Angola
Neglected responsibilities
A population on the brink

Rapport

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ANGOLA:

NEGLECTED RESPONSIBILITIES – A POPULATION ON THE BRINK

A Médecins Sans Frontières Report
October 2000

The international medical aid agency Médecins Sans Frontières (MSF) has been working in Angola for 17 years. The organisation has many years of experience working in war zones and other destitute areas, to aid populations in danger. However the conditions for the people Angola have been steadily deteriorating since 1998 and have reached alarming levels - particularly in the health sector. Health conditions in Angola are among the absolute worst that MSF has encountered, comparable only to those in DRC (Democratic Republic of Congo).

MSF has worked beside the Angolan population for seventeen years, to improve their access to quality health care, ameliorate sanitary conditions. MSF has treated gunshots, amputated the legs of landmine victims and borne witness to the terrible suffering of the Angolan people. In the face of the deteriorating situation in Angola, MSF has no choice but to speak out.

In the light of evidence gathered by our teams in the field since December 1998, MSF bears witness of the following developments:

1. **For years, the misfortune of the Angolan population has been blamed on the war. Over the past two years, Angola's boosting economic perspectives and increasing revenues from natural resources have made it clear this dire situation is not only the result of thirty years of war. The ruin of the health system and lack of accessible healthcare to the population is largely the result of UNITA and the Government of Angola (GoA)'s willful neglect of the population's health.**

2. **Humanitarian aid, which remains essential in a close future is not a sustainable solution. It substitutes the Angolan State and UNITA's responsibilities, while hundreds of millions of dollars deriving from oil and diamond revenues continue to be spent by both parties on waging more war.**

3. **The international community, which has major energy interests in Angola, has tended to consider that the humanitarian consequences were only the fatal and inevitable consequences of an endless war.**

4. **Although the situation is worse than ever, the GoA, its economic partners and much of the international community, now wish to talk of 'normalisation'. This obscures the reality of the situation, which is worse than ever and helps absolve the key actors in Angola of their responsibilities to provide protection and care for the civilian population.**

Thirty Years of War in Angola:

Following the war of independence (1961-75) came fifteen years of intense conflict between the MPLA on one side, supported by the Russians and Cubans, and UNITA allied with the Americans and South Africans (1975-91) on the other.

Since the 1992 elections, which legitimized the MPLA's hold on power for four years, cold war alliances have unravelled, although the war between UNITA and the government never really ceased. While there was undoubtedly a respite in the form of relative peace between 1995 and 1998, de-mobilization was a masquerade and the two sides failed for the second time to respect the conditions of the United Nations peace plan. After months of increasing military tension, the war was officially resumed in December 1998[1]. Eighteen months later, the humanitarian situation is at the mercy of guerrillas multiplying on the territory, with mines laid everywhere and a complete cynicism being shown by the Angolan government and UNITA towards the Angolan population.

The war has left one million dead[2] and more than 70,000 injured by mines[3]. Since the resumption of the war at the end of 1998, this situation is worse than ever: the number of displaced persons has doubled to 2.6 million today[4]. Harassed by troops from the two warring sides, 68 percent of the Angolan population - the majority of whom lived in the countryside ten years ago - are now concentrated in cities with ruined infrastructure (e.g. in Kuito, there are 130 000 residents and 110000 displaced persons, in Matala, 144.000 residents and 88.000 displaced).

MSF IN ANGOLA:

Médecins Sans Frontières is currently working in Caala, Cagandala, Huambo, Kuito, Luena, Malange, Matala, Menongue, Namibe, N'Dalatendo, and Uige. (see map attached)

In Kuito (Bié province) and Luena (Moxico province), MSF operates nutrition and health programmes, including two surgical units, carries out epidemiological surveillance, trains hospital staff and provides both provincial hospitals with medicines. MSF has also set up health posts in the camps around Kuito and a network of MSF "home visitors" refer all sick or malnurished people in the camps to the health post, nutritional centre or hospital.

In N'Dalatendo (Kwanza Norte province), MSF treats approximately 1000 people affected by the sleeping sickness ("trypanosomiasis") each year.

In Malange (Malange province), MSF assists IDPs with support to local health structures, TB treatment and emergency nutritional interventions. MSF operates a mobile health clinic and a therapeutic feeding centre in Cangandala, a village 30 km south of Malange. MSF has also recently opened another nutritional centre in Lombe, 25 km east of Malange and is looking to increase assistance to areas at the fringe of current humanitarian zones.

