

“Ça va un peu, maintenant,” Violence, displacement, malnutrition and the collapse of healthcare in Western Côte d’Ivoire.

“I am P. and I come from a village near Ity. One day, soldiers speaking French and English came to our village and started killing the men. I managed to flee into the bush with my husband and child. The next day we returned and I saw the corpses of my brothers. They had been tied up and had their throats slit. We were hiding in the bush for 2 weeks. We would keep moving all the time and gave our child whatever we found to eat, in order to keep her quiet. We were scared that her crying would attract attention and that we would be attacked again.”

- Woman, currently living as an IDP in Ganleu, western Côte d’Ivoire

I. Setting the Scene

Côte d’Ivoire was once a model for African development. However, its recent descent into violence, the humanitarian crisis that has developed and the terror experienced by the civilian population makes this historical claim begin to sound like an unfortunate cliché. What’s more, the present conflict tends to obscure years of economic decline, the rise of political and communal violence as a function of the government-legislated concept of *Ivoirité*. It has contributed to widespread resentment towards the country’s five million foreigners.¹

The current phase of the conflict began with a rebellion that exploded on 19 September 2002. Members of the military staged an uprising that soon evolved into a new rebel movement, *le Mouvement Patriotique de Côte d’Ivoire* (MPCI) and before long, they controlled the northern half of the country. The rebellion was largely a response to the broadening of *Ivoirité*, which the rebels interpreted as a way to exclude Northerners, from the political franchise.

On 28th November, two more rebel groups emerged from West and joined the fray: the *Mouvement pour la Justice et la Paix* (MJP) and the *Mouvement Populaire Ivoirien du Grand-Ouest* (MPIGO). With the support of fellow West African fighters, mainly Liberians, these new groups fought government troops in various and shifting combinations for control of what earned the region the title “the Wild West”. This new aspect effectively linked the country’s homegrown political crisis to an overarching regional conflict. More recently, these groups appear to have collapsed into the MPCI and into the more generically termed “Forces Nouvelles.”

January 2003’s round of negotiations in Linas-Marcoussis, France produced the closest thing thus far to a tangible peace accord, despite its controversial nature. At the time of this writing, French armed forces and ECOWAS peacekeepers deploy in more and more areas and in greater numbers. The last remnants of Liberian mercenaries have been rounded up, garrisoned, and (most) deported. Yet, intransigence from uncompromising elements on all sides continues to raise concerns regarding the sustainability of the peace accord, which has yet to be implemented fully.

Most importantly, the humanitarian crisis provoked by the conduct of this conflict (in addition to recent violence in Liberia) has yet to be addressed. After several years of conflict, nearly a year of war, and several months of falling victim to violence and displacement, civilians in western Côte d’Ivoire have all but been crushed under the

¹ One third of the population of Côte d’Ivoire consists of foreigners, mostly Burkinabé, Malians, and Guineans.

weight of violence-driven social and economic upheaval and decline. Outright war and widespread predatory behaviour have generated tens of thousands of displaced, many of whom suffered or witnessed grisly human rights abuses and watched their villages being looted and burned. These people remain profoundly in need of humanitarian intervention and protection.

MSF operates in the West since March 2003 using mobile clinics and supporting health centres to address the overwhelming health needs in the region. Specifically, these health interventions have been in the towns and villages of Man, Mahapleu, Danané, Ganleu, Yapleu, Logoualé, Zouan-Hounien, Bin-Houyé, Toulepleu, Duékoué, Ifa and Diboké. Closely linked, MSF manages Therapeutic Feeding Centres (TFC) in Man and Guiglo. The following report is a synopsis of what we have witnessed during our brief encounter with this population in crisis, as we treated their wounds and diseases and listened to their harrowing stories.²

II. Collapse of the Healthcare System

In Côte d'Ivoire, the civil war has caused the total collapse of the healthcare system in the West. The problem is acute – the vast majority of qualified health workers have fled and most health structures are looted and are no longer operational. At the same time, the system is needed more than ever, as needs are undoubtedly higher than normal.

