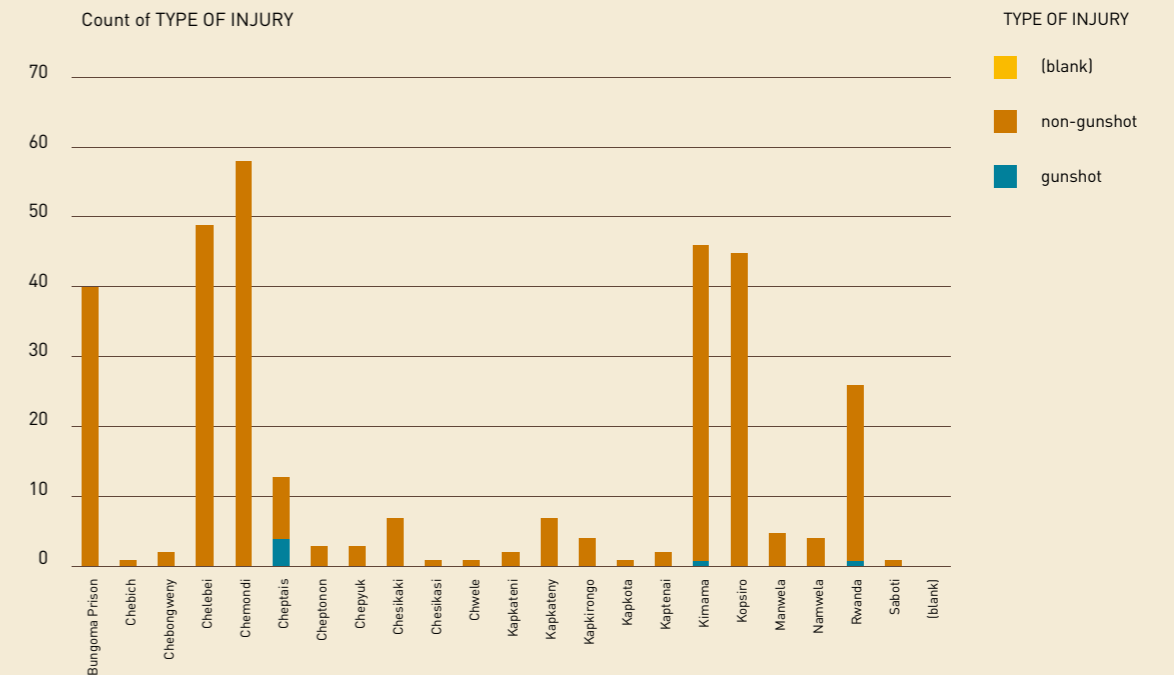
This military operation has resulted in a **peak of violence** for civilians already traumatised, repeatedly displaced and radically impoverished over the past year. In particular, indiscriminate violence is being used against local men, including systematic torture and extra-judicial killings, which has reinforced their fear and terror.

MSF’s medical teams in Mount Elgon have witnessed and treated the injuries. Drawing on these medical activities, the following graph shows a clear peak in **violent trauma** treated by the MSF team since the start of the military operation on the 9<sup>th</sup> of March<sup>9</sup>.

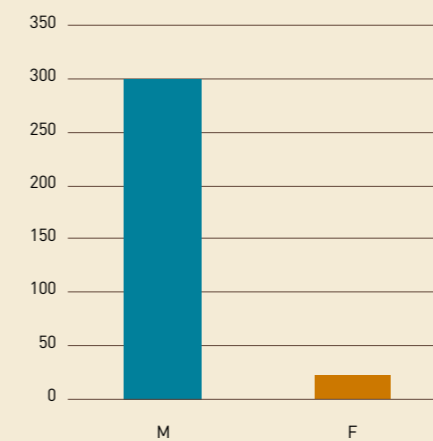
Violent trauma victims treated by MSF in 2008



MSF teams treated 293 victims of violent trauma between January 1st and April 15th 2008. Of those, 252 people received care between March 10th and April 14th alone. Since then MSF has treated another 65 victims of violent trauma.



The non-gunshot wounded are generally victims of beating. Beating is the predominant form of violence in Mount Elgon, yet victims of all but the most severe beatings often do not seek medical care. As a result, these figures are likely to underestimate the overall number of people suffering beatings in the course of the military operation—especially considering that most adult male citizens in Mount Elgon have systematically been subjected to violent screening.