In M'Banza Congo (Zaire province), MSF has supported the local municipal hospital with medical supllies and has recently begun expanding its operations in support of local healthcare.

In Menongue (Cuando-Cubango province), MSF supports local health structures and some services at the hospital, in addition to its three health posts in the camps.

In Matala (Huila province), MSF provides health services in four IDP camps.

In Uige (Uige province), MSF runs five nutritional centres.

In Caala and Huambo (Huambo province), MSF provides basic health care to IDPs in the camps, operates three feeding centres and supplies the municipal hospital and three health posts with medicines. MSF also plays a leading role in assuring nutritional surveillance and co-ordination with other actors.

I. FEAR and FLIGHT – POPULATION AT THE MERCY OF WAR:

The displacement of people away from their homes towards the relative safety of the towns has become a significant feature of the Angolan conflict. Most are forced to leave their homes because of looting, attacks and threats by armed men from both sides of the conflict. Eventually it becomes impossible for people to continue to survive in the countryside and they seek refuge and assistance in the towns instead.

Caught between two forces:

For people living in rural areas, life is a cycle of fear and flight. They are often caught between two warring parties, each of which accuses the population of supporting the other.

> ***"We left because of death and famine. We did work but were left with almost nothing: we were farming but everything was always either taken by the government or by UNITA. If it wasn't the FAA that came during the day, it was UNITA that came at night. At some point we had almost nothing left to eat, so we decided to flee through the bush, hoping to be able to reach Kuito"***[5]
> (Displaced from the province of Kuito)

Many IDPs explain that they could no longer cope with the hardships of daily self-subsistence and with the constant and increasing harassment from both warring parties - many displaced people fear retaliations if they go back home.

Over the past year it has become almost impossible for rural people to cultivate their fields, especially in UNITA areas close to government strongholds. Villagers have had no other choice than to flee to provincial capitals where they were told humanitarian aid was provided.

> ***"We could not cultivate during the day because if UNITA see you they go after you and they kill you. They kill the ones who cultivate because they believe that they are going to give food to the government soldiers. The solution we found was to go work in the fields at night."***[6]
> (Displaced from the province of Kuito)

Over the past 18 months, MSF has witnessed an increasing number of casualties among the civilian population due to gunshots, mines, other ill-treatment perpetrated by the armed forces of both sides.

Internally displaced persons (IDPs) arrive in the towns of Kuito, Malange, Huambo, Uige from all over the province, often after a flight which has led them from one village to another.
Many say they were "preventively" told to leave by one or the other army. They arrive in a very precarious state of health after months of exposure to military attacks and food looting – resurgent practices which have left the rural population with hardly anything to eat since the war resumed in December 1998.

According to interviews carried out by MSF staff with IDPs all over Angola, UNITA forces are renowned for taking reprisals against civilians if they re-take an area from the government and the population have not fled.

These flows of people from rural areas to the towns creates a burden for the governmental authorities, destabilises the countryside and adds to the chaos at a national level.

Even when the civilian population is not forced to leave by one or the other warring party, it is exploited and abused by them: they must give all their food, clothes, even their cooking utensils and they are regularly obliged to work for the military.

Living off the population – the practise of 'Batidas'

Many of the internally displaced people interviewed by MSF described the practise whereby armed men force the civilian population of an area to work for them as bearers, and to provide them with food. This is known as 'Batida', and is a common practice of FAA (Angolan Army) troops. A batida starts when troops arrive in a village or in the neighbourhood of a town and select a number of inhabitants to collect and carry food and non-food items - that are stolen from the population – to their bases, sometimes at a few days walking distance. People are forced to obey. The ones who resist or fail to carry the bags are beaten or shot at. Murder and rape sometimes accompany the practice of batidas. Batidas were very common in 1999 throughout Bie Province, particularly in zones previously occupied by UNITA.

> ***"In my group there was an old man, older than 60, who was given a very heavy bag to carry. Because of the weight he was always behind the group and all the time he had a soldier beating him for that. At some point he couldn't carry the bag anymore and was beaten to death."***[7]
> (Displaced from Kuito District)

Salt-Tasting:

Several displaced people interviewed by MSF described how UNITA would punish those civilians who had gone to government-held towns and villages to buy essential supplies such as salt, medicine and soap, which are not available in UNITA areas.

