

# 7

## PEOPLE

Change and motion



About half of all people around the Okavango are children.

## OKAVANGO RIVER

THE OKAVANGO BASIN has never been an easy place to be, at least in comparison to many other areas in southern Africa. Historically, all but a few people chose to live in other places that offered better agricultural potential and economic opportunities, and where human and livestock diseases were less prevalent. People in the Basin also often suffered from raids by neighbouring stronger tribes (see page 52). Their vulnerability stemmed from the very fact that tribal groups were small and thus comparatively weak. The Basin's population has indeed always been small, and even now it makes up a tiny proportion of all the citizens of Angola, Namibia and Botswana (Figure 34).

Given such difficulties, it is not surprising that the majority of the Basin's predecessors were forced to immigrate here (see page 51), and people have continued to be mobile. This is evident in the migration of people to the towns of Rundu and Maun and the massive displacement of Angolans during hostilities in recent decades, for example. Impermanence is thus one feature of the Basin's population. Another is change, and peoples' lives have altered remarkably rapidly over the past 100 years. There have been many kinds of changes, some of which have led to improved health and education due to services provided at clinics and schools. Numbers of people have grown very quickly as a result of lower child mortality rates and longer life spans. New jobs and business ventures have brought benefits to many households. These are all positive changes, but change has also been accompanied by turbulence in Angola. Some Angolans have come through the upheavals with better lives, but many others have not been as lucky.

### Where do people live?

The total population of the Basin – the catchment area in Angola and within 20 kilometres of the river in Kavango and Delta in Botswana – amounts to about 600,000 people. This is the number suggested by estimates for each country in the following table, which also show that approximately 58% of all people live in the Angolan catchment, 27% in Kavango and 15% in Ngamiland.

The approximate number of people in the Okavango Basin

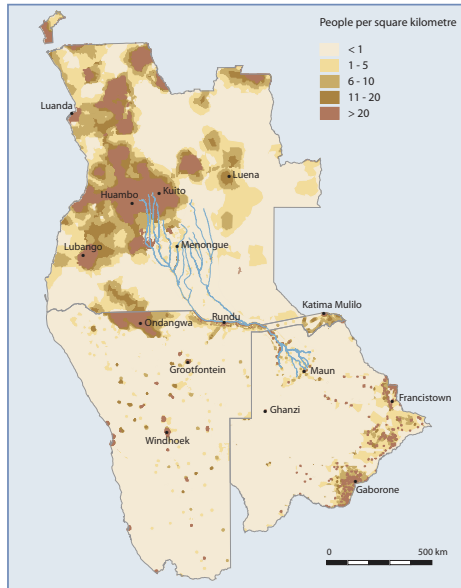
	Rural	Urban	Total	Percent urban
Angola	300,000	50,000	350,000	14%
Kavango	121,000	42,000	163,000	26%
Ngamiland	44,000	44,000	88,000	50%
<b>Total</b>	<b>465,000</b>	<b>136,000</b>	<b>601,000</b>	<b>23%</b>

The totals for Ngamiland and Kavango are most accurate because they are based on national censuses held during 2001. No censuses have been conducted in recent decades in Angola and so the estimates given here are based on a variety of sources.<sup>2</sup> The table also gives estimates of populations in rural and urban areas, indicating that the proportion of urban residents increases across the Basin from the wettest to driest

areas. Thus, only 14% of the Basin population in Angola is considered urban, compared to 26% in Kavango and 50% in Ngamiland. Again, figures for Angola are rough for reasons of poor information, but they are also approximate because urban areas in Angola are more difficult to define. We consider only Menongue and Cuito Cuanavale as urban areas, with estimated populations of 30,000 and 20,000, respectively. Many of the people rely on economic activity within these towns and many are also dependant on food aid provided by humanitarian groups. Defining urban areas is less a problem in Kavango and Ngamiland where Rundu and Maun are officially recognized as towns. It is also clear that many people in Rundu (population 42,000) and Maun (44,000) lead lives that are independent of rural livelihoods.