The majority of violent trauma victims are men. Of all victims treated by MSF in 2008, more than 90% are in between 18 and 60 years old.

<sup>8</sup> <http://hrw.org/english/docs/2008/04/03/kenya18421.htm>  
<http://www.imlu.org/images/documents/mt%20elgon%20%20investigations-imlu%20report.pdf>  
<http://www.knchr.org/> and <http://www.irinnews.org/Report.aspx?ReportId=78254>

<sup>9</sup> MSF had no access to the area of military operation from the 9th to the 15th of March.



Even medical staff in local health centres have not been spared by the violence.

**Interview with residents of a village in Cheptais division**

*"We don't have a clinic here. When the army came here, the staff of the health centre left to other places. Some of them were even arrested and tortured. They were arrested because the army suspected the clinical staff of helping the SLDF."*

## Sexual violence

The military operation in Mount Elgon also increases the cases of **sexual violence – against men and women** - reported to and treated by MSF teams.

**A man in his 30's:**

*"At night, about seven soldiers broke into my house and found me and my wife. They started flogging me and went on and on. When they were tired of beating me ruthlessly, they opened my trousers and pulled my testicles. The part that hurts me most is when they took my wife into the bushes and raped her in turns, leaving her unconscious— until she was found the next morning."*

**A woman in her late 20's:**

*"My husband was away when two soldiers came to my house at night. They asked me why I am not pregnant or whether I am infertile. They said they were going to make me pregnant. One of them dragged me to bed and forcibly pulled down my pants and forced himself inside me. The other soldier sat next to the bed watching the scene of the action and next he took his turn and they went on and on."*

## The 'screening' camps

During the operation the army systematically seals off whole villages and the adult males are taken to **screening camps** such as the one in Kapkota in Cheptais division. Many men report being **beaten, humiliated and tortured** during their detention. Some are reported to have died as a result of this maltreatment.

**Man, 42 years old:**

*"On April 1<sup>st</sup>, together with some 150 men from here, we were lined up and beaten in the main street of the village. We were also forced to sing songs praising the Kenyan army. They put our heads in muddy water and forced us to crawl on the ground. They scared us so that we would provide them the «Janjaweed» [SLDF militia men]. So, on April 1<sup>st</sup>, we got beaten on our ankles and knees, as well as on our backs. I even fainted at one point. Together with some 70 other people from our village, we were taken to Kapkota military camp in two lorries."*

Most men tell how their testicles were pulled or beaten, and how they now fear infertility. In some places, up to 50% say they can no longer have erections. Many have sought medical assistance.

**Man, 47 years old:**

*"I was arrested twice and taken to Kapkota screening centre. I saw men beaten on their genitals, and their testicles pulled out. The military told us to confess we had guns, otherwise the torture would continue. I know of one man who confessed his sons were part of the militia because of the torture and the fear. But in fact, they are innocent. That day, I also witnessed three men dying right before my eyes. Later on, I heard from the others that three more had died that day."*

**Man, 19 years old:**

*"I had a nasty experience. I was picked up by a police lorry while on my farm weeding my tomato plantation. The police took me to a cell and they did very bad things to me. My genitals were tied with a rope and police were pulling so hard to make me reveal where I kept my gun and to mention who else is in the militia group. When I told them that I did not know, they did not believe me. They kept on pulling and inflicting a lot of pain on me as*

<sup>10</sup> [http://www.nationmedia.com/dailynation/nmgcontententry.asp?category\\_id=39&newsid=123133](http://www.nationmedia.com/dailynation/nmgcontententry.asp?category_id=39&newsid=123133)

*I cried. The rope almost cut them off as it was made of manila. When I walk, I feel pain. I feel pain when I sit. I prefer sleeping to sitting. Honestly speaking, I have never had a gun and never involved myself with the bad group of militia that I was being asked about.”*

## Pre-trial detention

When detainees in the screening centres confess or are accused of being a member of the SLDF, they are brought to detention centres such as Bungoma or Kitale prisons, where they are held in **pre-trial detention**.

Since the start of the military operation, the number of detainees has increased tremendously and prisons like Bungoma have ended up **over-crowded**.<sup>10</sup> Detainees arrested during the military operation are entitled to apply for bail but this has not really decreased the number of prisoners as few can afford the bond fee between 10,000 and 50,000 Kenyan Shillings (160 and 806 USD).

