



ANGOLA

Behind the facade of 'normalization' Manipulation, violence, and abandoned populations

A report by Doctors Without Borders/Médecins Sans Frontières (MSF)

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Introduction

On November the 11th Angola will celebrate 25 years of independence. This date also marks 25 years of war between the Angolan Government and UNITA. Today, the Angolan government, which claims to control more than 90% of the territory, is trying to demonstrate to the world that the situation is returning to normal. Since December 1998 however, the conflict has entered a new and particularly violent phase. It is in this context that the government has initiated a relocation program for populations displaced by the conflict.

It is not just the Angolan government that is speaking of 'normalization' in the country. The international community and the United Nations echo this talk of new-found stability. The World Food Program (WFP), for example, is planning to redefine the beneficiaries of its general food distribution, limiting recipients to those displaced persons who accept relocation by the Government. Support from the international community in the form of substantial economic investments, whose impact is only visible in Luanda and on the Atlantic coast, make this facade of stability possible.



This pretence of normality is unacceptable. Angolans are increasingly bearing the cost of the

war: forced displacement of populations, cynical manipulation and abuse by the parties to the conflict, total dependence on humanitarian aid. The high price Angolans are paying can be seen in the demographic and health data, in the mortality and malnutrition rates, in the recurring epidemics; and can be understood through the stories told by the people themselves.

During the first 15 years of war following the country's independence, attacks, forced conscription, harassment and plunder were already a part of everyday life for the Angolan people. The violence has now reached a new level, and for the past two years access to vital aid has greatly deteriorated. On these points, witness accounts collected by MSF among the Angolan displaced and refugees, are brutally eloquent. They tell of:

- terror, mutilation and reprisals - not only against men, but also against pregnant women, children and the elderly, in particular in UNITA regions to which humanitarian organizations no longer have access;
- repeated flight into the *mata* (the bush), where people must hide for longer and longer periods in an effort to escape plunder, reprisals, forced enlistment, and murders;
- orchestrated displacements to regions where ineffectual protection and inconsistent aid offered to the displaced make it impossible to ensure genuine relief. The civilian population is used as a weapon of war by both sides of the conflict and displayed in humanitarian "show case" projects to secure greater funding and the approval of the international community.
- no humanitarian assistance in war affected regions. Aid therefore fails to reach those undoubtedly most fragile and most in need.

It is for these reasons that MSF has decided to produce, in this report, a blunt, realistic account of the situation in the provinces, based on medical and health data and on the stories of ordinary Angolans assisted by MSF. It should be noted that the information in this report concerns only those populations to whom MSF has access. Certain regions - especially those under UNITA – remain completely inaccessible to humanitarian aid organizations.

With each offensive of the government, UNITA moved and took all the people along with them. It is the tactics of UNITA! Each time, we went where they told us to go. Indeed, there

FORCED DISPLACEMENT AND INCREASING VIOLENCE

At the end of 1998, after a few years of relative peace that followed the Lusaka Agreements, war again took hold of Angola. Since that time, internally displaced persons (IDPs) have flooded into those cities controlled by the government¹, whilst others have sought refuge in neighboring countries². These population movements occurred in several waves, each marking the most violent episodes of confrontation between the Angolan Armed Forces (FAA) and UNITA.

This massive body of men, women and children has been displaced into many of the cities where MSF is working. Kuito, for example,

had to be nobody left behind because any lost person was a person more for the government!

Displaced person from Huambo Province

UNITA was going to take the people from my village into the *mata* when FAA came. FAA told us to come with them to Loquembo, so we went with them. When evening came, they indicated an area and told us to sleep. Then UNITA attacked and FAA fled. UNITA captured me and 19 other young men, along with five women. They bound our arms behind our backs and took us away. When we got to a bridge over a rushing river, they shot us (not the girls - they took with

currently has 240,000 inhabitants, of which 130,000 are displaced. In Uige, there are over 55,000 displaced among a total population of approximately 146,000. In Kaala, MSF estimates the displaced to number nearly 24,000, of which 12,000 live in camps, among a population of approximately 80,000. In response, MSF had to open programs to assist the populations of Kuito (Bié Province), Luena (Moxico Province), Matala (Huila Province) Kaala and Huambo (Huambo Province), Malanje, Lombe and Cangandala (Malanje Province).