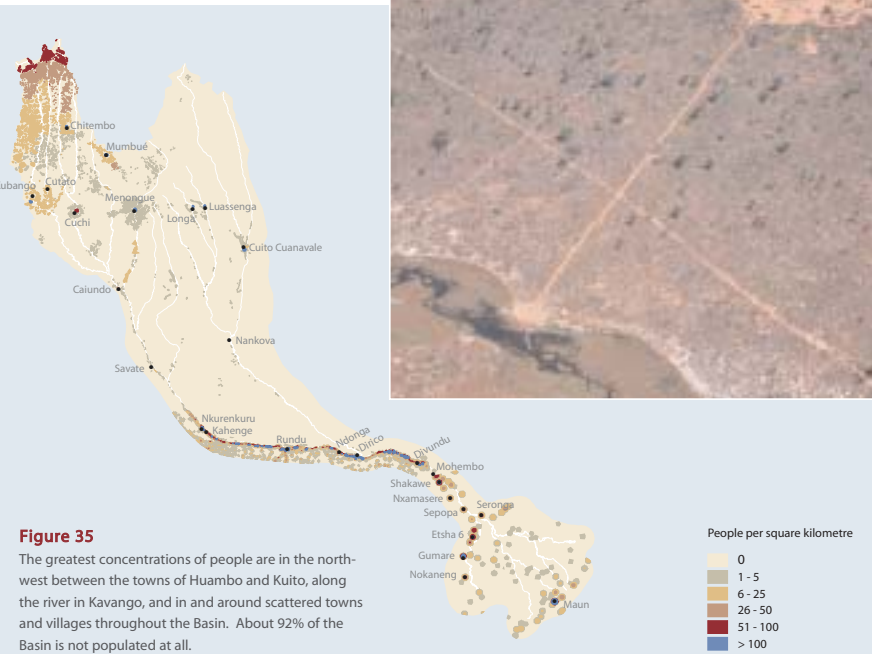
In addition to these four large towns, there are many large rural villages in which the majority of residents farm nearby. Each of these villages is home to more than 1,000 people, and the most prominent are Longa, Luassinga, Chitembo, Mumbué, Cuchi, Cutato and Kubango in Angola, Nkurenkuru, Kahenge, Ndonga, and Divundu in Kavango, and Mohembo, Nxamasere, Sepopa, Nokaneng, Seronga, Etsha, Shakawe and Gumare in Ngamiland. In addition to the concentrations of people in towns and large villages, there are high densities in the most north-western areas of the catchment and along the south bank of the river in Kavango (Figure 35). This map shows the striking difference in settlement patterns across the Basin. Village structures in Angola are at least partly due to government programmes during the 1960s to control and concentrate people in villages where social services could be provided more effectively.

Most people in Angola and Ngamiland live in distinct villages, whereas households are more dispersed and strung out along the river in Kavango. A well-worn path leads from this Angolan village to its water source from the Cuatir River.



**Figure 34**

Most people in Angola, Namibia and Botswana live in areas far away from the Basin. Those within the Basin area of Angola make up less than 3% of the total Angolan population. Equivalent proportions for Namibia and Botswana are also small: 7% and 5%.<sup>1</sup> One consequence of these small percentages is that the Basin's people do not represent major political lobbies or interest groups in terms of national priorities.



**Figure 35**

The greatest concentrations of people are in the north-west between the towns of Huambo and Kuito, along the river in Kavango, and in and around scattered towns and villages throughout the Basin. About 92% of the Basin is not populated at all.

