



ANGOLA

**NEGLIGENCE BY WARRING PARTIES CONTRIBUTES
SIGNIFICANTLY TO HUMANITARIAN EMERGENCIES**

**A BRIEFING PAPER BY MEDECINS SANS FRONTIERES
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The warring parties to the Angolan civil war are turning blind eyes to the obvious, serious, and often acute humanitarian needs of the Angolan people. Both the Government and the UNITA rebel movement are guilty to this negligence. The medical and nutritional emergencies that MSF encounters due to its projects in the field are not just a logic consequence of the ongoing war. To a large extent they are caused by the near-total neglect towards populations, the disrespect of international humanitarian law, and the military strategies of the parties to the conflict.

The underlying causes for the emergencies include:

- The near absence of governmental response to emergencies in areas under its control, resulting in very high levels of malnutrition and mortality.
- Forced displacement caused by military strategies applied by both parties, which drive large populations from their land and then pin them down in restricted areas, where the authorities then fail to provide food or health care.
- The inaccessibility, due to insecurity and the incapacity to negotiate, with both parties, access for humanitarian assistance, of some areas of major concern for international humanitarian organizations.

Evidence from localities in crisis

The most obvious examples of areas of concern are the towns of Cuemba, in Bie province, and Mussende, Cuanza Sul province. Both are pockets of areas under government control, while the surrounding areas remain very unstable.

People abandon their homes and fields in compliance with government counter-Unita tactics of removing people from the rural areas. Populations also flee violent oppression and destruction (or theft) of harvests, primarily but not only by Unita¹. Unita forces effectively prevent people from returning to their fields to gather food, attacking them – punishing them for having “chosen” the government side – or laying mines on paths to fields. Once crowded into government-controlled cities and towns that are inaccessible to aid organizations, people rely on the civil and military authorities for essential food or medical assistance. However, these are not forthcoming.

Many of the people coming from Cuemba municipality are originally from Andulo and Bailundo regions and were forced to follow Unita when those areas came under government control by late 1999. Unfortunately, when the people later (forcibly) joined areas under government control, such as Cuemba, it did not put a final end to their long journey as they had again to flee malnutrition and diseases. Basically, they have been living for years on the move, and have been displaced multiple times as a result of both military strategies and wilful neglect of the parties.

Since early April/01, over five thousand ill and malnourished people have had to make a desperate and dangerous journey from Cuemba to the town of Camacupa (also Bie province) in search of humanitarian assistance. Many arrive there in a state where they need to be urgently referred to Kuito (Bie province) for medical treatment in MSF’s programmes (for figures, see below). Further North, along the border between Malange and Cuanza Sul provinces, thousands more people are making a similar journey, fleeing from emergency conditions in Mussende to Cangandala, where many need admission to MSF’s therapeutic feeding centre (TFC)².

¹ Across Angola, a combination of these factors has forced the displacement of almost 4 million people.

² For an explanation of medical and nutritional terminology, see glossary at the end of the document.

Lack of secure access makes it impossible to accurately assess the levels of emergency in municipalities like Mussende, Cuemba, and parts of Camacupa. Still, all indications point to very severe nutritional and health crises in these areas. Levels of malnutrition and mortality must be among the highest seen in Angola over the past years:

- Among 535 displaced children screened in Camacupa³ in April/01, 11% suffered severe acute malnutrition and 28% global acute malnutrition. The retrospective crude mortality rate was extremely high, with figures such as 3.0 deaths per day for every 10,000 people (and under 5 mortality rate of 5.4/day/10,000) for the period from January/01 to March/01 (source: MSF).
- Among the population of Mussende⁴, 24% severe acute malnutrition and 33% of global acute malnutrition were found in March/01 among 428 children screened; the retrospective crude mortality rate was of 2.9 deaths per day per 10,000 people, for the period from January/01 to March/01 (source: Angola Ministry of Health (MOH)).
- In April/01, a provincial health delegation conducted a nutritional screening in the Cuemba camp for internally-displaced persons (IDPs) near Camacupa town, and obtained catastrophic results: 46% global acute malnutrition and 19% severe acute malnutrition (source: MOH)