A two-week old child was brought to me, its mother had died and there was no one to feed it. Due to the collapse of the health structure there are no programs that can take care of such cases in this region. The child is doomed.

-MSF Nurse, Man

For those affected, trauma exposure from displacement contribute to the intertwined problems of disease and malnutrition. Communities swollen with IDPs suffer increased susceptibility to disease, as people are now living in closer quarters than usual. Prolonged absence of healthcare further exacerbates disease, particularly in the case of untreated chronic illnesses that become more serious as time progresses.

a. Complete collapse of health system

While once rather robust for West Africa, most health services have now ceased to function in the West. The governmental and administrative structures that supported the healthcare system have completely receded by virtue of the country's partitioning between fighting forces. This has had profound effects on healthcare, as there are simply no health programs standing.

The first effect has been the severing of supply lines for drugs and medical materials. To some extent, the International Committee of the Red Cross (ICRC) in Côte d'Ivoire has been able to carry supplies across the battle lines to health structures where qualified health staff were present, but this intervention cannot replace the entire system.

The second impact of the system's collapse is the absence of people to work in health structures. Qualified health staff were among the many government workers who fled the West en masse because of the war and ethnic targeting. This problem seems unlikely to go away: most healthcare structures in the West were staffed by

² This report does not intend to speak of the situation in other parts of Côte d'Ivoire.

qualified healthcare workers from other parts of the country, and who now fear to return or who prefer to work in more stable areas.³

Thirdly, the vast majority of the healthcare system's physical infrastructure has been rendered inoperable simply by being looted and vandalized during the course of the conflict. The structures in which MSF is working are typically found to be dilapidated and empty. Virtually all drugs, medical materials and medical equipment were plundered not only from government structures but also from private pharmacies.

b. Lack of Access to Healthcare

Violence has pushed people away from whatever healthcare may exist, and the region remains volatile due to the large presence of weapons, irregular forces and ethnic and political tensions. This dynamic has seriously diminished humanitarian space. Of the few services that are offered by INGOs, the lingering spectre of insecurity has hampered them from reaching the population. It is only recently that the axis Danané-Toulepleu along the Liberian border has been rendered safe. However, MSF is still regularly confronted with security incidents that hamper its work and its access to patients. The reverse is also true: the local population can often not reach the services. Many remain scared to move, and only some choose to brave the public transport that has resumed in most places. Armed men at roadblocks regularly harass passengers and demand "road taxes." Many civilians thus cannot afford to seek medical treatment.

c. Inadequate Response

Few actors on the scene seem capable to address the problem at its fundamental levels. The lack of healthcare services at all levels is a reflection of the failure of the authorities on both sides of the conflict to sufficiently prioritize the matter.

While a few INGOs currently attempt to fill the vacuum of the collapsed system through limited primary and secondary interventions, essential programs such as reproductive health, family planning and EPI (vaccination programs), are unavailable to the population. Fearing an outbreak, MSF conducted measles vaccination campaigns during the past months in at-risk areas, vaccinating over 25,000 children⁴. Unicef's presence was limited to education. Fortunately the immunization programs, formerly ran by the INGOs, will now be re-activated by the responsible authorities with the support of Unicef. What is also troubling is the disintegration of vertical, specialized programs, the provision of which falls outside current INGO interventions (e.g., tuberculosis, HIV/AIDS).

I saw a malnourished child but could not do anything for it. It had tuberculosis, so there's no point in referring it to the hospital, they don't have the capacity to treat this disease. I have to send people with TB away all the time, some of them were taking medicines but now they can't obtain them anymore.

-MSF medical doctor, Man

Western Côte d'Ivoire hasn't been a priority until now, and the institutional response, particularly with the United Nations, has so far been weak.