> ***UNITA… intensified the food tasting. If they find you cooking, they taste your food and if there is any salt in it they accuse you of being in the government side. My sister was beaten severely because she had salt at home, that she had bought in Kuito. They beat her with sticks and also whipped her. That was at the very end of February (2000) and we decided to leave."***[8]
> (Displaced from Cunhinga District).

II. AN APPALLING STATE OF HEALTH:

i) Deadly consequences for the Angolan population:

In Angola the probability of dying before the age of forty is 38.4%[9].
Life expectancy which was 47 years in 1970, is now 42 years[10].
Last year, the death rate tripled in Kuito and Malange, exceeding the emergency and catastrophe thresholds[11] as people fleeing the war arrived in these towns in a critical health state after a prolonged exposure to violence, hunger, landmines and lack of health care.

Infant mortality: one of the highest in Africa.

The Angolan infant mortality rate[12] is one the highest in Africa: 120/1,000 births (1987: 172/1,000 births) [13]. Over a period of 20 years (1978-98), infant mortality has barely fallen[14]. It is one of the worst rates in sub-Saharan Africa.
The mortality rate for the 0-5 years age group is 292/1,000 children, which means that one out of three children dies before its fifth birthday.

Malnutrition and epidemics:

42% of newborn children are underweight (in 1988, the figure was only 17 per cent). 35% of children aged less than five years[15] suffer from malnutrition, a figure which is comparable to the Democratic Republic of Congo[16].
The overall rate of malnutrition was 5.1% in 1996. In 1999 it increased to 12% and even reached 31% in Malange[17].
A very rare disease, pellagra, which is caused by chronic malnutrition and serious vitamin B deficiency has reappeared in Angola**.** Other diseases like trypanosomiasis, the sleeping sickness, which had been eradicated 25 years ago are reappearing. 4.5 million people risk being infected[18]. Threats of meningitis or cholera epidemics also remain a serious concern.

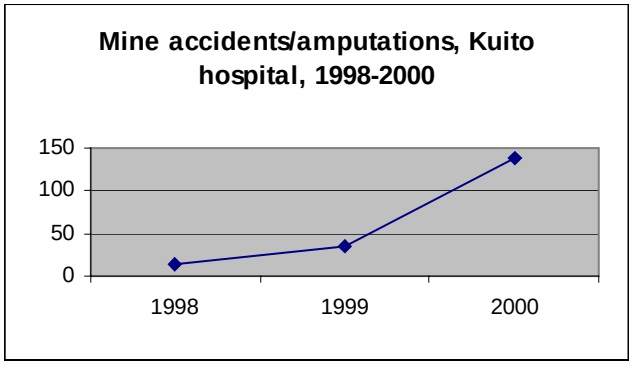
If the global malnutrition rates have improved over the past six months, the equilibrium is fragile and without a sustained medical and food assistance, they would very quickly collapse and revert to last year's critical situation.

Emergencies:

Over the past two years, admissions at the Kuito hospital's emergency ward have increased steadily: last year, 75.4% of the operations were emergency cases. The number of surgical interventions has grown from 522 in 1996, to 649 in 1998, to 804 in 1999, to over 1200 for the first nine months of 2000. This is not only the result of the population increase in Kuito.

More and more war related emergencies:

It is mostly the orthopaedic operations that have increased, in parallel with military activities. The surgery ward in Kuito is overcrowded as more civilians wounded by gunshots or landmines are brought into the hospital at any time. The number of injuries from mine accidents requiring an operation was 13 in 1998, 35 in 1999 and 138 for the first nine months of this year. In Luena, there have been more civilian victims of anti-personnel mines since the month of August (31) than over previous six months (10)[19].



Our ex-surgeon in Kuito, Dr J.Rijs says "You never get used to this. Never, ever."
Dr Rijs will never forget one night, six months ago, when a truck from a neighbouring village pulled up at the hospital. Inside the truck was a group of moaning people, all victims of an antitank mine that had exploded under their truck. "It was almost night. There was no electricity (due to yet another fuel shortage)[20] so I went to the MSF house, got a big solar lamp just to see what was in the truck" Rijs recalls, "There were open fractures, people were lying over each other, their luggage everywhere. We got a generator up and running. I did triage. It was war surgery, from 7 that night, until 3 the next morning". In that truck, there were eighteen injured people and three bodies.
At each amputation, Dr Rijs remembers that these mines are paid for by diamonds and oil, Angola's two main and much coveted export ressources.

ii) The consequences of a willful neglect .Health structures ruined.