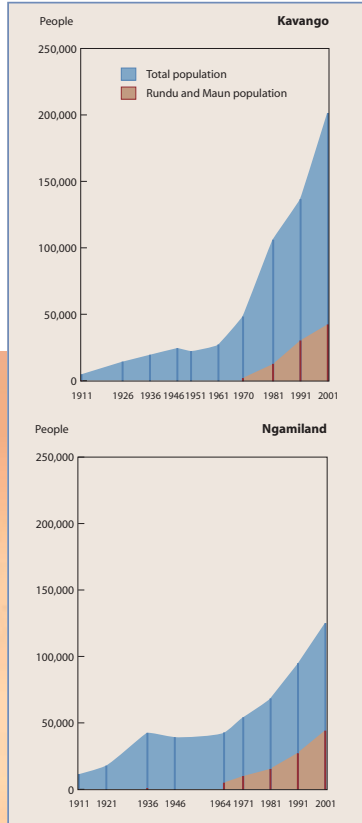
## OKAVANGO RIVER

### Moving numbers

The total population of 600,000 has increased substantially over the past 100 years since the introduction of modern medical services, but it is only for Kavango and Ngamiland that reasonable information is available over the past 90 years (**Figure 36**). Ngamiland had about double the population of Kavango in the early 20th century, and it continued to have a bigger population up until the early 1970s. Growth rates over those first seven decades averaged between 2% in Ngamiland and 3% in Kavango each year.

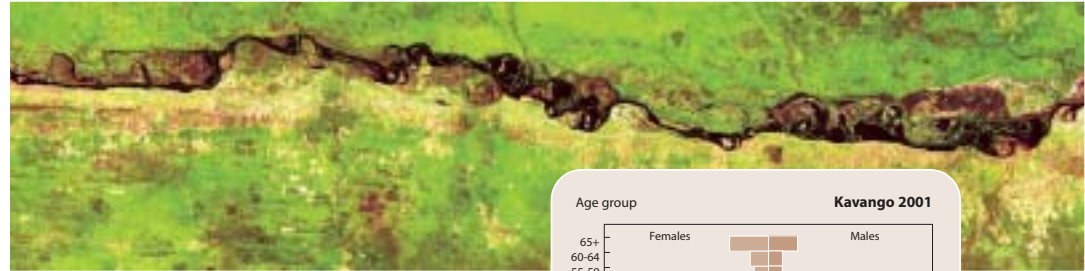
Kavango experienced very rapid growth from the early 1970s onwards, and its population soon

*Where will this rural, Angolan girl move in the future?*



**Figure 36**

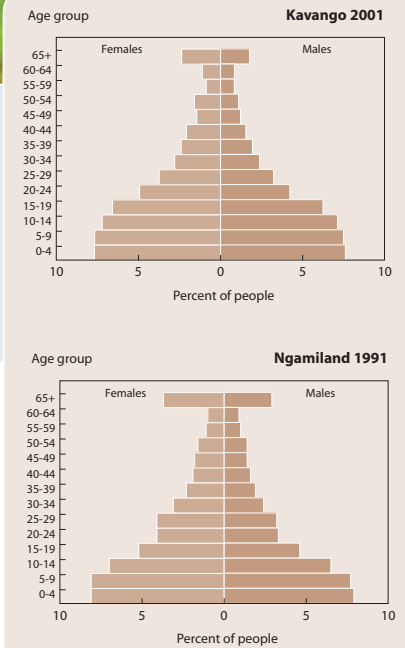
The number of people in Kavango and Ngamiland has grown rapidly over the past 90 years, mainly as a result of lower child mortality and longer life spans. However, rapid growth in Kavango in recent decades has mainly been due to the arrival of immigrants from Angola. Both Maun and Rundu have grown from tiny villages 40 years ago to towns with over 40,000 residents. About one in four people in the Basin area of Kavango and one in three people in Ngamiland now live in Rundu and Maun.<sup>3</sup>



*Previously, similar numbers of people lived along the north and south banks of the river where it forms the border between Angola and Kavango. For example, surveys between 1940 and 1960 showed that populations on the northern Angolan side were slightly less than half of those in Kavango.<sup>4</sup> Nowadays, however, there are probably more than 20 times more people on the southern side in Kavango, as shown so obviously by the massive areas of (pale coloured) cleared land in Kavango along this 70 kilometre stretch of river west of Rundu.*

exceeded that of Ngamiland. Great numbers of people arrived in the mid-1970s during hostilities associated with Angola's independence war, and more waves of immigrants to Kavango followed other bouts of insecurity. The majority of 10,000 people who registered as refugees in Rundu between 1999 and 2002 were from Angola. However, it is also true that many people were attracted by Kavango's comparatively better economic opportunities, services and infrastructure. Such movements from Angola to Kavango may have been going on sporadically over the past few hundred years, as suggested by oral histories that relate how people moved south to escape disease and tribal wars.