³ For example, Danané hospital before the war had a staffing component of 11 doctors, 54 nurses and 14 midwives. They are no longer active in the hospital and there are no indications that they will resume in the near future. ICRC was willing to support the hospital activities in Danané and a team of 25 health workers was ready to move to the West. But in April 2003, a lab-technician was murdered in his residence on the third day of hospital activities. All the staff fled again to the government area.

⁴ In the regions of Man, Sangouiné, Bin Hoyé and Guiglo.

III. Malnutrition

In the mobile clinics, MSF is seeing many severely malnourished children who emerge from the bush as Internally Displaced Persons (IDPs).⁵ On the other side of the problem, the response to malnutrition has been seriously insufficient. MSF is concerned that its observations made during clinic activities are only a muted reflection of the reality beyond what is learned from consultations. To date there have been no other in-depth assessments of malnutrition patterns in the West.

TABLE: MUAC and weight/height screening at mobile clinics in Man and Danané district of under 5 population⁶

MAY

Clinic	Total*	% moderate	% severe	%total
Danané	958	3.85	4.625	8.5
Ganleu	307	3.6	3.4	7
Mahapleu	162	10.2	4	14.2

JUNE

Clinic	Total*	% moderate	%severe	%total
Danané	941	9.25	9.9	19.15
Ganleu	507	9.35	5.1	14.45
Mahapleu	322	6.5	4.3	10.8
Zouan-H	401	19.7	14.7	34.4

* Total of children presenting themselves at the mobile clinics

Today MSF takes care of more than 500 severely malnourished children in its Therapeutic Feeding Centres (TFC) in the West. Although no general nutritional survey has been conducted, MSF fears that these numbers are indicative of a nutritional crisis.

a. Displacement as an accelerating factor of malnutrition

Families forced to flee and disperse into the bush without warning were immediately cut off from their regular food sources. Those who chose to remain in their villages or towns have faced the destruction and looting of existing food reserves, including livestock.

They suddenly came one morning and started shooting, we fled in all directions, into the bush. We returned the next morning to pick up our belongings, but everything was burnt: our rice, our tools, our clothes and documents.

-Male IDP, 31 years old, at the Zouan-Hounien mobile clinic

Infants under 5, which are the most vulnerable to malnutrition, have been the first to be affected. MSF is concerned that if the food situation is not addressed, malnutrition will also be seen in older children. In any case, the moderately malnourished children that MSF screens in the clinics cannot be dealt with adequately.

"We see a considerable number of low-end moderately malnourished children that will become severely malnourished if they are not fed properly. It's absurd. We are actually waiting for them to get worse so they can be treated. The hospital has very limited capacity and can only take care of the very severe cases."

⁵ The severely malnourished children are taken to the therapeutic feeding centre in the hospital, run by MSF. There the children get intensive nutritional care during a period of a month before being transported back to their villages.

⁶ The situation in Zouan-Hounien is particularly alarming. This is an area that has been greatly affected by the conflict and has been severed from access to healthcare for an extended period of time. Although these numbers do not refer to any generalised situation, they are indicative of a potential nutritional crisis.

-MSF nurse, Man.

Survival in the bush can be problematic in the longer run, with children being affected the most.

- The gathering of food in the bush (e.g., manioc, roots and mangos) does not provide a complete diet. Seventy-two percent of the malnourished children referred to the TFC in Man during the month of June were affected by Kwashiorkor (generally associated with an acute protein deficiency).
- Those who find relief from extended families soon find that such community food resources begin to run low, particularly when the host community is a resource-scarce environment due to the conflict. MSF has observed that communities with high numbers of IDPs fare worse in terms of malnutrition.

b. Contributing and worrying factors

Over 80% of the malnourished children who are screened and referred at the mobile clinics are also affected by malaria. Although the disease is endemic to the region, malnutrition causes a decline of the immune system, whereby children become more sensitive to the disease. Inversely, malaria has a more serious impact on a child already weakened by malnutrition.