According to the Angolan authorities, all those displaced to government controlled areas were forced to flee their homes because of UNITA. It is difficult for the displaced populations to publicly refute this claim – they speak of fleeing " the enemy " or " those in the *mata* " (the bush). **But the individual stories of IDPs, collected by MSF in Kaala, Kuito and Malange from April to October 2000**, show that the displacement to government controlled areas was seen as the only option, a choice to survive more than a deliberate choice to join one or the other warring parties. Shunted from one side to another, the populations have been continuously manipulated by the warring parties. The massive displacements that have taken place in Angola were carried out by force, in a climate of increasing violence against civilians.

Forced Displacement

The displaced have not only fled battle zones, they have also been used and manipulated by the two warring parties, who wish to gather people from areas controlled by the other side or to cleanse areas of any 'enemy' presence. IDP stories show that the displacement of civilians is commonly used as a war tactic in Angola and the desire to control the population is often accompanied by acts of punishment and reprisals against all who would remain in enemy controlled areas. The accounts collected by MSF teams also tell of the forced conscription of men.

Civilians Caught in the Cross-fire

Since the resumption of the conflict, the civilian population has been constantly abused by the two warring parties. Accounts from the displaced reveal that their home villages are in extremely unstable areas, in turn captured, lost and recaptured by the two parties over the past few years. For the inhabitants, this instability is particularly dangerous. On the one hand, the population suffers from the effects of frequent conflict, looting of food reserves, and theft of their harvest. On the other hand, they suffer reprisals from both warring parties who accuse them of collaborating with the enemy. For these people, escape then becomes the only option for survival.

them) and pushed us in the water, our arms still tied. I was shot in the backside ... somehow I managed to get out of the river. I was the only survivor. I broke my binds and walked alone to Loquembo.



Increasing Violence and a Policy of Terror

The accounts of the displaced describe acts of extreme violence, not only

Displaced person from Malange Province

I was sleeping at home with my family, when at around 4 am, 12 men from UNITA entered the house and took me along with them. We walked for half an hour. I did not say anything, nor did I try to resist. They told me to sit down on my knees and put my hand on a tree trunk on the ground. Three men held me while a fourth struck me on my forearm with a machete. At the second blow, my

against men who refuse to be conscripted or to undertake forced work, but now also towards the most vulnerable – women, children, the elderly. Though the majority of this violence (murder, mutilations, rapes, etc.) was committed by UNITA, similar practices were perpetrated by government soldiers.

For example there is a practice known as "Batidas", whereby the FAA troops, upon arriving in a village, select a certain number of inhabitants and force them to carry food, clothing and other goods that they just looted from the people. If the villagers refuse, they can be beaten or killed.

Indiscriminate violence has sharply increased since the conflict restarted at the end of 1998. The displaced often refer to the war as it was fought "*before*" the current period (i.e. before the 1994 Lusaka agreement), they affirm that executions and arbitrary violence perpetrated by armed groups of both sides have become increasingly common; they describe acts of great cruelty. It is no longer a question of killing and looting in order to weaken the enemy, but of exercising a veritable policy of terror towards the civilian population.

DETERIORATION OF THE MEDICAL AND NUTRITIONAL SITUATION AND WILLFUL NEGLECT OF THE HEALTH SYSTEM BY THE AUTHORITIES



The resumption of the conflict at the end of 1998 has had an equally serious impact on the medical and nutritional status of

forearm fell on the ground. They told me to get up and they did the same thing with my brother. The soldiers said: " This is because government troops reached Belo Horizonte and you wanted to join them. Now we have cut your hands and you will not be able to do it". After having mutilated my brother, they said to us: " Now, go where you wanted to go. Join the MPLA! "

Displaced person from Bié Province

The 'tropa' [common name for government army] returned to the town and ordered people to get in the cars if they didn't want to be killed. We did what we were told! There were several families in the

Angolans. The wide-scale population displacement provoked a severe food crisis, affecting both residents and IDPs. In the cities, and especially in the IDP camps, precarious living conditions have resulted in distinctly high mortality rates, as evidenced by the significant number of admissions to the health structures and emergency services where MSF teams work. MSF remarks in particular a substantial increase in the numbers of war-wounded and mine victims.