The effects of recent immigration are well illustrated by the following. In 1961, Kavango's population stood at some 26,900 people. If the population had continued to increase at an annual growth rate of 3%, the total population would have been about 88,000 in 2001. However, the number of people in Kavango in 2001 was actually over 201,000. The difference of 113,000 people between these two totals was largely due to immigration. Note that 3% is the rate at which the Namibian population has grown in recent decades and it is also the rate at which the population of Ngamiland grew over the past 40 years.



**Figure 37**

Young people dominate the populations of Kavango and Ngamiland, with children less than 15 years making up almost half (44%) of all people. Both regions also have more females than males because more men have moved to work elsewhere in Botswana and Namibia. These age pyramids are for 2001 in Kavango and 1991 in Ngamiland. The overall shape of the pyramid for Ngamiland is unlikely to have changed since then.

## OKAVANGO RIVER

Immigration from Angola is the first of four major kinds of movements by people in the Basin. The second is urbanization in which large numbers of people forsake their rural homes and economies and move to the major local towns of Maun and Rundu. The urban populations of both have grown from zero to over 40,000 people in a few decades. Annual growth for the two towns has been over 6% during the past 20 years, and the towns will double in size over the next 12 years if that rate persists. One consequence of urban growth is the rapid change in character of the population. Previously, everyone in the Basin lived a rural existence whereas urban people now make up

*Visitors familiar with other parts of the Basin will be struck by the great number of children in south-eastern Angola, a consequence of high rates of fertility. Estimates of fertility in that part of Angola are not available, but they are likely to be above seven children. This is the number of live births an average woman will have during her life. Fertility rates in Kavango and Ngamiland have dropped substantially in recent years: from 6.5 in 1981 to 4.5 in 1991 in Ngamiland, and from 7.1 in 1991 to 4.2 in 2000 in Kavango.<sup>5</sup>*

26% and 50% of the total populations in the Basin areas of Kavango and Ngamiland, respectively. The main reasons for people moving to town are to find a job or to go to school, and the populations of Maun and Rundu are therefore dominated by school-goers and young adults aged 20 to 40 (Figure 38). There are also many more young women than men in the towns.

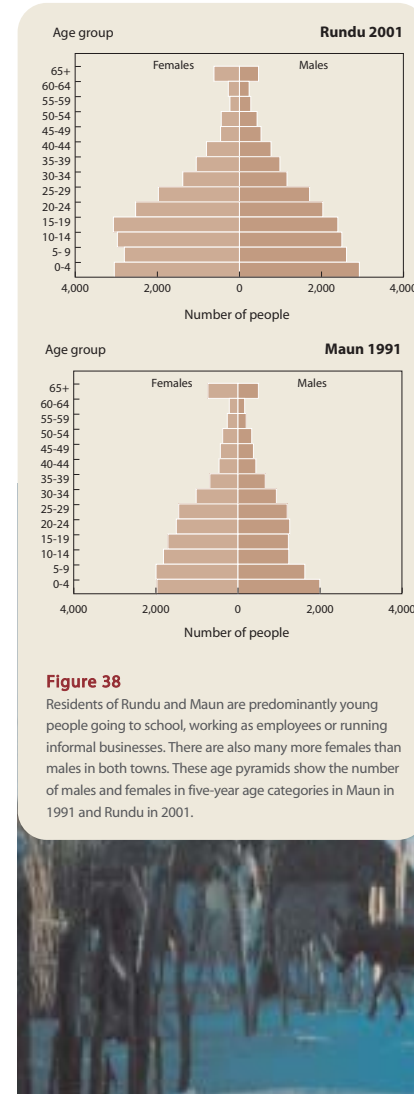
Much less is known of urbanization in Angola, but it is clear that at least the towns of Menongue and Cuito Cuanavale have expanded greatly in recent years. Other places, such as Chitembo and Caiundu, appear to have shrunk and some large villages have disappeared altogether (see page 58). Most of the changes were due to the displacement of people, the third kind of major movement by people in the Basin. Towns that grew rapidly did so because government troops forced the closure of many rural villages thought to provide support and food to UNITA. The villagers were then moved to the towns. Many people also sought refuge in towns from plundering soldiers and the continual conflict in the Basin.<sup>6</sup> On the other hand, UNITA brought large numbers of its supporters from the central highlands into south-eastern Angola. Much of the humanitarian work now happening in