Finally, the cultivation of cash crops (cacao and coffee), which normally provides a large source of revenue for the purchase of certain food items, is no longer possible due to insecurity and lack of seeds and tools.

c. Lack of response

MSF is addressing the severely malnourished, but has limited capacity to deal with the entire region and can not address the many moderately malnourished children. Families need to receive food now in order to stem the progression of children and others towards increasing levels of malnutrition.

In response to moderate and at-risk levels of malnutrition, key actors such as the World Food Program (WFP) and Action Contre la Faim (ACF) have just become operational. The Food and Agriculture Organisation (FAO) has not yet done an evaluation in the at-risk area along the border with Liberia and it appears that they have already missed the opportunity to distribute seeds so that people can plant before the end of the planting season.⁷

After Zouan-Hounien got attacked, I fled to Fiapleu but I came to Danané to find work. I am worried about the food situation, it is already too late to plant pluvial rice. The swamp rice can be planted till end of July but with the first harvest in November. People are still scared to return to their villages though.

-Male IDP, 48 years old, at the Danané mobile clinic

General food distributions have also been slow to start. WFP's intervention in the West has been hampered by pipeline and transport problems. Furthermore, WFP's strategy targets only IDPs in the short-term. This approach misses the key fact mentioned above, that host communities share overstretched resources with IDPs, and complain they are themselves in need of relief food. In addition, security concerns, the lack of implementing partners and weak links with the population has further diminished WFP's effectiveness.

⁷ FAO has carried out assessments in the area but did not visit Danané and the southern axis towards Toulepleu.

Another concern is that the promise of food distributions in certain locations, particularly in Danané, Ganleu and Zouan-Hounien, has created a relief magnet. Basically, populations expecting to receive food distributions (or awaiting verification of their registration) are reluctant to return to their villages. As food is not distributed in an organized and timely fashion, this exacerbates the negative effects of displacement, delaying the return to home areas. MSF is hopeful that this situation will be redressed as WFP has promised to give the West priority attention.

Meanwhile, neither the Government of Côte d'Ivoire nor the de facto authorities on the ground seem willing to acknowledge their responsibilities to address this problem, preferring to rely on international actors.

IV. The underlying causes: Violence and Displacement

During war, civilians are specifically protected against direct attack. Yet the underlying reason for displacement and suffering of civilians in western Côte d'Ivoire has been their exposure to several different levels of violence. This dynamic is particularly acute when one considers the area's history as having been habituated not to war but to peace.

a. Armed Fighting Forces

Civilians have often been trapped between fighting armies and forced to flee, but in western Côte d'Ivoire it has not been unusual for belligerents to aim their weapons specifically on villagers and townspeople. In either case, violence has been quite abrupt, forcing people to flee into the bush with no belongings. Violence and sudden flight have caused the separation of families and have been the source of many female-headed households and even unaccompanied children.

This child was brought to me yesterday and I've come to see the doctor because she's sick with malaria. A hunter found her in the bush, crying next to her mother's dead body. I think she's about 6 years old, but she refuses to speak, only sounds come out of her mouth. She clings to my leg and cries out for her mother all the time. I've taken her into my house, I've named her Roseline.

-Male resident of Danané

Armed elements have also been responsible for the widespread looting and destruction of property, food stocks and cash crops, leaving civilians impoverished and without any basic possessions.