Currently, some 1,424 men (at least 35% are SLDF suspects) are being detained in Bungoma, which only has a capacity approximating 350 persons. About seven wards of 119 m<sup>2</sup> house some 200 men each - with less than one square metre of living space per man. Living conditions and hygiene are extremely poor and lacking any human dignity. Only a meagre quality of medical care is offered to detainees, with no private space for medical consultations and examinations of the injured or sick.

## Ethnic and communal tensions

Aggravating the violence of the military, the local authorities commend members of the public for volunteering information to the security forces. **By outsourcing the search for culprits to the communities**, ethnic and communal tensions are exacerbated and extra-judicial killings by mobs and vigilante groups are on the rise.

On April 16<sup>th</sup>, a mob beat and dragged a man from a local health centre, where he had feigned illness in order to seek shelter. The mob was armed with machetes and attacked him on the street.

### *Man, 42 years old:*

*“The authorities push us to produce “Janjaweed” [SLDF], otherwise the torture will continue. They frighten us that way. That’s why today again, the community mob beat a man and brought him to the police, and now he’s dead.”*

### *Woman, 25 years old:*

*“The military came and beat the Sabaot. They were taken to the screening camp and had their hands checked for gunpowder. They were later released and on their way home they had to pass an area of another community. When they passed it the people in the area started to shout that they were SLDF. So they came with pangas [machetes] and sticks and started beating them.”*

Paradoxically and despite the indiscriminate violence and torture, some people say that the presence of the Kenyan military forces has ensured some improved security and allows them to work in their fields and plant their crops. Some people have now returned during the planting season in order not to miss the window of opportunity and to safeguard food reserves for the near future.

### *Man, 37 years old:*

*“Despite the ruthlessness of the army and the beatings, it is still better to have them. The militia men used to rape you and your children, steal your cattle, make you pay taxes, cut your throats and ears.”*

## Yet the conflict continues

Although some currently portray the military intervention as a success, many in Mount Elgon District are convinced that **the spiral of violence will continue as long as the causes of the conflict are not addressed**. Even if many SLDF members have been killed or arrested, the group remains active in the District and the population still fears SLDF retaliation whenever the situation allows.

### *On Sunday, April 13th, five people were attacked by the SLDF.*

#### *One of the survivors speaks out:*

*“I was living up on the mountain and needed to get food. My kids were hungry. It is because we get little humanitarian support up on the mountain that we have to take risks and to come down in search for food. I went down to Teldet with four other people. This is where we get vegetables. When we were in Teldet, we were attacked by four young men on the road. They were wearing military boots but had civilian clothes. They beat us with pangas [machetes] and told us to lie down on the ground. They asked where we came from and asked for our ID cards. We said we were Masob. And they said: You are exactly who we are so much looking for. They beat us with the pangas. One man died and I was unconscious. I was left behind. They thought that I was dead too. While they were beating us, they said : Tell them that the Janjaweed are still alive.”*

### *Chelebe, 60 years old:*

*“The SLDF is very mobile. Today, they could strike here and tomorrow somewhere else on the mountain. It is horrific because you never know when and where they will strike. It is a kind of guerrilla warfare. Sometimes they do wear uniforms, sometimes they are civilians. They can run quickly and they know the mountain. They know the caves and the shortcuts, so the police cannot catch them. The future is uncertain, the situation is a plague. It can erupt any time again. If the army leaves, they will come back and they will do more harm to the communities. SLDF is still killing people. They are still hiding in the forest. The villagers who come back from the screening camps might be considered traitors.”*



## THE HUMANITARIAN CONSEQUENCES

Both resident and displaced populations in Mount Elgon District are facing a deteriorating humanitarian situation. MSF has spoken out about this dire situation repeatedly<sup>11</sup> and appealed for other actors to respond to the increasing needs there. Yet few actors have reacted to meet these needs in order to counter peoples' worsening living conditions. As a result of ongoing violence and displacement, people's coping mechanisms are stretched to their limits and more humanitarian assistance is urgently needed.

### Multiple displacement and return to insecure areas due to a lack of resources

After being forced from their homes, often several times, people lack access to basic medical services, food and adequate shelter. Even where other families have taken in the displaced, already scarce resources are being shared among even more people. Many women have been left as the sole heads of their household or widowed due to the violence—they are particularly vulnerable, as are their children.