south-eastern Angola concentrates on repatriating these people as part of a national programme to settle so-called internally displaced people (IDPs). Different sources estimate there to be between two and four million displaced people throughout Angola. Early in 2003, there were approximately 16,000 IDPs in Menongue and 3,700 IDPs in Cuito Cuanavale. Other major efforts are being made to move people into rural villages within the Basin and get them to grow their own food again. For example, many of the settlements along roads leading from Menongue to Caiundu and Chitembo were first established in 2002 and 2003.

The fourth substantial movement is outward migration to other places in Botswana, Namibia and Angola. Most of the people that move elsewhere are relatively young, often in search of employment or business opportunities in places that are more promising economically. Such aspirations are very similar to those that have driven the whole process of urbanization within Kavango and Ngamiland. The majority of

*A mix of rural and urban influences in the centre of Maun characterizes its transformation into a modern commercial centre.*



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migrants to other regions are men, and the proportion of migrants has increased over the past 40 years. For example, only 4% of all people speaking a Kavango language lived outside the region in 1960, but by 1991 that figure had increased to 10%. Of all Kavango language speakers living elsewhere in Namibia in 1991, 70% were men.

### Language and tribal groupings

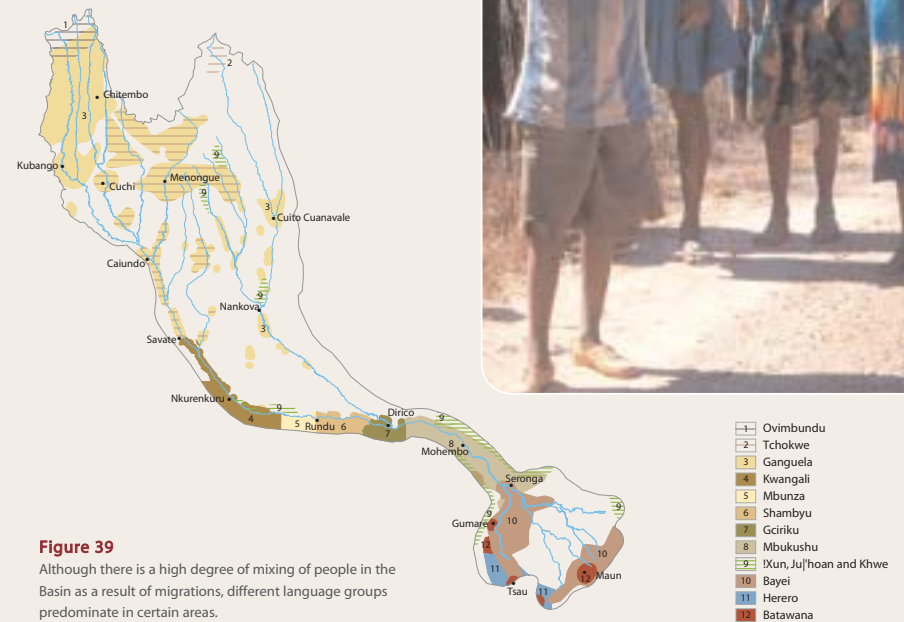
There are fourteen major groups in the Basin that to a greater or lesser degree speak distinct languages or dialects.<sup>7</sup> Eleven of these are of Bantu origin and three are Khoesan languages. The broad and core distributions of the groups are shown in **Figure 39**. People have become increasingly mixed, however,

*Tens of thousands of displaced people making their way home in May 2003. Ex-UNITA soldiers cross the Luassinga River on a six-week journey from Mavinga to Menongue (top), while women and children are airlifted from Menongue to the planalto highlands in central Angola (centre). Other people walk to new villages near Mumbué (below).*



especially as a result of displacements and urbanization. The Ovimbundu people mainly live in the most north-western parts of the catchment, although UNITA relocated large numbers during the past two decades into Kuando Kubango. Ganguela and Tchokwe people dominate in most areas of the Angolan catchment, but there is a high degree of mixing, resulting in widely spaced pockets where one or the other language predominates. Many Ovimbundu, Ganguela and Tchokwe speakers also now live in Kavango, and about one-third of Rundu residents have an Angolan language as their mother tongue.