The most vivid illustration of this level of violence at the hands of official military actors occurred during the month of April, when a FANCI (armed forces of Côte d'Ivoire) helicopter gunship attacked the Catholic Mission in the town of Zouan-Houneien, which was providing refuge to a large number of displaced people. The following day, MSF responded with emergency medical care for the 50 civilians wounded in a similar incident in Danané and Mahapleu.⁸

b. The Liberian Wild Card

A second level violence experienced in the area has exposed civilians to the brutality of armed men and to levels of cruelty and intimidation previously unheard of. One of

⁸ See MSF Press Release, April 16th, 2003.

the more unfortunate miscalculations made by both sides of the conflict was the conscription of Liberian mercenaries or refugees into their respective ranks. Tellingly, most civilians recall the worst period of the conflict as when the Liberians were working with the two main belligerents, with the Liberians accused of massive abuses, looting and destruction (e.g., slitting throats of civilians in front of family members, burning food supplies).

I can hardly breathe, my body aches all over, I have bad dreams. It all started when I saw my neighbour and good friend being killed. Three Liberians, 2 men and one woman, came to P.'s house and asked him for money. They shot him in the foot when he didn't pay immediately. When he said he had no money they shot him in the chest and he died. I ran away and had to stay in the bush for a couple of days.

-Male resident of Danané, 73 years old

My name is V. I was 5 months pregnant but had a miscarriage. About a month ago, armed men speaking French and English came to my village and started to kill. They just started shooting and aimed for the men. I saw my father-in-law being shot, right in front of my eyes. That really shocked me. I also saw them slitting people's throats. They made the women and children sit in the sun for hours. I was so thirsty. They poured gasoline all around us and laughed, saying they would set us on fire. I was terrified and that's when I started bleeding. The next day, we went to Zouan-Hounien where we stayed in the Centre Buruli. More armed men came to intimidate us there. They saw me bleeding and said: "You are already dead". It was terrible, there were a lot of corpses, the smell and the flies were unbearable.

- Female IDP, 20 years old, referred to Man hospital

Importantly, the involvement of the Liberian fighters could have long-term repercussions for Liberian civilians. Before the crisis UNHCR had registered 73,000 Liberian refugees in western Côte d'Ivoire. Due to the violence of their warrior countrymen, they are no longer welcome in many communities of western Côte d'Ivoire, where they have lived, some for over a decade. Many have already fled back to Liberia (where civil war rages) because they had become a target for violence.⁹

An English-speaking young man came into the consultation room and I asked him whether he was Liberian. He denied this vehemently. I think he was too scared to tell me.

-MSF Medical Doctor, mobile clinic consultation in Danané.

c. The Ethnic Dimension

A third level of violence seems to have, quite unsettlingly, taken on the trappings of an ethnic conflict that spills across international borders. Stories of violence at the hands of irregulars are often embedded with threads describing the perpetrators as a mix of both French- and English-speakers. Such reports reflect what analysts claim to be an ethnic conflict in western Côte d'Ivoire. Tension has been increasing between the Wê, which comprise the subgroups Guéré and Wôbè ('southerners') and the Yacouba, Dioula ('northerners') and Burkinabé.

⁹ Discussions with community leaders in Danané revealed not only an intolerance of Liberians, but that there is an active dissemination of information through their communities not to accept their presence and to hand them over to the *Forces Nouvelles* if found.

While there have been reports of atrocities committed by Yacoubas, Dioula and Burkinabé against the Wê and vice-versa, it is unclear why. Often, long-standing land issues are cited as an underlying cause. The presumed involvement of Burkina Faso in the Ivorian conflict is also mentioned as a reason of the unleashed violence against citizens of that country. Regardless of the causes, such atrocities occur, and are perhaps targeted at those who are accused of offering succour to their enemies.

My name is L. and I arrived in Danané 3 days ago. I've come to the clinic because my children aren't well. I left Zouan-Hounien two weeks ago after I saw my husband being killed. We were walking in town when about 20 young men in uniform came toward us. They spoke Guéré. They grabbed my husband and said he was Yacouba and therefore a rebel. They started beating him, put a rope around his neck and cut into his head with a knife. Then they shot him and killed him. They told me to run away, after they stripped me of all my things. I was half-naked in the bush, some people gave me some clothes.