Every attack and every incident bring displacement, family separation, loss of property along with physical and psychological trauma. When violence flares up, people flee their villages and seek refuge in scattered locations, sometimes with host families and sometimes in practically inaccessible areas throughout this vast territory. At present, it is difficult to know exactly how many displaced people live in Mount Elgon District. People continue to move around as soon as any available resources dry up.

#### Man, 53 years old:

*"We have had difficult times for the last two years. I used to stay in Chepyuk and now I stay here. I don't stay with my children. I don't have shelter. We sleep in schools and churches. My children and their mother stay on the other side of the mountain. I don't have clothes, nothing. I don't have a home so I keep moving."*

#### Woman, 28 years old:

*"The first time, the SLDF came at night and killed six people. The second visit was during daytime. They burnt and looted everything. I fled alone with my six children from Chepyuk to Teldet. Nobody was killed in my family but my house was burnt down. We walked through the forest. From Chepyuk to Masob we walked ten hours: from ten in the morning to eight in the evening. It is very far so we had to spend the night in Masob. My youngest child was 4 months old. From Masob we walked again. There is a thick forest in between Masob and Teldet. And we got lost for five hours". "This was in February 2007. I stayed in Teldet with my sister for one year. Teldet was very safe until February 10<sup>th</sup> this year. What happened was that the SLDF followed us down there and started the killing there. They were killing our community, the Ndorobo. On February 10<sup>th</sup>, things became unsafe in Teldet and I fled again. I came up to this place with my kids, my sister and parents. None of my relatives are there anymore. Once the SLDF was there, the government came and burnt all houses because most of the culprits, the SLDF were there. This was about one month ago. We came here because there is nowhere else we could go to again. It is not our wish that we stay here. Life is very difficult here. It is very cold and we lack essential things like clothes and food. We have had sick children and I also suffered from pneumonia at one point."*

<sup>11</sup> · "A hidden crisis in Kenya's District of Mount Elgon: more protection needed for the civilian population", A briefing paper by Médecins Sans Frontières - September 2007.

· Webstory: "The hidden crisis of Mount Elgon in Kenya: "We eat from the hands of others"" (Sept. 2007) [http://www.msf.org/msfinternational/invoke.cfm?component=article&objectid=EEB51A34-15C5-F00A-25106EC529559FA4&method=full\\_html](http://www.msf.org/msfinternational/invoke.cfm?component=article&objectid=EEB51A34-15C5-F00A-25106EC529559FA4&method=full_html)

· "Mount Elgon: an escalating crisis", Updated briefing paper by Médecins Sans Frontières, November 2007.

## The precarious health of civilians

As a result of the violence and insecurity, the provision of medical care by the Ministry of Health (MOH) has starkly declined. Medical staff have left several health centres such as those in Kopsiro, Kamuneru, Sacha and Kapambu — too afraid to continue working and fearing for their lives.

MSF started activities in Mount Elgon in April 2007, in collaboration with the MOH. MSF reopened Kopsiro health centre which had been abandoned as it was at the heart of the conflict. MSF helps MOH staff with transport and also augments them with additional MSF staff and medical supplies.

Together with Kenyan MOH staff, MSF is also providing assistance through regular mobile clinics which are continually adapted and expanded to meet changing needs. During mobile clinics, teams provide outpatient consultations, vaccinations, screening for malnutrition, antenatal care, mental health counselling and non-food item distribution (mainly clothes and blankets). Medical care is provided in an impartial, neutral and independent manner, based solely on need.

Due to the general insecurity and the threat of violence, people tend to travel only in certain limited areas, and sick or wounded people may not have the possibility to seek much-needed medical treatment for themselves and their children. Men in particular dare not approach health centres for fear of being arrested by the authorities. As ethnic tension and community violence increases, MSF has heard accounts of patients being scared to seek medical care in health centres located in other communities. Also connected to the conflict, this additional barrier could have serious consequences on the health of the population.

Other factors which hamper access to care are the high costs for medical care, especially for the most vulnerable who lack resources and have suffered impoverishment as a result of the violence:

### Woman, 43 years old:

*"My husband was killed in April last year. He was a very hard working farmer. I have seven children and my house was burnt to ashes and my cattle was stolen. A few days ago I was sick and I had no money. We have to pay 40 shilling for children and 100 for adults. The community had to pay for me to go to the hospital. None of my children go to school. One of my children has to work on other people's fields so I can get some income. I am just the way you see me."*

The MSF team performed 35493 outpatient consultations in the past 13 months<sup>12</sup>.