In addition to these statistics, newly arrived IDPs tell consistent stories: they flee Mussende and Cuemba because the living conditions are unbearable. Put simply, there is no (or insufficient) food or medicine, and many people are dying, especially children. Their journeys are difficult and perilous, as they walk for days with no protection (Cuemba to Camacupa - 80 km., Mussende to Cangandala, 100 km.). IDPs arriving in Camacupa routinely recount that others, too weak to make it, died along the long road. These IDPs also tell us that many more people remain behind in Mussende and Cuemba.

In Mussende, lots of people are dying of sickness, vomiting, diarrhoea, and swelling . . . I was sick and had no family. I could not go to the lavras [fields] because UNITA had laid new mines to stop the people from returning to the fields to collect food. My niece had her leg blown off from a mine . . . while trying to collect food. – 41 year old IDP from Mussende.

MSF is worried that these cases are not isolated, but the emerging tip of a humanitarian crisis in many Angolan localities which are beyond the tight security perimeters that limit the reach of international humanitarian aid, and sometimes the civilian government itself. Cuemba, Camacupa and Mussende are seemingly just a few dramatic examples of what MSF believes is a pattern repeated throughout the war-torn provinces of Angola. Field workers hear (but are unable to verify) reports from IDPs that similar suffering exists in other areas under government control yet beyond our access (e.g., Massango, in Malange province, and Luando, in Bie).⁵

Failure of the Government to respond to the emergencies

Faced with these towering malnutrition and mortality rates, the Government of Angola clearly fails to provide nutritional and medical assistance to the people of Mussende or Cuemba⁶. It has

³ The population of Camacupa town is estimated to be around 50,000 people, the population of the displaced site screened is about 3,000 persons.

⁴ The current population of Mussende town is estimated to be between 15,000 to 20,000 people.

⁵ A FAA medical officer has privately confirmed our concern that emergency conditions exist in many towns under FAA control yet lacking civil administration or international access.

⁶ When MSF arrived in Camacupa town at the end of March, we learned that the GOA had in fact supplied some food assistance to the IDPs there, but in quantities far from sufficient to alleviate the disaster. In Cuemba, FAA transports food to feed its own troops, but no food is given to the public, not even those displaced by FAA. In

not only a moral obligation to do so: international law also stipulates the government's prime responsibility here⁷.

Both for Mussende and Camacupa it required intensive lobbying by MSF, with assistance from OCHA and UNICEF, to get any kind of operational response from the authorities to these emergencies. Up until now little has been provided by the authorities to address these needs.

As from early April/01 Cuemba civil authorities instructed a large group of IDPs to leave for Camacupa and search humanitarian relief there. As such, they were forced to walk a 80 kms stretch of road. For security reasons, the FAA and aid organisations do not use this road. Then there were also chances of coming under rebel attacks or ambushes. But even in this case, the authorities took no further measures to assure their safe arrival or a suitable reception.

In December/00⁸, the provincial government representative in Mussende alerted the governor of the province that over the previous eight months, almost 4,900 people had died of malnutrition or the lack of medicines, including 4,000 children (out of roughly 35,000 total for the municipality). There was no response from any government authority, or passing on of this message.

In Mussende, despite repeated attempts by the civilian authorities to obtain cooperation from FAA in transporting severely malnourished children to MSF's feeding centre in Cangandala, nothing has taken place, and it was recently reported that FAA refused to transport a group of 15 severely ill and malnourished children⁹.

Even in provincial capitals under government control, negligence gravely contributes to these emergencies. The rise in admissions, to the MSF feeding centres in Kuito, are also caused by the increase of beneficiaries originally from Kuito. A new Pellagra epidemic (a fatal disease if not cured, linked to a deficiency in micro nutrients) has also recently broken out among the displaced and resident population in Kuito with 70 to 80 new cases a week.