*Very few !Xun San remain in Angola because they were often displaced by hostilities. Many fled from Angolan forces into Botswana in 1999. Several thousand Angolan San were also resettled in the former Bushmanland area of Namibia by the South African Defence Force in the early 1970s, and many were later taken to Schmidt's Drif in South Africa in 1989 just before Namibia's independence.*



**Figure 39** Although there is a high degree of mixing of people in the Basin as a result of migrations, different language groups predominate in certain areas.



## OKAVANGO RIVER

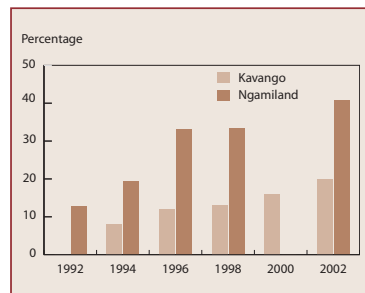
There are five distinct tribal areas along the border between Angola and Kavango. The Kwangali, who live furthest to the west, share the Rukwangali language with the Mbunza immediately to the east. They have separate tribal authorities, as do the Shambu and Gciriku people who speak slightly different dialects of the Rumanyo language. Further east and extending down along the western margins of the Delta are the Mbukushu people. They, the Bayei, Tawana and Herero people make up the majority of residents in and around the Delta.

The small numbers of San are broadly divided into Khwe and Ju language groups. Khwe people mainly live to the east of the river in Kavango and the Delta in Ngamiland, where the !Anikhwe and Bugahkwe sub-groups are sometimes called the River Bushmen. The Ju language group is comprised of Ju'hoan who live on the western edges of the Delta and the dispersed, small numbers of people of !Xun in Angola. Many Khwe and !Xun people have been displaced in recent years by hostilities and political difficulties in Angola and Kavango.

### Social services

Reliable information on health and education services in south-eastern Angola is not available, but it is clear that there are few health facilities and schools. The only hospital in Menongue is badly over-crowded and under-staffed. Between 7 and 10% of children die within 24 hours of being admitted to the hospital. Most of the few effective health services are run by foreign and/or non-government organizations. For Angola as a whole, the county is considered to have among the world's worst health conditions. Life expectancy is estimated to be 36 years, four years lower than the average for sub-Saharan Africa. Fifty-eight percent of people over 15 years are considered to be illiterate. About 42% of children are underweight for their age.<sup>8</sup> Many of the teachers in the few functional schools in the Basin have had only several years of schooling themselves. Attendance by both teachers and pupils is reportedly poor, and perhaps only 40% of children have ever been enrolled in a school.<sup>9</sup> In short, health and education services in the Angola present a bleak picture. What is more regrettable is the fact that whole generations have gone without these services and the majority of adults have had no schooling.

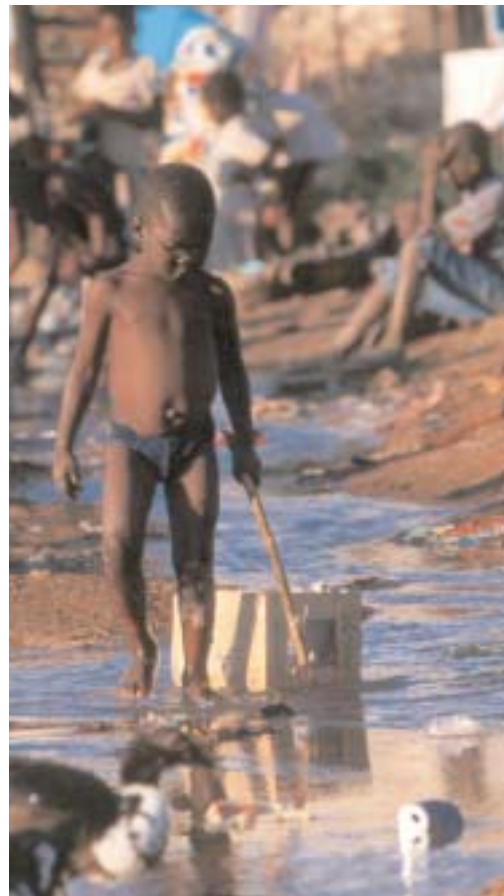
Levels of social service and development in south-eastern Angola are perhaps equivalent to those in Kavango and Ngamiland 40 years ago. These two