- 76 per cent of the population is deprived of access to health care[21], for mainly structural reasons. 69 percent of the population does not have access to drinkable water[22]. The lack of sanitation systems[23] constitutes an omnipresent threat of epidemics. People are increasingly unable to provide for themselves through agriculture because the security zone has been reduced to a few kilometres around cities. This is aggravated by anti-personnel mines and guerilla attacks.

- No health budget: According to the IMF, the health budget in 1999 represented 2.8% of the State budget. In 2000, it was planned to double[24] to an illusory 5.6% of the budget. In 1999, the total of 14 million USD allocated last year to the provinces were not reflected in the health services.
  In Luanda, people say one only goes to the hospital to die. Yet Luanda is the most advantaged province, with 16% of the national health budget, followed by Benguela (15,4%), Kwanza Sul (8.4%), Cabinda (8.1%)[25], which clearly indicates the government's choice in terms of geographic priorities.
  International cooperation and multinational oil corporations social programmes also give preference to the coastal provinces.

- Inappropriate support: The ministry of health supplies its 18 provincial hospitals with only a small percentage of the required drugs and medical material. For example, only 1.2% of Kuito hospital's needs are covered by the Angolan Ministry of Health [26]. Salaries are very low[27], seldom paid and the level of training remains weak. Public hospitals are not functioning apart from the few supported by international humanitarian organizations.

utensils, clothes, medicine. So we decided to come to Kuito, as we'd previously counted on doing". (Displaced from the province of Bié)[43]

V. THE ANGOLAN GOVERNMENT, THE INTERNATIONAL COMMUNITY AND THE NORMALIZATION PROCESS.

Solving the food issue:
For the past 18 months, since the withdrawal of MONUA[44] in February 1999, the UN has been focusing most of its activities on food distribution under the World Food Programme. Its distribution has had to double from 550,000 beneficiaries in March 1999 to 1.030.027 in July 2000.

This represented barely half of the IDPs[45], but food distribution is being reduced as only 51% of the WFP needs for Angola this year have been funded by donor countries.
The international community's reluctance to continue funding the food pipeline is a political choice, the first consequence of which is that the WFP has started reducing its distribution in some camps. This is happening at a time when the number of people depending on food aid is increasing each day, as agricultural production has fallen still further (by 8% as compared with 1999).

The international community has proven incapable of solving the root causes of the humanitarian situation. Failing this, it has now opted for a normalization discourse in the face of a worsening humanitarian crisis.

Normalization means that to solve the structural problems of overpopulated towns and the financial constraints of the food pipeline, the UN and the Angolan Government have decided to relocate the displaced in peripheral areas without always ensuring that the resettlement zones be de=mined and that people have means of self-subsistence.

The pressure to resettle IDPs seems much greater than their own will and confidence to return home. And so far, none of the resettlements have shown a substantial improvement of the IDPs living conditions.

"It's the second time that my family and I are displaced. We are really tired because before being forced to walk all the way to this town for a safer refuge, we have been hiding in the bush for months. These small flights from our house to the bush were as exhausting as our last displacement to Huambo. Here our living conditions are no better than they were back home! And we don't feel home" says a mother of eight, from the province of Huambo[46].

"I am so tired of this war. It makes us live like animals." says another displaced from the province of Huambo. "Indeed we have access to health care here but we have practically nothing to eat. We are totally dependent. We were told that we would receive fields to cultivate but we haven't seen anything so far. If only this war could stop."[47]

A mother of three from the province of Huambo gives the feeling of many IDPs : "Being a displaced person means striving to find food, knowing the meaning of hunger. In spite of all this I am not sure I want to go back home. But if the government forces us to go back, we will have to. However, I would prefer to be certain that the situation has really improved!"[48]

IMPROVING STATISTICS AT THE EXPENSE OF SECURITY.

The current normalization process is aimed at decreasing the number of people classified as 'internally displaced', a go