The displaced people report that there have been no functioning health structures in the UNITA zones since fighting resumed in 1998. Due to the lack of access to these zones there is no international medical assistance or even basic health data, making it impossible to document the health situation in the UNITA zones, which is likely to be at least as bad as the alarming situation in government-controlled zones.

The following elements illustrate the extent of the needs in Angola (especially in the provinces) and describe a situation that is very far from having returned to 'normal'. In the face of these manifest needs, the Angolan authorities display a striking lack of interest in the health of their population. Government spending on the health system is inconsequential and the provision of drugs and medical supplies is completely insufficient. Health personnel particularly in the provinces are paid little and infrequently and, as a result, are unmotivated and usually absent.

High Mortality Rates

Many factors have had a grave effect on the health status of the population, including poor sanitary conditions in the towns, lack of access to health care, and malnutrition. A number of recent retrospective mortality surveys carried out by MSF reveal mortality rates beyond widely accepted alert thresholds.

- A study carried out in March in Kaala showed high mortality rates: 1.68 per 10,000 persons per day within the IDP population, significantly higher than the alert threshold of 1/10,000/day. The mortality rate amongst children under five years old (the under-5s) was also alarming with an average of 3.1/10,000/day, much higher than that usually accepted for this age bracket ($\leq 2/10,000/day$). The situation for the resident population was almost as serious, in particular amongst the under-5s, for whom the mortality rate was 2.13/10,000/day (MSF, March 2000).
- A survey in Lombe in July showed a mortality rate of 1.4/10,000/day for the general population and 2.66/10,000/day for the under-5s (MSF, July 2000).

'tropa' vans
which drove us
to Kaala.

Displaced person from Huambo

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 for the batidas, 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.

Displaced person from Bié Province

With my first wife and our five children we fled our village

- A survey conducted in June in Kuito showed even higher rates amongst the under-5s: 4.3/10,000/day for IDP children and 2/10,000/day for resident children. The mortality rate among the adult population was 1.7/10,000/day (MSF, June 2000).



Increasing medical needs

Support to governmental health structures is provided throughout Angola by MSF: in Kuito (Bié Province) within the

provincial hospital and in two other health structures; in Luena (Moxico Province) in the provincial hospital and three health structure; in Menongue (Cuando Cubango Province) in the town's provincial hospital and three peripheral health structures; in Matala (Huila Province) in six health structures, in Kaala (Huambo Province) in the district hospital and in three health structures; in Cangandala (Malange Province) in one health structure and in M'Banza Congo (Zaire Province) in the district hospital. The sheer volume of consultations illustrates the critical medical needs of the population.

- From January to June 2000, MSF carried out 27,445 consultations in Kuito hospital
- and 8,106 people were hospitalized. The number of consultations in the health posts in the
- displaced camps of Kuito have averaged 4,000 each month since the beginning of the year.
- In the same period, 33,096 were carried out in Luena hospital, and 2,851 people were hospitalized. 13,098 consultations were carried out in the other health structures.
- In Kaala, MSF carried out 10,186 consultations in the health center in August 2000 alone (compared to 6,003 in January of the same year) -- an average of 340 consultations per day.
- In Matala, MSF carried out 40,738 consultations in the first ten months of 2000.

An Increasing Number of War-Wounded

because of the attacks by UNITA, followed by government offensives which became more violent and frequent. On one side UNITA threatened to massacre the villagers, on the other, the troops threatened us with death if we didn't follow them! The situation became unbearable and that's why, along with 180 other families, we decided to come over to the government side in January 1999. We all left on foot for Kaala.

Displaced person from Huambo Province

When I was young, I would flee deep into the *mata* with all other youngsters to avoid recruitment. Not

MSF teams have noted a marked increase in admissions to emergency services, high numbers of civilians wounded by close-range gunshot, mines, unexploded ordnance (UXO), and a high proportion of trauma deaths in hospitals.