**Figure 40**

Namibia and Botswana share the dubious distinction of having amongst the highest rates of HIV infection in the world. The graph shows the massive increase in HIV infection, as reflected by rates of infection among pregnant women tested at hospitals in Kavango and Ngamiland between 1992 and 2002. The figures are reliable indicators of infection rates among all sexually active people, and thus about one in five such people in Kavango and one in three in Ngamiland carry HIV. Of a total population of about 250,000 people within 20 kilometres of the river and Delta (see page 126), at least 30,000 people in the two regions have HIV. Most deaths occur among people aged 25 to 40 who are often the most economically active people in the Basin, and household economies will become increasingly affected by the disease.<sup>10</sup>

regions now have a relatively good network of health facilities and schools, and most people have access to their services. Within 20 kilometres of the river or Delta, there are 29 clinics, eight health centres and four hospitals in Kavango, while Ngamiland has 15 health posts, six clinics and three hospitals. There are also 148 primary, 40 combined and 11 secondary schools in Kavango and 37 primary and 12 secondary schools in Ngamiland.<sup>11</sup> However, Kavango's schooling system is weaker than in the rest of Namibia. For example, teachers are less qualified, there are few secondary schools, buildings at many schools are in bad shape, and relatively few children complete their schooling.



*Diarrhoea is a major health problem in Angola, especially for young children. The disease is most prevalent in places where sanitation is poor and water is contaminated. While river water in south-eastern Angola is generally pure, the great number of people washing themselves and their clothes in rivers that flow through large villages and towns, such as Menongue, doubtless causes many cases of diarrhoea. All towns in the Basin area of Angola lack safe supplies of treated water, and very few homes have toilets.*

Of the variety of diseases and other health problems that affect people in Basin, the most important are malaria, HIV/AIDS, acute respiratory infections, diarrhoea, scabies, tuberculosis, malnutrition and bilharzia. Most of these are directly or indirectly associated with the rural and sub-tropical environment that characterizes much of the river system. Within Kavango, malaria, acute respiratory infections, urinary bilharzia and diarrhoea infections are substantially higher in the west than in the eastern section of the river.<sup>12</sup> Although data on HIV/AIDS are not available for south-eastern Angola, the disease has apparently not reached the kind of epidemic level that now plagues Kavango and Ngamiland (Figure 40). However, the combination of inadequate nutrition, contaminated water, poor sanitation and rapid urbanization has created environments in Angola that make the overall risk of many diseases high. This situation is compounded by a lack of health services, and the challenge of living a healthy life for Angolans is far greater than for most people in Kavango and Ngamiland. One final comparison makes the point. Out of every 1,000 live births 172 infants die on average within their first year in Angola. In Kavango, the equivalent statistic is 23 and in Ngamiland between 59 and 85 infant deaths.<sup>13</sup>

### Key points

- About 600,000 people live in the catchment in Angola and close to the river and Delta in Kavango and Ngamiland. However, most other people in Angola, Namibia and Botswana live far away from the Basin.
- Populations in Kavango and Ngamiland grew by about 3% each year over the past 90 years. However, growth rates in Kavango over the last three decades were about 5% per year because of high rates of immigration from Angola.
- People in the Basin have been extremely mobile as a result of hostilities in Angola or from the desire to improve their livelihoods by moving to towns or other areas outside the Basin.
- There are few functional health and education services in Angola, whereas most people in Ngamiland and Kavango have access to health facilities and schools. Fertility and mortality rates in Angola are much higher than in the rest of the Basin.
- The most important health problems in the Basin are malaria, HIV/AIDS, acute respiratory infections, diarrhoea, scabies, tuberculosis, malnutrition and bilharzia.