The main health problems MSF treats are respiratory tract infections, intestinal parasites, diarrhoea and skin infections.

Morbidities, May to Dec 2007	Number of cases (total=24261) and %
Other Dis. of Respiratory System	8397 (34.6%)
All other diseases	2557 (10.5%)
Rheumatism, joint pains, body pain	2491 (10.3%)
Intestinal worms	2185 (9.0%)
Diarrhoeal disease	1961 (8.1%)
Diseases of the skin (incl. wounds)	1763 (7.3%)
Pneumonia	1225 (5.0%)
Urinary Tract Infection	727 (3.0%)
Eye Infections	571 (2.4%)
Malaria (Clinical)	390 (1.6%)
Accidents - Fractures, injuries, etc.	323 (1.3%)

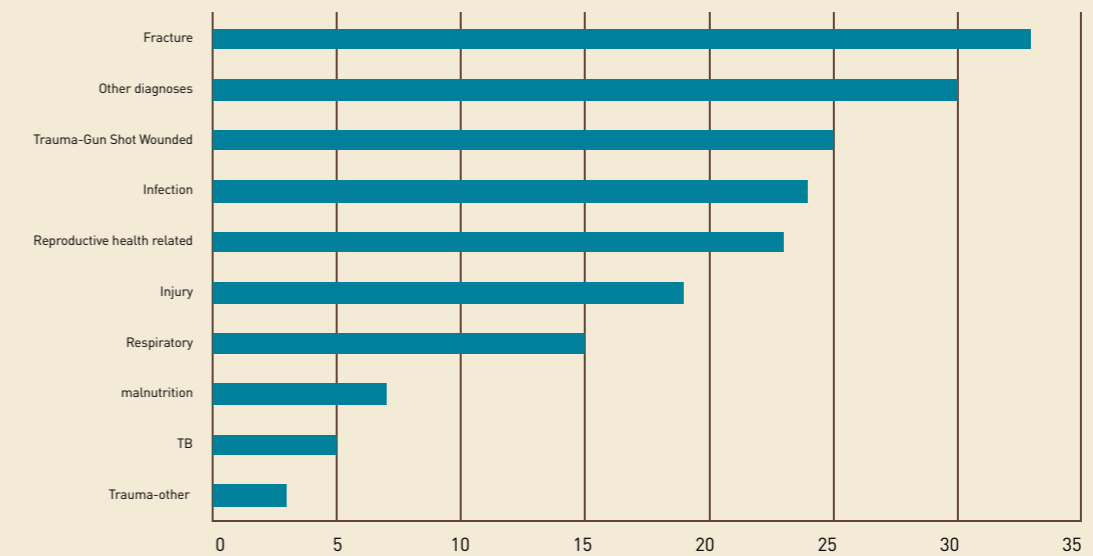
<sup>12</sup> MSF began week 17 of 2007 until present. Statistics are missing for weeks 21,22,23,26,27 2007. In week 25 there was a suspension of MSF activities linked to a threat. From week 44 to 52 there were reduced activities due a decreased access (Kopsiro area) and there were less consultations in the pre-election period.

Despite better care in the past, vaccination coverage remains remarkably low overall (67%), and even lower in the mountain area. MSF in cooperation with the Ministry of Health, immunised about 4388 children within the frame of the Expanded programme on immunisation (EPI), mostly against polio, measles, hepatitis and BCG.

MSF has also established a referral system for emergency cases and surgery in collaboration with the hospitals of Webuye, Bungoma, Kimilili and Eldoret where surgical care is provided. Once patients have been stabilised, they are transferred to Kapsokwany hospital for recovery.

## Reasons for referral: April 2007 up to March 2008

Within the three main causes for referral, two are directly linked to the level of violence civilians are exposed daily.



### One of the MSF doctors explains:

*"We see many diseases linked to poor hygiene and poor living conditions, such as temporary shelters. Skin diseases and eye infections, pneumonia and other diseases of the respiratory system, diarrhoeal diseases and urinary tract infections. Apart from that, there are a lot of victims of violent trauma— mainly beatings on the back and on the legs. In 2008 alone, we already referred 93 patients for secondary care. I believe in the importance our presence has here. People in Chepyuk cannot move around and the MoH cannot reach them. So we do many lifesaving activities. The situation is unpredictable. We are prepared for everything. Yesterday in Chelebe we received 50 wounded. All had been beaten."*

## Long-term mental health problems

In Mount Elgon, people have now lived in fear for almost two years, under threat of random arrest, extrajudicial killing, looting of property, revenge attacks and other violence. This context of fear and insecurity creates stress and anxiety among the population who cannot psychologically recover from their experience of violence whilst they remain under threat.