- In Kuito, emergency admissions to the hospital have increased over the last two years. In 1999, a full 75.4% of the operations carried out were emergency cases. The number of surgical operations grew from 649 in 1998 to 804 in 1999 and to over 1,200 for the first nine months of year 2000. The number of surgical operations related to mines/UXO accidents is rising sharply: 13 in 1998, 35 in 1999 and 138 for the first 9 months of year 2000.
- In August 2000, for example, out of the 29 people referred by MSF to the Menongue hospital, 18 had been shot, ten suffered burns and one was injured by a mine.
- In Kaala, an MSF retrospective mortality study (March 2000) showed that the death rate due to violence was 23% (combined resident and IDP population). Also in Kaala, from January to July 2000, MSF teams treated 226 serious casualties in the hospital emergency room, of which 143 (63%) were war-wounded.

A Critical Nutritional Situation

Since 1999, Angola has been ravaged by a recurring food crisis. Following the surge of IDPs into the provincial capitals, MSF has had to open a total of 26 nutritional

centers -- therapeutic feeding centers (TFC) for cases of severe malnutrition and supplementary feeding centers (SFC) for cases of moderate malnutrition -- in the districts of Kuito, Luena, Uige, Huambo, Kaala and Malange, Cangandala and Lombe. In Malange alone, for example, at the height of the crisis (between August and December 1999), MSF admitted 5,917 people in its eight TFCs, a remarkably high number of severely malnourished .

In 1999, MSF also had to open three emergency SFCs in addition to its TFC in Kaala, 7,700 people were admitted over the year. Admissions came from both residents and IDPs: children under five, teenagers and adults, including pregnant women. Looking at the



adults. But UNITA would beat the fathers to find out where their sons and daughter were.

Displaced person from Malange Province

If UNITA find you cooking, they taste your food and if there is any salt in it they accuse you of being on the government side. My sister was beaten severely only 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 and we decided to leave. [Note: in many provinces, salt can only be found in government zones]

Displaced person from Bié Province

information coming from the nutritional centers, it is clear that the IDPs were the hardest hit by the food crisis.

The rates of malnutrition registered by MSF teams were particularly high and much higher than the generally accepted alert threshold of 5%:

- 31% global malnutrition and 15% severe malnutrition in Malanje in July 1999 (compared to 2.4% and 0.4% in May 1997);
- in Kuito, 16.1% global malnutrition in the camps and 7.9% in the town in December 1999;
- 20.5% global malnutrition among the IDPs and 7.1% among the residents of Kaala in March 2000.

Today, although the situation has become 'less critical', MSF teams continue to admit large numbers to their feeding centers, and the IDPs remain dependent on food aid.

- In Kuito, during the first six months of this year, 2,023 people were admitted to the TFC, 327 to the adult feeding center, and 11,601 to the SFC (MSF, June 2000);
- In Luena over the same period, 601 were admitted to the TFC and 1,421 to the SFC (MSF, June 2000);
- In Kaala, during the first eight months of this year, 1,609 people were admitted to the TFC and 7,142 people to the SFC;
- In Malange, 2,945 admissions were recorded in the TFC between January and June 2000;
- In Uige, between February and September of this year, 1,528 children were admitted to the TFC and 3,008 to the SFCs;
- In Bié Province, from 1999 to this day, MSF has recorded over 1,200 cases of pellagra, a fatal nutritional disease caused by severe dietary deficiencies.

Recent developments make it difficult to be optimistic. To the contrary, new IDPs continue to arrive in the camps and towns. Further, IDPs face diminished possibilities to cultivate land, in particular because persistent insecurity cuts off access to their fields and makes large-scale relocation impossible. In addition, delays and supply deficiencies can reduce the general food distributions.

Willful neglect of the health system by the Angolan authorities

Supplies of drugs and medical materials from the Ministry of Health to the provinces are woefully insufficient. The few deliveries sent to the provinces often do not arrive in the health structures, or do not

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.