The poor condition of the airstrip and the government's continuous failure to repair the runway - a source of international pressure since late 1999 - has forced cuts in WFP's delivering capacity and is hampering the response to the current crisis in Cuemba/Camacupa. Recent shortages of fuel, which fall under the responsibility of the authorities, have further seriously affected WFP's cargo capacity, which now covers only 50% of the required food needs to Kuito and Camacupa. On top of this, reinforced flight procedures as of June/01, after two WFP planes had come under rocket attacks from Unita, will result in further reductions of WFP food supply. With no

Mussende, the people have received no food assistance from the large FAA presence there, but finally received some medical assistance (5 kits of Essential drugs have been delivered to Mussende from March/01 to June/01) since the MOH-led evaluation mission.

⁷ International Humanitarian Law provides that for civilian populations displaced for reasons of security, the authorities shall take all possible measures to assure that they are received under satisfactory conditions of shelter, safety, nutrition, and health.

⁸ The letter in which the governor of the province is informed is dated from the 5th of December and signed by the local military commander and the provincial government representative in Mussende. MSF has been unable to confirm these figures.

⁹ The situation in Mussende is further complicated by the fact that it requires cross-province (Malange to Cuanza Sul) assistance, and the Malange authorities involved in the March assessment are very reluctant to consider the starvation in Mussende as their responsibility.

emergency food stock in place, general food distributions are threatened as of June/01, putting at risk at least 100.000 IDPs in Kuito.

MSF/Aid-organisations' access to the emergencies fall far short

MSF teams in the capital Luanda as well as at field level have been actively trying to mobilize response to these emergencies, or alternatively to negotiate access to the people in need. However, these efforts have had little success. In the case of Mussende, active advocacy by MSF and UN agencies have resulted in a government nutritional and mortality assessment mission in March this year, and an April follow-up. Since that time, and despite the dramatic figures, the authorities have not provided any nutritional assistance to the people or even the severely-malnourished children.

In the meantime, MSF has only been able to assist people who made the dangerous journey to flee the government or UNITA strongholds and make their way to international assistance by themselves.

- From April/01 to mid-May, MSF has referred almost 700 malnourished children from Camacupa municipality to the MSF TFCs in Kuito. The capacity of these centres has been increased from an initial 300 to 1000 beneficiaries. MSF recently opened a supplementary feeding program (SFC) for moderately malnourished children in Camacupa, with a capacity of 2,000 children, and plans to open a TFC in the near future.
- From March/01 to mid-April/01, MSF admitted more than 150 malnourished children from the Mussende municipality to its feeding centres in Cangandala. During those two months, 44 children from Mussende were admitted with Kwashiorkor¹⁰.

In the end, humanitarian organizations like MSF cannot reach those populations most in need in Angola today in locations such as in Mussende, parts of Camacupa municipality and Cuemba.

The imperative of urgent humanitarian access

There is an urgent need for access to people in places outside of what amounts to be dispersed islands of security where the international aid organisations can operate. (The UN estimates 500,000 people to live in such areas). While the government regularly claims to control over ninety percent of Angolan territory, the necessary conditions for the provision of humanitarian assistance exist in only a very small part of the country. As far as Unita-controlled areas are concerned, no access has been possible since the resumption of the war by late '98. The parties at war as well as the international community should take whatever steps necessary to negotiate, improve and secure humanitarian access, and to respect the right of populations in need to receive humanitarian support.

The imperative of urgent government action

In many areas these populations in danger, living in a highly vulnerable state for months now, are in need of immediate assistance. It requires a fundamental shift in the Government's political will to invest in the well-being of Angolans. It is the responsibility of the Government of Angola to respond immediately to the dramatic emergency situations in Mussende and Cuemba, to address the needs of other isolated communities before they develop into emergencies and to ensure the delivery of humanitarian assistance.

¹⁰ Malnourished children who also have oedema.