Direct and indirect victims of violence can experience long-term incapacitating psychological consequences

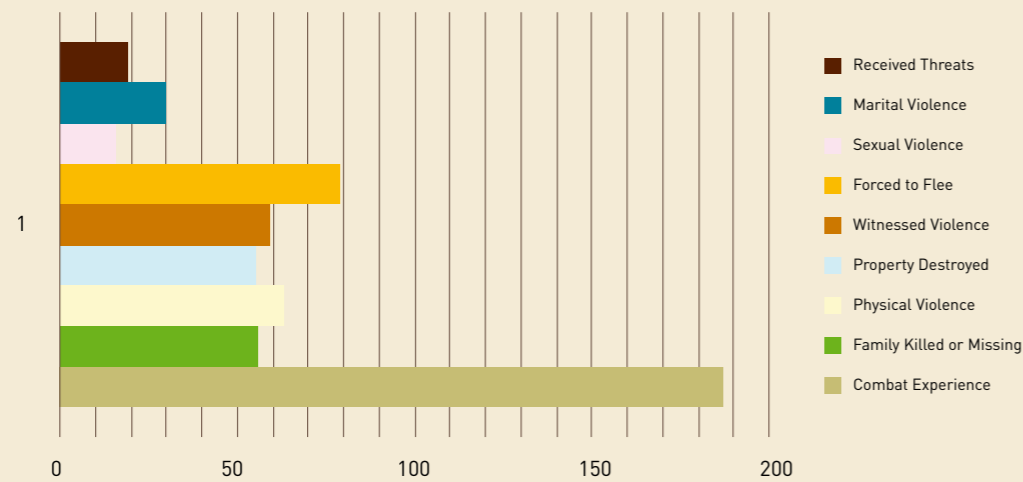


if not provided adequate support and treatment. Since the beginning of its activities, MSF has incorporated counselling in its medical care. Each mobile clinic teams includes at least one counsellor and, over the first few months of 2008, individual counselling sessions increased with a total of 148 sessions. In 2008 MSF's counsellors organised more than 299 group discussions and activities, including topics such as marital violence, coping with traumatic experiences, stress management and play therapy.

People said they sought help because they felt **sadness, anxiety, fear and other psychological problems** due to trauma caused by violence, stress, family problems and sexual violence.

MSF patients reported having lived through flight, destruction of their property, direct experience of combat or violence, separation or death of family members and/or threatened or actual physical violence.

The following graph shows that almost 1/3 of the patients interviewed lived through a combat experience. This means that they have witnessed or been caught up in a military or police raid, militia and/or criminal violence.



## Violence and consequences on food security

Mount Elgon is a volcanic region with fertile soil and intense agricultural production. Each year's planting season is vital to ensure food reserves for the coming year. Today, many people live on – albeit insufficient – food distributions<sup>13</sup>. As food reserves and seed stocks have been burnt or eaten, people lack seeds to plant.

Although ever more fields are being cultivated, many people lack seeds and tools to plant and these items are not being distributed in time and/or sufficiently. Many of those who have been displaced or arrested will miss this year's planting season.

MSF has been closely monitoring malnutrition and will continue to do so in the following months. The situation is not currently alarming<sup>14</sup> but could deteriorate if many families miss the planting season.

<sup>13</sup> The Kenyan Red Cross is distributing food to the displaced population.

<sup>14</sup> In 2007, there was no nutritional crisis in Mount Elgon. The MSF team estimated that one to two children per month had a weight for height less than 75% and required therapeutic or supplementary feeding. Follow-up for patients with malnutrition proved to be very difficult, as many patients did not return for scheduled follow up visits or MSF mobile clinics were cancelled, both due to security reasons.

## Lack of shelter

Many houses have been burnt by the different parties to the conflict, leaving people to shelter with host families, in schools or other empty buildings which communities have made available to the displaced. Many also live in hand-made temporary housing built in traditional ways.