-Yacouba female IDP, 28 years old, at the Danané mobile clinic

The existence of Liberians in the war and this ethnic dimension can be seen as interlinked, as ethnic lines of conflict in the western area of Côte d'Ivoire run parallel to the conflict between related tribes in Liberia (e.g., conflict between the Gio and Krahn). Hence, beyond issues of Ivoirité and the relations between Ivoirians and suspected foreigners, a second ethnic frontline has opened in the West. Civilians remain at the mercy of these calculations.

d. Violence related to collapse of law and order

Although a peace process is beginning in the West, there remain some worrying signs, particularly regarding the increase of informal violence in towns and villages. As MSF has noticed in similar contexts such as in Liberia and Sierra Leone, there may be some fighters who do not want to disarm, and may find themselves in the middle of a peace process that benefits them very little. They will likely have to give up a livelihood earned through, for example, taxation at roadblocks or collection through intimidation, but there are few prospects for gainful employment.

Although there has been an increase in the security climate with a peacekeeping intervention, many civilians remain reluctant to return to their homes. This reflects a deep fear and mistrust generated by the trauma these people have experienced. The stories contained in this report point to this clearly. The continued presence of armed fighters in large towns and the risks mentioned above may keep them hiding in the bush. MSF mobile clinics continue to see civilians emerging from the bush daily to seek healthcare, but often they return to the bush to stay there at night.

In Zouan-Hounien, I was approached by a man who begged for us to bring our mobile clinic to his village. People there simply won't come to the town because they're too scared.

-MSF Medical Doctor, Man

e. Displacement and impact on morbidity

As mentioned above, violence targeted against civilians causes displacement and displacement exacerbates the conditions that lead to the interlinked problems of malnutrition and disease. It's quite simple: the longer people stay in the bush, the more they become vulnerable, as staple foods are not readily available and outdoor exposure leaves them more susceptible to malaria and skin diseases. The latter are by far the highest morbidities recorded in the mobile clinics.

My child is sick with malaria and it is malnourished. It is 6 months old and his mother died at birth. We stayed in the bush for 2 months and had to keep moving all the time. Now I stay there because I have 11 children and I don't know how to feed them. They've destroyed our houses and our food-stocks. In the bush we can at least find some fruits and roots to eat.

- Male IDP, 41 years old, at the Danané mobile clinic

MSF sees mainly IDPs or people who have been displaced at some point in its mobile clinics and health centers. For the month of May and June in the mobile clinics in Man and Danané district, an average of nearly 14% of overall consultations were scabies and other skin diseases linked to outdoor exposure and lack of proper hygiene and sanitation. This indicates a general decline in water and sanitation provisions. The more overwhelming statistic in these districts, however, is the average 38% of people affected by malaria. Although malaria is endemic to this region, exposure due to displacement and extended periods in the bush inevitably enhances people's vulnerability to the disease.

V. Conclusion

According to the experiences of MSF, the vulnerability of the civilian population in western Côte d'Ivoire is growing daily. After having been exposed to violence and trauma, multiple displacement and family separation, the collapsed state that remains in the West leaves them little to offer. Many civilians have lost all of their belongings and only have burned, pillaged villages to which to return. Food is scarce and there is no healthcare system.

Malnutrition and high morbidity and mortality are thus the end results of a cycle of social destabilization wrought by a conflict that still smoulders. At the time of this writing, there are few indications that a political settlement, one that translates into an immediate and meaningful reconstruction of civil administrative structures in the West, will take place in the near future.

What remains is a humanitarian crisis that will only worsen if needs are not seen as immediate and addressed by an emergency intervention. Beyond the emergency, structural issues that leave the population more vulnerable in the long term – those of food security and resurrection of all health services – must also be addressed. In the end, MSF is extremely concerned about the people in the area of western Côte d'Ivoire. They have been traumatised by terrible violence and now face malnutrition, a lack of healthcare and woeful levels of indifference.