Displaced person from Bié Province

It was a day at the end of December 1998, UNITA came at five am to set fire to the village. They did one of two things: either killed the people first then burned them with the house, or they put a the whole family inside then set fire to the house when they were still

correspond to the basic health needs of the people. Health structures are therefore left without the most essential drugs or medicines necessary to treat even the most common diseases. This situation forces MSF and other organizations to substitute for the Ministry of Health; the population would otherwise not have access to health care.

- MSF has calculated that only 1.2% of the needs of Kuito hospital are covered by the Angolan Ministry of Health (MSF evaluation, October 2000).
- In Kaala, MSF provides nearly all the drugs and medical materials for the city hospital and three health centers.
- In Menongue, one of only three annual government deliveries was three months late, and 60% of the material was missing on arrival.
- In Matala, medical supplies in the health structures are grossly insufficient.
- In the province of Zaire, the Angolan medical authorities informed MSF that there was neither paracetamol nor aspirin available in the main provincial hospital, but only in the district hospital supplied by MSF.
- In September 2000, 21 cases of meningitis were referred to the provincial hospital of Malange. The only effective treatment for this disease (chloramphenicol in oily solutions) had to be provided by MSF.

The salaries of health personnel are very low, often paid after months of delay and devalued by the inflation of the Angolan currency.

- At the end of September 2000, the MSF teams in Menongue noted that the Ministry of Health had not paid wages for four months. Facing threats of strike action by health staff, two months wages were paid.

In general, the authorities' commitment to the health sector remains remarkably weak:

- The health budget accounted for only 2.8% of the total State budget in 1999 (source, IMF).
- In the provinces there are very few doctors, compared to several hundred in the capital Luanda. There is no Angolan doctor in the provincial hospital of M'Banza Congo; one Angolan doctor in the whole province of Moxico; two Angolan doctors in the whole province of Cuando Cubango (one of whom is assigned to administrative tasks only).

The lack of medical supplies, the absence of qualified medical

alive - any person who tried to escape was massacred with the machete! My aunt, my uncle and their son, were killed like this.

Displaced person from Huambo Province

Before, the FAA did not use to rape women. They have started with this war. Single or married women, it doesn't matter. They break into houses, tell the man to leave, threatening them at gunpoint and then they rape the woman. I don't know any cases of one woman raped by many troops, but cases of women raped by one soldier I know many.

Displaced person from Bié Province

Now, the crimes are meticulous

personnel and the poor salaries may not seem unusual for an impoverished developing country, but Angola has substantial oil and diamond resources. For example the United States currently imports more oil from Angola than from Kuwait. Oil production in the country is estimated at close to 800,000 barrels per day, yet there is not a drop of diesel for the hospital generators, the only source of power in most large hospitals. Clearly, the Angolan population is not benefiting from this wealth.

A LARGE PART OF THE POPULATION DEPRIVED OF ASSISTANCE SINCE 1998

MSF has been present in Angola since 1983. Until 1997, MSF teams assisted the Angolan population in both government and UNITA-controlled zones, and in 1997 under the GURN administration (the Government of Unity and National Reconciliation). The resumption of the conflict in 1998 and the resulting insecurity forced MSF to close numerous programs: in Chicomba, Caconda and Quilenges (Huila Province), Songo and Maquela do Zombo (Uige Province), Quiculungo (Kwanza Norte Province), M'Banza Congo, Noqui and Cuimba (Zaire Province), Calandula, Massango, Mucari, Quela and Cambundi-Catembo (Malange Province), Camacupa and Chitembo (Bié Province), Lumege and Luau (Moxico Province). The closure of these programs has left the population of many areas without assistance. For example:

- In Malange, before the resumption of the conflict, MSF supported 14 health structures in five districts of the province, which represented in 1997: 152,408 consultations for a population estimated at 200,000 people. The resumption of the conflict and insecurity in the area led to the closure of these primary health care programs in May 1998. Today, MSF is unable to return to any of the health structures of these districts.
- Since 1993, MSF has worked on a program to combat Human African *Trypanosomiasis* (or sleeping sickness, which is fatal if left untreated) in four districts of Kwanza Norte (Conguembo, Quiculungo, N'Dalatando and Golungo Alto). The resumption of the war reduced MSF access to these endemic zones. Today, only patients in Golungo Alto district have access to treatment.