### Man, 27 years old:

*"We came back here but our houses were burnt. So we are back to square one. My house is destroyed and I live in someone else's house in Kopsiro. The people who normally live in that house are not here, they live in Kapsonkwony. Circumstances force us to live here. We don't have shelter, money and food. Still Kopsiro is home and here we have our land and we will be able to plant."*

Temperatures in the highlands can drop significantly at night and the wet season can be particularly cold and damp. Due to poor and often temporary shelters in these weather conditions, many people are suffering from respiratory tract infections. MSF distributed clothes and blankets in May 2007 and July 2007, in order to prevent further infections and continues to supply the most vulnerable people with these items on a case-by-case basis. Together with the local population MSF also constructed two transit shelters in Stand and Chebongweny.



## UNHINDERED ACCESS FOR HUMANITARIAN AGENCIES MUST BE GUARANTEED

MSF teams have generally been able to move freely within Mount Elgon District to access and assist people throughout the region.

However, the local authorities began to refuse MSF access during peaks of the police operations starting in November 2007 when teams were denied access to Kopsiro, Chelebei, Cheptais and Chepyuk and had to redirect some of their activities to other areas in the district e.g. to Kapkateny.

This pattern was reinforced from the start of the military operation on March 9<sup>th</sup>, 2008. During the first five days following the start of the operation, MSF was systematically denied access to Cheptais and Kopsiro divisions. Until March 15<sup>th</sup>, MSF was prevented from accessing the conflict area and could only receive wounded patients referred by the MoH and the Kenya Red Cross to our medical structures outside of the conflict area.

Although access is again possible throughout the district, MSF reminds all parties to the conflict in Mount Elgon that international humanitarian law requires them to guarantee unhindered access to civilian populations at all times for humanitarian workers.



## CONCLUSION

The ongoing violence in Mount Elgon has continued to impact on the lives and health of the resident and displaced people throughout 2007 and to the present day, with violence peaking during the military operation. Daily life for civilians in Mount Elgon continues to deteriorate, exposing already vulnerable people to increasingly difficult living conditions— and yet both Kenyan authorities and the international community remain in denial or have chosen to ignore the crisis. The sole response given by the Kenyan authorities up to now has been more violence.

The media outside Kenya has likewise turned a blind eye to this escalating conflict. For other press access has also been increasingly scarce since the beginning of the military operation.

In Mount Elgon, people suffer on a daily basis from the direct and indirect consequences of extreme violence and systematic torture. Their coping mechanisms are stretched to their limits.

For the last year MSF has been the only consistent international non-governmental humanitarian organisation helping the people of Mount Elgon<sup>15</sup>. Eight months after MSF first spoke out about this crisis, MSF again asserts that medical aid alone is not enough.

It is of utmost importance that the violence against civilians stops and that other actors step in and address the increasing needs. Seeds and planting tools should be immediately distributed before the end of the planting season. Additional food distributions are currently needed and should be planned in the long term in case this year's planting season is missed. Shelters need to be repaired to provide better protection again the cold. Non-food items such as clothes and blankets still need to be distributed. Based on its mandate, the ICRC should be granted access to detention centres to address conditions there.

As long as the only response to the conflict is more violence without addressing its causes, it is only too likely that the situation in Mount Elgon will continue, to the detriment of the civilian population.

<sup>15</sup> Apart from MSF, the Kenyan Red Cross has a permanent presence and is delivering assistance. ICRC conducts protection activities and supports the Kenyan Red Cross in Mount Elgon.

The following testimony provides one example of how people in Mount Elgon are trapped between the SLDF and the army:

*"It was on March 10th when the helicopters came. I was sitting outside my house around nine in the morning, drinking tea. I saw so many soldiers coming from the other side. I tried to escape to my brother's home but arriving there I found them already there. Actually I did not know whether they were genuine soldiers or the militia. There is a local police unit close to my brother's house. My brother and I walked toward it because we thought that the soldiers in the area were the militia and not the army. When we got there, soldiers came at us from all sides, aiming guns at us and telling us to lie down. When we were lying down, we tried to move on our stomach. And because of that, we were beaten thoroughly, also on our private parts. We were told to look for guns.*

*Then we realised that it was the genuine army and we tried to tell them that we did not have arms. We were ordered to sing a song: 'Kenya jeshi ni moja' (There is only one army in Kenya). We had to walk around and had to sing this song. Then we had to walk down all the way to the market place. We were asked to lie down and roll from one end of the market to the other side. After rolling we were ordered again to lie down and they whipped us and tortured us and when they got tired, they ordered us to torture each other. We were 30 men and each of us had to give five strokes with a club to the other. This was here in the village, in front of our women. From here, we were taken to the school. There we were ordered to sing Christian songs and to give a sermon about peace. Each of us was preaching about peace. After that, we were told to disclose who holds guns. We were then told to wait for the helicopter so we could be taken to Kapkota camp for screening. After a few minutes, we saw two helicopters coming from opposite directions. There was wind and dust coming from the helicopters but we were ordered to keep our eyes open.*

*30 of us got inside the helicopters and went to Kapkota. When we arrived in Kapkota, we were more tortured there than in the other places. We were over 300 people in Kapkota. Some were castrated. We saw four dead bodies lying in the field of the camp. When they were torturing us, they took our testicles and hit them with metal bars. We were all subjected to this and we are not sure anymore about our potency and fertility. In*

*the camp, the first thing that happens is that you are stripped naked. There were these bars with sharp spikes on them, and we were ordered to lie on it. Then there was a vehicle and we had to walk in front of it and we were told to shout our three names and told where we were coming from.*

*If you were told to go to the left, you were lucky but if you were told to go to the right, you were tortured more. Those who died were taken into the helicopter and thrown in the forest. We saw it with our own eyes. We were in the camp for three days. When I was told to go home, I only took my trousers and I ran home without shoes or anything.*

*For three days, we were fed on two biscuits and plain water. I could not think if other people were sick because I was too concentrated on how to survive and get out of there. I saw only the dead bodies. It was general perseverance. If our women tried to come to see us, they were told to go home and to forget about us for life. At Kapkota, they concentrated on beating our spine. They used a metal club. All of us passed through the same experiences. We are now sick and rotten inside.*

*Some of us were forced to tell lies because of the beatings. We accepted that we were part of the SLDF even if we were not. Just because of the beatings. We are very scared because we don't know if we will be arrested again in an hour or not. I am so traumatised and I suffer from extreme fear.*

*Most of us are in immense pain. And on top of that, since that morning we haven't had breakfast. We are hungry.*

*Before the army came, we were invaded a number of times by the militia. Some of our relatives or neighbours were taken by the militia and cut into pieces in the forest. We also used to pay fines to them depending on our ability. We lost so many things to them. We are very poor at the moment and many of us use carry bags as blankets.*

*Most of us don't sleep in our houses. Yesterday night, we slept in the bush out of fear that the militia is still around. For the militia who are around, they are very harsh to us because we might have mentioned their names.*

## MSF IN MOUNT ELGON

MSF teams have had a permanent presence in Mount Elgon since the last week of April 2007. MSF needed to intervene in the District in order to address the direct and indirect consequences of the violence for the civilian population, both displaced and resident.

MSF is providing free medical care by supporting existing primary health care structures and running mobile clinics in more remote or sensitive areas. These are particularly important for people who have fled and have no access to normal health facilities due to security reasons.

In April 2007, MSF reopened the Kopsiro Health Centre, which had been abandoned by its medical civil servants, who were too afraid to continue working, fearing for their lives. Hence, MSF started facilitating the transportation of the Ministry of Health Staff and supplied the centre with additional MSF medical staff. The structure is currently providing primary health care and has an outpatient facility.

As for the mobile clinics, MSF is regularly changing and expanding the location of these mobile consultations according to needs.

In collaboration with MOH staff 35,493 consultations have been carried out in the dispensary of Kopsiro and in the MSF mobile clinics. During its consultations, MSF teams provide primary health care, antenatal care, family planning and immunisation. Children under five are being screened for malnutrition. At the same time they offer mental health counselling both for individuals as for groups.

In addition MSF established an effective referral system for emergency conditions and surgery to the hospital at Webuye where surgical care is provided (referrals through transport, medical follow and covering medical expenses). Less serious cases are referred to Kapsokwany or other closely located hospitals.

On two occasions in May and July 2007, MSF organised targeted distributions of non-food items, mainly blankets and clothes. For the most vulnerable populations, MSF continues distributing some non-food items on an ad hoc basis.

MSF's humanitarian assistance is provided in an impartial, neutral and independent manner and solely based on need.



Published by:

**Médecins Sans Frontières**

Brussels operational centre

Rue Dupré 94

1090 Brussels, BELGIUM.

contact for information: [aaubrussels.msf.org](mailto:aaubrussels.msf.org)

*Médecins Sans Frontières is a humanitarian medical aid organisation that brings emergency medical assistance to populations in distress in over 60 countries.*