Due to insecurity and landmines, supplies cannot be delivered by road, forcing MSF to transport humanitarian supplies by air. Sometimes, poor infrastructure makes even air deliveries unreliable.

and they are never left half done! I do not know what wars are like elsewhere but here it is no longer enough to just kill! It is necessary to massacre! Even if you survive, you will always have the memory printed on you.

Displaced person from Huambo province

- The runway of Kuito airport, for example, is in such bad condition that it is likely to become unusable during the coming rainy season. Despite persistent urgent requests from humanitarian agencies, no effort has been spared to avoid repairing it. If flights were to stop, the people of Kuito and the surrounding area would be cut off from all assistance.

Moreover, even in the zones claimed to be under Government control, MSF can only work in the provincial capitals or in a handful of large towns. Beyond a supposedly secure perimeter of 5 to 30 kilometers around these towns, roads and fields remain mined and prone to attack. **At present, outside an extremely limited intervention perimeter, MSF no longer has access to a large part of Angola and its population, in particular in UNITA areas.**

- On August 27, 2000, a mine exploded under a convoy of civilian trucks on the road between M nongue and Cuchi, causing eight deaths and ten serious casualties.
- Access to the IDP camps where MSF works in the district of Cangandala, 30 kilometers south of Malange town, only became possible in February 2000. Access has remained fragile: a mine incident on the road killed two people and interrupted humanitarian assistance in March and April (feeding centers, food distribution, health centers). Two weeks after this incident forced the closure of the road, patients from the abandoned feeding center in Cangandala managed to reach (on foot) the feeding centers in Malange, many arriving in a critical state. Two incidents in October (attack on a village resulting in nine deaths and discovery of a mine on the road) again interrupted all humanitarian assistance.

For the last two years, the United Nations has given up demanding access to UNITA zones and ensuring the protection of civilians there. Hundreds of thousands of people are paying a heavy price for this lack of initiative. The United Nations must seek impartial access to vulnerable populations, regardless of political motivations.

CONCLUSION

The Angolan government claims that the situation in the country is returning to normal, but this is a far cry from the reality witnessed by the MSF teams working in nine provinces throughout the country. In this new phase of the conflict, the population has been increasingly subjected to the violence of war, abused, displaced and relocated according to military strategies and political interests, exposed to epidemics and malnutrition.

Contrary to the claim made by the Angolan authorities that the situation is simply a consequence of the war, MSF finds that it is the result of deliberate choices.

- For the parties to the conflict, the choice to subject the people to violence and to use them in their war strategies;
- For the government, the choice to relocate internally displaced persons back to their original areas and willfully neglect the health needs of the population;
- For UNITA, the choice to deny humanitarian access to populations in need;
- For the international community, the choice to buy into this policy of “normalization” for the benefit of its own economic interests;
- For the United Nations, the choice to adapt their aid programs to fit the policy of relocation and not the needs of the people, and to renounce the principal of impartial and free access to populations in need.

Appendix: MSF in Angola

MSF has been working in Angola since 1983. In November 2000, 11 programs are being carried out in nine provinces (out of the 18 in the country), by 80 international volunteers and 850 national personnel.

In Kuito (Bié province) and Luena (Moxico province), MSF operates nutrition and health programs, 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 malnourished people in the sites to the health post, nutritional center or hospital.

In N'Dalatando (Kwanza Norte province), MSF treats approximately 1000 people affected by the sleeping sickness (Human African *Trypanosomiasis*) each year.

In Malange (Malange province), MSF assists IDPs with support to local health structures and emergency nutritional interventions. MSF operates a mobile health clinic and a therapeutic feeding center in Cangandala, a village 30 km south of Malange. MSF has also recently opened another nutritional center in Lombe.

In M'Banza Congo (Zaire province), MSF has supported the local municipal hospital with medical supplies 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 six IDP sites.

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

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

[1] Official figures are 2.6 million people displaced since 1975 and 1 million newly displaced since 1998 (OCHA)

[2] There are tens of thousands of Angolan refugees in the DRC and Namibia, and more than 220,000 Angolans have found refuge in Zambia (source UNHCR Sept. 2000)